

Children's Mental Health and Wellbeing in Singapore

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Acknowledgements

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Key Messages

- Child mental health is a critical global health concern, with 1 in 7 children, aged 10-19, experiencing some form of mental health condition. Anxiety, depression and behavioural disorders are among the leading causes of illness and disability.
- In Singapore, youth mental health accounts for 28.2% of the total disease burden among young people, underscoring its growing public health significance. Mapping of 43 programmes revealed important initiatives but also fragmentation in scale, coverage and sustainability.
- Key gaps and barriers include limited funding, weak evaluation systems, shortage of mental health professionals, low stakeholder engagement, cultural and social barriers, parental involvement challenges, school inefficiencies, and limited public awareness and education.
- Opportunities exist to strengthen systemic coordination by embedding children's rights and participation programmes, enhancing policy frameworks and adopting long-term, flexible funding mechanisms while aligning with WHO and UNICEF best practices.

The challenge:

Why children's mental health matters

Childhood is a sensitive and formative period for mental health, influencing emotional, social, and cognitive development throughout life (Copeland et al., 2015). Despite a robust healthcare system, mental disorders account for 28.2% of disease burden among children and young adults in Singapore, representing one of the highest proportions in Southeast Asia (Subramaniam et al., 2019). Evidence shows that 1 in 3 adolescents reports symptoms of depression, anxiety, or loneliness, with only 8–12% of them meeting diagnostic criteria before age 18 (Polanczyk et al., 2015; Copeland et al., 2015). Crucially, mental illness often begins early – over one-third of conditions emerge by age 14 and nearly half by age 18 – underscoring the decisive role of early intervention in schools, families, and communities (McGorry et al., 2024).

The costs of inaction are substantial. Untreated childhood mental health conditions undermine educational attainment, increase risk of unemployment, chronic illness, and suicide, and drive significant long-term economic losses (Le et al., 2021). Addressing this is not only a public health priority, but also a moral and economic imperative.

This Policy Brief aims to provide an evidence-informed overview of the current landscape of child mental health and well-being initiatives in Singapore, highlight key gaps and systemic challenges, and outline actionable recommendations for stakeholders including funders, implementers and policy makers to strengthen sustainable support for children.

Introduction to Singapore's landscape: What exists

Children's mental health is a growing priority in Singapore. The government launched the 'Mental Health and Wellbeing Strategy' in 2023 which introduced a whole-of-government and whole-of-society approach to mental health, focusing on four key areas: i) Enhancing capacity, ii) Enhancing capabilities, iii) Promoting mental health, and iv) Improving workplace mental health (Ministry of Health et al., 2023). Complementing these efforts are various school and community initiatives that provide critical community-embedded and patient-centric support for children and families. These include Health Promotion Board (HPB)'s "A Healthy Start for Your Growing Kid" programme, Ministry of Health Office for Healthcare Transformation (MOHT)'s Mindline.sg resources for youth, National Council for Social Services (NCSS)'s "Beyond the Label" anti-stigma campaign, Institute of Mental Health (IMH)'s "REACH" (Response, Early intervention and Assessment in Community mental Health) programme, and other initiatives by civil society and NGOs (Subramaniam et al., 2019).

Although Singapore’s commitment to mental health has risen over the years, questions remain on what exists for younger children and how effective these initiatives are. Existing interventions differ significantly in scale and evidence base, revealing gaps in equitable access and long-term sustainability. A comprehensive landscape mapping of children’s mental health and well-being interventions was conducted between February and July 2025 using a mixed-methods approach. This comprised a self-administered online survey, in-depth interviews with programme leaders, implementers, and mental health professionals across public, private, NGO, and civil society sectors. A multidisciplinary stakeholder validation workshop was also conducted to better understand priorities, strengths and gaps within Singapore’s child mental health ecosystem.

A total of 43 programmes addressing children’s mental health and wellbeing aged 3-11 were identified and mapped across three components: Mental Health Promotion, Mental Health Prevention and Mental Health Literacy.

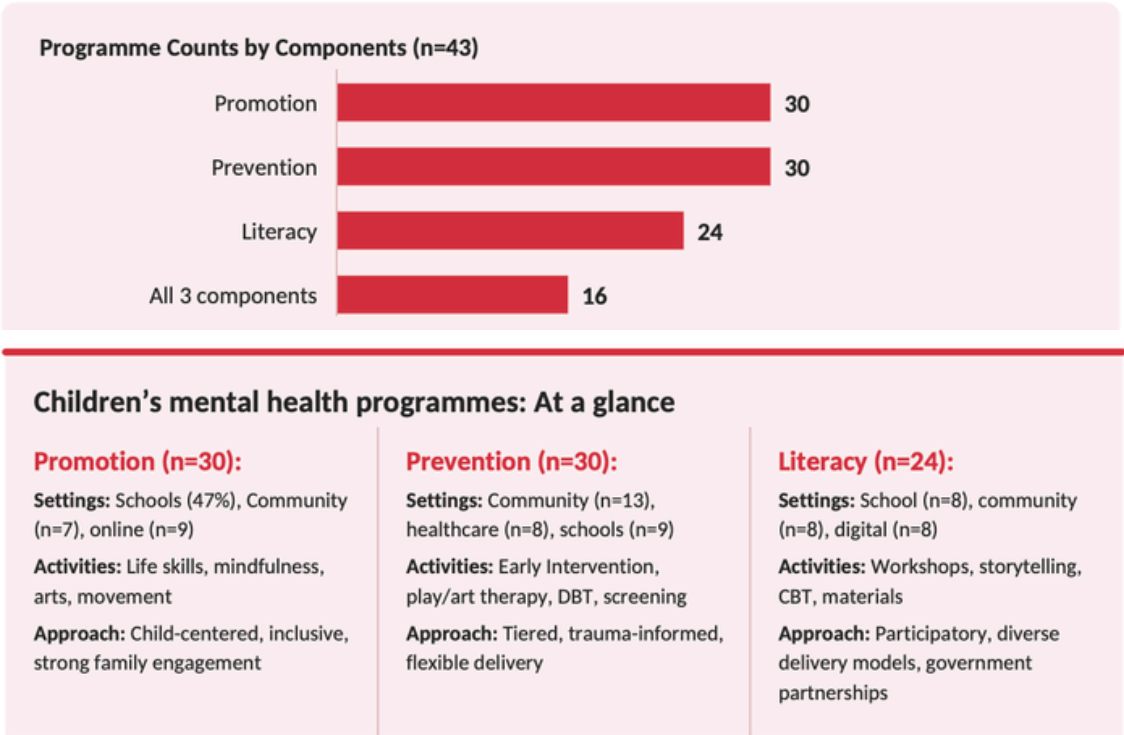


Figure 1: Mapping of 43 Child Mental Health and Wellbeing Programmes

While many programmes incorporate elements of mental health promotion, prevention and literacy, only a limited number integrate all three components. Collectively, all programmes and initiatives aim to build resilience, prevent distress, and equip children and caregivers with knowledge and skills.

Key gaps: Where action is needed

Analysis of the current landscape reveals four key gaps:

1. Unsustainable funding structures and workforce limitations:

Singapore stakeholders rely heavily on short-term grants (1-3 years), mostly from external sources, with government grants as the main source. However, meaningful impact requires sustained support and results-driven continuum of care, both of which are undermined by current funding gaps (Figure 2). The mental health sector also faces a shortage of trained child-focused mental health professionals, with many programmes relying on volunteers or educators without specialised training. Moreover, high personnel costs limit the ability to train and retain qualified staff. Together, funding and workforce constraints pose a critical barrier to consistent and high-quality support for children.



Figure 2: Funding mechanism

2. Challenges with monitoring and evaluation systems:

Evidence indicates the lack of effective monitoring and evaluation (M&E) systems in programmes (Figure 3). One-third of programmes have no formal evaluation, relying on participation or satisfaction criteria rather than validated tools or rigorous methodologies. Only 9 initiatives share findings via open-access platforms, while most rely on targeted stakeholder channels, leaving knowledge exchange largely relationship-driven and limiting a shared evidence base. Additionally, parental feedback takes precedence over assessment of children themselves in most cases. Other challenges for M&E include funding constraints, loss of follow-up and shortage of evaluation expertise. Weak M&E of programmes limits programme sustainability, stakeholder accountability, policy alignment and scalability of the initiatives and programmes.

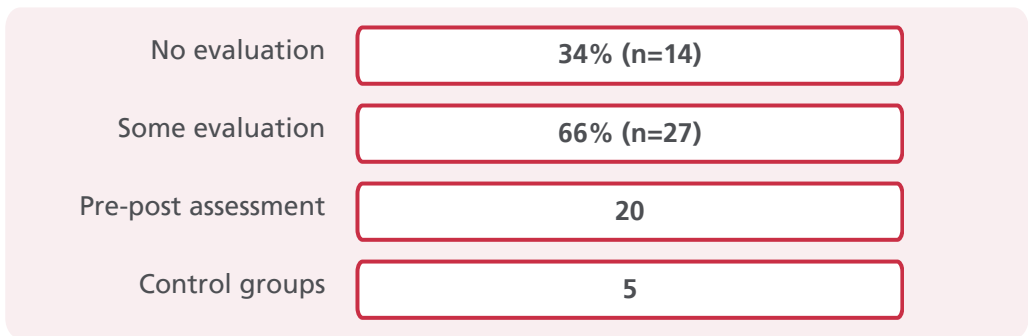


Figure 3: M&E metrics across 43 programmes

3. Critical gap in early years focus and uneven coverage:

Most programmes identified children aged 6-8 and 9-11 years old, with fewer addressing those in the critical years of 3-5 (Figure 4). This reveals a significant gap in early prevention and emotional skill- building with potential implications for emotional regulation, attachment and resilience development in children. Although evidence suggests increased early years support yields positive results, only a few initiatives are embedded in schools and child-focused settings. Additionally, many initiatives are shaped by founder’s lived experiences and personal motivations rather than population-level needs assessments, resulting in uneven and insufficiently targeted coverage of mental health interventions in Singapore.

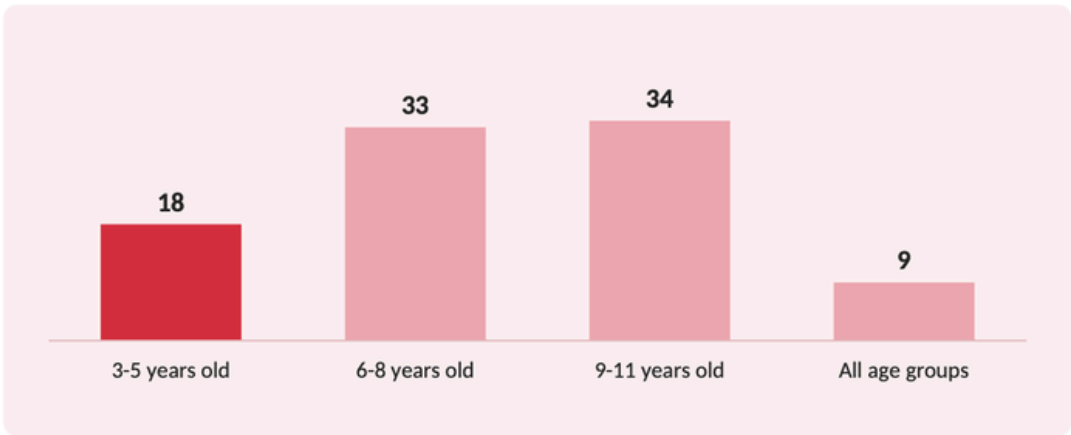


Figure 4: Programme counts by age group (n=43)

4. Equity and accessibility limitations:

Challenges around equity and accessibility have also been identified (Table 1). Notably, language barriers, financial constraints, stigma, and limited programmatic accommodations for neurodiverse children or those with disabilities restricts equitable access and limits quality of care. Disparities in service provision and accessibility widen inequities in early identification and support, underscoring the need for structural investments and targeted outreach to ensure all children, especially those at highest the risk, receive timely, effective and affordable care.

Table 1: Equity Gaps			
Financial Barriers	Disability Access	Geographic Gaps	Cultural Barriers
Hidden costs (transport, time) exclude low-income families	Only 10 programmes accommodate disabilities	Urban-centric design limits reach to public housing	26 programmes used culturally sensitive approaches

Additional Systemic Barriers:

- Fragmented coordination across education, health, and social sectors limits continuity of care.
- Lack of unified national frameworks, and consistent outcome indicators constrains policy coherence and long-term planning.
- Absence of integrated referral pathways and shared data systems weakens case follow-up.
- Minimal caregiver engagement and lack of family-centred approaches in interventions.
- Persistent stigma and low mental health literacy impede early identification and help-seeking.

Key recommendations: Next steps

In light of the existing challenges and gaps with child mental health and wellbeing in Singapore, it is critical for funders and implementers to take proactive and coordinated steps to address this pressing issue. Government bodies and policymakers should proactively support initiatives and evidence-based decision-making to create and sustain meaningful opportunities in child mental health in Singapore (UNICEF Innocenti, 2022).

What funders can do: Key actions

1. **Diversify and expand funding:** Engage diverse stakeholders such as corporate entities, emerging foundations, philanthropic organisations, and government programmes. Broader funding encourages innovation, collaboration, and sustainability.
2. **Support long-term delivery and scaling:** Provide funding beyond 3 years to achieve measurable impact, alongside investment in workforce stability and retention, programme evaluation, and the ability to scale pilot programmes.
3. **Adopt flexible and equitable funding practices:** Implement adaptive programming that meets the needs of underserved and special-needs children, while maintaining accountability and tracking measurable outcomes.
4. **Foster collaboration and knowledge exchange:** Promote cross-sector learning and co-design, share best practices to reduce duplication, improve coordination, and align policy and practice.
5. **Promote multi-domain programmes:** Fund comprehensive initiatives across individual, family, school, and community settings integrating prevention, promotion, and literacy of mental health. Build capacity to sustain effective delivery.

What implementers & practitioners can do: Key Actions

1. **Strengthen evaluation and sustainability:** Build evaluation into all programmes using clear scientific methodologies and engage children in assessments where appropriate. Secure sustainability through strategic resource allocation, workforce strengthening, and community collaboration.
2. **Engage parents and trusted adults:** Partner with parents, caregivers, teachers, and older youth as active participants in joint, family-friendly activities to normalize mental health discussions and reinforce learning.
3. **Participate in the ecosystem:** Enable cross-sector partnerships to share knowledge, co-develop best practices, and identify service gaps. This approach links the research, policy, and practice for coordinated, integrated care.
4. **Embed children's human rights:** Safeguard children's privacy, dignity, and confidentiality and include children's voices in programme decisions. Ensure interventions are developmentally appropriate and protect children from stigma and discrimination.

Conclusion: A call to action

Singapore's increasing emphasis on children's mental health marks an important shift toward earlier and more preventive care (Ministry of Health et al., 2023; Polanczyk et al., 2015). While many promising initiatives exist, fragmented coordination, workforce shortages, limited parental engagement, and funding constraints continue to restrict progress. Emerging challenges such as digital overexposure, family stress, and the evolving influence of Artificial Intelligence (AI) further reinforce the need for timely, coordinated action (Yang et al., 2023; McGorry et al., 2024).

Building a resilient mental health ecosystem requires all stakeholders to prioritise sustainable investments, cross-sector collaboration, and the integration of mental health into schools and communities. Strengthening national systems and policies is equally important, as it enhances workforce capacity, promotes family and digital well-being, normalises mental health as a core public health priority, and bridges gaps across siloed systems, ensuring every child in Singapore has the opportunity to thrive.

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