

# Stigma and Discrimination towards Mental Illness in Singapore

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## INTRODUCTION

According to the Singapore Mental Health Study 2010 by the Institute of Mental Health (IMH), one in eight people in Singapore will suffer from a mental disorder in their lifetime (Chong, et al., 2012).

People with mental illnesses receive a double whammy of woes. Not only do they have to tussle with their symptoms and disabilities resulting from the illness, they are constantly challenged by the stereotypes and prejudices that result from misconceptions about mental illness. As a result, people with mental illness are robbed of the opportunities of a good life like good jobs, good health care and affiliation with diverse groups of people (Corrigan & Watson, 2002).

A research done by IMH revealed that stigmatising attitudes toward mental illnesses may lead people to avoid seeing a doctor and getting diagnosed for fear of being labelled as mentally ill (Lai, 2015). In another similar report, researchers suggested a need for well-planned and culturally relevant anti-stigma campaigns, and that quantitative studies are also required to better understand the ethnic differences in the perception of stigma (Mohandas, 2015). People with mental illnesses also face job discrimination, as reviewed in an article where those interviewed revealed that the sense of societal rejection was most acute while hunting for jobs (Zaccheus & Goy, 2016).

Stigma in the other ethnic communities are also present. An article written on Berita Harian lamented that the stigma of mental illness is still prevalent among Singaporeans, including Malays / Muslims. Many people with mental illness are neglected or despised (Salim, 2015).

The Chinese community has its fair share of stigma and discrimination. In a recent article on ZaoBao, it was described that there has been much misunderstanding about people with bipolar disorder, and the public views them with stigma and discrimination (陈映蓁, 2017). Another article on ZaoBao expressed disappointment that the media has irresponsibly linked mental illness with crime and violence, even though persons with mental illnesses are usually the victims rather than the perpetrators (邓钰铮, 2017).

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organisation, 2014). According to the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition), a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning (American Psychiatric Association, 2013).

In Singapore, the common mental disorders or illnesses are:

- Major Depressive Disorder (commonly known as Depression);
- Anxiety Disorder;
- Bipolar Disorder;
- Schizophrenia;
- Borderline Personality Disorder;
- Obsessive-Compulsive Disorder (OCD);
- Attention Deficit Hyperactivity Disorder (ADHD);
- Post-Traumatic Stress Disorder (PTSD); &
- Alcohol Abuse.

It was reported that 42,663 people went for outpatient treatment at IMH in 2017 (Tai, 2018) Assuming another 10% (4,266 outpatients) at other government and private hospitals, the number of known and diagnosed cases of people with mental illness seems to be high. With the 1-in-8 chance, there are possibly many more undiagnosed cases.

Stigma is labelling certain people as different and inferior; as a mark of shame, and a sign of worthlessness (Švab, 2012). In another study by IMH, nine in 10 people believe that those with a mental illness "could get better if they wanted to" (Lai, 2015). One of the 10 facts on mental health indicated that "stigma and discrimination against patients and families prevent people from seeking mental health care" (World Health Organization, 2014). Sadly, discrimination comes with it, which can be in the form of societal rejection, loss of employment opportunities and career advancement, and dissolution of friendship (Chong S. , 2015).

## BACKGROUND

Caregivers Alliance Limited (CAL), a social service organisation set-up in 2011 to improve the lives of family members and caregivers of people with mental illness, seeks to empower caregivers through education, outreach, support, referral and advocacy. CAL is one of those organisations on the forefront of advocacy efforts to reduce stigma and discrimination. In its Caregiver-to-Caregiver Education programme, caregivers gain knowledge about mental health and acquire soft skills like communications and empathy to better care for their loved ones with mental health issues. There is also a lesson fully devoted to advocacy to raise the awareness and advocated against stigma and discrimination. The organisation is glad to be a sponsor for this project and is very interested to know if stigma still exists and what more can be done about it.

## METHODOLOGY

The project adopted a cross-sectional survey design conducted through online questionnaires. The questionnaires were created using Google Forms and the questions were adapted from a study on stigma scale (King, et al., 2007). The questionnaires consisted of four sections, with the first three sections focusing on the stigma sub-scales of Disclosure, Discrimination and Positive Aspects, and the last section having three quantitative questions that ask participants what causes stigma, why stigma still exists despite advocacy and what can be done to reduce stigma. The three stigma sub-scales asked questions relating to the willingness to disclosure of mental illness, discrimination due to perceived hostility by others or lost opportunities because of stigma, and positive aspects of mental illness. The questions were rated on a five-point Likert scale of Strongly Disagree, Disagree, Neither Disagree or Agree, Agree and Strongly Agree.

The links to the questionnaires were sent out to potential participants through email and Whatsapp messages, and posted on CAL's Facebook page. The links were believed to be further spread by participants via word of mouth, mobile means or social media. The anonymous online survey was conducted over a 5-week period and responses were captured in Microsoft Excel Spreadsheets.

Clear instructions for the respondents were provided right at the start of the online survey to ensure that participants understood that sensitive data would be collected. The participants were assured that the data collected would be kept confidential and used solely for this project, and any report generated from the data will not identify any participant individually. The questionnaire collected demographics data of relevance to the study. **Table 1** gives a summary of the common demographics amongst the four categories.

## Participants

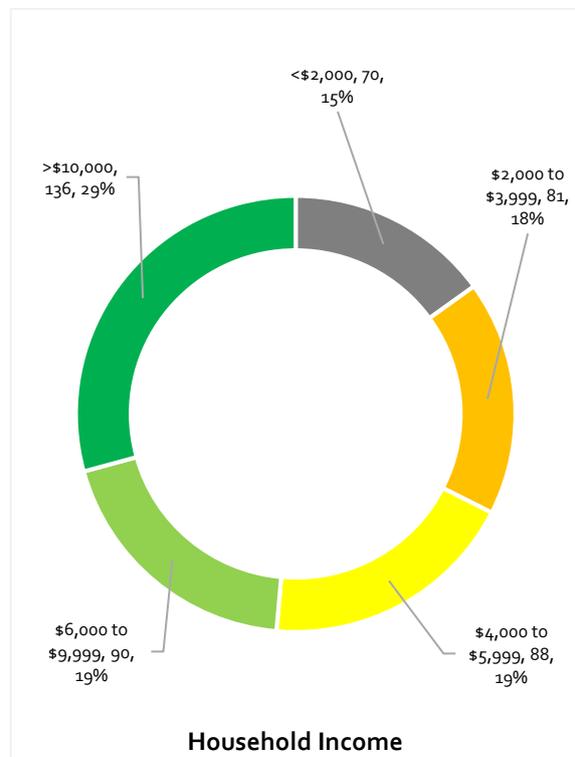
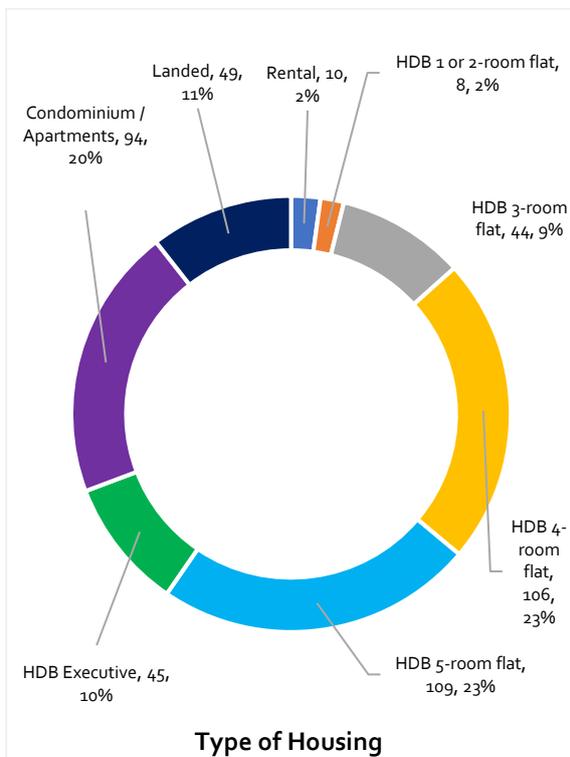
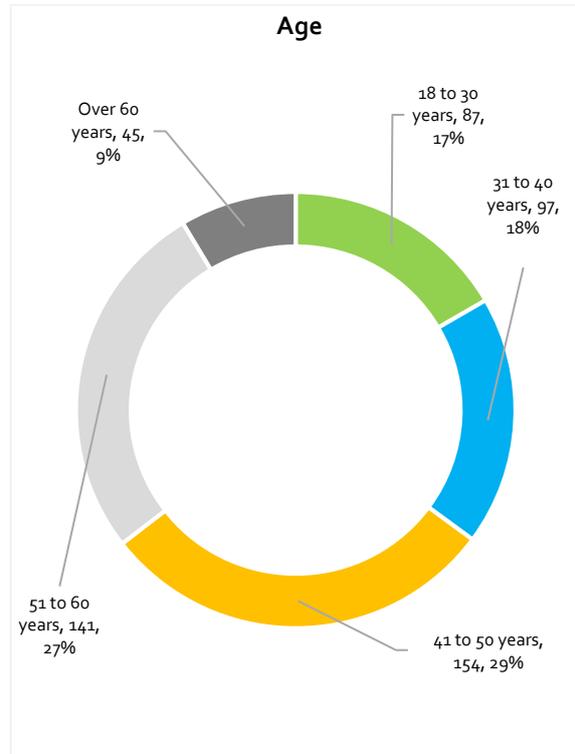
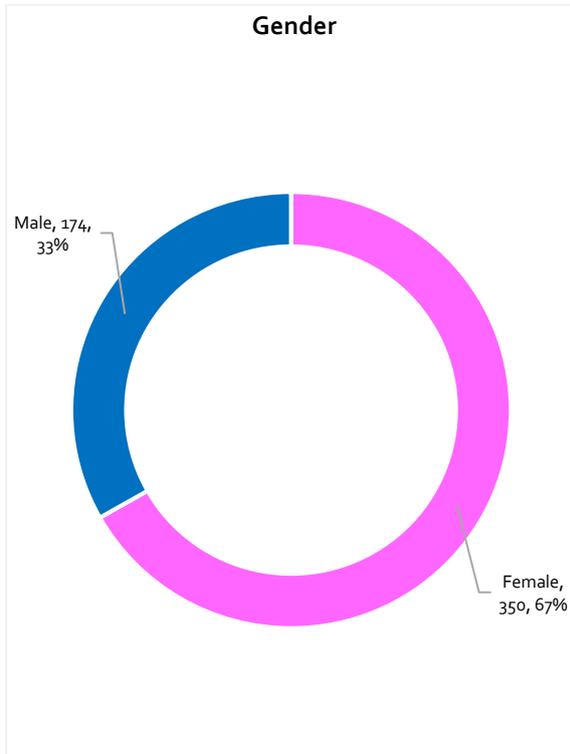
It is believed that stigma and discrimination towards mental illness does not happen only to the persons with mental health issues, but to others who are involved as family or professional caregivers. The public in general will also likely have certain biasness towards mental illness. To achieve more representative data, four categories of participants were chosen, namely persons with mental health issues (PMHIs), caregivers, professionals and the public. A few PMHIs were selected from various agencies that support PMHIs and the rest of the participation from this category is by word of mouth, mobile means or social media. The caregiver participants were obtained from the list of beneficiaries (caregivers and families) that CAL has trained and supported over the past few years, and the loved ones of these beneficiaries were also encouraged to take the survey. The participants from the professionals' category were randomly selected from various social service organisations and hospitals and the survey link was freely circulated by participants to other professionals in related sectors. The public category participants were randomly reached out by participants of the other three categories through word of mouth, mobile means or social media.

demographic factors like age, type of housing and household income were variedly spread.

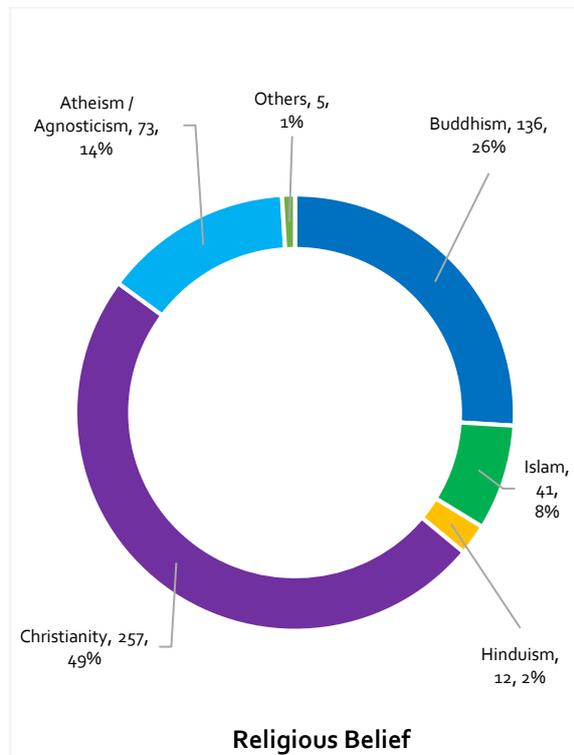
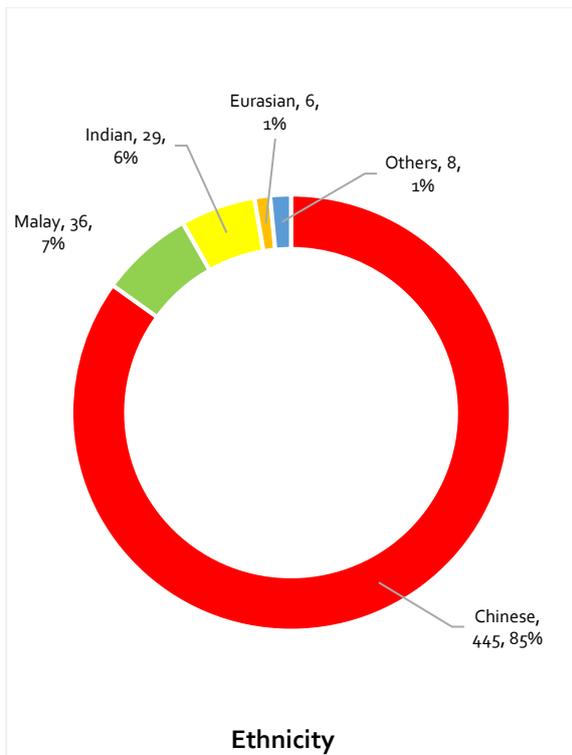
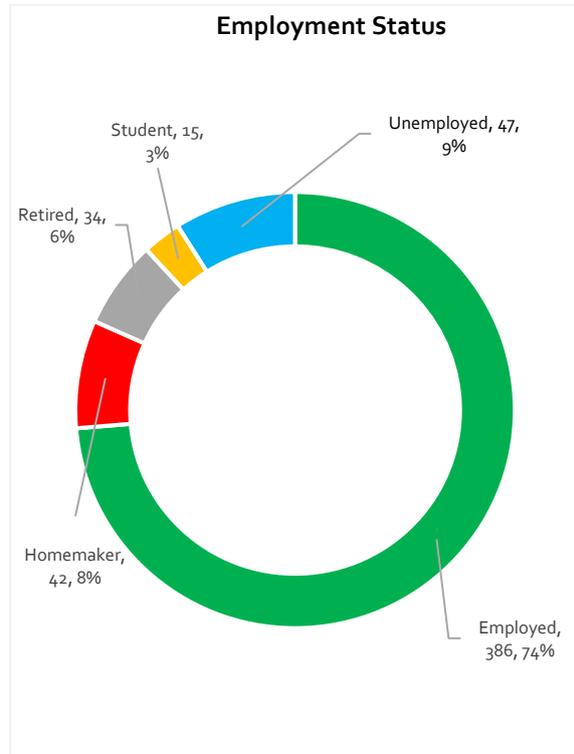
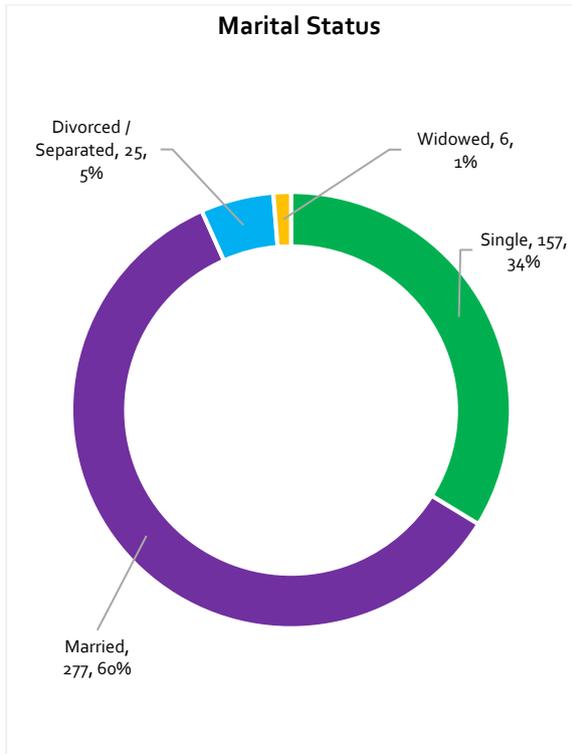
## FINDINGS

The questionnaires received responses from **86** PMHIs, **160** caregivers, **59** professionals, **219** members of the public, making it a total of **524** participants. This response met the initial target of having 500 participants. The ratio of participants from the four categories provided a fair mix, especially a larger percentage (41.8%) of participants from the public, so as to provide a more balanced finding. Two-thirds of the participants were female, and these was distinctively true for the PMHIs, caregivers and professionals categories. The ratio for the public category was more evenly spread at 55% females. There were also clear majorities of participants who were married, employed, Chinese and Christians. The other

**Table 1: Common Demographics of PMHIs, Caregivers, Professionals and Public**



**Table 1 (Cont'd): Common Demographics of PMHIs, Caregivers, Professionals and Public**



## Stigma and Discrimination towards Mental Illness

Tables 2, 3, 4 and 5 show the disagreement and agreement responses to the 27 questions of the stigma scale by the respective participant groups of PMHIs, Caregivers, Professionals and Public. Each set of the questionnaires looks at the stigma sub-scales and consists of 6 questions on Disclosure, 14 questions on Discrimination and 7 questions on Positive Aspects of mental illness. The questions vary slightly across the four categories of participants but basically cover the same attitudes towards Disclosure, Discrimination and Positive Aspects of mental illness.

The PMHI category scored **80.5%** for Disclosure, **5.7%** for Discrimination and **72.4%** for Positive Aspects. This meant that 80.5% of the PMHI participants agreed to the statements about disclosure of mental illness. For Discrimination, a smaller value indicates that the participants were less discriminatory in response to the questions. Only 5.7% of the participants responded negatively to the questions. As for their response to the Positive Aspects of mental illness, 72.4% of the PMHIs felt positive about mental illness. Corresponding, the Caregivers category scored **93.8%** for Disclosure, **5.0%** for Discrimination and **75.2%** for Positive Aspects. The Professionals category had the highest scores of **100%** for Disclosure, **1.7%** for Discrimination and **78.3%** for Positive Aspects, while the Public category responded positively with **95.5%** for Disclosure, **9.1%** for Discrimination and **68.2%** for Positive Aspects.

The summary of these findings is captured in **Table 6**. At first glance, the scores were surprisingly good for all categories. Disclosure scores ranged from **81.4% to 100%**, Discrimination scores ranged from **1.7% to 9.1%** (the lower the scores the less discriminatory) while **68.2% to 78.3%** responded to the Positive Aspects scale.

**Table 7** shows the respective stigma scale mean score values for the four participant categories. Out of a scale of 5, the Disclosure

scores for the four categories ranged from **3.49** (PMHI) to **4.27** (Professionals). For Positive Aspects, the mean scores ranged from **3.25** (Public) to **3.45** (Professionals), while the Discrimination scores ranged from **2.26** (Public) to **1.95** (Professionals).

The Disclosure and Positive Aspect mean value scores are above the value of 3, the neutral point of the scale, which indicate that stigma is not as high with this group of participants. Similarly, the Discrimination mean scores are below the mean value of 3, indicating low stigma and discrimination as well.

As a combined result, the overall stigma scale mean score values in **Table 8** complements the results in Tables 6 and 7, indicating that there are relatively low levels of stigma and discrimination for these groups of participants.

**Table 2: PMHIs' Responses to the 27 statements on Disclosure, Discrimination and Positive Aspects of Mental Illness**

Sn	Stigma Scales	Strongly Disagree		Disagree		Neither Disagree nor Agree		Agree		Strongly Agree		Mean	SD	Median
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%			
<b>Disclosure</b>														
1.	I have some knowledge about mental illness.	1	1.2	3	3.5	13	15.1	32	37.2	37	43.0	4.17	0.90	4.00
2.	I believe mental illness can happen to anyone, including my family and I.	2	2.3	0	0	5	5.8	22	25.6	57	66.3	4.53	0.81	5.00
3.	I am not embarrassed to tell others that I have a mental illness.	10	11.6	11	12.8	24	27.9	25	29.1	16	18.6	3.30	1.25	3.00
4.	I feel that people with mental illness should get a job.	1	1.2	4	4.7	18	20.9	26	30.2	37	43.0	4.09	0.97	4.00
5.	I will reveal my mental illness when applying for a job.	31	36.0	19	22.1	15	17.4	13	15.1	8	9.3	2.40	1.36	2.00
6.	I am not worried about how my boss, friends and others would think because I am diagnosed with a mental illness.	24	27.9	26	30.2	20	23.3	8	9.3	8	9.3	2.42	1.25	2.00
<b>Discrimination</b>														
7.	It is easy to identify someone with mental illness.	41	47.7	18	20.9	15	17.4	10	11.6	2	2.3	2.49	1.21	2.00
8.	Only certain kinds of people will develop mental illness.	20	23.3	28	32.6	21	24.4	10	11.6	7	8.1	2.00	1.16	2.00
9.	I believe most people with mental illnesses are just pretending. They should just snap out of it.	62	72.1	13	15.1	6	7.0	3	3.5	2	2.3	1.49	0.94	1.00
10.	I am afraid of people with mental illness as they are likely to be violent and dangerous.	37	43.0	26	30.2	16	18.6	7	8.1	0	0	1.92	0.97	2.00
11.	People with mental illness are more likely to harm others than a normal person.	40	46.5	16	18.6	19	22.1	10	11.6	1	1.2	2.02	1.13	2.00
12.	My family members feel ashamed that I have a mental illness.	16	18.6	22	25.6	34	39.5	11	12.8	3	3.5	2.57	1.05	3.00
13.	I feel ashamed to have mental illness and will hide at home.	24	27.9	25	29.1	21	24.4	12	14.0	4	4.7	2.38	1.17	2.00
14.	Most people will not knowingly want to be friends with people with mental illness.	8	9.3	18	20.9	28	32.6	26	30.2	6	7.0	3.05	1.08	3.00
15.	I have been discriminated against by others due to my mental illness.	11	12.8	18	20.9	20	23.3	21	24.4	16	18.6	3.15	1.31	3.00
16.	A person with mental illness should not be allowed to work.	62	72.1	14	16.3	8	9.3	1	1.2	1	1.2	1.43	0.81	1.00
17.	I am against having a person with mental illness as a colleague or classmate.	58	67.4	21	24.4	5	5.8	1	1.2	1	1.2	1.44	0.76	1.00
18.	A person with mental illness who has a job should only be given minor responsibilities.	37	43.0	18	20.9	21	24.4	8	9.3	2	2.3	2.07	1.23	2.00
19.	I do not trust my own work capability.	26	30.2	22	25.6	20	23.3	9	10.5	9	10.5	2.45	1.31	2.00
20.	Anyone showing signs of mental illness should be put into a hospital immediately.	49	57.0	18	20.9	9	10.5	5	5.8	5	5.8	1.83	1.19	1.00
<b>Positive Aspects</b>														
21.	I believe mental illness can be cured.	9	10.5	9	10.5	21	24.4	27	31.4	20	23.3	3.47	1.25	4.00
22.	I believe there is enough awareness of mental illness in Singapore.	30	34.9	16	18.6	20	23.3	11	12.8	9	10.5	2.45	1.36	2.00
23.	If I know someone with mental illness, I will want to help him/her.	10	11.6	8	9.3	10	11.6	24	27.9	34	39.5	3.74	1.37	4.00
24.	If I were an employer, I will consider an applicant who has declared to have a mental illness.	12	14.0	12	14.0	18	20.9	17	19.8	27	31.4	3.41	1.42	4.00
25.	I play my part in advocating against stigma of mental illness.	6	7.0	11	12.8	19	22.1	24	27.9	26	30.2	3.62	1.24	4.00
26.	I want to play a part in advocating against stigma of mental illness.	10	11.6	10	11.6	15	17.4	23	26.7	28	32.6	3.57	1.36	4.00
27.	Sharing my lived experience will reduce stigma of mental illness.	6	7.0	9	10.5	25	29.1	20	23.3	26	30.2	3.59	1.22	4.00

**Table 3: Caregivers' Responses to the 27 statements on Disclosure, Discrimination and Positive Aspects of Mental Illness**

Sn	Stigma Scales	Strongly Disagree		Disagree		Neither Disagree nor Agree		Agree		Strongly Agree		Mean	SD	Median
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%			
<b>Disclosure</b>														
1.	I have some knowledge about mental illness.	3	1.9	3	1.9	40	25.0	67	41.9	47	29.4	3.95	0.89	4.00
2.	I believe mental illness can happen to anyone, including my family and I.	1	0.6	1	0.6	11	6.9	52	32.5	95	59.4	4.49	0.71	5.00
3.	I am not embarrassed to care for someone with mental illness.	1	0.6	11	6.9	20	12.5	56	35.0	72	45.0	4.17	0.94	4.00
4.	I feel that people with mental illness should get a job.	2	1.3	7	4.4	33	20.6	61	38.1	57	35.6	4.03	0.93	4.00
5.	I will advise my loved one to reveal his/her mental illness when applying for a job.	18	11.3	22	13.8	58	36.3	43	26.9	19	11.9	3.14	1.15	3.00
6.	I am not worried about how my boss, friends and others would think if they know I am caring for a loved one with mental illness.	8	5.0	15	9.4	27	16.9	55	34.4	55	34.4	3.84	1.15	4.00
<b>Discrimination</b>														
7.	It is easy to identify someone with mental illness.	26	16.3	43	26.9	58	36.3	27	16.9	6	3.8	2.65	1.06	3.00
8.	Only certain kinds of people will develop mental illness.	69	43.1	48	30.0	28	17.5	12	7.5	3	1.9	1.95	1.04	2.00
9.	I believe most people with mental illnesses are just pretending. They should just snap out of it.	104	65.0	36	22.5	15	9.4	2	1.3	3	1.9	1.53	0.86	1.00
10.	I am afraid of people with mental illness as they are likely to be violent and dangerous.	37	23.1	59	36.9	45	28.1	19	11.9	0	0	2.29	0.95	2.00
11.	People with mental illness are more likely to harm others than a normal person.	52	32.5	46	28.8	45	28.1	15	9.4	2	1.3	2.18	1.03	2.00
12.	I feel ashamed to have a family member with mental illness.	81	50.6	43	26.9	28	17.5	7	4.4	1	0.6	1.77	0.93	1.00
13.	I feel unfair that I have to be a caregiver.	60	37.5	46	29.8	29	18.1	21	13.1	4	2.5	2.14	1.14	2.00
14.	Most people will not knowingly want to be friends with people with mental illness.	11	6.9	18	11.3	50	31.3	63	39.4	18	11.3	3.37	1.05	4.00
15.	I have been discriminated against by others because I care for someone with mental illness.	54	33.8	48	30.0	36	22.5	19	11.9	3	1.9	2.18	1.09	2.00
16.	A person with mental illness should not be allowed to work.	82	51.3	60	37.5	16	10.0	1	0.6	1	0.6	1.62	0.74	1.00
17.	I am against having a person with mental illness as a colleague or classmate.	73	45.6	70	43.8	13	8.1	3	1.9	1	0.6	1.68	0.76	2.00
18.	A person with mental illness who has a job should only be given minor responsibilities.	33	20.6	41	25.6	62	38.8	18	11.3	6	3.8	2.52	1.06	3.00
19.	I do not trust the work of a person with mental illness who is assigned to my work team.	49	30.6	65	40.6	39	24.4	7	4.4	0	0	2.03	0.85	2.00
20.	Anyone showing signs of mental illness should be put into a hospital immediately.	75	46.9	46	28.8	31	19.4	5	3.1	3	1.9	1.84	0.97	2.00
<b>Positive Aspects</b>														
21.	I believe mental illness can be cured.	8	5.0	33	20.6	49	30.6	45	28.1	25	15.6	3.29	1.11	3.00
22.	I believe there is enough awareness of mental illness in Singapore.	50	31.3	52	32.5	32	20.0	20	12.5	6	3.8	2.25	1.14	2.00
23.	I care for my family member with mental illness because I love him/her.	20	12.5	15	9.4	6	3.8	29	18.1	90	56.3	3.96	1.45	5.00
24.	If I were an employer, I will consider an applicant who has declared to have a mental illness.	7	4.4	25	15.6	51	31.9	41	25.6	36	22.5	3.46	1.13	3.00
25.	I play my part in advocating against stigma of mental illness.	9	5.6	22	13.8	55	34.4	42	26.3	32	20.0	3.41	1.12	3.00
26.	I want to play a part in advocating against stigma of mental illness.	14	8.8	16	10.0	37	23.1	53	33.1	40	25.0	3.56	1.22	4.00
27.	Sharing my caregiving journey will reduce stigma of mental illness.	13	8.1	25	15.6	30	18.8	42	26.3	50	31.3	3.57	1.30	4.00

**Table 4: Professionals' Responses to the 27 statements on Disclosure, Discrimination and Positive Aspects of Mental Illness**

Sn	Stigma Scales	Strongly Disagree		Disagree		Neither Disagree nor Agree		Agree		Strongly Agree		Mean	SD	Median
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%			
<b>Disclosure</b>														
1.	I have some knowledge about mental illness.	0	0	1	1.7	6	10.2	31	52.5	21	35.6	4.22	0.70	4.00
2.	I believe mental illness can happen to anyone, including my family and I.	0	0	0	0	0	0	13	22.0	46	78.0	4.78	0.42	5.00
3.	I am not embarrassed to know someone with mental illness.	3	5.1	0	0	1	1.7	16	27.1	39	66.1	4.49	0.95	5.00
4.	I feel that people with mental illness should get a job.	0	0	1	1.7	14	23.7	22	37.3	22	37.3	4.10	0.82	4.00
5.	I will advise people with mental illness to reveal his/her condition when applying for a job.	0	0	3	5.1	25	42.4	18	30.5	13	22.0	3.69	0.88	4.00
6.	If I am a caregiver, I am not worried about how my boss, friends and others would think if they know I am caring for a loved one with mental illness.	0	0	1	1.7	9	15.3	17	28.8	32	54.2	4.36	0.80	5.00
<b>Discrimination</b>														
7.	It is easy to identify someone with mental illness.	5	8.5	19	32.2	24	40.7	9	15.3	2	3.4	2.73	0.94	3.00
8.	Only certain kinds of people will develop mental illness.	29	49.2	22	37.3	6	10.2	2	3.4	0	0	1.68	0.80	2.00
9.	I believe most people with mental illnesses are just pretending. They should just snap out of it.	41	69.5	14	23.7	0	0	2	3.4	2	3.4	1.47	0.94	1.00
10.	I am afraid of people with mental illness as they are likely to be violent and dangerous.	21	35.6	26	44.1	8	13.6	4	6.8	0	0	1.92	0.88	2.00
11.	People with mental illness are more likely to harm others than a normal person.	25	42.4	24	40.7	6	10.2	3	5.1	1	1.7	1.83	0.93	2.00
12.	I feel ashamed if I have a family member with mental illness.	33	55.9	19	32.2	5	8.5	2	3.4	0	0	1.59	0.79	1.00
13.	I do not want to live next door to someone with a mental illness.	15	25.4	18	30.5	16	27.1	8	13.6	2	3.4	2.39	1.11	2.00
14.	Most people will not knowingly want to be friends with people with mental illness.	5	8.5	10	16.9	15	25.4	28	47.5	1	1.7	3.17	1.02	3.00
15.	I have been discriminated against by others for having a friend with mental illness.	26	44.1	16	27.1	13	22.0	4	6.8	0	0	1.92	0.97	2.00
16.	A person with mental illness should not be allowed to work.	35	59.3	20	33.9	3	5.1	0	0	1	1.7	1.51	0.75	1.00
17.	I am against having a person with mental illness as a colleague.	33	55.9	20	33.9	4	6.8	1	1.7	1	1.7	1.59	0.83	1.00
18.	A person with mental illness who has a job should only be given minor responsibilities.	14	23.7	27	45.8	13	22.0	3	5.1	2	3.4	2.19	0.97	2.00
19.	I do not trust the work of a person with mental illness who is assigned to my work team.	23	39.0	27	45.8	7	11.9	2	3.4	0	0	1.80	0.78	2.00
20.	Anyone showing signs of mental illness should be put into a hospital immediately.	41	69.5	10	16.9	7	11.9	1	1.7	0	0	1.46	0.77	1.00
<b>Positive Aspects</b>														
21.	I believe mental illness can be cured.	3	5.1	13	22.0	13	22.0	22	37.3	8	13.6	3.32	1.12	3.00
22.	I believe there is enough awareness of mental illness in Singapore.	8	13.6	25	42.4	8	13.6	16	27.1	2	3.4	2.64	1.13	2.00
23.	If I know someone with mental illness, I will want to help him/her.	5	8.5	9	15.3	8	13.6	22	37.3	15	25.4	3.56	1.26	5.00
24.	If I were an employer, I will consider an applicant who has declared to have a mental illness.	3	5.1	6	10.2	12	20.3	28	47.5	10	16.9	3.61	1.05	3.00
25.	I play my part in advocating against stigma of mental illness.	6	10.2	7	11.9	6	10.2	28	47.5	12	20.3	3.56	1.24	3.00
26.	I want to play a part in advocating against stigma of mental illness.	5	8.5	8	13.6	3	5.1	29	49.2	14	23.7	3.66	1.23	4.00
27.	Raising more awareness will reduce the stigma of mental illness.	5	8.5	9	15.3	2	3.4	19	32.2	24	40.7	3.81	1.35	4.00

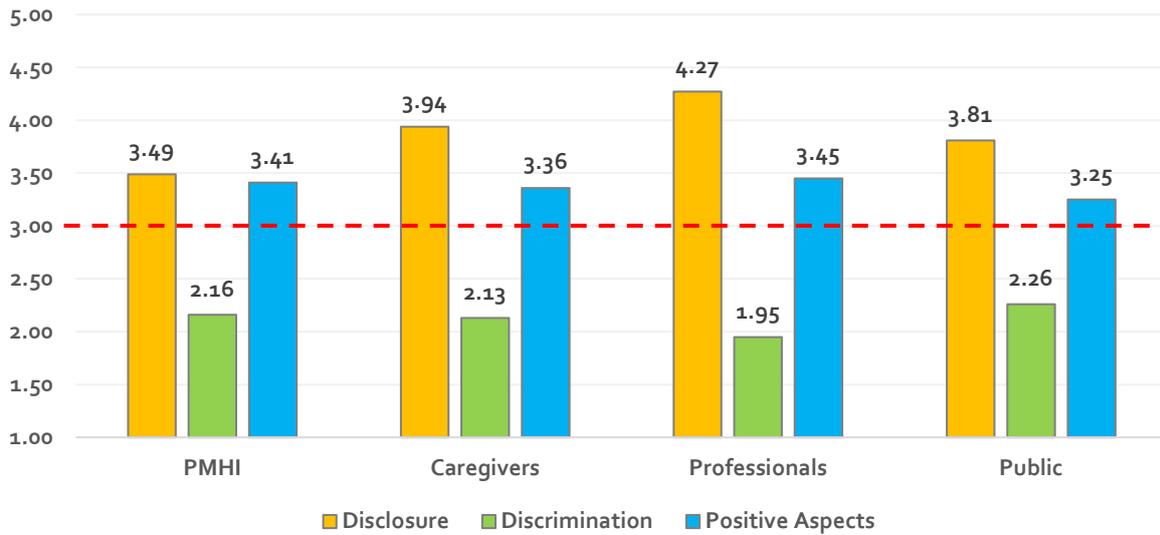
**Table 5: Public's Responses to the 27 statements on Disclosure, Discrimination and Positive Aspects of Mental Illness**

Sn	Stigma Scales	Strongly Disagree		Disagree		Neither Disagree nor Agree		Agree		Strongly Agree		Mean	SD	Median
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%			
<b>Disclosure</b>														
1.	I have some knowledge about mental illness.	9	4.1	22	10.0	74	33.8	81	37.0	33	15.1	3.49	1.00	4.00
2.	I believe mental illness can happen to anyone, including my family and I.	0	0	2	0.9	24	11.0	63	28.8	130	59.4	4.47	0.73	5.00
3.	I am not embarrassed to know someone with mental illness.	3	1.4	3	1.4	20	9.1	80	36.5	113	51.6	4.36	0.81	5.00
4.	I feel that people with mental illness should get a job.	4	1.8	6	2.7	58	26.5	1.2	46.6	49	22.4	3.85	0.86	4.00
5.	I will advise the people with mental illness to reveal his/her condition when applying for a job.	8	3.7	14	6.4	62	28.3	73	33.3	62	28.3	3.76	1.05	4.00
6.	I am not worried about how my boss, friends and others would think if I were diagnosed with a mental illness.	28	12.8	61	27.9	56	25.6	47	21.5	27	12.3	2.93	1.22	3.00
<b>Discrimination</b>														
7.	It is easy to identify someone with mental illness.	37	16.9	86	39.3	55	25.1	35	16.0	6	2.7	2.48	1.04	2.00
8.	Only certain kinds of people will develop mental illness.	82	37.4	75	34.2	45	20.5	8	3.7	9	4.1	2.03	1.05	2.00
9.	I believe most people with mental illnesses are just pretending. They should just snap out of it.	129	58.9	52	23.7	30	13.7	5	2.3	3	1.4	1.63	0.90	1.00
10.	I am afraid of people with mental illness as they are likely to be violent and dangerous.	42	19.2	72	32.9	72	32.9	22	10.0	11	5.0	2.49	1.07	2.00
11.	People with mental illness are more likely to harm others than a normal person.	45	20.5	71	32.4	59	26.9	37	16.9	7	3.2	2.50	1.09	2.00
12.	I feel ashamed if I have a family member with mental illness.	90	41.1	72	32.9	42	19.2	12	5.5	3	1.4	1.93	0.97	2.00
13.	I do not want to live next door to someone with a mental illness.	44	20.1	52	23.7	79	36.1	39	17.8	5	2.3	2.58	1.07	3.00
14.	Most people will not knowingly want to be friends with people with mental illness.	13	5.9	28	12.8	75	34.2	83	37.9	20	9.1	3.32	1.01	3.00
15.	I have been discriminated against by others for having a friend with mental illness.	76	34.7	58	26.5	72	32.9	9	4.1	4	1.8	2.12	1.00	2.00
16.	A person with mental illness should not be allowed to work.	94	42.9	83	37.9	30	13.7	6	2.7	6	2.7	1.84	0.95	2.00
17.	I am against having a person with mental illness as a colleague or classmate.	100	45.7	85	38.8	27	12.3	5	2.3	2	0.9	1.74	0.83	2.00
18.	A person with mental illness who has a job should only be given minor responsibilities.	34	15.5	67	30.6	67	30.6	36	16.4	15	6.8	2.68	1.13	3.00
19.	I do not trust the work of a person with mental illness who is assigned to my work team.	47	21.5	88	40.2	65	29.7	12	5.5	7	3.2	2.29	0.97	2.00
20.	Anyone showing signs of mental illness should be put into a hospital immediately.	93	42.5	71	32.4	38	17.4	10	4.6	7	3.2	1.94	1.03	2.00
<b>Positive Aspects</b>														
21.	I believe mental illness can be cured.	17	7.8	39	17.8	63	28.8	55	25.1	45	20.5	3.33	1.21	3.00
22.	I believe there is enough awareness of mental illness in Singapore.	63	28.8	66	30.1	45	20.5	29	13.2	16	7.3	2.40	1.24	2.00
23.	If I know someone with mental illness, I will want to help him/her.	15	6.8	27	12.3	66	30.1	78	35.6	33	15.1	3.40	1.10	4.00
24.	If I were an employer, I will consider an applicant who has declared to have a mental illness.	12	5.5	36	16.4	67	30.6	78	35.6	26	11.9	3.32	1.06	3.00
25.	I play my part in advocating against stigma of mental illness.	17	7.8	34	15.5	82	37.4	62	28.3	24	11.0	3.19	1.08	3.00
26.	I want to play a part in advocating against stigma of mental illness.	18	8.2	26	11.9	65	29.7	75	34.2	35	16.0	3.38	1.14	4.00
27.	Understanding more of mental illness will reduce the stigma of mental illness.	33	15.1	19	8.7	21	9.6	42	19.2	104	47.5	3.75	1.49	4.00

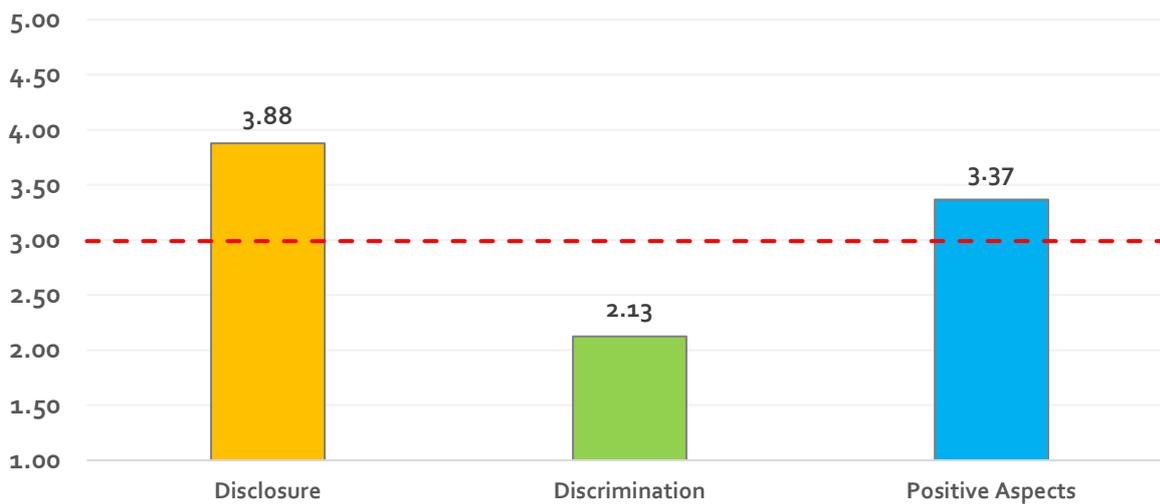
**Table 6: Stigma Scale Scores for PMHIs, Caregivers, Professionals and Public**

	Disclosure	Discrimination	Positive Aspects
<b>PMHIs</b>	80.5%	5.7%	72.4%
<b>Caregivers</b>	93.8%	5.0%	75.2%
<b>Professionals</b>	100%	1.7%	78.3%
<b>Public</b>	95.5%	9.1%	68.2%

**Table 7: Stigma Scale Mean Score Values for PMHIs, Caregivers, Professionals and Public**



**Table 8: Stigma Scale Mean Score Values (Overall)**



While the mean scores are positive, there are some areas of significance from the responses of each of the participant categories and stigma sub-scales.

#### **Significant Responses of PMHIs to Disclosure Statements**

**57.5%** of PMHIs were both not comfortable in revealing their mental illness when applying for a job (Question 5) and were worried about how others would feel to know that they are diagnosed with a mental illness (Question 6). These indicate that while they might not be embarrassed to reveal that they have a mental illness, there are strong concerns when it comes to revealing the illness when applying for a job and wondering how others would react.

#### **Significant Responses of PMHIs to Discrimination Statements**

**69%** of PMHIs believed that most people will not knowingly want to be friends with people with mental illness (Question 14) while **65.5%** responded they have been discriminated by others due to their mental illness (Question 15). These figures are quite alarming as they indicate self-stigma and experience of discrimination are still strong.

#### **Significant Responses of PMHIs to Positive Aspects Statements**

**52.9%** of PMHIs felt that there was not enough awareness of mental illness in Singapore (Question 22). This was the only less positive response to this stigma sub-scale. This is an important finding as it confirms that while much resources and effort have been put in by various agencies and organisations, the level of awareness of mental illness is still lacking.

#### **Significant Responses of Caregivers to Disclosure Statements**

**24.8%** of Caregivers would advise their loved ones (PMHIs) not to reveal their mental illnesses when applying for a job (Question 5). While this figure is lower than that of PMHIs' responses, it does tell us there is a dilemma when it comes to mental illness and employment. "To reveal or not to reveal, that is the question."

#### **Significant Responses of Caregivers to Discrimination Statements**

**81.4%** of Caregivers felt that most people will not knowingly want to be friends with people with mental illness (Question 14). This reflects strongly the frustration faced by caregivers where they believe their loved ones (PMHIs) will be discriminated against.

#### **Significant Responses of Caregivers to Positive Aspects Statements**

**63.4%** of Caregivers believed that there was not enough awareness of mental illness in Singapore (Question 22). To hear this from caregivers, who are the ones deeply entrenched in the caring of their loved ones (PMHIs) is an important message to agencies and organisations involved in raising awareness of mental illness.

#### **Significant Responses of Professionals to Positive Aspects Statements**

Responses by Professionals were mostly very positive except that **55.0%** of them responded that there was not enough awareness of mental illness in Singapore (Question 22). This is yet another important indication as Professionals in the social and health sectors are constantly in touch and involved in mental health related activities.

### **Significant Responses of the Public to Disclosure Statements**

**89.5%** of the Public participants would advise PMHIs to reveal their mental illnesses when applying for a job (Question 5). This is in strong contrast to the response by the PMHIs themselves and the caregivers. Perhaps these participants have never encountered such a situation before and hence responded very positively. This is an interesting finding that may warrant further study.

### **Significant Responses of the Public to Discrimination Statements**

**80.9%** of the Public participants felt that most people will not knowingly want to be friends with people with mental illness (Question 14). This finding is quite congruent with the responses from the PMHIs and Caregivers.

### **Significant Responses of the Public to Positive Aspects Statements**

**58.6%** of the Public participants responded that there was not enough awareness of mental illness in Singapore (Question 22). Interestingly, this is the lowest score as compared to the other three categories, which could be possibly because most, if not all of these participants do not have some kind of lived experience dealing with mental illness. Nevertheless, this is the single statement that all four participant categories have responded less positively to, and it gives a strong indication that indeed more needs to be done to raise awareness of mental illness.

Analyses comparing the demographic factors with the stigma scale scores did not reveal major consistent differences.

### **Significant Responses of the PMHIs versus Demographic Factors**

PMHIs who scored relatively lower in the stigma scales generally were female, single and Chinese. **58.2%** and **56.7%** of the female participants responded less positively to Questions 5 and 6, while **67.2%** and **70.1%** of these female participants contributed to the low scores for Questions 14 and 15. Of the PMHIs who were single, **52.7%** of them scored low for Question 5 while **60.0%** responded less positively for Question 6. **70.9%** of them responded poorly to Question 14 and **32.7%** gave low scores for Question 15. Of the 73 Chinese respondents, **61.6%** responded with low scores to Questions 5 and 6 while **71.2%** and **68.5%** was less positive with Questions 14 and 15 respectively.

### **Significant Responses of the Caregivers versus Demographic Factors**

Caregivers who scored lower in the stigma scales were mainly female, Chinese, Christians and above the age of 40 years old. **89.1%** of female, **94.0%** of Chinese, **62.9%** of Christians and **90.5%** of caregivers above the age of 40 responded less positively to Question 14.

### **Significant Responses of the Professionals versus Demographic Factors**

The professionals scored very well in all the questions except for Question 22 which is about level of awareness of mental illness. Notwithstanding, it was interesting to note that those who scored relative low were female, Chinese and who are caregivers of a PMHI.

### **Significant Responses of the Public versus Demographic Factors**

The spread of the public participants was more varied but those who scored lower in the stigma scales were generally male, married, employed, Chinese and of tertiary education. The ratios of these participants in relation to Question 14

were **85.9%**, **84.8%**, **79.6%**, **81.6%** and **80.4%** respectively.

The survey also sought out responses to three qualitative questions. Participants were not limited in any way to respond to these questions.

### **What do you think causes Stigma?**

This question sought to find out from the participants as to why stigma still exists. **Table 9** summarises the main responses from the four participant categories. Based on the response in the quantitative section (Question 22), it was no surprise that the lack of awareness of mental illness came up tops with 199 responses. Participants also added that the lack of knowledge, understanding and education of mental illness contributed greatly to the existence of stigma. Other significant causes were fear, ignorance, media biasness in reporting news involving PMHIs, social expectations and attitudes, general misperception about mental illness, family-related disagreements, inability to cope with stress, bad experiences and environment they are in. It is also interesting to note that some of them do not know what causes stigma. It seems that the lack of awareness and understanding of mental illness applies to PMHIs themselves too.

### **Why do you think stigma still exists even though much advocacy work has been carried out?**

This was another question asked with the assumption that CAL and other agencies and organisations have, over the past couple of years, carried out much advocacy work. The top response, was of no surprise, that the advocacy efforts were not enough. Other reasons included fear

of mental illness (which indirectly relates to lack of understanding), lack of awareness or due to bad personal experiences with mental illness. Some felt that the stigmatising mindset was difficult to change and unacceptance of mental illness were key factors too. Negative media portrayal, lack of education and society's perceptions again surfaced as some of the main factors. Other factors included lack of support from the family, society and community, lack of understanding, empathy, government participation and policy change. Even selfishness and self-centredness are guilty. **Table 10** summarises these findings.

### **What positive steps can we take to reduce stigma and discrimination against mental illness? Who should be involved?**

This leads us to the question of how then we can reduce stigma and discrimination and who should be involved. Education came up tops, which includes the understanding of mental illness by the public and also by students. It was generally felt that the government, being with the most resources, would be in the best position to be involved in the process. Raising of awareness of stigma and discrimination was the next step that can be taken. The media, family, employers can all play a part too in reducing stigma, and a fair number believe that sharing of lived experience and stories can certainly help. Other steps could include advocacy activities, social media, friends and policy changes. These positive steps are summarised in **Table 11**.

Some excerpts of participants' responses to these questions can be found in Annex A.

Table 9: Responses to the Question "What do you think causes stigma?"

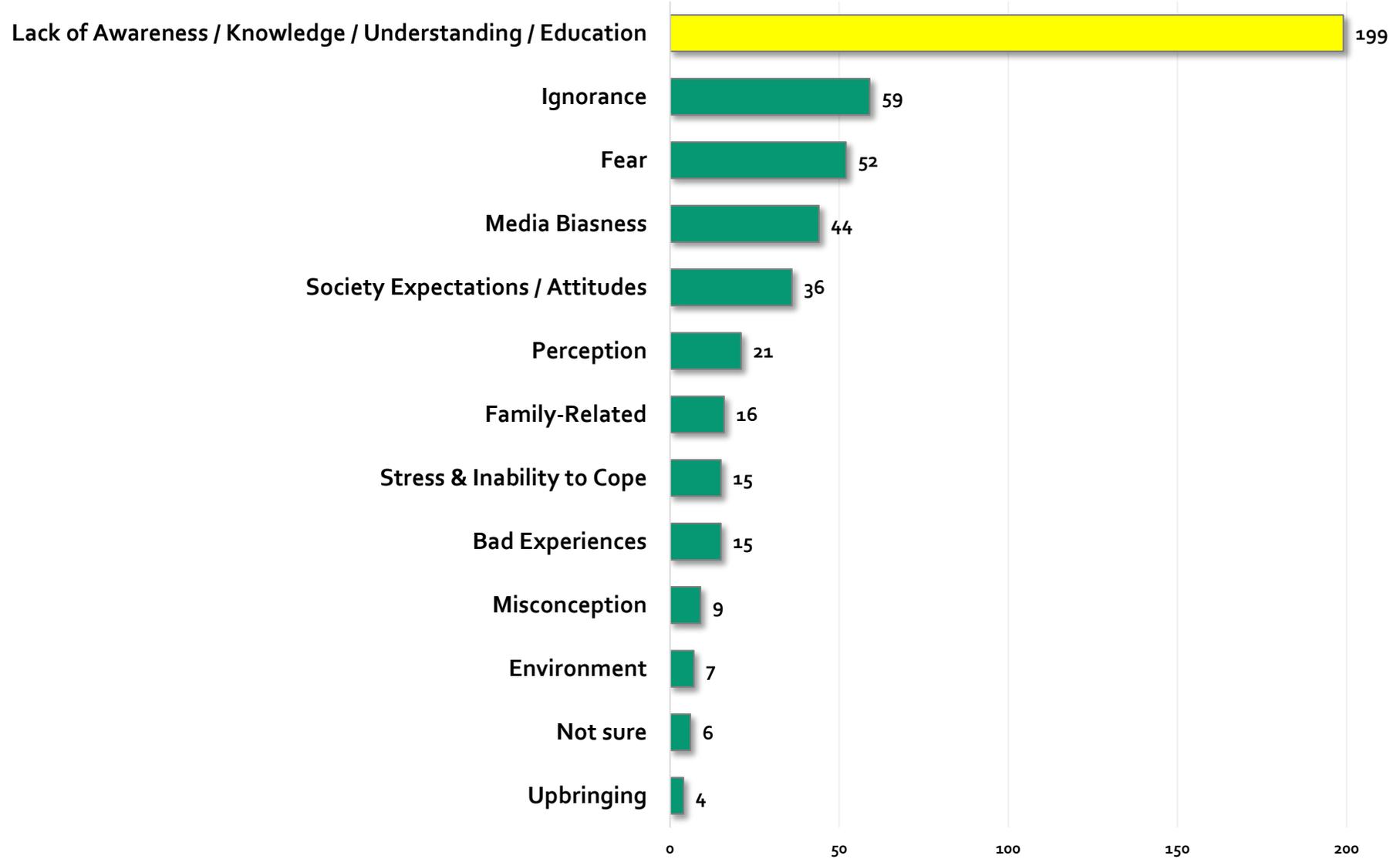


Table 10: Why do you think stigma still exists even though much advocacy work has been carried out?

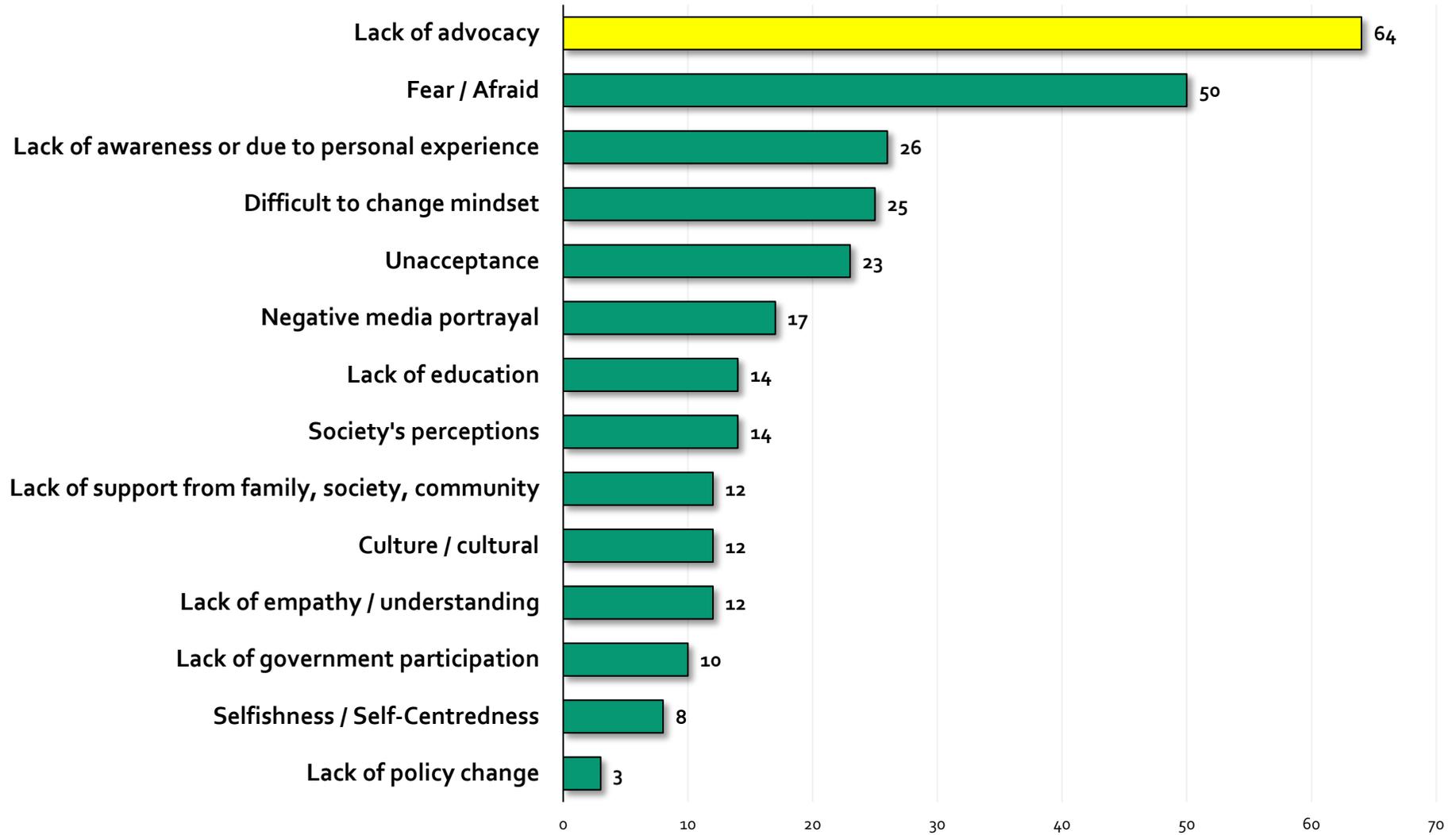
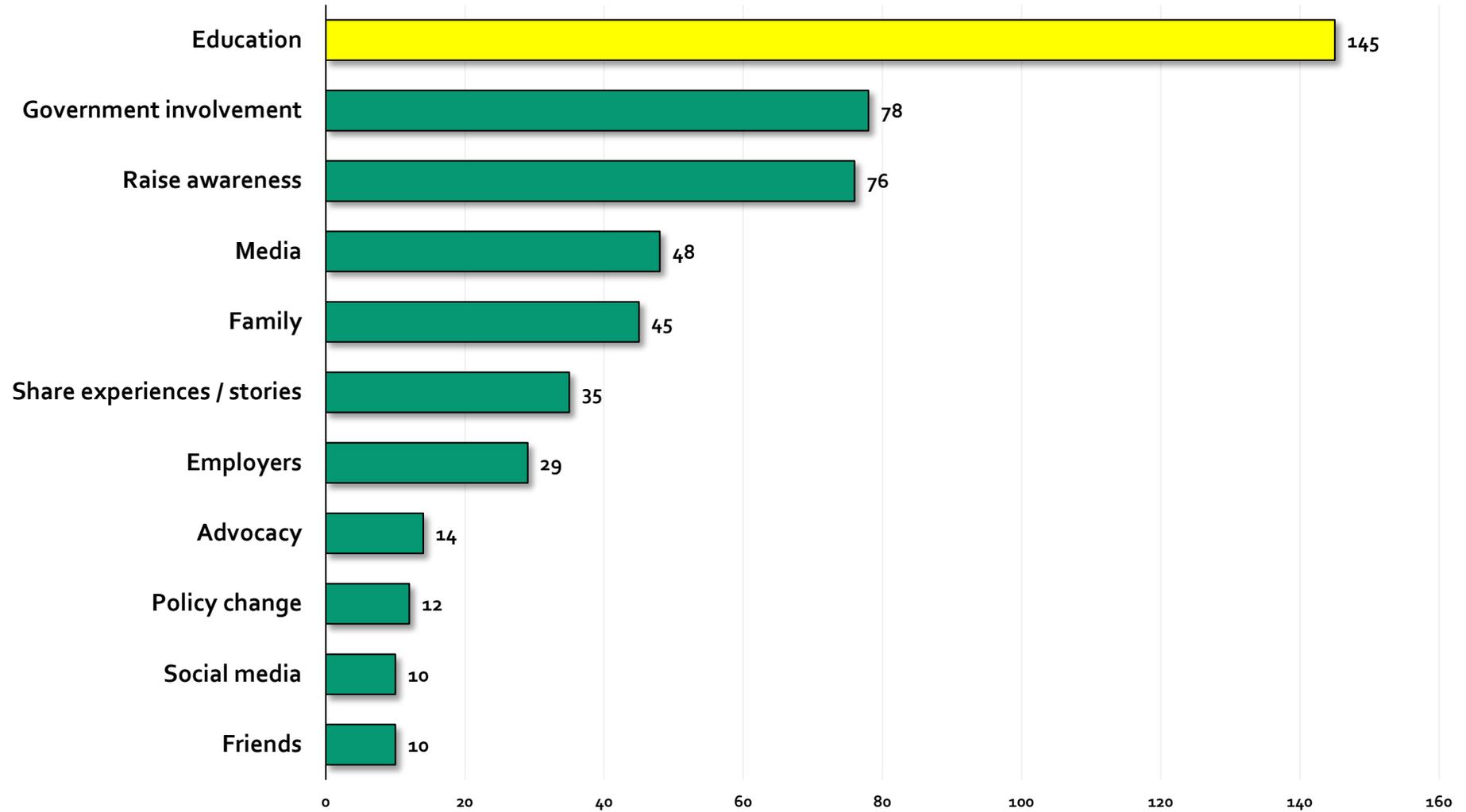


Table 11: What positive steps can we take to reduce stigma and discrimination against mental illness? Who should be involved?



## LIMITATIONS

As the method to collect data for this project was through an online survey, the initial challenge was the design of the survey and the choice of questions. Eventually a research paper with stigma scale was found and the next challenge immediately surfaced as to how many and which questions that suit our local context should be used in the survey. Having 27 compulsory quantitative questions and 3 qualitative questions in the survey could have deterred some participants from completing the survey and resulted in lower number of responses. Over a thousand emails were sent to caregivers, but only about 20% responded. Thankfully, a total of 524 participants responded to the survey.

To kickstart the online survey, it was an obvious choice to start off with people that has had interactions with CAL, ie the PMHIs, Caregivers and Professionals. However, this might pose a representation issue, as the participants who responded may not accurately represent the entire population. Notwithstanding, the survey also attracted 216 members of the public who responded through the word of mouth, mobile means or social media, thereby reducing the chance of representation bias.

The other limitation is that participants who responded to the request to complete an online survey might have in issue of self-selection. They might have vested interest or are interested in the subject matter, and hence more willing to participate. The other possibility is that these participants may complete the online survey multiple times and urge other to complete the survey in order to influence the results. However, while this may be technically possible, there is

strong doubt that this has happened as it does not make logical sense for someone to keep answering the survey that does not have any immediate or direct outcome to influence. Besides, there was no directive incentive like a voucher to encourage participation.

While the survey is totally anonymous, there is the chance of the participant providing socially-expected or desirable responses, especially in the quantitative section where Likert scale is used. Participants might be prone to select responses that appear more positive or socially acceptable, which could be different from their actual opinions. However, being anonymous, the participants could freely "speak" their minds and the inaccurate result will not serve any good purpose for them, especially in relation to stigma and discrimination towards mental health.

There is also a potential halo effect issue in the design of the survey questions that might lead the participants to respond in a certain way. The detailed results, however, do not give the indication that this has been the case.

The survey was scheduled to take place over a period of 4 months. However, due to the complexity of the survey design, the survey was carried out only for a period of 1½ months. Due to time constraints, personal interviews were not carried out as well.

## IMPACT OF STUDY

Based on the online survey mean scores, **25.8%** of the participants felt that stigma and discrimination towards mental illness exist. This finding is surprisingly lower than what most people would expect that

stigma and discrimination is still very strong in Singapore. This was partly the reason why this project was embarked on in the first place. This may give the impression that the study is not representative and may have inherent issues based on some of the limitations described earlier. However, there are plausible explanations as to why the findings might have presented a fair picture of these groups of participants felt towards the topic.

This group of PMHIs might be more exposed to various mental health awareness activities organised by various agencies and organisations like CAL and are increasingly involved in advocacy like sharing their lived experience to other PMHIs, caregivers, professionals and the public. The National Council of Social Service (NCSS), together with the Institute of Mental Health (IMH) have started the Peer Support Specialist Programme where opportunities are provided for PMHIs to be formally trained to leverage on their lived experience of recovery and equipped them with competencies to support other PMHIs. The caregivers who participated in the survey have likely attended the Caregiver-to-Caregiver Educational Programme provided by CAL and are empowered to better care for their loved ones (PMHIs). Many of them have possibly participated in awareness and anti-stigma activities that CAL and other organisations organised over the past few years. The professionals, without saying, are mostly already in the field of helping people recover or providing services in the health and social sector. It is of no surprise that this group scored the lowest level of stigma and discrimination. As for the public participants, it could possibly be attributed to the increase in the number of mental health awareness activities by NCSS, IMH, CAL and other organisations.

While there is no data to substantiate this claim, CAL is happy to see that the findings might possibly point to the fact that the advocacy efforts over the past few years in raising awareness and against stigma have obtained good results.

## **RECOMMENDATIONS**

The recommendations would be to continue doing and do more of what has worked. The participants have also suggested many new ideas that can be explored. To fight stigma and discrimination, raising of awareness of mental illness is crucial. This can be done at all levels, right from the government ministry or agency level in the form of public education, taking the lead in funding programmes to target stigma and discrimination. Incentive programmes should also be provided to employers to create an inclusive work environment, to embrace mental illness at the workplace and to provide support to employees who are PMHIs or caregivers. Social Service Organisations (SSOs) in the mental health sector should continue to organise activities geared towards raising of awareness, including providing training to PMHIs, caregivers, professionals. Events involving the public, corporations and community should also take place regularly to bring awareness to a higher level.

Sharing of lived experiences is always a powerful tool. PMHIs and caregivers should seize all opportunities to share their stories of recovery and caregiving to dispel myths and misperceptions about mental illness. Annual conferences on mental health should always seize the opportunity to reduce the fear and change the mindset of PMHIs, caregivers and society's mindset towards mental illness.

The People's Association, could through the various community organisations and in collaboration with SSOs, organise regular events to educate the community about mental health awareness and stigma.

Early education is also an important and crucial activity. The Ministry of Education should pay attention to the mental health of its students, especially in the recent spikes of suicides, risk of depression and self-harm in children and teens (Teo, 2017). Children could be taught skills in handling stress and mental health awareness should be part of the school's curriculum. Such an action plays the dual role of educating the students while preventing children from lapsing into depression, self-harm or other mental illnesses. These students will also grow up to be less stigmatising towards mental illness. Perhaps another project on how to reduce or prevent stress, mental illness and self-harm in children and teens could be embarked on. Of course, teachers and parents need to be educated too.

Government and the manpower ministry should develop policies to ensure that people with mental illness are not discriminated and receive help in reintegrating into society and the workforce. Corporate organisations should work closely with the government agencies to ensure that HR policies are inclusive and not discriminatory towards employees who are PMHIs or even caregivers.

## **CONCLUSION**

It was established that almost three-quarters of the participants of this study scored positively in the stigma scale. Plausible reasons for why this might have

happened have been offered. This study met the terms of reference of the sponsoring organisation CAL to find out whether enough has been done to fight stigma and discrimination and what more could be done about it. In addition, the findings have provided CAL a deeper insight into how some of its advocacy efforts against stigma and discrimination achieved good effects, as can be seen in the scores of the caregivers who have gone through the training and participated in activities. Many good recommendations have been made and it is desired that CAL and other relevant organisations can follow through on some, if not all of them. All relevant agencies need to play their part. Together, slowly but surely, this age-old stigma and discrimination issue can be greatly reduced, just like other illnesses.

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