

Understanding Attitudes and Perceptions of Mental Health amongst Middle-Aged Women in Singapore

**A Survey Study by
the Singapore Council of Women's Organisations (SCWO)
and James Cook University (Singapore Campus)**

Table of Contents

1. Introduction	1
2. Methodology.....	4
2.1 Design and Procedure.....	4
2.2. Participants	5
2.3 Measures.....	5
2.3.1 Life Satisfaction	6
2.3.2 Psychological Distress	6
2.3.3 Loneliness	6
2.3.4. Help-seeking Norms.....	6
2.3.5. Mental Health Stigma.....	6
2.3.6. Help-seeking Stigma	7
2.3.7. Help-seeking Intentions.....	7
2.3.8. Male Allyship	7
3. Survey Findings	7
3.1. Midlife Women's Perceptions of Mental Health Resources in Singapore.....	7
3.1.1. Awareness of Female-specific Mental Health Services	7
3.1.2. Support for Female-specific Mental Health Concerns	8
3.1.3. Perceptions of Mental Health Services in Singapore.....	8
3.2. Participants' Mental Health History and Current Mental Health Status	9
3.2.1. Psychological Distress and Well-being	Error! Bookmark not defined.
3.2.2. Correlates of Psychological Distress and Well-being	10
3.3. Stigmas and Help-seeking Intentions	11
3.3.1. Norms About Help-seeking	11
3.3.2. Mental Health Stigma and Help-seeking Stigma	12
3.3.3. Help-seeking Intentions.....	14
3.3.4. Correlates of Mental Health Attitudes and Help-seeking Intentions	15
3.3.5. Advertising Exposure and Stigma	15
3.4. Role of Male Allies	16
4. Implications and Recommendations	19
4.1. Perceptions of Mental Health Services in Singapore.....	19
4.2. Midlife Women's Mental Health, Attitudes, and Help-Seeking Intentions	20
4.3. Role of Male Allyship.....	22
5. Limitations	22
6. Summary and Conclusion	23

1. Introduction

Since the COVID-19 pandemic, mental health has moved to the forefront of public discourse and policy attention globally and in Singapore. The prolonged social restrictions, economic uncertainty, disruptions to work and family life, and heightened health-related anxieties experienced during the pandemic shone a spotlight on individuals' experience of psychological distress and mental well-being more broadly. Post-pandemic, concerns about declining mental well-being persist, with various local studies reporting rising levels of poor mental health, particularly amongst Singaporean youth (Ganesan, 2023; Institute of Mental Health, 2024).¹ Relatedly, workplace research has highlighted growing concerns about burnout, work intensification, and work-life strain.² Collectively, these trends carry significant implications not only for individual well-being, but also for workforce productivity and longer-term public health costs, as unaddressed mental health difficulties are associated with reduced work performance, increased absenteeism and presenteeism, and place greater demands on health and social care systems.³

Against this backdrop, mental health has become a key priority within Singapore's public health and social policy agenda, with concerted efforts to raise awareness about the importance of mental health, expanding the accessibility and affordability of mental health services, and promoting mental well-being generally and in the workplace.⁴

¹ Natasha Ganesan, "Prevalence of Poor Mental Health Increasing in Singapore; Young Adults Have Highest Proportion at 25.3%," CNA, September 28, 2023, <https://www.channelnewsasia.com/singapore/poor-mental-health-young-adults-seek-help-moh-survey-3802531>; Institute of Mental Health, "National Youth Mental Health Study (NYMHS) Press Release," September 19, 2024, https://www.imh.com.sg/Newsroom/News-Releases/Documents/NYMHS_Press%20Release_FINAL19Sep2024.pdf.

² Dexter Tilo, "Burnout, Stress Remain High in Singapore: Survey," *Human Resources Director Asia*, August 10, 2024, <https://www.hcamag.com/asia/specialisation/mental-health/burnout-stress-remain-high-in-singapore-survey/500918>; Paul Lim, "Struggling with Work-Life Balance? Ask What You Are Working For," *The Straits Times*, March 5, 2024, <https://www.straitstimes.com/opinion/struggling-with-work-life-balance-ask-what-you-are-working-for>; Taufiq Zalizan, "I Was Simply Too Tired": Singaporeans Burnt Out from Long Hours, Working on Days Off and Unreasonable Bosses," *CNA Today*, May 7, 2025, <https://www.channelnewsasia.com/today/ground-up/i-was-simply-too-tired-singaporeans-burnt-out-long-hours-working-days-and-unreasonable-bosses-4983986>; Ministry of Manpower, "Written Answer to PQ on Workplace Burnout," September 22, 2025, <https://www.mom.gov.sg/newsroom/parliament-questions-and-replies/2025/0922-written-answer-to-pq-on-workplace-burnout>.

³ Vikram Khanna, "The Shocking Economic Toll of Mental Illness," *The Straits Times*, June 28, 2023, <https://www.duke-nus.edu.sg/newshub/media-coverage/shocking-economic-toll-of-mental-illness>; KPMG International, *The Hidden Cost: Unveiling the Economic and Social Burden of Mental Health in Asia Pacific – Executive Summary*, May 2025, <https://assets.kpmg.com/content/dam/kpmgsites/sg/pdf/2025/05/the-hidden-cost-unveiling-the-economic-and-social-burden-of-mental-health-in-asia-pacific-executive-summary.pdf>; Low Youjin, "Lost Productivity Due to Depression and Anxiety May Cost Singapore Nearly S\$16b a Year: IMH, Duke-NUS Study," *Channel News Asia*, April 27, 2023, <https://www.channelnewsasia.com/singapore/depression-anxiety-lost-productivity-cost-singapore-billions-4632271>.

⁴ Ministry of Health, "National Mental Health and Well-Being Strategy," October 5, 2023, <https://www.moh.gov.sg/others/resources-and-statistics/national-mental-health-and-well-being-strategy--2023->; Prime Minister's Office Singapore, "DPM Lawrence Wong on the Motion on Advancing Mental Health (Feb 2024)," February 7, 2024, <https://www.pmo.gov.sg/newsroom/dpm-lawrence-wong-on-advancing-mental-health-february-2024/>.

As the national coordinating body of women's organisations in Singapore, SCWO plays a key role in advancing women's well-being through advocacy, partnerships, and ground insights, and this study was undertaken to better understand the mental health experiences of midlife women in Singapore. There are now more than 200 mental health hotlines, in-person services, and digital resources in Singapore, delivered by both public and non-governmental organisations,⁵ reflecting the urgency of responding to the population's rising mental health needs. These services span both general support services (e.g., National Mindline) as well as more targeted helplines for specific groups and issues, such as youths, caregivers, women, and crisis support. However, the availability of mental health helplines may not translate to awareness or perceived accessibility of these existing resources.

Within this broader mental health landscape, middle-aged women in Singapore represent a critical yet relatively understudied group. While there is no consistent global definition for "middle-aged", Erikson's Psychosocial theory⁶ places midlife at approximately 40 to 64 years, and women in this age group are statistically the largest demographic in Singapore (approximately 15%), compared to young adult women aged 20-39 (13.6%), senior women aged 60 and above (13.7%), and middle-aged men (13.8%). Further, individuals in midlife mark the largest proportion of Singapore's active labour force, with the median employee age increasing over the years to 45 in 2025.⁷ Importantly, this life stage is marked by the convergence of multiple stressors for women, including career demands, financial responsibilities, caregiving for both children and ageing parents, health changes associated with menopause, and evolving social roles. Midlife women's mental health thus has broader social implications for families, workplace productivity, and the community at large – for instance, in the domestic sphere, women predominantly take on the caregiver role and shoulder a disproportionate level of household and familial duties,⁸ and their psychological well-being thus affects not only their quality of life but also family functioning.

Despite these pressures, research on mental health in Singapore tends to focus more heavily on youth, working adults in general, or older persons, with less systematic attention paid to women navigating midlife transitions. In line with SCWO's ongoing efforts to better understand and support women's well-being, this study seeks to address this gap by focusing specifically on the mental health experiences of middle-aged women in Singapore, and importantly, the

⁵ Joyce Teo, "How Singapore Is Transforming the Mental Health Landscape to Stem a Crisis," *The Straits Times*, October 5, 2024, <https://www.straitstimes.com/singapore/health/how-singapore-is-transforming-the-mental-health-landscape-to-stem-a-crisis>.

⁶ Erik H. Erikson, *Childhood and Society*, 2nd ed. (New York: W. W. Norton & Company, 1963).

⁷ Ministry of Manpower, "Summary Table: Labour Force," accessed January 29, 2026, <https://stats.mom.gov.sg/pages/labour-force-summary-table.aspx>.

⁸ Shira Offer, "The Costs of Thinking About Work and Family: Mental Labor, Work-Family Spillover, and Gender Inequality Among Parents in Dual-Earner Families," *Sociological Forum* 29, no. 4 (2014): 916–936, <https://doi.org/10.1111/socf.12126>; Allison Daminger, "The Cognitive Dimension of Household Labor," *American Sociological Review* 84, no. 4 (2019): 609–633, <https://doi.org/10.1177/0003122419859007>; National Population and Talent Division, Strategy Group, Prime Minister's Office (Singapore), "Marriage and Parenthood Survey 2021: Strong Aspirations Among Singaporeans to Start Families, Flexible Work Arrangements Preferred," press release, October 10, 2022, <https://www.strategygroup.gov.sg>.

factors that determine whether they seek support for their mental health (if needed). There are four broad questions we seek to answer with this study. First, we examine midlife women's awareness and perceptions of the affordability and accessibility of mental health services in Singapore, as well as identify gaps in existing services to better meet their needs. Second, we assess participants' current mental health, and the factors associated with their well-being.

Relatedly, while there has been increasing awareness and normalisation of mental health issues in Singapore in recent years, it remains unclear whether greater awareness has translated into greater perceived acceptability and prevalence of professional mental health support, and a corresponding willingness to seek help when mental health needs arise. Specific to women in midlife, mental health issues have traditionally been viewed as taboo in Singapore society, and it is only in recent years that there has been greater conversation and public education around mental health.⁹ These earlier beliefs and perceptions about mental health may thus remain deep-seated and have lasting implications for midlife women's current mental health attitudes and behaviours.

Stigma refers to negative attitudes, beliefs, or perceptions associated with certain characteristics, conditions, or behaviours.¹⁰ While there are various forms of stigma, this study focuses on two that are especially relevant in the context of mental health: mental health stigma, which encompasses negative stereotypes about individuals who have, or are perceived to have, mental health conditions (e.g., beliefs that such individuals are weak, burdensome, or dangerous),¹¹ and help-seeking stigma, which reflects perceptions that seeking professional or emotional support signals incompetence, inadequacy, or personal failure.¹² Importantly, stigma has been consistently identified as one of the most significant barriers to accessing mental health care in clinically diagnosed populations.¹³ Beyond external social judgments, stigma can also be internalised, such that individuals adopt and apply negative societal stereotypes to themselves, further discouraging disclosure and help-seeking. As such, the third goal of this study examines the prevalence of stigmatised attitudes in midlife women, and the role of such stigmas in shaping their willingness to seek support.

⁹ leera M. Aggarwal et al., "Navigating Menopause in Singapore: Sociocultural, Clinical, and Policy Implications from a Qualitative Study (MARIE-Singapore)," *Annals of the Academy of Medicine, Singapore* 55, no. 1 (2026), <https://annals.edu.sg/navigating-menopause-in-singapore-sociocultural-clinical-and-policy-implications-from-a-qualitative-study-marie-singapore/>; Gregory T. H. Tan et al., "Mental Illness Stigma's Reasons and Determinants (MISReaD) Among Singapore's Lay Public – a Qualitative Inquiry," *BMC Psychiatry* 20 (2020): Article 422, <https://doi.org/10.1186/s12888-020-02823-6>.

¹⁰ S. Favre et al., "Association Between Burnout and Stigma in Physicians," *PLOS ONE* 18, no. 4 (2023): e0283556, <https://doi.org/10.1371/journal.pone.0283556>.

¹¹ Tan et al., "Mental Illness Stigma's Reasons and Determinants (MISReaD)."; Change Mental Health, "Understanding Mental Health Stigma," accessed January 26, 2026, <https://changemh.org/resources/understanding-mental-health-stigma/>.

¹² Mariyam H. Hussain and Nur Arfah B. Zaini, "Understanding Mental Health Literacy, Stigma, and Help-Seeking Attitudes Among University Students in the Maldives: A Mediation Analysis," *BMC Psychology* 13, no. 1 (2025): 1165, <https://doi.org/10.1186/s40359-025-03468-4>.

¹³ Amy E. Sickel et al., "Mental Health Stigma: Impact on Mental Health Treatment Attitudes and Physical Health," *Journal of Health Psychology* 24, no. 5 (2019): 586–599, <https://doi.org/10.1177/1359105316681430>.

Finally, we study, in an exploratory fashion, the role of male allyship in midlife women's well-being. In addition to the myriad challenges mentioned above that midlife women face – caregiving pressures, work stress, physical and health-related challenges, midlife women are also subject to a more subtle form of stress – gendered ageism. In the workplace, the experience of gendered ageism can limit women's career opportunities,¹⁴ skew their social interactions with colleagues,¹⁵ and thus impair their mental health.¹⁶ Male colleagues, who generally hold greater structure and/or symbolic power in workplaces, can be influential in shaping women's experiences in the workplace and overall mental health. Specifically, having supportive male allies – male colleagues who are inclusive and advocate for equality – could be a boon for midlife women's mental health, and reduce mental health-related stigmas. Examining male allyship thus moves beyond an individualised framing of women's mental health and identifies a source of contextual and social support for midlife women.

2. Methodology

2.1 Design and Procedure

The study employed a cross-sectional survey design. Following ethics approval from the Singapore campus of James Cook University's Human Research Ethics Committee, data collection was conducted between August 2025 and late November 2025.

Participants were recruited via email through SCWO's partner organisations as well as snowball sampling through social media by asking participants to forward the study link to other potential participants. To access the survey, interested participants would click on the link to the survey, which was hosted on the online survey platform – Qualtrics. Prior to survey participation, all respondents were presented with an information sheet that detailed the study's purpose, the expected level of risk and involvement, and assurances of anonymity, before indicating their consent to participate. Participants who did not provide their explicit consent would be re-directed to the end of the survey without responding to any of the survey questions.

Specific to risk, the nature and content of the survey questions were assessed to have a low to mild risk of distress to participants, as the questions touched on mental health distress. As such, participants were assured that they were free to discontinue their participation at any time if they felt uncomfortable or distressed, and participants were provided a list of support services both in the participant information sheet and in the survey debrief. Further, participants were informed that they could skip any questions that they may be uncomfortable or uncertain about. Respondents took approximately 15 minutes to complete the survey.

¹⁴ Colin Duncan and Wendy Loretto, "Never the Right Age? Gender and Age-Based Discrimination in Employment," *Gender, Work and Organization* 11, no. 1 (2004): 95–115, <https://doi.org/10.1111/j.1468-0432.2004.00222.x>; Henry S. Farber et al., "Factors Determining Callbacks to Job Applications by the Unemployed: An Audit Study," *RSF: The Russell Sage Foundation Journal of the Social Sciences* 3, no. 3 (2017): 168–201, <https://doi.org/10.7758/RSF.2017.3.3.08>.

¹⁵ Jasmin Tahmaseb McConatha et al., "The Gendered Face of Ageism in the Workplace," *Advances in Social Sciences Research Journal* 10, no. 1 (2023): 528–536, <https://doi.org/10.14738/assrj.101.13844>.

¹⁶ Tetyana P. Shippee et al., "Long-Term Effects of Age Discrimination on Mental Health: The Role of Perceived Financial Strain," *The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences* 74, no. 4 (2019): 664–674, <https://doi.org/10.1093/geronb/gbx017>.

2.2. Participants

To meet the aims of the study, we sought to recruit women who were between the age of 40 and 59 years, and who held Singapore Citizenship or Permanent Residency (PR) status. Over 700 participants indicated interest to participate in the survey. Removal of participants who did not meet inclusion criteria (age, citizenship), who dropped out prior to submission of their survey, or who submitted without answering large proportions of the survey, final responses rates ranged from 464-493.

On average, participants were 48.77 years old ($SD = 5.49$). Respondents comprised 76.9% Chinese, 8.5% Malay, 7.8% Indian, 1.1% Eurasian, and 5.6% Others (e.g., Japanese, Caucasian, Filipino). This broadly reflects the ethnic makeup of Singapore's general population (National Population and Talent Division, 2025), although Malays are under-represented in the sample. 13.7% of the sample were single/never married, 67.7% married, 2.2% indicated they were in a long-term partnership, 14.8% were divorced/separated, and 1.6% widowed. In terms of living arrangements, 11.7% of respondents reported living alone, 10.4% lived with their spouses only, majority (51.5%) lived with their spouse and children, 9.3% lived with their children only, and 17.1% of the sample had other living arrangements that included parents and siblings, children and aged parents, etc.

The sample was overwhelmingly higher educated, with 74.4% reporting having a university degree or higher. 16.4% had a Diploma and/or Professional Qualification, 3.6% had post-secondary (non-tertiary) education, 5.3% had secondary education, and 4% had below secondary education. This is higher than the broader population of Singaporean women aged 40-59, where 42% of women in this age group had a university degree or higher, 20% had a Diploma and/or Professional Qualification, 10% had a post-secondary (non-tertiary) education, 17% had a secondary education, and 11% had below secondary education.¹⁷

The majority of participants were working full-time (60.9%), 9.6% on a part-time or contract basis, 12.4% self-employed, 7.3% unemployed and looking for work, and 9.8% retired. Of the full-time working employees, 59% are in managerial roles and 41% are in non-managerial roles. Finally, the top three industries participants reported working in were in the health and social services (20.8%), public administration and education (11.4%), and financial and insurance services (8.5%), suggesting that participants come from various fields and industries.

2.3 Measures

In the following sections, we present greater information about the source and reliabilities of the composite scales used in this study. Other single item measures (e.g., questions asking about respondents' past mental health history and affordability of mental health services) are reported separately in the results section.

¹⁷Department of Statistics. (n.d.). "Education and literacy".
<https://www.singstat.gov.sg/publications/reference/ebook/population/education-and-literacy>

2.3.1 Life Satisfaction

Life satisfaction was measured using the Satisfaction with Life Scale.¹⁸ This contained 5-items asking respondents to indicate the extent to which they agreed or disagreed with each statement on a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*). A sample item for this is "I am satisfied with my life." In the current sample, the scale demonstrated high internal consistency ($\alpha = .89$).

2.3.2 Psychological Distress

Psychological distress was measured using the Patient Health Questionnaire-4 (PHQ-4), a composite, 4-item screening tool for anxiety and depression. Participants were asked how often they were bothered by the problems in each statement over the past two weeks (1 – *Not at all*; 4 – *Nearly every day*). Higher scores represented higher levels of psychological distress. Total scores between 0-2 are rated as normal, 3-5 are rated as mild, 6-8 are rated as moderate, and 9-12 as severe. The internal reliability for the PHQ-4 in this study was high ($\alpha = .87$).

2.3.3 Loneliness

Loneliness was measured using the 3-item UCLA Loneliness inventory. The scale assesses respondents' subjective feelings of loneliness and social isolation. Participants were asked to rate how often they felt the way described in each of the items over the past two weeks (1 = *Hardly ever*; 3 = *Often*). A sample item for this scale is "How often do you feel isolated from others?" Internal reliability for this scale was high ($\alpha = .88$). Total scores ranging from 3-5 were rated as "not lonely" and scores ranging from 6-9 were categorised as "lonely". In this sample, majority were not lonely (84%) and a minority were 16% lonely.

2.3.4. Help-seeking Norms

Participants were asked to rate their perceptions of injunctive and descriptive norms related to help-seeking. Injunctive norms were measured using a single-item: "If I had a mental health concern, people who are important to me would think that I should seek help from a mental health professional," and descriptive norms were measured using a single-item: "it is increasingly common that people are seeking professional help for mental health concerns."

2.3.5. Mental Health Stigma

Mental health stigma was measured using a 6-item scale developed by Docksey and colleagues.¹⁹ Participants were asked to rate the extent to which they agreed or disagreed with each statement (1 = *Strongly disagree*; 5 – *Strongly agree*). A sample item for this scale is "if I had a mental disorder, I would feel ashamed". Internal reliability for this scale was high ($\alpha = .86$).

¹⁸ Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). "The Satisfaction with Life Scale". *Journal of Personality Assessment*, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13

¹⁹ Docksey, A. E., Gray, N. S., Davies, H. B., Simkiss, N., & Snowden, R. J. (2022). "The Stigma and Self-Stigma Scales for attitudes to mental health problems: Psychometric properties and its relationship to mental health problems and absenteeism". *Health Psychology Research*, 10(3), Article 35630. <https://doi.org/10.52965/001c.35630>

2.3.6. Help-seeking Stigma

Participants' perceived stigma toward seeking professional help for psychological issues was measured using a 10-item scale developed by Vogel and colleagues.²⁰ Participants were asked to rate the extent to which they agreed or disagreed with each statement (1 = *Strongly disagree*; 5 = *Strongly agree*). A sample item for this scale is "I would feel inadequate if I went to a therapist for psychological help". Internal reliability for this is high ($\alpha = .87$).

2.3.7. Help-seeking Intentions

The General Help-Seeking Questionnaire (GHSQ) was used to measure the likelihood that participants would seek help from various sources if they had a mental health concern. These sources included formal and informal sources of support (e.g., partner, friend, mental health professional, phone helpline), and whether they would not seek help at all (1 = *Extremely unlikely*; 5 = *Extremely likely*). As the items in this scale would be analysed separately (e.g., the item for would not seek help would not be consistent with other items), we did not calculate internal reliability for this scale.

2.3.8. Male Allyship

In addition, we measured working participants' perceptions of their male colleagues as allies in issues on equality using a modified 10-item scale developed by Chen and colleagues.²¹ Participants were asked to indicate their extent of agreement to each of the items presented. A sample item for this scale is "generally, my male colleagues care that people are treated fairly." Internal reliability for this scale was high ($\alpha = .90$).

3. Survey Findings

3.1. Midlife Women's Perceptions of Mental Health Resources in Singapore

Our first research question was to gauge participants' awareness of various female-specific mental health resources in Singapore, their perceptions of affordability and accessibility of mental health services, and to identify areas which would be important for female-specific mental health concerns.

3.1.1. Awareness of Female-specific Mental Health Services

We asked participants to indicate which of the following services they were aware of: Women's Mental Wellness Service (WMS) at KK Women and Children's Hospital, Women's Emotional Health Service (WEHS) at the National University Hospital, general community outreach teams or community intervention teams, or to specify others that were not listed. Generally, participants ($N = 484$) reported being unaware of these resources (58.4%) with a minority being aware of WMS (13.8%), WEHS (10.8%), community outreach or intervention teams

²⁰ Vogel, D. L., Wade, N. G., & Haake, S. (2006). "Measuring the self-stigma associated with seeking psychological help". *Journal of Counseling Psychology*, 53(3), 325–337. <https://doi.org/10.1037/0022-0167.53.3.325>

²¹ Chen, J. M., Joel, S., & Castro Lingl, D. (2023). "Antecedents and consequences of LGBT individuals' perceptions of straight allyship". *Journal of Personality and Social Psychology*, 125(4), 827–851. <https://doi.org/10.1037/pspi0000422>

(17.7%), and a small portion (Others: 5.3%) indicated support resources from organisations such as Fei Yue community services and AWARE. Similarly, majority of participants had never used any of these services (92.4%).

3.1.2. Support for Female-specific Mental Health Concerns

In addition, participants were asked to rank, from 1 (highest priority) to 5 (lowest priority), the types of support they felt would be most important for women-specific mental health concerns. Overall, peer support and counselling services were ranked highest, followed by workplace policies regarding mental wellness and support services, awareness campaigns for mental health, and 'Others'. For the 'Others' category, respondents elaborated with examples such as better support for harassment in the workplace, psychologically safe platforms to voice concerns, policies to take care of women's mental health, physical well-being activities, religion, family (e.g., spousal support, caregiver support, single parent support), courses related to mental wellness, accessibility to online wellness checks (e.g., through surveys), and ancillary services such as childcare subsidies. Table 1 depicts the percentages for each support service.

Table 1

Rank Order Frequencies for Female-Specific Mental Health Support Options

Support Option	Overall Rank	Rank 1 (%)	Rank 2 (%)	Rank 3 (%)	Rank 4 (%)	Rank 5 (%)
Peer Support	1	29.4	31.5	22.9	14.8	1.5
Counselling	2	26.3	29.8	25.2	17.1	1.7
Workplace policies (regarding mental wellness and support services)	3	19.4	22.7	24.2	30.8	2.9
Awareness Campaigns (for mental health)	4	21.9	13.3	25.6	35.8	3.3
Others	5	3.1	2.7	2.1	1.5	90.6

Note. N = 480. Participants ranked options from 1 (highest priority) to 5 (lowest priority).

3.1.3. Perceptions of Mental Health Services in Singapore

We asked participants to indicate the extent to which they believed that mental health services in Singapore were (a) affordable and (b) accessible. Majority of participants believed that mental health services in Singapore were unaffordable (38%) or highly unaffordable (15%), a sizeable portion said they did not know (30%), and the remainder believed that mental health services were affordable (16%) or highly affordable (1%).

On the positive side, most participants believed that mental health services in Singapore were accessible (49%) or highly accessible (5%), with a smaller proportion stating that mental health services were inaccessible (21%), highly inaccessible (5%), or that they did not know (20%).

3.2. Participants' Mental Health History and Current Mental Health Status

Our second research question was to examine participants' current mental health status and the factors that predict their psychological distress and well-being.

First, to better understand our participant profile, we asked participants about their mental health history, with the question "Have you ever had mental health concerns or experienced a mental health condition?" Half of participants ($N = 493$; see Table 2) stated that they had never experienced a mental health concern or condition (50%), 17% reported having experienced a mental health concern more than 10 years ago, 9% indicated experiencing mental health concerns between 5-10 years ago, 13% indicated experiencing mental health concern 2-5 years ago, and 11% indicated experiencing mental health concerns in the past year.

Table 2
Respondents' Mental Health History

Past experience of mental health concerns	Percentage (%)
Never	50
More than 10 years ago	17
5-10 years ago	9
2-5 years ago	13
In the past year	11

Note. $N = 493$.

Of the participants who had previously experienced mental health concerns ($N = 244$), 63% reported seeking professional help for their mental health concerns, and 37% did not seek help for their mental health concerns. Further, we asked this group of participants to indicate the largest sources of stress that contributed to their mental health concerns. The top 4 sources (see Table 3) were workplace stress (54.3% indicated that workplace stressors was a moderate or extreme source of stress), family problems (51.3%), unresolved trauma (43.4%), and romantic relationship troubles (44%).

Table 3

Percentages of Reported Stressors for Mental Health Concerns

Source of Stress	Not at all (%)	A little (%)	Moderately/Extremely (%)
Workplace stress	18.5	27.2	54.3
Family Problems	18.2	30.6	51.3
Unresolved Trauma	30.3	26.2	43.4
Romantic Relationship Troubles	33.7	22.2	44.0
Caregiving duties	42.0	22.6	35.3
Financial Troubles	32.4	33.2	34.5
Retirement planning	36.1	34.4	29.5
Others	70.3	5.0	24.7
Childcare burden	54.8	21.2	24.1
Difficult relationship with peers/friends	51.4	31.7	16.9
School Stress	78.5	9.1	12.4
Pregnancy	80.6	11.2	8.3

Note. N = 244.

3.2.2. Correlates of Psychological Distress and Well-being

Beyond item-level variations in participants' responses to the survey, we analysed correlations between the study variables. The overall correlations are presented in Table 8. As a note, correlations with male allyship are not included in the table, as these results represent only a subset of the sample, i.e., employed participants. Correlations with formal and informal help-seeking intentions were also not included in the table due to similar patterns of results with overall help-seeking intentions.

Specific to respondents' mental health, our study results showed that respondents' mental health history was negatively correlated with their perceptions of affordability ($r = -.24, p < .01$) and accessibility ($r = -.13, p < .01$) of mental healthcare in Singapore; the results suggest that the more recently respondents had a mental health concern, the less likely they were to feel that mental health support was affordable and accessible, which could attest to the greater familiarity with mental health services in Singapore.

Respondents who had more recent mental health concerns were also more likely to be currently experiencing psychological distress (PHQ $r = .33, p < .01$), more likely to report loneliness ($r = .32, p < .01$), and more likely to have negative thoughts about how poor mental health affects their sense of self ($r = .11, p < .05$). Correspondingly, past mental health history was negatively related to perceptions of life satisfaction ($r = -.22, p < .01$), and reported an overall lower likelihood of seeking help for their mental health concerns (GHSQ overall $r = -.20, p < .05$; informal support $r = -.15, p < .01$; formal support $r = -.16, p < .01$).

For participants' current mental health, findings showed that respondents who were currently experiencing greater psychological distress were less likely to perceive mental health services as affordable ($r = -.20, p < .01$) and accessible ($r = -.15, p < .01$), were less likely to be satisfied with their lives ($r = -.45, p < .01$), and were less likely to seek help for their mental health concerns (GHSQ overall $r = -.38, p < .01$; informal support $r = -.30, p < .01$; formal support $r = -.27, p < .01$).

Further, individuals' PHQ scores were negatively related to injunctive norm perceptions ($r = -.15, p < .01$), suggesting that those experiencing greater psychological distress were less likely to perceive that their loved ones would be supportive of them seeking mental health support. However, there was no statistically significant relationship between psychological distress and descriptive norms ($r = .02, p > .05$). Finally, psychological distress was positively and moderately associated with loneliness ($r = .55, p < .01$).

For psychological well-being, life satisfaction was positively correlated with injunctive norms ($r = .13, p < .05$), suggesting that participants who perceived greater mental health support from their loved ones were more likely to have higher psychological well-being. Individuals who were more satisfied with their lives also reported greater intentions to seek help if they needed to (overall GHSQ: $r = .30, p < .01$; informal: $r = .30, p < .01$, formal: $r = .16, p < .05$). Life satisfaction was negatively correlated with past mental health history ($r = -.22, p < .01$), current psychological distress ($r = -.45, p < .01$) and loneliness ($r = -.48, p < .01$).

3.3. Stigmas and Help-seeking Intentions

The third research question was to examine participants' beliefs and attitudes toward mental health and help-seeking.

3.3.1. Norms About Help-seeking

Injunctive norms refer to an individual's perception of what behaviours are viewed as acceptable or unacceptable by others. In this sample, majority of participants believed that there were strong injunctive norms about seeking help from mental health professionals (65% indicated agree or strongly disagree; 18.3% neither agreed nor disagreed; 16.6% disagreed or strongly disagreed). These statistics suggest that most participants believed that their loved ones or people important to them would encourage them to seek mental health support from a professional if they required it, and a minority of participants believed that their loved ones would disapprove of or discourage them from seeking professional help if they had a mental health concern.

Descriptive norms refer to an individual's perception of what social others are actually doing. In this sample, most participants agreed or strongly agreed (76.1%) that it is increasingly common for people to seek professional help for mental health concerns, with a minority neither agreeing or disagreeing (23.9%) and a small proportion disagreeing or strongly disagreeing (10%). These findings suggest that participants believed that seeking mental health support from professionals is an increasingly common behaviour.

3.3.2. Mental Health Stigma and Help-seeking Stigma

Overall, respondents leaned toward endorsing negative mental health stigmas. While a sizeable proportion would not feel ashamed for having a mental health condition (41%), many felt that having a mental health disorder would make them feel bad about themselves (59%), that they would feel weak (58.3%), that no one would want to get close to them (48.7%), that they would feel like a failure (54%), and a vast majority agreed or strongly agreed that they would feel like a burden to others if they had a mental health disorder (73.8%). Taken together, the findings suggest that stigmas regarding mental health conditions are prevalent in this sample. Table 4 presents an itemised breakdown of participants' responses to the mental health stigma scale.

Table 4
Stigma Toward Mental Health Conditions

Item Description	Disagree/ Strongly Disagree (%)	Neither Agree nor Disagree (%)	Agree/ Strongly Agree (%)
If I had a mental disorder, I would feel ashamed.	41.0	27.0	32.0
If I had a mental disorder and I could not solve my own problems, I would feel bad about myself.	25.0	16.0	59.0
If I had a mental disorder, I would feel weak.	25.3	16.3	58.3
If I had a mental disorder, I would feel like no one would want to get close to me.	28.9	22.4	48.7
If I had a mental disorder, I would feel a burden to others (e.g., family, colleagues).	14.0	12.1	73.8
I would feel a failure if I became mentally unwell.	25.9	20.1	54.0

Note. N = 478

Encouragingly, respondents were less likely to report help-seeking stigmas. Generally, participants were inclined to disagree that going to a therapist would make them feel inadequate (62.9%), inferior (66%), less intelligent (75.3%), or less satisfied with themselves (69.3%), although participants were more likely to admit feeling worse about themselves if they could not solve their own problems (45.2% agree/strongly agree), and they were more likely to agree that seeking professional psychological help would not affect their general perceptions of themselves (76.4%), would not change the way they saw themselves (55.9%), would not harm their self-confidence (60.7%) or remain the same (57.0%), and even that their self-esteem would increase if they did seek professional help (47.8%). These results are encouraging as respondents generally do not feel ashamed about seeking mental health support from therapists and other mental health professionals. Table 5 provides an itemised breakdown of participants' responses to the help-seeking stigma scale.

Table 5

Help-Seeking Stigma

Item	Disagree/ Strongly Disagree (%)	Neither Agree Nor Disagree (%)	Agree/ Strongly Agree (%)
My self-confidence would remain the same if I sought help for a problem I could not solve	15.5	27.5	57.0
I would feel okay about myself if I made the choice to seek professional help	5.5	18.0	76.4
My view of myself would not change just because I made a choice to see a therapist	14.6	29.0	55.9
My self-esteem would increase if I talked to a therapist	12.7	39.5	47.8
My self-confidence would NOT be threatened if I sought professional help	21.4	18.0	60.7
If I went to a therapist, I would be less satisfied with myself	69.3	20.7	9.9
Seeking psychological help would make me feel less intelligent	75.3	15.9	8.9
It would make me feel inferior to ask a therapist for help	66.0	18.8	15.2

I would feel worse about myself if I could not solve my own problems	35.1	19.7	45.2
I would feel inadequate if I went to a therapist for psychological help	62.9	21.7	15.4

Note. N = 472.

3.3.3. Help-seeking Intentions

We examined participants' perceived likelihood of seeking help from various sources if they experienced a mental health concern. Generally, formal sources of support include mental health professionals, doctors/general practitioners, or phone helplines, while informal sources would include one's partner, friend, family member, or religious leader. In addition, we also asked participants whether they would seek help from other sources not listed, and how likely it was that they would *not* seek help from others. In general, participants indicated they would be most likely to seek help from mental health professionals (75.9%), followed by their partners (63.2%), friends (56.9%), and doctor/general practitioner (50.5%). Most participants felt it was unlikely that they would not seek help at all (62.6%). These descriptive results are encouraging as they suggest that participants perceive that help-seeking can be effective for their mental health, and that there are accessible sources of support around them, both in their own social networks and the broader society.

Participants indicated they were least likely to seek help from religious leaders (37%); as we did not ask about participants' religiosity in this study, this lower likelihood could be influenced by participants who had no religious affiliation. Interestingly, participants were also less likely to seek help from a phone helpline (39.4%). Given the greater push for more accessible mental health support options through phone and WhatsApp hotlines, such as the launch of Mindline.sg, it would be important to understand individuals' perceived barriers to the use of such hotlines, in comparison to face-to-face help-seeking from mental health professionals.

Finally, we asked participants if they would seek help from other sources not listed in the options. Only 317 participants responded to this question specifically; of these, 47% said it was unlikely they would seek help from others, 32.5% were unsure, and 20.5% indicated it was likely or very likely that they would seek help from other sources, which included colleagues, health or life coaches, artificial intelligence platforms (e.g., ChatGPT), and online support groups.

Table 6

Likelihood of Seeking Help from Various Sources

Source of Support	Unlikely (%)	Neither (%)	Likely (%)
Mental Health Professional	9.4	14.6	75.9
Intimate Partner	25.8	11.0	63.2

Friend	30.2	12.9	56.9
Doctor/GP	31.1	18.4	50.5
Relative/Family	38.8	14.4	46.8
Phone Helpline	39.7	20.9	39.4
Religious Leader	45.8	17.2	37.0
Would not seek help	62.6	24.5	12.9

Note. N = 464.

3.3.4. Correlates of Mental Health Attitudes and Help-seeking Intentions

Both injunctive and descriptive norms were positively related to perceptions of accessibility of mental health services ($r = .12, p < .05$; $r = .13, p < .05$ respectively) and positively related to help-seeking intentions. Individuals who more strongly believed that their loved ones were supportive of them seeking mental health support had greater help-seeking intentions overall ($r = .35, p < .01$), and from informal ($r = .27, p < .01$) and formal support sources ($r = .27, p < .01$). Similarly, individuals who believed that it is increasingly common to seek mental health support also had stronger help-seeking intentions overall ($r = .20, p < .01$), and from informal ($r = .20, p < .01$) and formal sources ($r = .09, p < .01$). Both injunctive ($r = .07, p > .05$) and descriptive ($r = .07, p > .05$) norms were not related to perceptions of affordability.

Comparatively, the strength of the relationships between injunctive norms and likelihood of help-seeking were stronger than those between descriptive norms and likelihood of help-seeking, which suggests that the opinions of participants' loved ones, i.e., injunctive norms, were more influential in determining participants' help-seeking intentions compared to the perceptions of what 'everyone else' is doing. Finally, both injunctive and descriptive norms were negatively related to help-seeking stigma (injunctive norms: $r = -.21, p < .01$; descriptive norms: $r = -.21, p < .01$).

As expected, mental health stigma was negatively related to overall help-seeking intentions ($r = -.11, p < .05$), though the relationships with informal ($r = -.08, p = .08$) and formal ($r = -.09, p = .06$) help-seeking did not reach statistical significance. Similarly, the negative relationships between help-seeking stigma and help-seeking intentions were stronger (overall GHSQ: $r = -.19, p < .01$; informal: $r = -.12, p < .01$; formal: $r = -.17, p < .01$).

3.3.5. Advertising Exposure and Stigma

To obtain a better understanding of the effectiveness of public education campaigns to raise awareness for mental health, normalising support, and combatting stigma, we asked participants about their exposure to mental health campaigns and advertisements. Majority of participants (70%) indicated that they had encountered such mental health campaigns, and of these 70%, most had seen these campaigns and advertisements on social media platforms

(52.4%), with a smaller proportion encountering physical campaigns (27.3%) and other mediums (13.1%; e.g., newspapers, workplaces, websites).

As a preliminary test of the effectiveness of these mental health campaigns, we conducted a series of independent samples t-tests comparing respondents who encountered advertisements on mental health campaigns to those who did not, and whether they differed on mental health stigma, help-seeking stigma, help-seeking intentions, and perceptions of injunctive and descriptive norms. Results showed that respondents who did not encounter such campaigns and advertisements did not differ significantly from those who did on mental health stigma ($t = -.48, p > .05$), help-seeking stigma ($t = .12, p > .05$), overall intentions to seek help ($t = .62, p > .05$), and intentions to seek help from formal sources ($t = .62, p > .05$).

However, compared to respondents who encountered mental health campaigns, respondents who did not encounter these advertisements were less likely to perceive that their loved ones would support them seeking support from a mental health professional if they needed help (injunctive norms: $t = -2.2, p < .05$), and less likely to perceive that it was common for individuals to seek professional help for mental health concerns (descriptive norms: $t = -3.13, p < .05$). Finally, there was a marginal difference between these two groups of respondents on *informal* help-seeking intentions ($t = -1.8$, two-tailed $p = .08$, one-tailed $p < .05$), such that respondents who did not encounter mental health campaign advertisements were less likely to seek help from partners, family members, or friends.

3.4. Role of Male Allies

The fourth aim of our study was to explore, in a subsample of working women, the role of male allyship in midlife women's well-being. Participants in our sample generally perceived that their male colleagues were supportive of equality. For instance, 47.8% of women in the sample agreed or strongly agreed with the statement that their male colleagues wanted equal rights for everyone (33.3% neither agreed nor disagreed; 18.9% disagreed or strongly disagreed), and majority (67.8%) agreed or strongly agreed with the statement that their male colleagues care that people are treated fairly (26.5% neither agreed nor disagreed, 15.8% disagreed or strongly disagreed). Generally, these findings showed there was substantial variance in perceptions of male allyship. Table 7 presents an itemised breakdown for each statement in the male allyship scale.

Finally, our data also speaks to the importance of male allyship. Women who had supportive male colleagues were more likely to be satisfied with their lives ($r = .14, p < .05$); have reduced mental health stigma ($r = .14, p < .05$), and had higher help-seeking intentions (overall: $r = .28, p < .01$; informal support: $r = .2, p < .01$; formal support: $r = .2, p < .01$).

Table 7

Perceptions of Male Allyship

Item Description: Generally, my male colleagues...	Disagree/ Strongly Disagree (%)	Neutral (%)	Agree/ Strongly Agree (%)
1. Want equal rights for everyone	18.9	33.3	47.8
2. Care that people are treated fairly	15.8	26.5	57.8
3. Are nonjudgmental of others	24.9	28.6	46.6
4. Speak out against gender discrimination	28.6	39.6	31.8
5. Fight for gender equality	31.4	40.3	28.3
6. Seek out opportunities to learn about women's issues	36.8	34.9	28.3
7. Listen more than speak in discussions of women's issues	25.2	39.9	34.9
8. Keep the focus off themselves in discussions of women's issues	19.5	47.2	33.3
9. Avoid focusing conversations on their own opinions/experiences	17.6	50.5	31.9

Note: N = 318.

Table 8

Correlations

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Past Mental Health History	-										
2. Psychological Distress	.33**	-									
3. Life Satisfaction	-.22**	-.45**	-								
4. Loneliness	.32**	.55**	-.48**	-							
5. Affordability	-.24**	-.20**	.12**	-.20**	-						
6. Accessibility	-.13**	-.15**	.11*	-.10*	.53**	-					
7. Injunctive Norms	-.07	-.15**	.13**	-.20**	.07	.12*	-				
8. Descriptive Norms	-.05	-.04	.14**	-.11*	.06	.13**	.45**	-			
9. Mental Health Stigma	.11**	.16**	-.10*	.17**	-.15**	-.04	-.05	-.07	-		
10. Help-Seeking Stigma	.01	.07	-.09	.15**	.01	.02	-.21**	-.21**	.46**	-	
11. General Help-Seeking (overall)	-.20**	-.38**	.30**	-.30**	.21**	.15**	.35**	.19**	-.11*	-.19**	-

Note. $N = 452$. * $p < .05$ ** $p < .01$

4. Implications and Recommendations

In this study, we sought to examine mental health-related issues of midlife women in Singapore, with the aim of assessing their perceptions of mental health services in Singapore, levels of psychological distress and well-being, and the factors influencing well-being and help-seeking intentions. These findings reinforce SCWO's ongoing work in advocating for more accessible, inclusive, and targeted mental health support for women across different life stages.

4.1. Perceptions of Mental Health Services in Singapore

The data showed that participants in our sample were largely unaware of mental health services that specifically cater to women's needs, and that while general mental health services in Singapore were perceived to be relatively accessible, participants were concerned or unsure about affordability. These results suggest gaps in awareness of available services and their associated costs, and perhaps limited recognition of mental health concerns that are female-specific.

These results underscore the importance of developing a more nuanced understanding of how midlife women perceive existing mental health services. In addition to awareness, perceptions surrounding relevance, value, and appropriateness of female-specific services could play a critical role in determining whether support is sought. For instance, midlife women may be unaware of how and what issues female-specific mental health services can address, or even that their concerns and stressors are female-specific. Greater knowledge of life-stage and gender-related stressors could thus be one avenue to enhance awareness of female-specific services and encourage help-seeking. Female-specific mental health services should be more clearly positioned and differentiated from general mental health services to enhance their visibility and relevance to the populations they are designed to serve.

The uncertainty expressed by many participants regarding the accessibility and affordability of general mental health services may also indicate that pathways for psychological help-seeking are less clearly structured, leaving individuals unsure about when, how, and whom to approach for mental health support. When faced with physical health conditions such as the flu, we are able to recognise associated symptoms, assess their severity, and know to consult a general practitioner or polyclinic, or for more serious conditions, to go to the hospital. In contrast, individuals experiencing mental health conditions may be less able to identify the signs and symptoms of mental distress, and which support services are appropriate.

The higher perceived accessibility of mental health services may be partially attributed to the proliferation of online modalities such as artificial intelligence-enabled chatbots, specialised mental health applications, social media-based helplines, and telehealth services, which collectively lower practical barriers to support seeking. However, the extent to which these services are utilised is less clear. Notably, participants reported being least likely to seek support through phone-based helplines, suggesting that accessibility alone does not guarantee utilisation. A better understanding of the criteria individuals use to evaluate mental health services, such as perceived trustworthiness, value, anonymity, cost, and ease of access, would thus be beneficial for improving the uptake and effectiveness of mental health support services.

Finally, our participants ranked peer support and counselling as the highest priority for female-specific mental health services. This preference highlights the importance of interpersonal, primary-level interventions that allow women to share experiences, feel understood, and receive validation from others facing similar challenges, and is in line with the Ministry of Health's push to expand Tier 1 and Tier 2 services under the Tiered Care Model for mental health, launched in 2023.⁴ In particular, peer support can help lessen feelings of isolation, normalize emotional challenges, and provide a more informal, less stigmatizing route for seeking mental health support. Additionally, combining structured peer support groups with professional counselling services may improve access to formal support when it is needed. This highlights an opportunity for SCWO and its member organisations to play a stronger role in bridging awareness gaps and connecting women to appropriate support services.

4.2. Midlife Women's Mental Health, Attitudes, and Help-Seeking Intentions

Our second and third research questions pertain to midlife women's mental health, attitudes toward mental health and help-seeking, and the factors associated with mental health and help-seeking. A minority of participants in our sample were experiencing moderate to severe psychological distress and had low satisfaction with life. However, the finding that participants with higher psychological distress were less likely to seek help for their mental health concerns is concerning from a public health perspective, as individuals with greater psychological distress, who stand to benefit most from support, appear to face perceptual, motivational, and/or psychological barriers that reduce their likelihood of utilising mental health services.

In addition, the pattern of negative associations between psychological distress and perceived affordability and accessibility of mental health services, combined with the negative association with injunctive norms and higher levels of loneliness suggests that overall perceived lack of support may be a critical contributor to mental ill-being among midlife women. When individuals believe that their loved ones would be unsupportive of help-seeking and simultaneously perceive professional or community-based mental health services as financially or practically unattainable, these beliefs may contribute to feelings of isolation and helplessness, thereby leading to psychological distress.

From a practical standpoint, these findings highlight the importance of strengthening not only the availability of mental health services, but also the visibility and perceived approachability of support systems, particularly community-based support systems. Ensuring that individuals feel socially supported and practically able to seek help is likely to be important towards encouraging help-seeking and improving mental health outcomes. Interventions that normalise help-seeking within families, workplaces, and communities could be particularly effective in reducing perceived isolation and encouraging support-seeking. For example, our data show that exposure to mental health campaigns and advertisements was associated with higher perceptions of prevalence and acceptability of seeking mental health support in the form of descriptive and injunctive norms. In addition, exposure to mental health campaigns was also marginally associated with the greater likelihood that participants would seek support from informal sources such as friends and family members if they had mental health concerns. This speaks to the subtle effects of normalising and raising awareness of mental health issues.

Approximately half of our sample reported having experienced mental health conditions at some point in their lives, with workplace stress, family problems, unresolved trauma, and

romantic relationship troubles identified as the most salient contributors to psychological distress. Yet, these findings are but a surface-level description of the various and multifaceted sources of stress women face. A more nuanced understanding of the characteristics of these domains that are stressful for women, and the extent to which these are shaped by gendered experiences or life-stage, would be necessary to examine in future research and to provide more targeted intervention and support for women's mental health. For example, work and familial stressors are often interconnected, where high job demands or inflexible work arrangements may interfere with women's ability to fulfil caregiving and household responsibilities, thereby intensifying stress and psychological strain. In this instance, addressing women's mental health may thus require integrated approaches that consider the interaction between work, family, and relational contexts, rather than treating these stressors in isolation.

Our results show that stigmas surrounding mental health conditions remain prevalent. Most notably, a substantial proportion of respondents endorsed fears that they would be a burden to others if they had a mental health disorder. This figure was much higher than the other stigma-related belief items measured. This pattern may reflect the social roles and priorities commonly held by midlife women, for whom responsibilities toward family members, dependents, and others often take precedence over personal well-being. In this context, concerns about burdening loved ones may be particularly salient and may discourage women from acknowledging distress or seeking support. Female-specific mental health services could explicitly recognise and validate women's caregiving identities, addressing concerns about burden and responsibility, and perhaps position help-seeking as a proactive step that can protect both personal and familial well-being, thus countering the perception that mental health difficulties must be managed alone.

Generally, participants reported relatively lower levels of stigma regarding the impact of help-seeking on their sense of self, which is an encouraging finding given the observed negative associations between help-seeking stigma and help-seeking intentions. This suggests that efforts to normalise help-seeking may already be gaining traction, although further progress is needed. Continued emphasis on normalising help-seeking, such as through communicating how mental health support services are not limited or applicable only to those with severe mental health conditions or extreme levels of stress, and that there are various support services for each individual's needs, may further reduce stigma and psychological barriers to help-seeking, facilitating earlier engagement with mental health services.

Finally, turning to participants' help-seeking intentions, it is also encouraging that participants reported that they were most likely to seek help from a mental health professional if they experienced a mental health concern. This percentage (75.9%) exceeded even that of informal support seeking from their partners (63.2%) and friends (56.9%). This suggests that participants recognise the efficacy and value of professional help and aligns with the earlier finding that professional help-seeking is perceived to be less stigmatising. The results also underscore the importance of enhancing awareness of mental health services, and ensuring that these services are accessible, affordable, and targeted to meet women's mental health needs to capitalise on women's relative willingness to seek professional support. In contrast, the lower willingness of participants to seek help through phone-based helplines may indicate additional concerns surrounding anonymity, trust, or the perceived effectiveness of such helplines for midlife women. It is possible that women in this age group have greater

preference for more relational modalities, and so support services targeted toward midlife women should thus be aligned with their preferences and needs.

These findings underscore the importance of continued advocacy and public education efforts, an area where SCWO and its partners have been actively working to normalise conversations around mental health and reduce stigma.

4.3. Role of Male Allyship

Finally, the last goal of this study was to explore the role of male allies in midlife women's well-being. As mentioned, midlife is a period in which women begin to experience gendered ageism – where the combined effects of gender- and age-based stereotypes can negatively affect midlife women's work experiences, opportunities, and psychological well-being. Having supportive male colleagues who value fairness and equality could thus be an important protective factor for midlife women.

While participants in our sample generally felt that their male colleagues were supportive of gender equality, there was significant variance in participants' perceptions, where a substantial minority reported neutral or negative perceptions. This variability suggests that attention to gendered concerns in the workplace and male allyship are not evenly addressed across Singaporean workplaces, underscoring the need to pay greater attention to inclusivity in organisations.

Notably, greater perceived allyship was associated with more positive outcomes for women, including higher life satisfaction, reduced mental health stigma, and greater help-seeking intentions. This points to male allies as being meaningful social and organisational resources for mental well-being. Supportive male colleagues may help create psychologically safer environments in which women feel validated, respected, and supported, and thus better able to manage workplace stressors. Practically, these findings suggest how workplace mental health strategies for women should explicitly incorporate male allies, such as through active listening, validation, and encouraging help-seeking – working collaboratively across the gender divide would enhance inclusivity and psychological safety in the workplace.

5. Limitations

Several limitations of the present study should be considered when interpreting the findings of this study. First, the sample comprised a relatively high proportion of higher-educated respondents, which may reflect self-selection effects commonly observed in survey-based mental health research. Individuals who choose to participate in a mental health study could be more knowledgeable of mental health issues, had prior experiences with mental health-related conditions and thus more familiar with available services, and more comfortable discussing mental health-related issues. As a result, perceptions of mental health accessibility and affordability, past mental health experiences, and self-reported stigma could be more favourable or skewed than those of the broader population of midlife women. Similarly, this group may also experience distinct stressors – such as higher job demands, role overload, professional responsibilities, greater availability of flexiwork arrangements, and so on, that differ from those faced by women with lower educational attainment. This may influence the

reported level of psychological distress, help-seeking intentions, and *sources* of stress faced by our sample. While this limits the generalisability of the findings, it also highlights the need for a more nuanced and in-depth examination of mental health stressors and perceptions across a wider range of educational backgrounds, taking into account participants' prior exposure to mental health services and mental health history.

Second, Malay respondents were underrepresented in our sample, relative to their proportion in Singapore's general population. Although ethnic and religious factors were not the primary focus of this study, cultural norms, community structures, and faith-based coping practices may shape participants' experiences of stress and mental health, perceptions of mental health, stigma, and help-seeking behaviours. This underrepresentation of Malay women may therefore limit the extent to which the findings fully capture the diversity of experiences within Singapore's multi-ethnic context. Future studies with more ethnically representative samples would be important for exploring whether and how mental health perceptions and support needs vary across cultural and religious groups, and for informing culturally sensitive mental health outreach and service design.

Finally, the cross-sectional design of the study limits causal inference. Although the observed associations between psychological distress and well-being, norm perceptions, stigma, male allyship, and help-seeking intentions are meaningful, they cannot establish directionality. Longitudinal research that tracks women over time – their stresses, mental health, sources of support – would be valuable in examining how contextual workplace and familial factors influence mental health outcomes and help-seeking behaviours among midlife women.

Despite these limitations, the study provides important and timely insights into an understudied population and serves as a snapshot into the mental health attitudes and perceptions of midlife women in Singapore.

6. Summary and Conclusion

Overall, this study highlights the challenges and perceptions of midlife women on mental health-related issues. Findings highlight that a substantial proportion of our participants have experienced mental health difficulties, with workplace stress, family-related challenges, unresolved trauma, and relationship difficulties emerging as key contributors to psychological distress. While participants mostly perceived mental health services in Singapore to be accessible, there are concerns around affordability of mental health services, and a general lack of awareness of female-specific services.

Importantly, those experiencing greater psychological distress were less likely to seek help, suggesting that those who would most benefit from receiving support face significant psychological or practical barriers toward accessing mental health services. Greater understanding of perceptions of mental health services, such as clarifying or structuring pathways to seeking mental health support, and greater normalisation of mental health support to reduce stigma, could play a critical role in shaping help-seeking behaviour. In particular, stigma remains a salient barrier for midlife women, particularly fears of being a burden to others.

Finally, our study findings demonstrate the significance of social and workplace contexts – perceptions of loved ones' support for their mental health, and perceptions of supportive and inclusive male allies served as protective factors for women's mental well-being. Together, our findings point to the need to strengthen mental health literacy to combat stigma, have clearer structured pathways about when, where, and how women can seek help, and expand peer support and counselling services tailored to midlife women. Additionally, workplace policies that promote allyship and inclusivity may be beneficial for women's mental health.

These insights will guide SCWO's ongoing advocacy, programmes, and partnerships to strengthen mental health support for women in Singapore. As the apex body for women's organisations, SCWO remains committed to work closely with partners to advance women's well-being by addressing systemic gaps, reducing stigma, and fostering supportive environments across communities and workplaces.

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