Health Promotion Board

Design Guide for Tier 1 Mental Well-Being Programmes

For Service Providers and Ground-up Groups Providing Initiatives under Tier 1 of the Tiered Care Model for Mental Health



2026

Foreword

Singapore places mental health and well-being high on its public health agenda. Singaporeans are increasingly open towards accessing mental health and well-being services. In response to this demand, many organisations now offer a multitude of initiatives aimed at helping people manage stress and overcome challenges. Yet, engagements with stakeholders across the public, private, and community sectors reveal the need for clearer guidance on effective measures that lead to improved mental health and well-being.

With this in consideration, the Health Promotion Board developed a guide through close consultation with an expert panel, which was formed from 3 May 2024 to 17 September 2025. This panel comprised senior representatives from healthcare organisations, social service agencies, professional groups, and academic institutions. Their expertise and diverse perspectives have helped shape this guide to be evidence-informed and practical for Singapore's context.

This design guide aims to serve trainers from public, private, and community sectors—including service providers and ground-up groups—who support healthy members of the general public with few or no symptoms of mental health conditions in achieving mental health and well-being under Tier 1 of the Tiered Care Model for Mental Health.

The Health Promotion Board will periodically review this guide to incorporate to incorporate emerging evidence and ensure our recommendations reflect the most current understanding and best practices.

We are grateful to all panel members for their contributions to this worthwhile effort, which will benefit the mental health and well-being of our fellow Singaporeans.

Mr Tay Choon Hong
Chief Executive Officer
Health Promotion Board
Chairperson, Mental Well-Being Expert Panel

Acknowledgement

The Health Promotion Board acknowledges the following panel members for their contributions to the Design Guide for Tier 1 Mental Well-Being Programmes.

Chairperson

Mr Tay Choon Hong
Chief Executive Officer
Health Promotion Board

Members

Mr Christian Chao
Chief Executive Officer
Care Corner Singapore

A/Prof Swapna Kamal Verma
Chairman of the Medical Board,
Senior Consultant
Institute of Mental Health

Dr Janhavi Vaingankar
Director, Research
Institute of Mental Health

A/Prof Hildon Zoe Jane-Lara
Assistant Professor
Saw Swee Hock School of Public Health
National University of Singapore

A/Prof Jean Liu
Associate Professor
Health and Social Sciences Cluster
Singapore Institute of Technology

Mr Adrian Toh
President
Singapore Psychological Society

Dr Syed Harun Alhabsyi
Consultant Psychiatrist
The Starfish Clinic of Psychiatry &
Mental Wellness

Secretariat

Ms Joanne Koh
Assistant Director
Mental Health Education
Health Promotion Board

Research Lead

Mr Huang Xuewen
Senior Manager
Research and Development
Health Promotion Board

Table of Contents

1. Executive Summary 5

2. Overview of the Design Guide 7
   - Aim: What is it for?
   - Target Audience: Who is it for?
   - Application: How To use it?
   - Development Process: How was the Guide Developed?

3. Design Guide Development Process 8

4. Scope of the Design Guide 10

5. Key Recommendations 12
   5.1 Theme 1: Knowledge and Skills to Improve an Individual's Mental Well-being
   5.2 Theme 2: Knowledge and Skills to Support Others in Distress

6. Design Considerations 36

7. Proposed Feedback Questions to Measure Effectiveness 39

8. Recommended Avenues of Support 40

9. Appendix 41
   - Table 1: Examples of Common Cognitive Distortions
   - Glossary of Terms
   - References

1 Executive Summary

The Health Promotion Board (HPB) has developed this evidence-based and practical design guide for mental health and well-being initiatives. This guide aims to help trainers design programmes that equip individuals with the knowledge and skills necessary for well-being and managing distress (under Tier 1 of the Tiered Care Model for Mental Health, as outlined in the National Mental Health and Well-Being Strategy). Do note that this guide is not designed for managing diagnosed mental health conditions.

This guide was developed in consultation with mental health professionals and stakeholders, utilising the best available evidence at the time of development. This provides a clear reference for service providers and ground-up groups (collectively called 'trainers') in designing and conducting mental health and well-being initiatives for individuals.

The guide focuses on knowledge sharing and skill-building, giving trainers a reference for developing well-being initiatives for members of the general public who are mentally healthy.

Key Themes and Focus Areas

The design guide is presented under two themes. Each theme introduces key skillsets and their corresponding techniques. A skillset is a group of related techniques with a common conceptual foundation, often connected to one or more mental well-being domains. Meanwhile, a technique is a specific behaviour or action that can be performed deliberately to achieve a desired outcome.

Theme 1: Mental Health and Well-Being for Individuals

The first theme focuses on knowledge and skills for personal mental health and well-being. It covers key information about lifestyle behaviours that support well-being, including physical activity, quality sleep, hobbies, connecting with nature, and fostering social relationships.

The six core skillsets in the first theme are:

Cognitive Skills,
Aimed at helping one recognise and modify unhelpful thought patterns. This is achieved by understanding cognitive distortions, practising cognitive restructuring, and applying cognitive defusion strategies.

Positive Thinking Skills,
which are the intentional practice of noticing and appreciating the positive aspects of life through practices like gratitude exercises, envisioning one's Best Possible Self, and more.

Mindfulness Skills,
which help individuals develop awareness of the present moment and approach it with non-judgment and acceptance. These skills incorporate techniques such as mindfulness practice and body scans.

Interpersonal and Communication Skills,
which allow one to better connect with others and resolve conflicts effectively. This is achieved via techniques such as active listening and conflict management.

Relaxation Skills,
that enable individuals to relieve tension by activating the body's "rest and relax" response. This involves techniques like deep breathing and progressive muscle relaxation.

Self-management Skills,
that allow accurate monitoring and understanding of oneself and effective regulation of one's behaviour. Techniques for this skillset include journaling and goal setting.

Theme 2: Knowledge and Skills to Support Others in Distress

The second theme prepares individuals to provide a basic level of support to others in distress, creating stronger community networks. It covers the fundamentals of mental health, lifestyle behaviours to achieve good mental health and well-being, recognising distress signals, applying self-care principles, and understanding proper escalation pathways.

The two core skillsets in the second theme are:

Supportive Skills,
which allow one to offer effective emotional or practical support for those around them who might be experiencing distress. An example of a relevant skill here is active listening.

Psychological First Aid (PFA) skills,
which focus on providing supportive responses during or after a crisis. This is done through key techniques structured around the 'Prepare, Look, Listen, Link' approach.

In addition to the above recommendations, the guide also includes design considerations, feedback questions, and supplementary resources for mental well-being initiatives. The guide will be reviewed periodically as further evidence emerges, to ensure the recommendations reflect the most current understanding and best practices.

2 Overview of the Design Guide

What is it for?



Mental health and well-being are increasingly important concerns in Singapore. While many initiatives are already helping Singaporeans navigate life's challenges, we recognise the need for a local design guide that defines what effective mental well-being initiatives should look like.

To address this, the Health Promotion Board (HPB) collaborated with a panel of experts to develop an evidence-based and practical guide to help trainers like you design effective programmes promoting mental health, well-being, and distress management.

This guide is not intended for the management of diagnosed mental health conditions. Instead, they serve as a reference for those designing and delivering initiatives to promote mental health and well-being among Singaporeans.

How to use this Guide?



When applying this guide as a trainer, you are encouraged to:

- Adopt the 'Key Recommendations' (Section 5) to suit the needs of your participants.
- Consider the 'Design Considerations' (Section 6) to increase participants' self-efficacy in applying the knowledge and skills learnt.
- Consider including relevant 'Feedback Questions' (Section 7) to measure the effectiveness of your initiatives.
- Include 'Recommended Resources' (Section 8) for additional support to participants.

Remember, this design guide is meant to provide a reference for good practices. You have the flexibility to select and adapt the knowledge areas and skillsets most relevant to your participants' needs.

Who is it for?

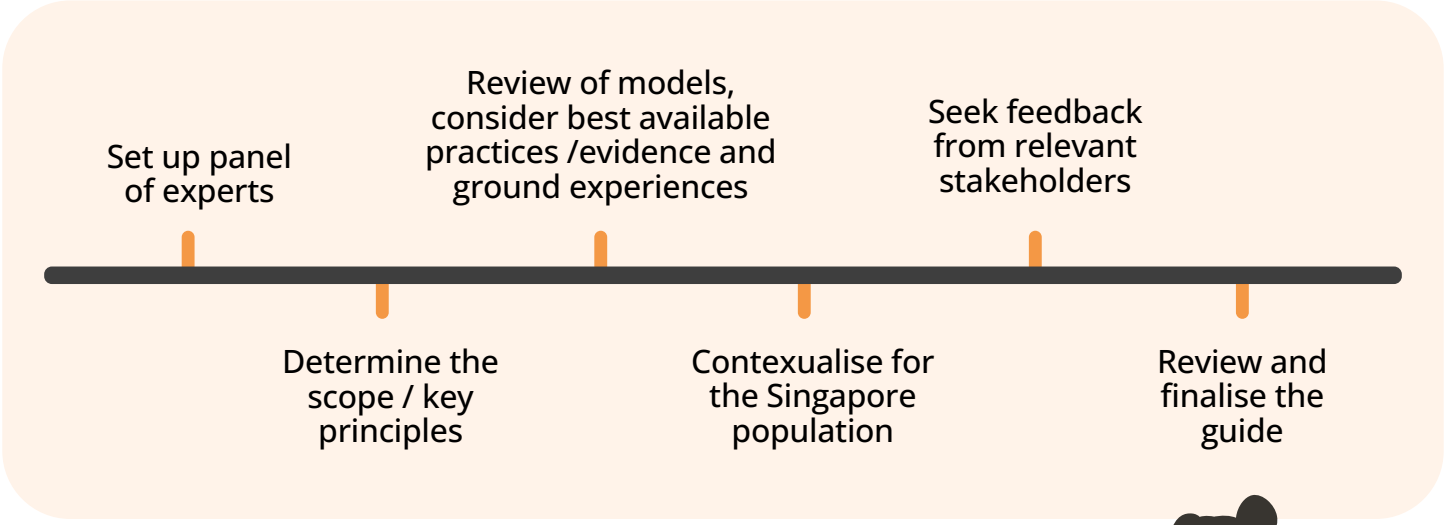


This guide provides a reference for service providers and ground-up groups to design and deliver mental health and well-being initiatives for members of the general public who are mentally healthy, with minimal or no symptoms of mental health conditions.

3 Design Guide Development Process

Development Process

The guide was developed with input from a diverse panel of experts.



Two key principles guided the process:



01

Evidence-informed approach:
The guide was based on scientific evidence and validated with valuable insights from local experts and practitioners.

02

Ease of implementation:
Recommendations were made with viability and ease of adoption in mind.

Review of Evidence

We reviewed established models such as the Positive Mental Health Instrument[1], Singapore Mental Wellbeing Scale[2], Ryff's model of psychological well-being[3], as well as the PERMA model[4], and identified eight common domains of mental well-being.

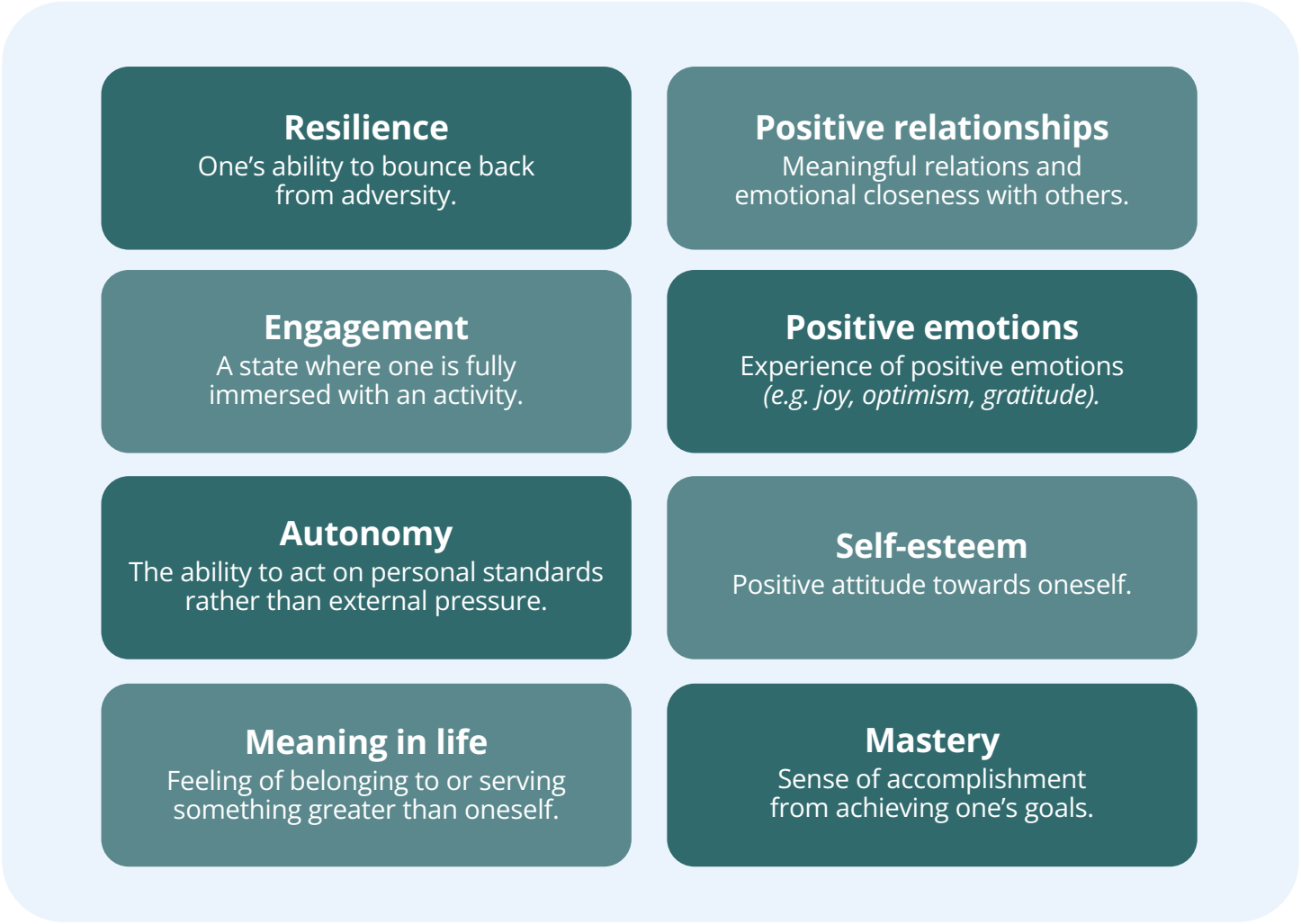


Figure 1. Common domains of mental well-being

We then carried out an extensive literature review to examine how various knowledge areas and skills could improve mental well-being across the identified domains. Our review focused on areas supported by robust methodology, including systematic reviews, randomised controlled trials (RCTs), and meta-analyses.

This guide will undergo periodic reviews as further evidence emerges, ensuring that they stay aligned with the most current understanding and best practices for mental well-being.

Practical Implementation

To ensure the guide is practical and applicable, it was refined through consultations with experts, practitioners, and service providers from diverse sectors.

4 Scope of the Design Guide

The guide covers mental health and well-being initiatives focused on **knowledge sharing** and **skill-building**. Such initiatives are intended to:

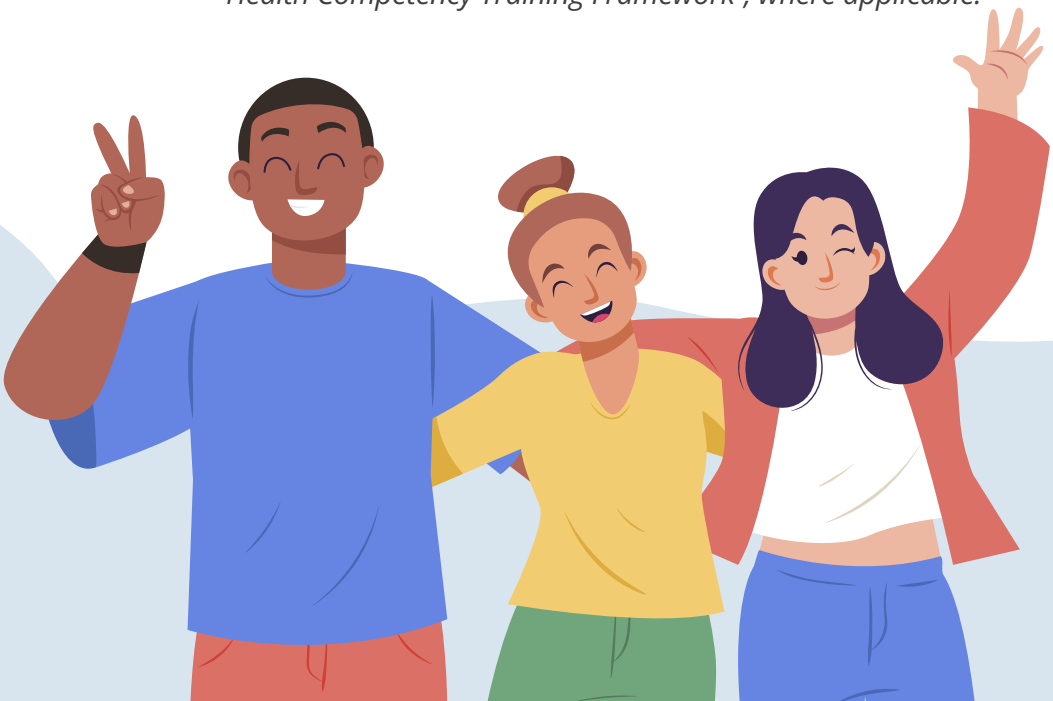
- **Empower people to maintain or improve their own mental health and well-being**
- **Equip individuals to support others who may be experiencing mental distress**

The guide is organised under **two broad themes** and outlines the recommended knowledge, skills, and techniques that you can impart to participants in your initiatives.

Recommended Knowledge	**Recommended Skills** (Key mental health and well-being related competencies)	**Recommended Techniques** (Specific behaviours that can be practised to develop each recommended skill)
Theme 1: Knowledge and skillsets to improve individual mental well-being		
• Understand what constitutes mental health • Understand how to achieve good mental health and well-being through lifestyle behaviours - physical activity, sleep, hobbies, nature exposure and meaningful relationships	**Cognitive skills**	• Cognitive reappraisal • Cognitive restructuring • Cognitive defusion
	Positive thinking skills	• Best possible self (BPS) • Character strengths • Gratitude exercises • Three good things
	Mindfulness skills	• Body scan • Mindfulness practice
	Relaxation skills	• Deep breathing • Progressive muscle relaxation (PMR) • Imagery
	Interpersonal and communication skills	• Active listening • Conflict management
	Self-management skills	• Journalling • Goal setting

Recommended Knowledge	**Recommended Skills** (Key mental health and well-being related competencies)	**Recommended Techniques** (Specific behaviours that can be practised to develop each recommended skill)
Theme 2: Knowledge and skillsets to support others in distress		
• Understand what constitutes mental health • Understand how to achieve good mental health and well-being through lifestyle behaviours - physical activity, sleep, hobbies, nature exposure and meaningful relationships • Understand the range of behaviours signalling coping difficulties, burnout or emotional distress • Understand what self-care is • Understand the avenues of support available	**Supportive skills** (including communicating effectively and sensitively with individuals in distress)	• Active listening • Informational support
	Psychological first aid skills	• Prepare, Look, Listen, Link

Note: The required knowledge competencies are aligned to Tier 1 of the National Mental Health Competency Training Framework[5], where applicable.



5 Key Recommendations

5.1 Theme One: Knowledge And Skills To Improve Individual's Mental Health And Well-Being

As trainers designing content aimed at improving mental well-being, you can focus on **two key components**:

1. Knowledge

In your programme, include information on:

A. What is mental health?
B. What are the lifestyle behaviours promoting mental health and well-being?

2. Skills

In your programme, include one or more of the following skills:

A. Cognitive skills
B. Positive thinking skills
C. Mindfulness skills
D. Relaxation skills
E. Interpersonal and communication skills
F. Self-management skills

1 - Knowledge for Mental Health and Well-being

A. What is Mental Health?

There are three commonly used terms in this space: mental health, mental well-being and mental distress.

Mental Health

Mental health refers to a person's overall psychological (thoughts) and emotional (feelings) state.

Mental Well-Being

This is a state where people are generally able to cope with life's stresses, use their strengths and abilities, learn well, work effectively, and contribute meaningfully to their communities.[6]

Mental Distress

This is a state of emotional and psychological suffering. Mental distress may refer to signs such as:

- Changes in sleep or appetite
- Feeling overwhelmed and unable to deal with daily demands
- Strong feelings of sadness or anxiety
- Aches or pains without a clear physical cause

Mental distress can be a normal experience for many people at different times in their lives. Events like major life changes or grieving the loss of a loved one can cause one or more of these symptoms.

It's important to remember that having any of the signs of mental distress does not mean that someone has a mental health condition.

Self-Assessment Tools for Mental Well-Being and Mental Distress

Here are some free online tools that individuals can use to reflect on their mental well-being or mental distress. These tools cannot replace a professional evaluation, but they can help people better understand their current state of mental health:

Mental Well-Being
The **MindSG Mental Well-Being Self-Assessment Tool** helps assess their state of well-being based on their feelings and experiences in the past two weeks.

Mental Distress
The **Mindline Assessment Tool** identifies possible signs of stress, anxiety, or other emotional challenges.

Mental Health Conditions

Mental health conditions are clinically diagnosed disorders, such as depression or anxiety, that are assessed by trained professionals.

They use recognised classification systems like the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)[7] or the International Classification of Diseases, 11th Edition (ICD-11).[8]

Mental health conditions can affect a person's daily life, relationships, and ability to function at work or in the community.

People with mental health conditions often need some form of professional care from qualified providers such as psychiatrists, trained counsellors, therapists, or allied health professionals. With the right support, many individuals are able to manage their symptoms and lead fulfilling lives.

Dual Factor Model (DFM)

Good mental health depends on two factors:

- Improving one's mental well-being
- The ability to handle mental distress

To help us understand this balance, let's look at the dual-factor model[9-13], also known as the dual-continua model, two-continua model, or complete state model. It groups mental health into four zones (see Figure 2).

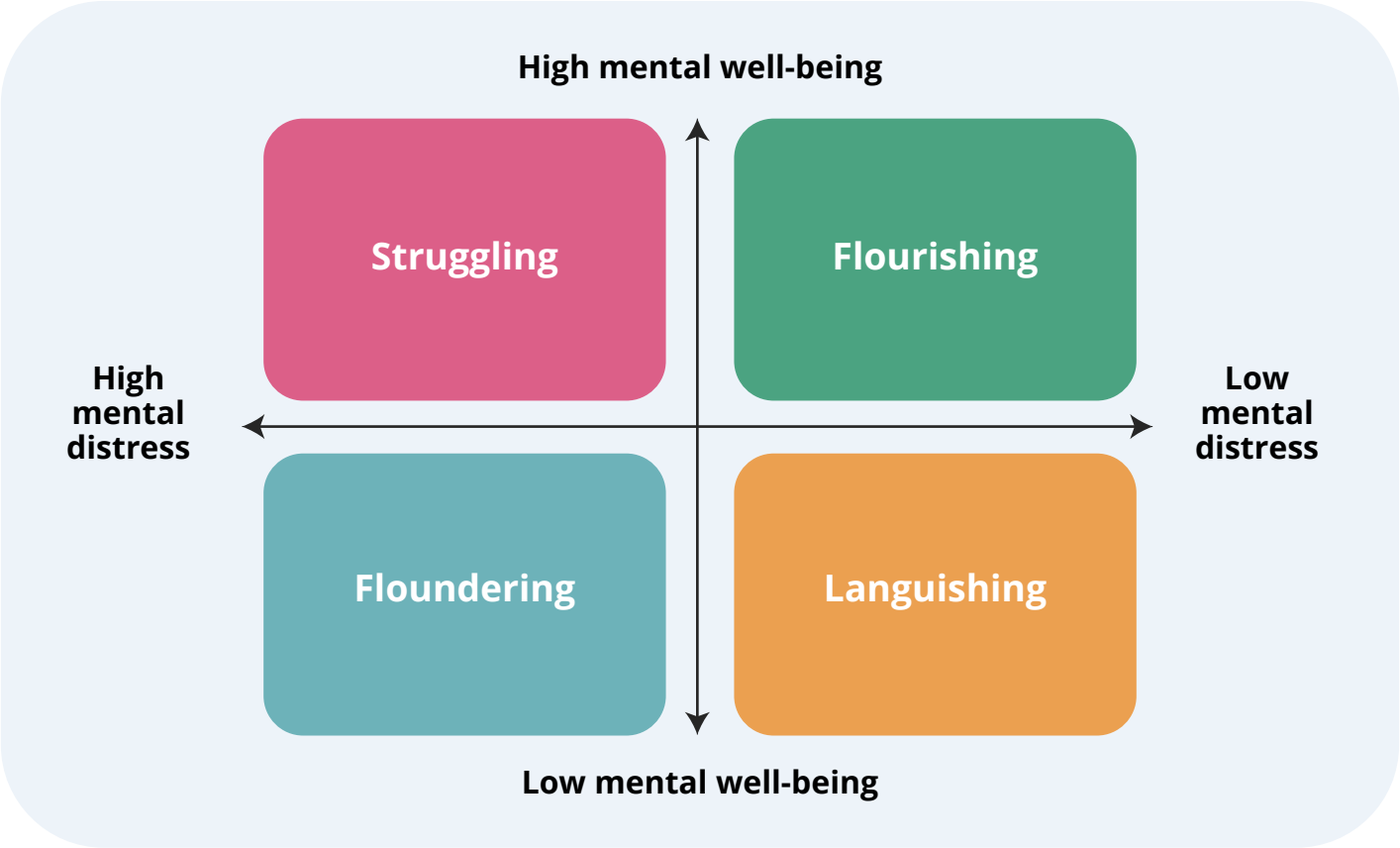


Figure 2. Visual representation of the dual factor model

This model views mental health along two independent dimensions, creating four possible zones. A person's mental health state may shift between these zones at different points in time, depending on the situation.

In other words, nobody is permanently stuck in any one zone.[14] With the right knowledge, healthy lifestyle practices, and supportive skills, people can boost their mental well-being and move away from the floundering and languishing zones.

At the same time, changes in life circumstances or acute stressors, such as falling victim to a financial scam or losing a job, may increase mental distress. This could shift someone toward the floundering and struggling zones.

Recommended Knowledge	Zone	Example	What It Means for a Person
Flourishing	Individuals generally feel great, are resilient, and have the resources to manage life's stresses effectively. These resources can be in the form of supportive relationships, practical skills, and healthy coping strategies.	A student who feels fulfilled in their chosen field of study and can handle challenges from schoolwork and relationships with confidence.	Individuals who are flourishing often function better at work, in school, and in their relationships.[15] They also tend to enjoy good physical health.[16,17]
Languishing	These people may not feel overwhelmed, but they experience a sense of stagnation or lack of fulfilment.	Someone who manages their everyday responsibilities but feels no joy or purpose.	Individuals who are languishing may have fewer resources to cope with stressors[18] and may be more vulnerable to mental distress if future challenges arise.
Struggling	Individuals are coping with stress but are under a lot of strain.	A parent who feels fulfilled by work and family life but is also exhausted from balancing these competing demands.	Individuals who are struggling can experience negative effects on their physical health[19,20] due to dealing with long-term stress.
Floundering	Individuals feel low and overwhelmed. They are unable to cope with daily life.	Someone is grieving a loss while feeling isolated and hopeless.	Individuals who are floundering tend to have the poorest outcomes. They typically require urgent care[21] or professional support.

Importance of Context in Applying the DFM: It's Okay Not to Be Flourishing All the Time

Experiencing mental distress can be a normal, expected part of life. Even resilient people with good mental well-being may temporarily find themselves in the "Struggling" segment of the DFM during challenging times.

The goal is not to completely avoid any distress, but to improve one's resilience so that they can handle difficulties and bounce back over time.

B. What are the lifestyle behaviours promoting mental health and well-being?

Everyday habits can make a meaningful difference to mental well-being. By making small, consistent changes, individuals can build resilience, improve their mood and feel more connected to others. Some helpful lifestyle behaviours include:



Keeping physically active

Regular movement supports better mental well-being[22] and lowers mental distress.[23, 24, 25]

- Recommend that adults aged 18–64 do **150–300 minutes** of moderate-intensity aerobic activity per week.
- See the Singapore Physical Activity Guidelines[26] for recommendations for other age groups.



Prioritising sleep

Good sleep is essential for mental health. It can help with emotional regulation, stress management, and even lower psychological distress.[25,27,28]

- Inform adults aged 18–64 that they should try to get about 7 to 9 hours of sleep daily.
- See MindSG for recommended sleep durations for other age groups.



Engaging in hobbies

Pursuing personal interests can boost positive emotions, especially for retirees.[30,31] Hobbies give people the opportunity to foster positive relationships and a sense of purpose.[32]

- Support individuals in identifying and regularly engaging in activities they enjoy, like sports, gardening, reading, or simply taking a walk.



Helping others

Volunteering in the community can increase positive emotions, enhance self-esteem[33] and create a stronger sense of purpose. Informal acts of kindness, like checking in on a neighbour or offering support to a colleague, have also been shown to provide similar benefits for mental well-being.[34]

- Encourage people to help others when the opportunity arises.



Spending time in nature

Being in nature can enhance mental well-being[35,36], helping to lift one's mood and foster positive emotions. This can include time spent near blue spaces, like rivers, reservoirs and beaches, or in green spaces such as neighbourhood parks and forests.

- Recommend that individuals spend time outdoors whenever possible.



Seeking help

Being able to reach out for social support is a key trait of resilient individuals.[37,38,39]

- Advise people to view help-seeking as a proactive way to cope with challenges rather than as a sign of weakness.



Maintaining meaningful relationships

Strong social connections can foster a sense of belonging and improve well-being.[40,41]

- Encourage individuals to spend quality time with family and friends or join a community group.
- They could also nurture existing and new relationships through shared interests and meaningful interactions.

Be Aware of Unhealthy Coping Behaviours

People have many different ways of responding to stress, and not all of these coping methods are healthy.

Examples of unhealthy coping behaviours include:

- Excessive internet or social media use[42]
- Stress eating[43] or overeating
- Using substances such as alcohol or drugs to cope

2 - Skills for Mental Well-Being

A. Cognitive Skills

What They Are

Researchers have found that unhelpful thought patterns, also called cognitive distortions (see Appendix Table 1), can affect how someone feels and behaves.[44,45]

Cognitive skills can help individuals notice and address these unhelpful thought patterns and respond to them in healthier ways.

Although these skills have roots in therapeutic approaches such as Cognitive Behavioural Therapy and Acceptance and Commitment Therapy, they can also be useful for people in everyday situations.

Why They Matter

Developing cognitive skills can strengthen resilience by helping people reframe their perspective, find healthier interpretations of events, and respond more constructively to stress.[46,47]

These skills can also reduce the impact of distorted thoughts and beliefs by:

1. Helping to regulate the emotions that arise from them.
2. Helping a person react more deliberately[48] and thoughtfully, rather than automatically.

Examples of Commonly Used Cognitive Techniques

A basic understanding of common cognitive distortions (refer to Appendix – Table 1) is an important foundation for applying cognitive techniques. The following techniques can help individuals manage unhelpful thought patterns more effectively:

Technique: Cognitive Reappraisal

This technique involves identifying and challenging unhelpful thoughts in specific situations. The individual can then adopt a more balanced, realistic viewpoint.[48]

Situation	Automatic Thought	Balanced Thought
Receiving negative feedback on a work presentation	*"I am a terrible presenter and always will be."*	*"This feedback helps me improve specific skills. One setback doesn't define my ability."*

Technique: Cognitive Restructuring

This technique helps people identify and adjust unhelpful core beliefs. Unlike cognitive reappraisal, which focuses on a specific situation, cognitive restructuring works at a broader level to reshape underlying beliefs.

Core Belief	Challenge It	Modified Belief
"I must be perfect in everything I do".	**Recognise that this core belief is unrealistic.** *"Perfection is impossible – even experts make mistakes and learn from them."*	*"I aim to do my best while accepting that mistakes help me grow."*

Technique: Cognitive Defusion

This technique helps individuals create distance from unhelpful thoughts by viewing them as just words or events[49], rather than absolute truths. By taking a step back, the thoughts feel less overwhelming and lose some of their emotional grip.

Automatic Thought	Defused Thought
"No one likes me."	*"I notice I'm having the thought that 'no one likes me.' This is just a thought and is not the reality."*

Best Practices

When teaching or practising cognitive skills, it's important to avoid adopting overly positive or simplistic perspectives. Thoughts like "Just be happy!" or "Everything is perfect!" can be unrealistic.

Instead, emphasise that the goal is to develop balanced and realistic perspectives. The aim is not to "think positive" at all costs, but to view situations with more clarity.

B. Positive Thinking Skills

What They Are

Positive thinking is the intentional practice of noticing and appreciating the positive aspects of life. It does not mean ignoring any negative thoughts or difficult feelings that one may experience.

Why They Matter

Learning positive thinking skills has been shown to enhance mental well-being[50,51] by fostering positive emotions, such as optimism[52], and building resilience.[53]

Examples of Commonly Used Positive Thinking Techniques

Positive thinking can be developed through structured techniques practised individually or with others:

Technique: Best Possible Self (BPS)

A technique where one imagines and writes about a hypothetical future. In this future, they have done their best and achieved goals that are important to them.[54]

Technique: Character Strengths

A technique where one identifies their strengths (e.g. by using the Values in Action framework).[55] The individual then reflects on how their strengths can be applied in daily life as they work towards their goals.

Technique: Gratitude Exercises

A reflection on the things one is thankful for. This can either be done privately (e.g. weekly journalling) or outwardly (e.g. writing a letter or paying a visit to someone that one is grateful for).[56]

Technique: Three Good Things

A daily exercise of writing down three good things (can be big or small events) and reflecting on one's role in bringing about positive events into their lives.[57]

The recommended frequency of these activities depends on the techniques themselves:

Technique	Recommended Frequency
Gratitude Journalling and Three Good Things	Daily, as a reflection at the end of the day.
Best Personal Self (BPS)	Weekly, with varying themes (e.g. personal, professional, social) or different time horizons (1 month, 1 year, or 5 years ahead).
Character Strengths	The identification process can be done once, but individuals may reflect on their strengths weekly.
Gratitude Visits or Letters	Occasionally, when a suitable situation arises.

When teaching positive thinking skills, you may find it more effective to combine multiple techniques rather than focusing on just one.[50] These techniques could also be adapted to individual preferences, as some participants may respond better to written exercises while others may prefer verbal reflection.

Ensure that participants understand that the goal is not to suppress or avoid difficult emotions, but to accept them and view them in a balanced way.



C. Mindfulness Skills

What They Are

Mindfulness skills help individuals develop awareness of the present moment and reduce excessive focus on the past or future.

A key aspect of mindfulness is learning to accept sensations and thoughts without judgment, all while remaining anchored in the present moment.[59,58]

Why They Matter

Mindfulness skills can help reduce:

- Rumination, or overthinking about the past
- Worry, or fixating on the future

This fosters greater emotional balance and self-regulation.[60] It also helps people enter a focused and immersive state, known as psychological flow, which is linked to increased well-being.[61]

Additionally, mindfulness can enhance body awareness (interoception),[62] which supports better self-regulation and decision making.[63,64,65]

Examples of Commonly Used Mindfulness Techniques

Technique: Body Scan

A practice where individuals systematically focus on sensations in different parts of the body,[66] simply observing without trying to change what they feel.

Technique: Mindfulness Practice

The focusing of one's attention to their current thoughts, feeling, and sensations without judgment. It usually involves awareness of one's breathing or sounds in the environment.

Best Practices

Give your participants examples of when to use mindfulness techniques:

- **Formal routine**

Encourage individuals to incorporate mindfulness as part of their dedicated routine. Some people may find it best to start the day with mindfulness techniques and set a calm and positive tone. Others may prefer to practice techniques before bed for better sleep.

- **Daily activities**

Encourage people to practice mindfulness while doing other daily activities such as chores (e.g. washing dishes) or routines (e.g. brushing teeth, eating).[67]

- **Waiting periods**

Advise individuals to use pockets of time throughout the day, such as during commutes or while waiting in line, to practice mindfulness techniques.

When working with participants who are beginners to mindfulness practice:

- Start with brief, guided sessions of a few minutes at a time. Gradually increase the duration as participants become more comfortable with the technique.
- Address common experiences such as wandering thoughts or restlessness to help participants avoid viewing them as personal failures.

To ensure safety and manage risks:

Mindfulness may cause distress for some individuals if not accompanied by non-judgmental qualities.[68] Put appropriate management strategies in place, such as:

- Properly emphasising the non-reactive and non-judgmental element of mindfulness.
- Having clear protocols for managing mental distress, including referral pathways if needed.
- Informing participants that they can opt out or take breaks at any time.
- For movement-based exercises, like yoga, advise participants against forcing painful or uncomfortable poses and offer alternatives instead.

D. Relaxation Skills

What They Are

Relaxation skills help individuals reduce physical tension by activating the body's natural "rest and relax" (parasympathetic) response.

Although some relaxation techniques may appear similar to mindfulness, they have distinct objectives. For instance, both body scan and progressive muscle relaxation (PMR) involve focusing on different parts of the body. However, body scan is about simply observing the sensations, while PMR requires actively tensing and relaxing one's muscles.

Why They Matter

Relaxation skills are effective for helping people manage stress,[69,70,71] which is a key part of resilience.

Examples of Commonly Used Relaxation Techniques

Effective relaxation skillsets prioritise non-judgmental awareness and sensory engagement. Key techniques include:

Technique: Controlled Breathing

Slowing one's breathing rate and taking deeper breaths, which may lower heart rate and blood pressure.[71,72]

Technique: Progressive Muscle Relaxation (PMR)

Systematically tensing and relaxing different muscle groups to release physical tension.[73]

Technique: Imagery

Mentally picturing a peaceful setting (e.g., beach, forest) while engaging all of one's senses and focusing on the positive emotions evoked by the imagery.[74]

Best Practices

- **Combine Techniques**: Deep breathing is often integrated with other relaxation methods. For example, a progressive muscle relaxation (PMR) or imagery session typically begins with deep breathing. Research also suggests that PMR is more effective when combined with other relaxation techniques rather than used separately.[70]

- **Guided Practice**: While PMR and imagery can be self-directed, you can consider leading guided sessions or using pre-recorded scripts to help participants learn and apply the techniques correctly.



E. Interpersonal and Communication Skills

What They Are

Interpersonal and communication skills are learned abilities that help individuals effectively interact, connect, and resolve conflicts with others. These skills support one's mental well-being.[75]

Why They Matter

1. **Stronger Relationships**: Effective interpersonal skills help build trust and reduce conflicts, leading to healthier and more positive relationships.[76]
2. **Boosted Self-Esteem**: Positive relationships enhance self-esteem, which in turn supports the development of even stronger relationships.[77]
3. **Support in Relationship Formation**: These skills are also valuable for forming new relationships.[78]

Examples of Commonly Used Techniques

Technique: Active Listening

Focusing on understanding the other person's message, both verbally and nonverbally, without judgment. It involves:

- **Empathy**[79]: The ability to accurately understand and experience the emotions and perspective of the person one is listening to. Empathy is essential to active listening.
- **Nonverbal cues to encourage engagement**: Using body language that shows attention and openness, such as facing the person, leaning slightly forward, maintaining culturally appropriate eye contact, and being relaxed. One should also validate and acknowledge others' emotions without judgment *(e.g., "It must feel overwhelming to juggle all of this right now").*
- **Paraphrasing to confirm understanding**: Repeating or rephrasing what the speaker said to confirm comprehension *(e.g., "So you're saying...").*
- **Open-ended questions to encourage sharing**: Asking questions that invite elaboration *(e.g., "What makes you feel this way?").*

Technique: Conflict Management

When disagreements arise, these techniques foster mutual understanding and prevent escalation. The core techniques include:

- **Using "I-Statements"**[80]: Focusing on one's own feelings rather than blaming the other person. For example: *"I feel [emotion] when [specific behaviour], because [impact]. I need [request]."*
- **Perspective-Taking**[80,81,82]: Actively paraphrasing the other person's viewpoint to show understanding and validation. For example: *"It sounds like you're saying..."*
- **Collaborative Problem-Solving**: Framing the conflict as a shared challenge to solve together. For example: "*What's a solution that meets both our needs?"*

Best Practices

- **Experiential Learning:** Techniques such as active listening, empathy, and conflict management are most effectively taught through role-play and practice conversations.

As a trainer, you can include these elements in programme designs to help participants practise skills in realistic scenarios.



F. Self-management Skills

What They Are

Self-management is the ability to accurately monitor and understand one's own emotions, thoughts, values, beliefs, and motivations. Individuals then use this awareness to regulate their behaviour effectively, especially in pursuit of personal goals or in response to situational demands.

Why They Matter

1. **Enhanced Mental Well-Being**[83,84]: Strong self-management is linked to higher self-esteem[85], more positive emotions[86], and a greater sense of purpose in life.[87]
2. **Better Goal-Setting Behaviour**: Awareness of one's thoughts and feelings enables individuals to work toward personal goals. Progress in achieving these goals, in turn, supports and enhances overall mental well-being.[88]

Examples of Commonly Used Techniques

Technique: Mindfulness Practices

As noted in the mindfulness section (Section 5.1.2[c]), mindfulness can enhance body awareness, which supports self-management.

Technique: Journalling

Writing about personally important emotional experiences[89] helps individuals process their thoughts and feelings, fostering greater self-understanding.[90]

Technique: Goal Setting[91]

Establishing specific goals helps individuals turn intentions into actual behaviours. Research shows that structured approaches, like "If-then" planning, are more effective than general goals:

- **If-Then Planning (Effective)**: *"If it is Monday, then I will go to the gym after work."*
- **General Goal (Less Effective)**: *"I will exercise more."*[92]

Best Practices

- **Combine with Other Skills**

Goal setting can be applied on its own or paired with other techniques to promote adoption of the technique being taught.

Example: Individuals can set a goal to carry out mindfulness practice every Monday morning.

- **Align Goals with Personal Values**

Goals that truly align with a person's values[93,94] lead to the greatest improvement in well-being. For example, learning to play the guitar out of love for music is more beneficial than learning it just to seem interesting to others.

As a trainer, guide your participants to reflect on whether their chosen goals genuinely correspond to their personal values, or whether they are responding to external pressures and expectations. This ensures that goal-setting is meaningful and motivating.



5.2 THEME TWO - KNOWLEDGE AND SKILLS TO SUPPORT OTHERS IN DISTRESS

When designing content for supporting those in distress, you should focus on two key components:

1. Knowledge

In your programme, include information on:

A. What is mental health?
B. What are the lifestyle behaviours promoting mental health and well-being?
C. How to identify individuals with coping difficulties, burnout or emotional distress.
D. What is self-care, and how does it help?
E. What are the avenues of support available?

2. Skills

In your programme, include the following skills:

A. Supportive skills
B. Psychological first aid (PFA) skills

1 - Knowledge for Mental Health and Well-being

A. What is Mental Health and Well-being?

B. What are the Lifestyle Behaviours Promoting Mental Health and Well-being?

To better support others, a holistic understanding of mental health and well-being would be useful. Please refer to Section 5.1 for more details.



C. How to Identify Individuals with Coping Difficulties, Burnout, or Emotional Distress?

Not everyone experiencing distress will reach out for help. That's why effective supporters need to be able to recognise the important signs.

The table that follows provides examples of changes in mood, behaviour, or major life events that may signal someone is struggling:

Changes in Mood	Changes in Behaviour	Experiencing Major Events or Life Transitions
• Appears moodier than usual • Looks worried or distressed • Has frequent emotional or anger outbursts	• Noticeable shifts in appetite • Sleeping much less or more than usual • Withdrawing from social activities or hobbies • Losing interest in previously enjoyed activities • Smoking or drinking excessively • Engaging in self-harm	• Changing jobs or career paths • Entering or leaving the workforce • Becoming a parent • Receiving a health diagnosis • Facing financial issues • Experiencing bereavement • Moving to a new living environment

D. What is self-care, and how does it help?

The World Health Organisation (WHO) defines self-care as caring for one's physical, mental and social health. Practising self-care benefits not only the person providing care but also the people they support. In other words, practising self-care enhances one's ability to provide effective care to others.

Examples of Self-care Behaviours include:

- Practising healthy lifestyle behaviours
- Using skills and techniques from [Section 5.1 (c)–(f)] to maintain one's mental health and well-being.

Another important part of self-care is practising boundary setting. This involves kindly and clearly communicating the limits of the support one can give. Boundaries are important to protect one's own mental health and prevent burnout.

Examples of Healthy Boundary Statements include:

- *"Thank you for trusting me with this. I want to be honest—this topic is difficult for me to engage with. Could I connect you with someone who has more experience in this area?"*
- *"I care about what you're going through, but I'm feeling overwhelmed today. Can we talk about this tomorrow?"*

E. What are the avenues of support available?

When helping someone experiencing distress, it's important to know where to direct them for additional support, especially in crisis situations.[95] Individuals should familiarise themselves with Singapore's mental health resources so they can guide those in need to the right services.

Examples of support avenues include:

- **Workplace settings**: Employee Assistance Programmes (EAPs), HR mental health initiatives.
- **School settings**: School counsellors, student support services.

Where possible, you should cover the appropriate sources of support and establish clear escalation protocols. This will let supporters know exactly when and how to direct someone in distress to the right help.

Details on recommended community resources, which are applicable across various settings, can be found in Section 8.

2 - Skills for Supporting Others in Distress

A. Supportive Skills

What They Are

Supportive skills are the abilities that enable a person to provide effective emotional or practical support to others who may be experiencing distress.

Why They Matter

These skills can benefit both the supporter and the recipient:

1. **The Recipient Gains**:
   - Tailored, empathetic support that meets their emotional or practical needs.
   - Stronger trust[96] in their relationships and feelings of safety and connection.
2. **The Supporter Gains:**
   - **Enhanced mental well-being[34]:** Prosocial behaviours like helping others are linked to enhanced mental well-being.
   - **Stronger relationships[96]:** Acts of support deepen mutual trust and strengthen relational bonds.
   - **Reciprocity:** Creating a culture of support increases the likelihood that one will receive help when facing future challenges.[97]

Examples of Commonly Used Techniques

When teaching or practising supportive skills, emphasise the dual focus of:

- Fostering a connection with the person in distress.
- Safeguarding one's own well-being as a supporter.

Key techniques include:

Technique: Active Listening

Focuses on fully understanding the other person's message, both verbally and nonverbally, without judgment, and with empathy. Refer to Section 5.1 (e) for more details.

Technique: Informational Support

Involves sharing knowledge, advice, or relevant personal experiences to help others understand, navigate or handle their situation(s). To provide effective informational support, one could:

Principle	Examples of What to Say	What to Avoid Saying
Seek permission first Avoid giving unsolicited advice by confirming what the recipient needs.	*"Would you like to brainstorm solutions together, or would you prefer I just listen for now?"*	*"Here's what you should do..."*
Frame advice as suggestions Empower recipients to stay in control of their decisions.	*"How do you feel about talking to a mental health professional who supports people in similar situations?"*	*"You need to see a therapist immediately."*
Focus on the recipient's needs, not one's own story	*"I found [X] helpful in my situation, but yours is unique. What ideas resonate with you?"*	Dominating the conversation with lengthy personal experiences.

Best Practices

- **Include Self-Care and Boundary-Setting**

Highlight the importance of self-care and boundary setting (see Section 5.1 [d]). This ensures supporters can sustain their ability to help the person in distress.

- **Use Structured Training**

Incorporate hands-on approaches such as role-playing sessions within workshops or guided practice to help participants build competency.

- **Tailor to Context**

Adapt the content to the specific relationship setting (e.g., parent-child, workplace colleagues) to make the skills more relevant.



B. Psychological First Aid (PFA) skills

What They Are

Psychological First Aid (PFA) is a humane, supportive response to someone who is suffering and needs support during or after a crisis.[98,99]

PFA is not about diagnosing problems or providing professional counselling or therapy. As trainers, do make this clear to participants. Additionally, educate them on the escalation pathways for referring individuals who fall under Tier 2 and above of the Tiered Care Model.

Why They Matter

PFA addresses an individual's immediate emotional and psychological needs after a traumatic or stressful event. This will help to reduce initial distress.

Examples of Commonly Used Techniques

The core applications of PFA focus on 'Prepare, Look, Listen, and Link'[100] to stabilise individuals in distress and connect them to help:

PREPARE	LOOK	LISTEN	LINK
Understand the crisis and familiarise yourself with available support services (refer to Section 8).	Assess for signs of distress, immediate needs, and safety concerns.	Practice active, non-judgmental listening(see Section 5.1 [e]).	Connect the person to appropriate support services (refer to Section 8).

Important: During PFA training, you should stress a "do no harm" approach and warn participants against behaviours that might be well-meaning but harmful (e.g., making false promises like "everything will be okay").[101]





6 Design Considerations

This section provides broad guidance on how service providers can design initiatives grounded in behavioural and pedagogical theories, such as self-efficacy theory[102] and experiential learning theory[103].

The goal is to increase participants' confidence that they can apply the knowledge and skills learnt (self-efficacy). You may adopt the following practical approaches when designing a mental health programme or initiative:

Approach	What to Do
Provide In-Session Demonstrations	Provide demonstrations during sessions or through video to show participants how they could apply those skills.
Experiential Learning	• Allow participants to practise the skill themselves during the session, with step-by-step guidance. • Use role-play for interpersonal skills *(e.g., practising active listening to support someone in distress).*
Apply Skills to Daily Life	• Use examples relevant to participants' daily life. ◦ *Example: When dealing with criticism at work, apply cognitive restructuring to avoid generalising or taking feedback as a personal attack.* • Suggest that participants pair skills with daily routines. ◦ *Example: Practise deep breathing during the commute to work.*
Encourage Practice	• Use goal setting to motivate participants to practise a skill or make lifestyle changes. ◦ *Example: Set a goal to journal 3 times a week.* • Emphasise making progress over achieving perfection.
Create Psychological Safety	Facilitate an environment of trust, respect, and open communication so that participants feel safe to share without worrying that they will be judged.

Approach	What to Do
Adhere to Ethics	• Protect participants' privacy while being transparent about the limits of confidentiality. • Safeguard the dignity of all participants. • Ensure proper processes are in place for those who may be triggered due to past trauma or are at risk of self-harm or suicide.
Support Participants Who May Be Distressed	• Have clear escalation protocols to handle situations where a participant shows signs of distress. • Always prioritise participant safety over completing a session. • Be familiar with appropriate resources (Section 8) and direct distressed participants to these avenues.

By integrating these approaches, you can help participants apply and use the skillsets and knowledge areas long after the initiative has ended, improving their mental well-being beyond the programme itself.



7 Proposed Feedback Questions to Measure Effectiveness

The following feedback questions are designed for both one-off and multi-session initiatives. They help you as a trainer to:

- **Measure the effectiveness** of the initiative.
- **Ensure objectives are met** and that participants gain meaningful benefits.
- **Gather insights for improvement** when planning future initiatives.



Type of Initiative	Primary Outcome	Assessment Metrics				
		Knowledge Retention	Skill Acquisition	Skills Application	Psychological Safety	Ethical Safeguards
One-off	**Increase knowledge and build skills**	**Pre/post-quizzes to measure understanding of key concepts** *(e.g., "Name 3 common lifestyle behaviours to improve mental well-being").* **Self-reported confidence in recognising mental health challenges** *(e.g., Likert-scale survey: "I can identify signs of emotional distress").*	**Observe participants demonstrating the skills** **Perceived ability by participants** *(e.g. on a scale of 1 to 5, how well do you think you can perform the technique/ skill?)* **Perceived confidence by participants** *(e.g. on a scale of 1 to 5, how confident do you feel about using the technique/ skill in real situations?)* **Intention to apply** *(e.g. on a scale of 1 to 5, how likely are you to apply the technique/ skills taught?)*		**Participants' perceptions of psychological safety** *(e.g., "Did you feel respected and heard?")*	**Monitoring adverse events during sessions**
Multi-session	**Increase knowledge and build skills** **Enable practice and sustain behaviour change**			**Follow-up survey 3–6 months post-initiative** *(e.g. "Are you still using the technique/skill taught? / How often did you apply the technique this month?")*		

8 Recommended Avenues of Support

At times, participants may require additional help. To address this, you are encouraged to include a standard list of support resources, enabling those in need to get assistance quickly.



Who is this for?	Resources / Services
For those with thoughts about suicide	Samaritans of Singapore (SOS) ◦ 24-hour helpline: 1-767 (1-SOS)
For those who need general mental health support *(e.g. identify mental health needs, require brief support and guidance to mental health resources)*	**First Stop for Mental Health** • National Mindline (24-hour) ▪ Hotline: 1-771 ▪ WhatsApp: 6669 1771 • In-person services: ▪ CREST ▪ CHAT (for individuals aged 16-30) • Digital services: https://mindline.sg
For those looking for mental health and well-being information or self-help resources	**MindSG**

9 Appendix

Table 1: Examples of common cognitive distortions[44]

The following table lists the common cognitive distortions which have been identified by researchers. When covering cognitive reappraisal and cognitive restructuring, do include content about these cognitive distortions, as they are foundational for those techniques.

Cognitive distortion	Description
Black-and-white thinking / All-or-nothing thinking	**Seeing things in extremes, without considering a more balanced view** *e.g. I always mess up presentations*
Overgeneralisation	**Using a single example to make a sweeping conclusion** *e.g. I failed my math test; I am poor at academics*
Disqualifying the positives	**Dismissive positive information by finding a reason to discount it** *e.g. I got promoted because the rest of my colleagues are still new to their jobs*
Mind reading	**Making negative assumptions about the thoughts and intentions of others** *e.g. They are inviting me out of pity, they think I'm lonely*
Binoculars trick	**Magnifying the importance of negative events and minimising the importance of positive events** *e.g. I had a disagreement with my partner about how to celebrate New Year's. This means we are not compatible*
Emotional reasoning	**Accepting emotions as facts** *e.g. I feel anxious about flying, so flying must be dangerous*

Cognitive distortion	Description
"Should" statements	**Rigid beliefs about how oneself, others, or the world ought to be, often leading to guilt, anger, or disappointment, respectively** *e.g. My partner should know what I want without me having to say it*
Personalisation	**Taking responsibility for negative events that might have nothing to do with oneself** *e.g. My friend seems distant, I must have said something wrong the last time we spoke*
Labelling	**An extreme form of overgeneralisation where a label is assigned to oneself or others** *e.g. I am a total loser*



Glossary of Terms

Term	Definition
Active listening	A communication technique where one focuses on understanding the other person's message, both verbally and nonverbally, without judgment and with empathy
Autonomy	The ability to act on personal standards rather than external pressure
Best possible self	A technique where one imagines and writes about a hypothetical future where they have done their best and achieved goals that are important to them
Body scan	A technique where one systematically focuses on physical sensations felt by different parts of the body
Character strengths	A technique where one identifies their strengths and reflects on how their strengths can be applied in day-to-day living to work towards their goals
Cognitive defusion	A technique to create distance from unhelpful thoughts by seeing them as just words or events
Cognitive distortions	Inaccurate thinking patterns that affect one's perceptions, emotions and behaviours
Cognitive reappraisal	A technique where one identifies and challenges their cognitive distortions in specific situations to adopt a more balanced and realistic viewpoint
Cognitive restructuring	A technique which involves modifying one's unhelpful core beliefs

Term	Definition
Cognitive skills	Skills that help one recognise and modify unhelpful thought patterns that influence the way one feels and behaves
Conflict management	Techniques that facilitate mutual understanding and prevent escalation during conflicts when disagreements arise
Deep breathing	A technique where one deliberately controls and slows their breathing rate
Dual factor model	A framework of mental health that sees mental health on two distinct dimensions: mental well-being and mental distress; the dual-factor model provides a more holistic view of mental health compared to the single-factor model, which may overlook the positive aspects of mental health
Emotion awareness	The ability to recognise and label emotions both in oneself and others
Emotion regulation	The ability to manage the intensity, duration, and expression of one's emotions in healthy ways
Engagement	A state where one is fully immersed in an activity, often characterised by losing track of time
Evidence-informed	Grounded in robust research *(e.g., systematic reviews, RCTs)* combined with stakeholder insights and practical expertise

Term	Definition
Flourishing	A zone in the dual-factor model where one has low mental distress and high mental well-being
Gratitude exercises	A reflection on things one is thankful for, either done alone *(e.g. weekly journaling)* or outwardly *(e.g. writing a letter or paying a visit to someone that one is grateful for)*
Imagery	A technique where one mentally pictures a peaceful setting *(e.g., beach, forest)* while engaging all senses (sights, sounds, smells) and focusing on the positive emotions evoked by the imagery
Informational support	Involves sharing knowledge, advice or relevant personal experiences to help others understand, navigate or handle their situation(s)
Interpersonal skills	Learned abilities that allow one to communicate, connect, and resolve conflicts effectively in one's relationships, which support one's mental well-being
Languishing	A zone in the dual-factor model where one has low mental distress and low mental well-being
Mastery	Sense of accomplishment from achieving one's goal
Meaning in life	Feeling of belonging to or serving something greater than oneself

Term	Definition
Mental distress	This is a state of emotional and psychological suffering. Refers to the experience of signs like: ◦ Changes in sleep or appetite ◦ Feeling overwhelmed and unable to cope ◦ Strong feelings of sadness or anxiety ◦ Aches and pains with no physical cause.
Mental health	The overall psychological (thoughts) and emotional (feelings) condition of a person. It includes both positive aspects (see mental well-being) and negative aspects (see mental distress and mental health conditions) of how a person's mind is functioning
Mental health condition	Clinically diagnosed disorders *(e.g., depression, anxiety)* assessed by professionals using classification systems like the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) or the International Classification of Diseases, 11th Edition (ICD-11)
Mental well-being	A state where one is able to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community
Mindfulness practice	The focusing of one's attention to current thoughts, feelings, and sensations without judgement, and usually involves anchoring attention on one's breathing or sounds in the environment
Mindfulness & relaxation skills	Skills that help improve mental well-being, either through present moment awareness or reduction of physical and mental tension
PERMA model	An influential model for mental well-being which identifies five domains: positive emotions, engagement, relationships, meaning and accomplishment.[5]

Term	Definition
Positive emotions	Pleasant feelings that contribute to overall mental well-being *(e.g. joy, gratitude, hope)*
Positive Mental Health Instrument	A locally validated self-assessment tool used to measure mental health, developed by the Institute of Mental Health[3]
Positive relationships	Has meaningful relations and emotional closeness with others
Positive thinking	The intentional practice of noticing and appreciating the positive aspects of life. Does not mean ignoring the negative thoughts or difficult feelings that one may experience
Prepare, look, listen, link	A commonly adopted 4-step framework for psychological first aid practitioners developed by the World Health Organisation[80]
Progressive muscle relaxation	A technique which involves users systematically tensing and relaxing different muscle groups to reduce physical tension
Psychological first aid	Humane and supportive responses to one who is suffering and who may need support during or after a crisis
Psychological safety	The belief that one can share their opinions or experiences without being subjected to negative consequences *(e.g. being ridiculed)*
Resilience	One's ability to bounce back from adversity

Term	Definition
Ryff's model of psychological well-being	An influential model of mental well-being which identifies six domains: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy and positive relations with others[4]
Self-care	The practice of actively preserving or improving one's physical, mental and social health
Self-efficacy	The belief that one can successfully perform a specific behaviour to achieve a desired outcome *(e.g. apply active listening to support a friend in distress)*
Self-esteem	Positive attitude towards oneself
Singapore Mental Well-Being Scale	A locally validated self-assessment tool used to measure mental well-being, developed by Nanyang Technological University and Health Promotion Board[2]
Skill	Key mental health-related competencies
Struggling	A zone in the dual factor model where one has high mental distress and high mental well-being
Supportive skills	Ability for one to provide effective emotional or practical support (includes communicating effectively and sensitively) for those around them who might be experiencing distress
Technique	Specific behaviours that can be practised to develop each recommended skill

Term	Definition
Three Good Things	A daily exercise of writing down three good things (can be big or small events) and reflecting on one's role in bringing about positive events into their lives
Trainers	Service providers and ground-up groups from the public, private, and community sectors

References

1. Vaingankar, J. A., Subramaniam, M., Chong, S. A., Abdin, E., Orlando Edelen, M., Picco, L., Lim, Y.W., Phua, M. Y., Chua, B.Y., Tee, J.Y.S. & Sherbourne, C. (2011). *The positive mental health instrument: development and validation of a culturally relevant scale in a multi-ethnic Asian population.* Health and quality of life outcomes, 9, 1-18.
2. Chan, M.F., Isa, I., Chang, W.C., Chew, L., Sng, Y.L. (2013). *Development and validation of a mental wellbeing scale in Singapore. Psychology*, 4(07), 592-606.
3. Ryff, C. D. (1989). *Happiness is everything, or is it? Explorations on the meaning of psychological well-being.* Journal of personality and social psychology, 57(6), 1069-1081.
4. Seligman (2011). *Flourish: A Visionary New Understanding of Happiness and Well-Being. New York: Free Press*. ISBN 978-1-4391-9076-0.
5. Ministry of Health. (2023). *National Mental Health and Well-being Strategy*. https://www.moh.sg/others/resources-and-statistics/national-mental-health-and-well-being-strategy--2023-
6. World Health Organisation. (2022, 17 June). Mental Health. Concepts in mental health. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
7. American Psychiatric Association. (2024). Diagnostic and statistical manual of mental disorders (5th ed.)
8. World Health Organization. (2022a). ICD-11: International classification of diseases (11th revision). https://icd.who.int
9. Greenspoon, P. J., & Saklofske, D. H. (2001). *Toward an integration of subjective well-being and psychopathology*. Social indicators research, 54(1), 81-108.
10. Herron, S., & Trent, D. (2000). *Mental health: a secondary concept to mental illness*. Journal of Public Mental Health, 2(2), 29-38.
11. Bauer, G. F., Hämmig, O., & Keyes, C. L. (2014). *Mental health as a complete state: How the salutogenic perspective completes the picture*. Bridging occupational, organizational and public health: A transdisciplinary approach, 179-192.
12. Suldo, S. M., & Shaffer, E. J. (2008). *Looking beyond psychopathology: The dual-factor model of mental health in youth*. School psychology review, 37(1), 52-68.
13. Iasiello, M., & Van Agteren, J. (2020). Mental health and/or mental illness: *A scoping review of the evidence and implications of the dual-continua model of mental health*. Evidence Base: A journal of evidence reviews in key policy areas, (1), 1-45.
14. Kelly, R. M., Hills, K. J., Huebner, E. S., & McQuillin, S. D. (2012). *The longitudinal stability and dynamics of group membership in the dual-factor model of mental health: Psychosocial predictors of mental health*. Canadian Journal of School Psychology, 27(4), 337-355.
15. Keyes, C. L. (2002). *The mental health continuum: From languishing to flourishing in life*. Journal of health and social behavior, 207-222.
16. Keyes, C. L. (2004). *The nexus of cardiovascular disease and depression revisited: The complete mental health perspective and the moderating role of age and gender*. Aging & mental health, 8(3), 266-274.
17. Keyes, C. L. (2005). *Chronic physical conditions and aging: Is mental health a potential protective factor?*. Ageing International, 30, 88-104.
18. Burns, R. A., Windsor, T., Butterworth, P., & Anstey, K. J. (2022). *The protective effects of wellbeing and flourishing on long-term mental health risk*. SSM-Mental Health, 2, 100052.
19. Rasul, F., Stansfeld, S. A., Hart, C. L., & Smith, G. D. (2005). *Psychological distress, physical illness, and risk of coronary heart disease*. Journal of Epidemiology & Community Health, 59(2), 140-145.
20. Barry, V., Stout, M. E., Lynch, M. E., Mattis, S., Tran, D. Q., Antun, A., ... & Kempton, C. L. (2020). *The effect of psychological distress on health outcomes: A systematic review and meta-analysis of prospective studies*. Journal of Health Psychology, 25(2), 227-239.
21. Trompetter, H. R., Lamers, S. M. A., Westerhof, G. J., Fledderus, M., & Bohlmeijer, E. T. (2017). *Both positive mental health and psychopathology should be monitored in psychotherapy: Confirmation for the dual-factor model in acceptance and commitment therapy*. Behaviour research and therapy, 91, 58-63.
22. Wiese, C. W., Kuykendall, L., & Tay, L. (2018). *Get active? A meta-analysis of leisure-time physical activity and subjective well-being*. The Journal of Positive Psychology, 13(1), 57-66.
23. Rebar, A. L., Stanton, R., Geard, D., Short, C., Duncan, M. J., & Vandelanotte, C. (2015). *A meta-meta-analysis of the effect of physical activity on depression and anxiety in non-clinical adult populations*. Health Psychology Review, 9(3), 366-378.
24. Chekroud, S. R., Gueorguieva, R., Zheutlin, A. B., Paulus, M., Krumholz, H. M., Krystal, J. H., & Chekroud, A. M. (2018). *Association between physical exercise and mental health in 1· 2 million individuals in the USA between 2011 and 2015: a cross-sectional study*. The lancet psychiatry, 5(9), 739-746.
25. Vaingankar, J. A., Müller-Riemenschneider, F., Chu, A. H. Y., Subramaniam, M., Tan, L. W. L., Chong, S. A., & van Dam, R. M. (2020). *Sleep duration, sleep quality and physical activity, but not sedentary behaviour, are associated with positive mental health in a multi-ethnic Asian population: a cross-sectional evaluation*. International journal of environmental research and public health, 17(22), 8489.
26. https://www.healthhub.sg/programmes/moveit/moveit-singapore-physical-activity-guidelines
27. Scott, A. J., Webb, T. L., Martyn-St James, M., Rowse, G., & Weich, S. (2021). *Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials*. Sleep medicine reviews, 60, 101556.
28. Palmer, C. A., Bower, J. L., Cho, K. W., Clementi, M. A., Lau, S., Oosterhoff, B., & Alfano, C. A. (2024). *Sleep loss and emotion: A systematic review and meta-analysis of over 50 years of experimental research*. Psychological bulletin, 150(4), 440-463.
29. https://www.healthhub.sg/live-healthy/sleep
30. Kuykendall, L., Tay, L., & Ng, V. (2015). *Leisure engagement and subjective well-being: A meta-analysis*. Psychological bulletin, 141(2), 364-403.
31. Mak, H. W., Noguchi, T., Bone, J. K., Wels, J., Gao, Q., Kondo, K., Saito, T., & Fancourt, D. (2023). *Hobby engagement and mental wellbeing among people aged 65 years and older in 16 countries*. Nature medicine, 29(9), 2233-2240
32. Iwasaki, Y. (2017). *Contributions of leisure to "meaning-making" and its implications for leisure studies and services*. Annals of Leisure Research, 20(4), 416-426.
33. Nichol, B., Wilson, R., Rodrigues, A., & Haighton, C. (2024). *Exploring the effects of volunteering on the social, mental, and physical health and well-being of volunteers: an umbrella review*. Voluntas: international journal of voluntary and nonprofit organizations, 35(1), 97-128.
34. Hui, B. P., Ng, J. C., Berzaghi, E., Cunningham-Amos, L. A., & Kogan, A. (2020). *Rewards of kindness? A meta-analysis of the link between prosociality and well-being. Psychological Bulletin*, 146(12), 1084.

35. White, M. P., Alcock, I., Grellier, J., Wheeler, B. W., Hartig, T., Warber, S. L., Bone, A., Depledge, M.H., & Fleming, L. E. (2019). *Spending at least 120 minutes a week in nature is associated with good health and wellbeing*. Scientific reports, 9(1), 7730.
36. Brymer, E., Crabtree, J., & King, R. (2021). *Exploring perceptions of how nature recreation benefits mental wellbeing: a qualitative enquiry. Annals of Leisure Research*, 24(3), 394-413.
37. Werner, E. E. (1995). *Resilience in development*. Current Directions in Psychological Science, 4(3), 81–85.
38. Masten, A. S., & Reed, M. G. J. (2002). Resilience in development. In C. R. Snyder & S. J. Lopez (Eds.), Handbook of Positive Psychology (pp. 74–88). New York, NY: Oxford University Press.
39. Rutter, M. (1987). *Psychosocial resilience and protective mechanisms.* American Journal of Orthopsychiatry, 57(3), 316–331.
40. Wang, H. H., Wu, S. Z., & Liu, Y. Y. (2003). *Association between social support and health outcomes: a meta-analysis*. The Kaohsiung journal of medical sciences, 19(7), 345-350
41. Paradisi, M., Matera, C. & Nerini, A. F*eeling Important, Feeling Well. The Association Between Mattering and Well-being: A Meta-analysis Study*. J Happiness Stud 25, 4 (2024). https://doi.org/10.1007/s10902-024-00720-3
42. Kardefelt-Winther, D. (2014). *A conceptual and methodological critique of internet addiction research: Towards a model of compensatory internet use*. Computers in human behavior, 31, 351-354.
43. Macht, M. (2008). *How emotions affect eating: A five-way model*. Appetite, 50(1), 1-11.
44. Beck, A. T. (1963). *Thinking and depression: I. Idiosyncratic content and cognitive distortions*. Archives of general psychiatry, 9(4), 324-333.
45. Beck, J. S. (1993). CBT worksheet packet.
46. Riepenhausen, A., Wackerhagen, C., Reppmann, Z. C., Deter, H. C., Kalisch, R., Veer, I. M., & Walter, H. (2022). *Positive cognitive reappraisal in stress resilience, mental health, and well-being: A comprehensive systematic review*. Emotion Review, 14(4), 310-331.
47. Pinto, T. M., Veiga, V. M. N., & Macedo, E. C. (2024). *Effectiveness of cognitive-behavioral therapy on resilience of adults: A systematic review and meta-analysis.* Journal of Behavioral and Cognitive Therapy, 34(2), 100495.
48. Levin, M. E., Hildebrandt, M. J., Lillis, J., & Hayes, S. C. (2012). *The impact of treatment components suggested by the psychological flexibility model: A meta-analysis of laboratory-based component studies*. Behavior therapy, 43(4), 741-756.
49. Ruiz, F. J., Gil-Luciano, B., & Segura-Vargas, M. A. (2023). *Cognitive defusion*. Oxford Handbook of Acceptance and Commitment Therapy, 206-229.
50. van Agteren, J., Iasiello, M., Lo, L., Bartholomaeus, J., Kopsaftis, Z., Carey, M., & Kyrios, M. (2021). *A systematic review and meta-analysis of psychological interventions to improve mental wellbeing*. Nature human behaviour, 5(5), 631-652
51. Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F., & Bohlmeijer, E. (2013). *Positive psychology interventions: a meta-analysis of randomized controlled studies*. BMC public health, 13, 1-20
52. Carrillo, A., Rubio-Aparicio, M., Molinari, G., Enrique, A., Sanchez-Meca, J., & Banos, R. M. (2019). *Effects of the best possible self-intervention: A systematic review and meta-analysis.* PloS one, 14(9), e0222386
53. Hendriks, T., Schotanus-Dijkstra, M., Graafsma, T., Bohlmeijer, E., & De Jong, J. (2021). *Positive emotions as a potential mediator of a multi-component positive psychology intervention aimed at increasing mental well-being and resilience*. International Journal of Applied Positive Psychology, 6(1), 1-21
54. King, L. A. (2001). *The health benefits of writing about life goals*. Personality and social psychology bulletin, 27(7), 798-807
55. Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues: A handbook and classification (Vol. 1)*. Oxford university press.
56. Emmons, R. A., & McCullough, M. E. (2003). *Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life*. Journal of personality and social psychology, 84(2), 377-389
57. Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). *Positive psychology progress: empirical validation of interventions*. American psychologist, 60(5), 410-421
58. Kabat-Zinn, J. (2003). *Mindfulness-based interventions in context: past, present, and future.*
59. Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z.V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). *Mindfulness: A proposed operational definition*. Clinical psychology: Science and practice, 11(3), 230.
60. Brown, K. W., & Ryan, R. M. (2003). *The benefits of being present: mindfulness and its role in psychological well-being*. Journal of personality and social psychology, 84(4), 822-848.
61. Csikszentmihalyi, M., Csikszentmihalyi, M., Abuhamdeh, S., & Nakamura, J. (2014). *Flow*. Flow and the foundations of positive psychology: The collected works of Mihaly Csikszentmihalyi, 227-238.
62. Treves, I. N., Tello, L. Y., Davidson, R. J., & Goldberg, S. B. (2019). *The relationship between mindfulness and objective measures of body awareness: A meta-analysis*. Scientific reports, 9(1), 17386.
63. Gan, R., Zhang, L., & Chen, S. (2022). *The effects of body scan meditation: A systematic review and meta-analysis*. Applied Psychology: Health and Well-Being, 14(3), 1062-1080.
64. Füstös, J., Gramann, K., Herbert, B. M., & Pollatos, O. (2013). *On the embodiment of emotion regulation: interoceptive awareness facilitates reappraisal*. Social cognitive and affective neuroscience, 8(8), 911-917.
65. Dunn, B. D., Galton, H. C., Morgan, R., Evans, D., Oliver, C., Meyer, M., Cusack, R., Lawrence, A.D., & Dalgleish, T. (2010). *Listening to your heart: How interoception shapes emotion experience and intuitive decision making*. Psychological science, 21(12), 1835-1844.
66. Kabat-Zinn, J. (1982). *An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results*. General hospital psychiatry, 4(1), 33-47.
67. Manigault, A. W., Slutsky, J., Raye, J., & Creswell, J. D. (2021). *Examining practice effects in a randomized controlled trial: Daily life mindfulness practice predicts stress buffering effects of mindfulness meditation training*. Mindfulness, 12(10), 2487-2497.
68. Baer, R., Crane, C., Miller, E., & Kuyken, W. (2019). *Doing no harm in mindfulness-based programs: Conceptual issues and empirical findings*. Clinical psychology review, 71, 101-114.
69. Fincham, G. W., Strauss, C., Montero-Marin, J., & Cavanagh, K. (2023). *Effect of breathwork on stress and mental health: A meta-analysis of randomised-controlled trials*. Scientific Reports, 13(1), 432.
70. Muhammad Khir, S., Wan Mohd Yunus, W. M. A., Mahmud, N., Wang, R., Panatik, S. A., Mohd Sukor, M. S., & Nordin, N. A. (2024). *Efficacy of progressive muscle relaxation in adults for stress, anxiety, and depression: a systematic review*. Psychology research and behavior management, 345-365.
71. Toussaint, L., Nguyen, Q. A., Roettger, C., Dixon, K., Offenbächer, M., Kohls, N., Hirsch, J., & Sirois, F. (2021). *Effectiveness of progressive muscle relaxation, deep breathing, and guided imagery in promoting psychological and physiological states of relaxation*. Evidence-Based Complementary and Alternative Medicine, 2021(1), 5924040.

72. Garg, P., Mendiratta, A., Banga, A., Bucharles, A., Piccoli, M. V. F., Kamaraj, B., Qasba, R.K., Bansal, V., Thimmapuram, J., Pargament, R., & Kashyap, R. (2024). *Effect of breathing exercises on blood pressure and heart rate: A systematic review and meta-analysis.* International Journal of Cardiology Cardiovascular Risk and Prevention, 20, 200232.
73. Garg, P., Mendiratta, A., Banga, A., Bucharles, A., Piccoli, M. V. F., Kamaraj, B., Qasba, R.K., Bansal, V., Thimmapuram, J., Pargament, R., & Kashyap, R. (2024). *Effect of breathing exercises on blood pressure and heart rate: A systematic review and meta-analysis*. International Journal of Cardiology Cardiovascular Risk and Prevention, 20, 200232.
74. Cumming, J., & Anderson, G. M. (2020). *Guided imagery*. Encyclopedia of behavioral medicine, 972-974.
75. Mertika, A., Mitskidou, P., & Stalikas, A. (2020). *"Positive Relationships" and their impact on wellbeing: A review of current literature*. Psychology: The Journal of the Hellenic Psychological Society, 25(1), 115-127.
76. Segrin, C., & Taylor, M. (2007). *Positive interpersonal relationships mediate the association between social skills and psychological well-being*. Personality and individual differences, 43(4), 637-646.
77. Harris, M. A., & Orth, U. (2020). *The link between self-esteem and social relationships: A meta-analysis of longitudinal studies*. Journal of personality and social psychology, 119(6), 1459-1477.
78. Weger Jr, H., Castle Bell, G., Minei, E. M., & Robinson, M. C. (2014). *The relative effectiveness of active listening in initial interactions*. International Journal of Listening, 28(1), 13-31.
79. Teding van Berkhout, E., & Malouff, J. M. (2016). *The efficacy of empathy training: A meta-analysis of randomized controlled trials*. Journal of counseling psychology, 63(1), 32.
80. Rogers, S. L., Howieson, J., & Neame, C. (2018). *I understand you feel that way, but I feel this way: The benefits of I-language and communicating perspective during conflict*. PeerJ, 6, e4831.
81. Wolgast, A., Tandler, N., Harrison, L., & Umlauft, S. (2020). *Adults' dispositional and situational perspective-taking: A systematic review*. Educational Psychology Review, 32(2), 353-389.
82. Koenig Kellas, J., Willer, E. K., & Trees, A. R. (2013). *Communicated perspective-taking during stories of marital Stress: Spouses' Perceptions of one another's perspective-taking behaviors*. Southern Communication Journal, 78(4), 326-351.
83. Diehl, M., & Hay, E. L. (2011). *Self-concept differentiation and self-concept clarity across adulthood: Associations with age and psychological well-being.* The International Journal of Aging and Human Development, 73(2), 125-152.
84. Hanley, A. W., & Garland, E. L. (2017). *Clarity of mind: Structural equation modeling of associations between dispositional mindfulness, self-concept clarity and psychological well-being*. Personality and individual differences, 106, 334-339.
85. Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, D. R. (1996). *Self-concept clarity: Measurement, personality correlates, and cultural boundaries*. Journal of personality and social psychology, 70(1), 141-156.
86. Ritchie, T. D., Sedikides, C., Wildschut, T., Arndt, J., & Gidron, Y. (2011). *Self-concept clarity mediates the relation between stress and subjective well-being*. Self and Identity, 10(4), 493-508.
87. Bigler, M., Neimeyer, G. J., & Brown, E. (2001). *The divided self revisited: Effects of self-concept clarity and self-concept differentiation on psychological adjustment*. Journal of social and clinical psychology, 20(3), 396-415.
88. Klug, H. J., & Maier, G. W. (2015). *Linking goal progress and subjective well-being: A meta-analysis*. Journal of happiness studies, 16(1), 37-65.
89. Pennebaker, J. W., & Seagal, J. D. (1999). *Forming a story: The health benefits of narrative*. Journal of clinical psychology, 55(10), 1243-1254.
90. Baikie, K. A., & Wilhelm, K. (2005). *Emotional and physical health benefits of expressive writing*. Advances in psychiatric treatment, 11(5), 338-346.
91. MacLeod, A. K., Coates, E., & Hetherton, J. (2008). *Increasing well-being through teaching goal-setting and planning skills: Results of a brief intervention*. Journal of Happiness Studies, 9(2), 185-196.
92. Gollwitzer, P. M., & Sheeran, P. (2006). *Implementation intentions and goal achievement: A meta-analysis of effects and processes*. Advances in experimental social psychology, 38, 69-119.
93. Koestner, R., Lekes, N., Powers, T. A., & Chicoine, E. (2002). *Attaining personal goals: self-concordance plus implementation intentions equals success*. Journal of personality and social psychology, 83(1), 231.
94. Sheldon, K. M., & Elliot, A. J. (1999). *Goal striving, need satisfaction, and longitudinal well-being: the self-concordance model*. Journal of personality and social psychology, 76(3), 482-497.
95. Kutcher, S., Wei, Y., & Coniglio, C. (2016). *Mental health literacy: Past, present, and future*. The Canadian Journal of Psychiatry, 61(3), 154-158.
96. Cutrona, C. E., Russell, D. W., & Gardner, K. A. (2005). *The Relationship Enhancement Model of Social Support*. In T. A. Revenson, K. Kayser, & G. Bodenmann (Eds.), *Couples coping with stress: Emerging perspectives on dyadic coping*, 73–95.
97. Dubos, R. (2017). *Social capital: Theory and research*. Routledge.
98. Sphere Project. (2011). *Sphere handbook: Humanitarian charter and minimum standards in humanitarian response.* https://spherestandards.org/handbook/2011-edition/
99. Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*.
100. World Health Organization, War Trauma Foundation, & World Vision International. (2011). *Psychological first aid: Guide for fieldworkers*. WHO. https://www.who.int/publications/i/item/9789241548205
101. Horn, R., O'May, F., Esliker, R., Gwaikolo, W., Woensdregt, L., Ruttenberg, L., & Ager, A. (2019). *The myth of the 1-day training: the effectiveness of psychosocial support capacity-building during the Ebola outbreak in West Africa*. Global Mental Health, 6, e5.
102. Bandura, A. (1977). *Self-efficacy: Toward a unifying theory of behavioral change*. Psychological Review, 84(2), 191-215.
103. Kolb, D. A. (2014). *Experiential learning: Experience as the source of learning and development*. FT press.



https://www.hpb.gov.sg/