

Using VR technology and experiential activities for youth mental health

The prevalence of youth mental health issues is a growing concern. However, for the large majority of struggling youths, their problems go unnoticed and unaddressed due to lack of awareness and stigma. To address this gap, **TOUCH Community Services developed the Do You M.I.N.D, a school-based programme for students aged 13 to 17, that raises awareness on common**



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youth concerns (e.g., depression, anxiety, self-harm, and eating disorders) using immersive Virtual Reality (VR) and experiential activities.

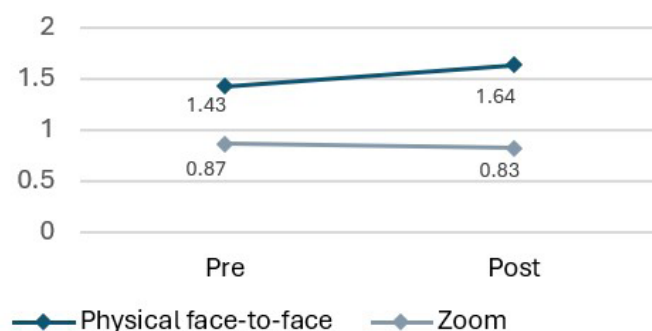
Through funding from Tote Board, TOUCH collaborated with the IMH Research Division to identify the implementation barriers and facilitators of this novel programme. Data collection took place between March 2020 to November 2021 and analysis were guided by the Consolidated Framework for Implementation Research.

In all, qualitative and quantitative data from 6 school-based sessions were obtained. Due to the COVID-19 pandemic, 2 sessions were adapted for delivery on Zoom in place of the round-robin station activity format. Interviews were conducted with 18 DYM team members and 4 school representatives. Pre-post intervention scores were collected from 841 students.

Main Barriers

Complexity: 'Every time there is some round robin station activities, so if we overrun, then the other station will be compromised. The weakness itself honestly, I think is time.'—[DYM Mentor, aMT01]

Available resources: 'Some of the difficulties were really, I would say, space constraints'—[School Liaison Officer, SL03]



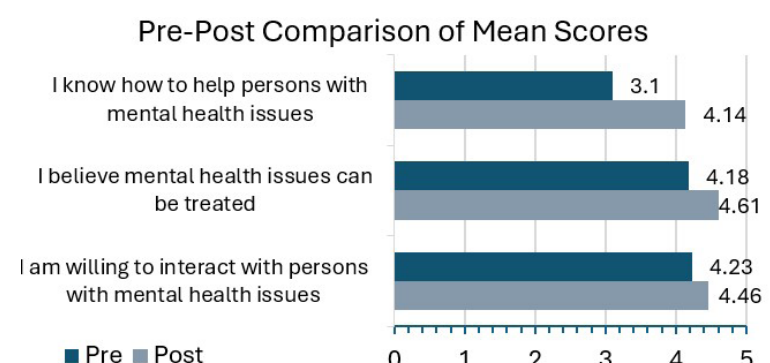
'I do not think it's (Zoom format) as effective as originally planned ... If I were to judge it as a talk, with all other talks on mental health, I would say probably it performed not as well as others.'—[School Liaison Officer, SL03]

Reference: Gunasekaran S, Shahwan S, Ong WJ, Lim BW, Koh HN, Tan YB, Koh YS, Teo MS, Lim CC, Subramaniam M. Implementing a school-based mental health literacy programme for adolescents: barriers, facilitators and preliminary outcomes. *Health Promotion International*. 2026 Feb;41(1):daaf236.

Main Facilitators

Relative advantage: 'Our students are very energetic, so them moving around actually makes it interesting. Then every station has a different activity. Using VR to introduce mental wellness to them, I think it might intrigue them and then make them more engaged.'—[School Liaison Officer, SL04]

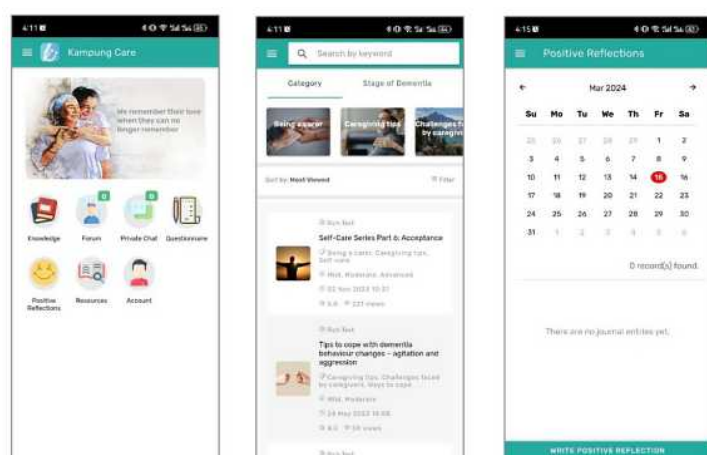
Executing with fidelity and fit: 'We try our best to uniform the content. So, we don't take a lot of liberty...we try to stick close to it. Any adjustments that we make are minor and contextualised, maybe to the classroom, to the age group. Maybe we'll switch up the use of examples that are more relevant to us, or maybe class-specific'—[DYM Mentor, MT01]



Overall, these findings suggest that face-to-face delivery, enhanced by VR, provides a distinct advantage. Nevertheless, the comparable outcomes in most items highlight the viability of online delivery for broader scalability and accessibility, particularly in contexts where in-person sessions are not feasible. Future iterations of the programme can explore hybrid models to bridge the gap between both formats.

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Kampung Care: a digital support community for dementia caregivers



Caring for someone with dementia feels like a second full-time job that never stops. In Singapore, the struggle is overwhelming: nearly 4 in 10 informal dementia caregivers live with depression, about ten times the rate in the general population. To address this, our team at IMH developed Kampung Care, a mobile app grounded in our prior research and named after the Malay word 'kampung', which symbolizes a close-knit community. To evaluate its acceptability and potential effectiveness, we conducted a pilot randomized controlled trial involving 53 participants.

The app was well-liked. Caregivers rated their satisfaction 6.9 out of 10, and older users liked it even more - a finding that challenges the common worry that seniors avoid technology. As one caregiver put it, 'When you read those tips, it reminds you how to respond. You need a reminder.' The early findings point in a promising direction: compared to those who simply waited, **caregivers using the app for one month showed clinically meaningful drops in depressive symptoms, a lighter sense of burden, and better overall mental well-being. The effect sizes - 0.35 for depressive symptoms and 0.40 for well-being - exceeded the threshold for clinical importance, even though the pilot was too small to reach statistical significance.**

Caregivers shared that they wanted more personalized content and a more interactive space. They valued the bite-sized knowledge articles and the quiet journaling feature but craved deeper, tailored advice and real connections with fellow caregivers. This pilot isn't the final answer, but it's a heartfelt start. It shows that a simple, thoughtfully designed app can reach people who are often too exhausted to seek help in person. A larger trial is needed to see if this digital tool might be helpful and cost-effective in the long run.

Reference: Yuan, Q., Lee, Y. T., Samari, E., Zhang, Y., Goveas, R., Ng, L. L., & Subramaniam, M. (2026). Evaluating the feasibility and potential effectiveness of a mobile-based intervention to promote the mental health of informal caregivers of persons with dementia in Singapore: Results from a mixed-methods two-arm pilot randomized controlled trial. *Journal of Affective Disorders*, 399, 121059.

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