

DSA4262 Assignment 1

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Title: Exploring the link between Job Insecurity and the Rising Prevalence of Poor Mental Health

1. Introduction

The transition from education to employment has shifted from a celebrated milestone to a period of intense “pre-employment anxiety”. Driven by a culture of cut-throat competition and constant social comparison, from internship counts to academic records, graduates-to-be face immense pressure to build a ‘perfect’ resume for an increasingly volatile job market. However, this pressure does not disappear upon securing a role. Instead, it evolves into a struggle to keep up with the fast paced work environments. For young working adults, the fear of retrenchment is magnified by the pursuit of financial independence from our parents, as well as the increasing costs of starting a family in this economy.

While this strain is felt personally, it is reflected in broader national health trends. This report investigates the linkage between this psychological distress to Singapore’s economic stability. By analysing the intersection of population health data, and retrenchment trends, I aim to identify specific stressors affecting Singapore’s younger workforce and propose a necessary shift towards structural emotional safety nets to address the mental aspects of this job-related anxiety.

2. Plot 1. Population Health Trends: An Age-Group Analysis

In Singapore’s academic landscape, the transition to adulthood is often defined by a culture of unrelenting comparison. Students and early-career professionals are conditioned to seek the benchmark of success – a blueprint that demands pristine grades, holistic excellence in sports and social networking. For many, including myself, this creates a ‘never-ending pile’ of stress that persists long after graduation.

This burden follows individuals into the workforce, creating the “clock-in, clock-out” cycle of earning an income. This cycle is strongly tied to milestones like financial independence and starting a family in an increasingly expensive economy. This report aims to find empirical evidence to quantify this lived experience, determining if these psychological burdens represent a widespread demographic crisis

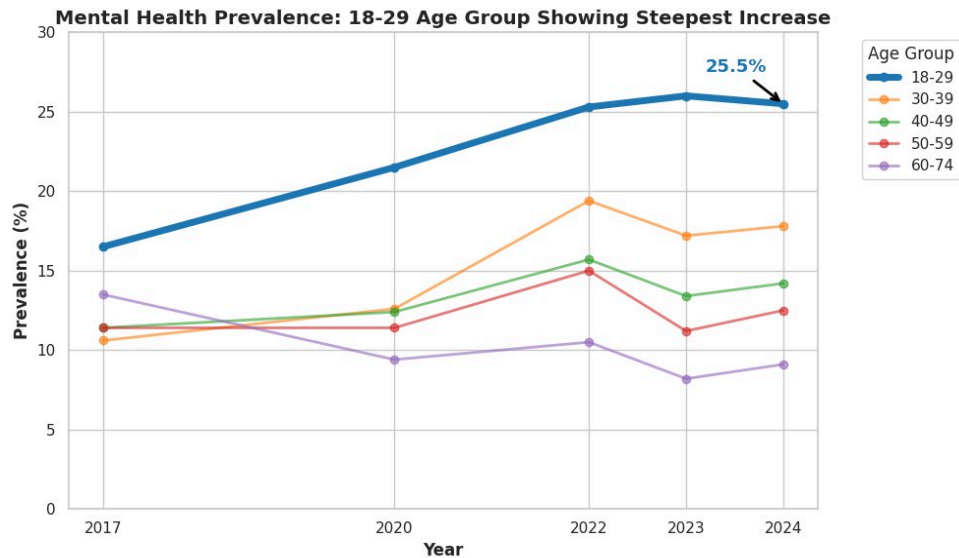


Figure 1: Mental Health Prevalence by Age Group (2017-2024)

Figure 1 utilises a multi-series line chart to visualise mental health prevalence across various age groups from 2017-2024. This design choice was motivated by the need to illustrate temporal trends and highlight the significant difference of the 18-29 age group.

Preliminary analysis from the National Population Health Survey (NPHS) 2024 reveals that while the other age groups have remained relatively stable, poor mental health prevalence for young adults has surged to approximately 26%, remaining high even as we emerge from the pandemic. This suggests that the "wave of chasing independence" is characterized by a unique level of insecurity, likely driven by market automation volatility and rising costs of living.

However, while Figure 1 identifies the 18-29 demographic as the "who" in this crisis, it is important to acknowledge the limitations of self-reported data. Although the data comes from a reputable source, it is in a PDF format, which I had to manually extract and input the values inside a CSV file. Moreover, data from 2018, 2021 is also missing, which could provide a complete reveal of the trends before the COVID pandemic. Moreover, as it is conducted in a survey format, it comes with limitations such that the definition and scale of poor mental health could differ from individual to individual.

This macro view provides the evidence in capturing young adults as our target demographic living in a mental crisis. However, it does not reveal any specific environmental triggers causing this decline. To investigate the drivers behind this stress, we must analyse the correlation between workplace stressors – including job satisfaction and workload scores, against mental health scores. We can then begin to see how the 'blueprint for success' mentioned earlier translates into measurable stress for our young working adults.

3. Plot 2. Workplace Stressors and Psychological Drivers

To better understand the drivers behind this national demographic shift identified in Plot 1, we must first examine the internal dynamics of the modern workplace. Using a dataset of 2,000 employees, I analysed key psychological drivers to identify universal correlations between workplace stressors. While this data is not specific to the local population, it provides a foundational understanding of how professional environments impact mental health globally. This deep dive was motivated by the need to uncover the “how”, the specific factors that translate a volatile market into individual distress.

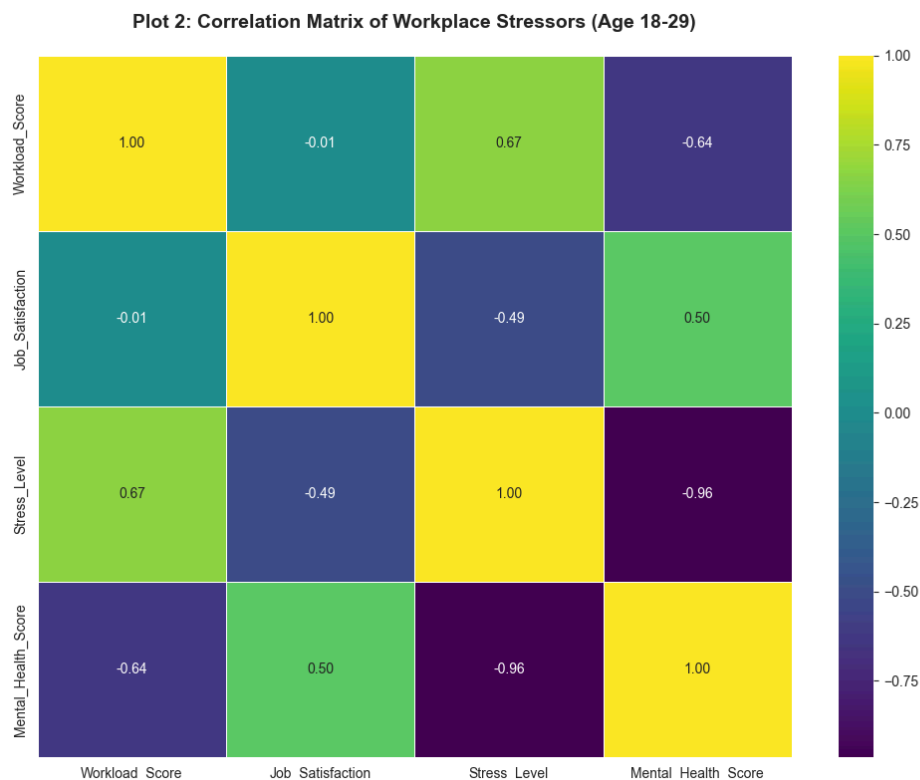


Figure 2: Correlation Matrix of Workplace Stressors (Age 18-29)

Figure 2 utilises a correlation matrix heatmap to visualise these psychological drivers. This design choice was carefully selected because it allows for simultaneous comparison of multiple variables, making it easy to uncover the factors with the strongest statistical relationship with stress. The viridis colour palette was selected for this visualisation, as it is colour-blind accessible, and ensures the intensity of the correlation is accurately interpreted by all viewers.

The heatmap reveals a fundamental truth: as job satisfaction declines, stress levels rise in a predictable, linear manner. While ‘job satisfaction’ is a key indicator of insecurity, the correlation matrix reveals that ‘workload score’ is the strongest predictor of stress (0.67) for our target demographic of 18-29 year olds. This suggests that the mental health crisis is not only

contributed by job insecurity, but also by the 'Survivor Syndrome', a state where the fear of unemployment forces individuals to handle excessive volumes of work to prove their worth.

However, using a global dataset comes with certain limitations. This includes the cultural differences of the Singaporean "work-to-live" mentality, straying from the global average, potentially leading to an over- or under- estimation of certain stressors. We may also be ignoring other external factors such as personal life that are potential causes of stress.

To bridge this global trend with our local reality, I discovered the 2024 Telus Mental Health Index, which reports that nearly half of Singapore's workforce experiences mental exhaustion specifically linked to job insecurity. Although the survey only comprises approximately 1000 respondents, it provides a statistically representative reflection of local sentiment. Supported by the global correlation, it becomes clear that the high prevalence of poor mental health observed in Plot 1 is not a coincidence, but rather a reaction to a professional climate where the benchmark of success is increasingly difficult to maintain amidst economic volatility.

While the correlation between workload and stress provides a psychological explanation for the current crisis, these internal pressures do not just come out of nowhere. In order to understand why job satisfaction is dropping, while insecurity is rising, we must examine for any external economic shocks that are currently hitting the Singaporean labour market.

4. Plot 3. Economic Volatility: Retrenchment Trends and Mental Health

If workplace stressors provide the psychological context, economic volatility acts as the trigger. By analysing Singapore’s retrenchment trends alongside population health data, a clear link emerges between structural market shifts and the mental well-being of the workforce. This visualisation was motivated by the need to pinpoint the exact external trigger that is translating individual anxiety into a national demographic trend.

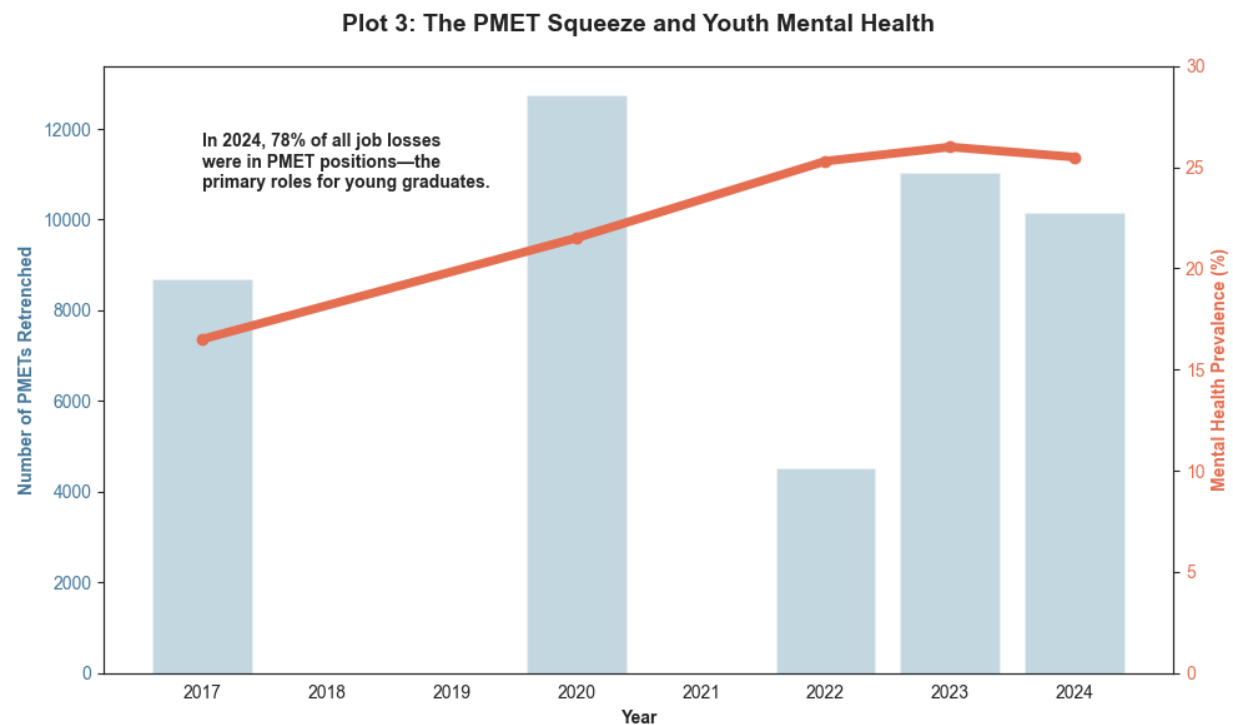


Figure 3: The PMET Squeeze and Youth Mental Health

Figure 3 utilises a dual-axis line and bar chart to illustrate the relationship between PMET (Professional, Managerial,) retrenchments and mental health prevalence. The design choice is critical for an actionable plot as it allows for the overlay of two different metrics: economic volatility and psychological distress, onto a single timeline, making the correlation immediately apparent to policy makers.

The correlation is obvious, as retrenchments in PMET roles surged in 2023 and 2024, mental health prevalence reached an all time high of 26%. Notably, 78% of all retrenchments in 2024 are PMET positions – the very roles that young working adults are seeking. This ‘PMET Squeeze’ suggests that the ‘never-ending pile’ of stress is not merely a result of academic pressure, but as a reaction to a market where the roles requiring the highest level of preparation now face the highest level of risk.

However, a significant limitation of this visualisation is that correlation does not equate to causation. While the two trends show a positive correlation, we could be ignoring other external

factors such as the rising cost of living or post-pandemic social adjustments, which could also be contributing to this mental health peak. It would also be common to mistake that the retrenchment only affects the people who are fired. But in reality, this 'PMET Squeeze' creates an environment of fear for everyone. Even those who still have their jobs suffer from the fear of being next, on top of the possible increased workload due to the retrenched. This means that the mental health crisis is not only affecting the 'unemployed', but the entire workforce.

This data proves that the mental health crisis is not just a clinical failure of individuals, but a systemic reaction to economic shock. This motivates a shift in intervention strategy, where resources should not merely be deployed toward general wellness apps, but toward a more targeted structural emotional safety net specifically for the PMET class.

5. Policy Critique and Proposed Interventions

Current government initiatives, such as SkillsFuture and Workforce Singapore (WSG), have been implemented in maintaining Singapore's economic competitiveness by prioritising re-skilling and employability. However, these programs largely treat workers by simply needing to be 'fixed' with new skills to remain employable. This functional approach fails to address the underlying psychological toll experienced by those currently in the workforce.

Many young professionals face excessive workloads and 'Survivor Syndrome', the pressure to over-perform and accept unsustainable work volumes to secure their livelihoods. Yet, existing policies offer little to support their emotional well-being during these high-stress periods.

Data from the NPHS 2024 highlights a significant opportunity for intervention: approximately 66.5% of young adults (aged 18–29) are willing to seek help from professionals, while an even higher 88.7% are open to informal support. This indicates that the barrier to mental health resilience is not a lack of willingness, but a lack of accessibility and affordability. To bridge this gap, policymakers must transition from a 'skills-only' model to one that integrates professional mental health safety nets directly into the employment landscape.

By leveraging the high willingness for informal support, workplaces can fund workplace-based peer-to-peer counselling sessions, creating a culture of localised communal care. Moreover, the Ministry of Manpower (MOM) could expand their guidelines to include mandatory mental health checks for firms undergoing restructuring, to better protect employees from burnout.

6. Conclusion

The transition to the workforce in Singapore is no longer a simple milestone, but a high-stakes navigation of economic and psychological pressures. This report has demonstrated

that the record-high prevalence of poor mental health among young adults is not an isolated clinical issue, but a systemic response to a volatile professional landscape. It is insufficient to only have a 'skills-only' approach to employment, completely missing the mental health toll. As such, to safeguard the future of Singapore's workforce, policymakers must integrate emotional and structural safety nets into the labour market.

Appendix

GitHub: <https://github.com/reanosy26/DSA4262.git>

Ministry of Health (2024), *National Population Health Survey 2024*.
<https://www.moh.gov.sg/others/resources-and-statistics/national-population-health-survey--nphs--2024-report/>

Ministry of Manpower, Singapore (n.d.) *Retrenchment*.
<https://stats.mom.gov.sg/Statistics/Pages/retrenchment.aspx#>

TELUS Health. (2024). *The TELUS Mental Health Index: Singapore, January 2024*.
<https://www.telushealth.com/en-sg/news-and-events/mental-health-index>