HUMAN DEVELOPMENT AND MENTAL HEALTH: A COMPARATIVE CASE STUDY OF INDONESIA AND SINGAPORE

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ABSTRACT

Mental health has been a subject of growing discussion for the past years. However, there is still an ongoing debate as to how it has been incorporated into the human development discussion, especially in the Southeast Asia region that mostly consisted of economically growing countries. This paper chooses Indonesia and Singapore to see the disparities and commonalities between the two countries in integrating mental health into their strategy and to what extent it has affected their human development. To answer the question, this paper utilises a combination of qualitative and quantitative data derived from the Human Development Index (HDI) from UNDP and other reports that constitutes the accessibility of mental health infrastructure to the general public. Despite the ongoing assumption that countries with higher HDI have better mental health coverage, the finding of this study illustrates how both in Indonesia and Singapore, access to mental health is heavily circumscribed. The growing awareness of people towards mental health problems is not being acquainted with proper response from stakeholders, namely the government; and sociocultural shift that eliminates stigmatisation surrounding the sufferers.

Keywords: Mental Health, Human Development, Indonesia, Singapore, SDGs

1. Introduction

We have currently entered an era where things are more connected and, seemingly, easier than ever before. Namely globalisation, the flourishing connectivity has resulted in many positive outcomes and growth in a multitude of sectors; which has been proven with the emergence of trade openness to political engagement to sociocultural exchange (Dreher, 2006; Suci et al., 2015) most significantly in the past decades. This creates a rapid and constructive wave in many countries that experienced consequential advancement and national growth thanks to globalisation (Lasdya, 2021; Aslam et al., 2018).

However, just like the other side of the coin, advancement also comes with ramifications. Even though Kobrin mentioned how the characteristics of downsides differ from one phenomenon to another, such as those from the Great Recession compared to what we had in COVID-19; globalisation's overall results tend to negate the connectivity it initially promoted (Collier, 2017), creating far more complex problems—especially within the context of development. Economically, many said that despite its ability to promote growth, globalisation as an external power is insufficient in sustaining countries' advancement on a long-term basis (Fernández, 2016). There have been clear instances at the present times when widened economic disparity, child labour, and growing pressure between competition versus outsourcing are inevitable (National Geographic, 2023), among other things.

From a political perspective, globalisation interprets democracy as "an indicator of accountability and cooperation between governments and societies" (Guzel et al., 2021, p. 13508). This indicator might not always equal a positive upshot as fewer boundaries can also mean less sovereignty and more power to the stronger entities. Another take on the complex dependency between globalisation emphasises countries' national interests and the growing cluster of global political economy that needs to be

appropriately addressed yet timely before it evolves into global political risks (Leonova, 2022).

All of these things boil down to a concept of human development that depicts the importance of human freedom to achieve the common betterment of society (Sen, 1999). This is a concept that has been gaining more attention in the past decades as people gain more awareness of the indispensable nature of this approach. One of the most essential determinant factors for the human development concept can thrive is the presence of strong individual health and well-being, along with knowledge and a decent standard of living that serve as the dimensions of the Human Development Index (UNDP, n.d.). The notion of centralising development within a personal context has also been adopted in various agreements and conventions.

For instance, goal number three of the Sustainable Development Goals (SDGs) lays out the expectations for comprehensive coverage of both physical and mental health (WHO, 2018). This initiative emerged following the failure of the Millennium Development Goals (MDGs) in bringing light to issues other than common health problems, (such as infectious diseases: HIV and malaria). Moreover, despite its cross-cutting nature and global scope, mental health was overlooked in the MDGs era. This created a bigger problem as "the situation for mental health has been bleak in global development" (Votruba & Thornicroft, 2016, p.1) without any significant gambit, especially in the developing world, including Southeast Asia.

Notwithstanding the promising trend on its Gross Domestic Product's (GDP) chart which is expected to reach 5.3% in this year alone (OECD, 2023), Southeast Asia's development is still lacking focus on mental health, which has been often regarded as a trivial matter. According to the latest research (Tan, et al., 2023):

Mental health has not been given high priority in Southeast Asian countries.

Looking back, in some Southeast Asian countries, the healthcare sector has primarily focused on infectious and tropical diseases and other emerging public health concerns. Mental health, which falls under the domain of non-communicable diseases, has received comparatively less attention (p.1).

This issue is exacerbated by the underlying conditions in the Southeast Asian region where stigma and discrimination are still prevalent (ASEAN, 2016).

Two countries from the region were chosen to ignite the discussion further, namely Indonesia and Singapore. Based on a report from Universitas Gajah Mada (2022), out of every three adults in Indonesia, one must have experienced mental health issues. This same estimation also applies to the Singaporeans (Qing, 2022) that despite the condition, still refuse to seek professional help (AIC, n.d.).

Enabling a supportive environment for individuals' capacities to grow is not only the agenda of Human Development globally, but also regionally. In Southeast Asia, a study by Arisman (2018) found that several variables, such as "population, inflation rate, unemployment rate, and per capita income growth rate" (p. 121) have affected ASEAN countries' HDI performance.

2. Literature Review
2.1. Human Development and Mental Health Issues

As one of the derived concepts from the International Development field of study, Human development has been one of the most prominent discourses in various areas. In general, International Development explores the multidisciplinary ideas on how global society can work its way together to even growth processes out for a more just and prosperous world (United Nations, n.d.; Fues et al, 2007; SID, n.d). However, despite its complex nature, development itself had been considered a broad concept that heavily relies on individual capabilities (Sen, 1999) meaning that long-term and sustainable development will not be successful without a

comprehensive approach at the micro level (UNSDG, n.d.). This is seconded by the definition from Stewart & Samman (2018) in UNDP who mentioned that the Human Development approach focuses on expanding opportunities for individuals as the base of constructing a strong foundation for people to fulfil their meaningful lives.

Human Development Index (HDI) as one of the main indicators used by international organizations has concluded numerous pieces of research, with some mentioning the strong possibilities of a positive correlation between a group of countries with higher HDI rates and mental health issues (Clissold, 2018).

This propensity has been studied in the regional context, namely South America, where higher HDI constitutes a great number of mental health issues, such as suicidal behaviour (Cabello-Rangel et al., 2020), but there is still little to no evidence regarding this tendency within the Southeast Asia context. This serves as an entry point for this paper to further discuss the condition of Southeast Asia using Indonesia and Singapore as its variables.

2.2. HDI: Global and Southeast Asia

As one of the derived concepts from the International Development field of study, human development has been one of the most prominent discourses. In this context, HDI is employed to analyse several things, not only to give an overall view regarding countries and their position vis-à-vis the HDI dimensions but also to provide a strategy for making sure that global human development is accomplished optimally. However, it is also worth noting that despite the presence of HDI that had shifted the discussion of development that was solely economical towards a more multidimensional approach (UNDP, 1990; SID, n.d.), some studies also criticised UNDP's instrument. Sagar & Najam (1998) pointed out the lack of sustainability within the measurement of HDI, and suggested that,

> While we wholeheartedly agree with the UNDP's emphasis on `expanding people's options,' we also strongly feel that the concomitant issue of `which options are people exercising' cannot be ignored. In the end, development is not just about expanding people's options, but about expanding them in a just manner, nationally and internationally and about exercising them wisely (p. 264).

Nevertheless, HDI has been proven to be a better composite indicator as opposed to the GDP that failed to capture the essence and complexity of global development (Prasetyoputra, 2016; Lashmar, 2018).

In Southeast Asia itself, the distribution of HDI classifications varies. From Singapore and Brunei which have been consistently ranked with a "very high" human development quality—scoring 0.939 and 0.829 consecutively, as of 2021; to Cambodia and Myanmar which have relatively 'medium' HDI standards with 0.593 and 0.585 points. According to Sadeka (et al, 2018), despite the disparity between countries' HDI, the Southeast Asian region possesses the same challenge: lack of country expenditures on health and education, that result in ongoing poverty. Chonogsuvivatwong (et al, 2011) also addressed this problem, particularly in the health sector of the region, saying that despite some advancements, there are still substantial challenges for Southeast Asia's health sector to address health issues more comprehensively.

3. Research Method

Given the nature of the topic and its discussion scope, this paper mainly utilised the qualitative research method with a glimpse of qualitative viewpoint to enhance the findings. According to Aspers & Corte (2019), the qualitative method can be defined "as an iterative process in which improved understanding to the scientific community is achieved by making new significant distinctions resulting from getting closer to the phenomenon studied" (p.155) while focusing on "answering questions of why something is (not) observed, assessing complex multi-component interventions, and

focussing on intervention improvement" (Busetto et al., 2020, p.1). On the other hand, applying a quantitative perspective to a qualitative method provides a more comprehensive point of view on the topic researched (Cint, 2022). These rationales set the overarching approach of this study as it relies its discussion on connections of variables that shaped a particular phenomenon.

Furthermore, while still considering the cores of qualitative concepts, such as self-reflexivity, context, and thick description (Tracy, 2013); this study obtained its data from secondary research to analyse the trends of the topic discussion for the past years. The data was derived from academic pieces of literature, official news and report from government and international organizations, and relevant websites. After being collected, the data was analysed; and with the help of a conceptual framework, translated into systematic discussions.

4. Results and Discussion
4.1. Defining Development: Then and Now

Before we delve our discussion further into more contextual cases, this paper will discuss the relevance of Human Development, particularly vis-à-vis the broader concept of International Development. As mentioned by United Nations (n.d.), the main aim of development is to ensure a "higher quality of life for all people" through a "multidimensional undertaking". This means that all aspects of life, be it the economic, social, or environmental; intersect with one another to create a sustainable global development. This multidimensional approach to international development is relatively new yet has been used as the state of the art in recent discussions of this matter.

Throughout history, the term 'development' has been used loosely to indicate countries' development indicators largely during its early days. It was acclaimed as a necessary direction that the world needed to adhere to in the mid-1940s within the context of technical assistance after the Second World War that focused on economic repair. With that being said, development equalled financial strength in this era. However, through different junctures in history, we can see how global actors started putting more variables as indicators of development. The first new wave of development in the 1960s began to discern that material needs should not be the only factor—it needed to add social conditions for change. The next decade showed another advancement of development as the discussion of gender equality, environment, and many other things entered the discussion chamber. In the 1980s, people also established another discussion on 'security that enhances development'.

It was not until the early 1990s when the ground-breaking Human Development Report (UNDP, 1990) put even more emphasis on individuals and how people serve as the main drivers of development by saying:

> People are the real wealth of a nation. The basic objective of development is to create an enabling environment for people to enjoy long, healthy, and creative lives. This may appear to be a simple truth. But it is often forgotten in the immediate concern with the accumulation of commodities and financial wealth (p. 9).

This shifted the thought process of development; by putting people as central and proactive actors (Fukuda-Parr & Cid-Martinez, 2019) who are presented with options and opportunities as the result of development, and not the other way around. In short, the difference between the placement of people and development can be seen through this simplified equation:
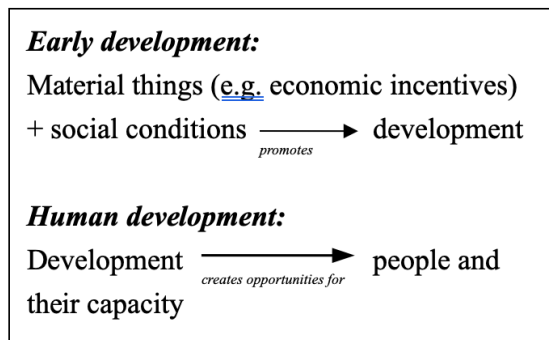
Figure 4.1.1. Different Equations of Development Perspectives

Figure 4.1.2. Different Equations of Development Perspective

It is essential to note that the gaining traction of human development originated with the capability approach by Amartya Sen and his successor, Martha Nussbaum, which illustrate the assessment of positive freedom. This means that individuals should be able to acknowledge the importance of their well-being and how it affects their long-term achievements of maximum capabilities and functioning in society (Robeyns & Byskov, 2021; Fukuda-Parr & Cid-Martinez, 2019).

To further map global development conditions at the country level, UNDP has been using the Human Development Index (HDI)—founded by Mahbub ul Haq in 1990, which main aim is to compute development based on the country's average social and economic indicators. Reported annually by UNDP, HDI is considered "one of the best tools to keep track of the level of development of a country, as it combines all major social and economic indicators that are responsible for economic development" (The Economic Times, n.d., para. 3). These indicators consist of three main dimensions: health, education, and standard of living. Based on Figure 2, UNDP (n.d.) depicts life expectancy at birth, expected years of schooling and the mean years of schooling, and the GNI per capita to characterise the dimensions consecutively.
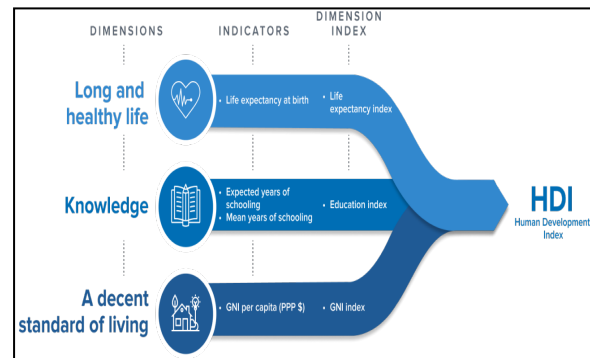
4.2. Connecting the Dots: Human Development and Mental Health

Deriving from the previous section, we can see how salient features of human development, as mentioned in HDI, weigh not only the access to but also the sustainability of individuals' capabilities. One of the most prominent dimensions is life expectancy which comprises physical and mental health, with the latter being the focus of this paper. WHO (2022) mentions,

> Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development (paragraph. 1).

This might be the reason why the discussion on mental health has been discussed more often in the past years—as more people realise the imperative nature of this matter. In the bigger picture, mental health has been proven not only to be the consequence but also the cause of poor human development that affects many aspects of life, from poverty to poor physical health (MHIN, n.d.). According to an article by Russu (2022), up to one-fifth of adults worldwide experienced mental health problems whereas experts "opine that mental health is a prerequisite to achieving development" (para. 2). This means that the

world has encountered challenges in attaining optimal global development for the past years.

Before we go further, one might question the scope of mental health issues. Defining mental health issues might be an extensive job to do especially given the considerable diversification of types of these conditions. In short, any affliction that influences individuals' overall thoughts, feelings, behaviour, and perceptions (Better Health, n.d.) can be classified as mental health illness. However, the current study ranks depression and anxiety as the most common types of ailments that have significantly risen in terms of the number of people living with the disorders for the past years, globally (Schwaller, 2022).

It is worth noting that this increasing number of mental health problems in numerous countries might be due to several factors. First, this can be generated by the substantial change in the global health nature in general. Gallup, a company that focuses on analytics and consulting published a riveting result of their global poll on 'negative versus positive experience' that ultimately affects their 'negative and positive index' throughout the years. The latest upshot from the 2021 index (Ray, 2022) portrayed an increasing index of negativity whilst the trend of the overall positive experience index remains relatively stagnant from 2006 (Figure 3).
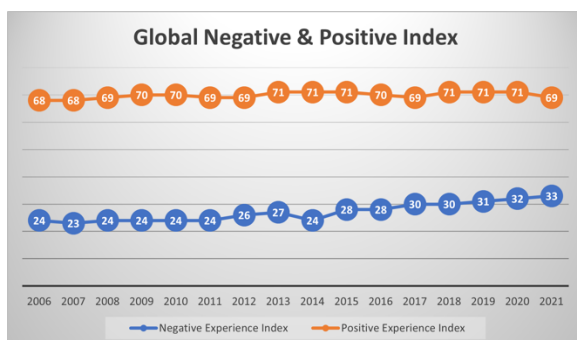

Figure 4.2.1. Global Negative & Positive Experience Index (Ray, 2022)

Extending the discussion of this global average index, it is interesting to note that as of 2022, countries with the highest positive experience index come from the developing countries, with Indonesia being on the top of the list (85 pt) alongside Mexico, Paraguay, Philippines, and Vietnam scoring the same points (Gallup, 2023).

The second factor that might affect the escalation of mental health disorder cases might have something to do with the rising awareness vis-à-vis the number of cases being reported. Figure 4 shows that across the period of three years from 2014, there has been a notable increase in mental health reports as general health statistics in 2017, along with a decline in the absence of countries reporting their cases. However, Figure 4 also illustrates the fluctuation of the number of cases reported by the public and private sectors—rendering the fact that there is still lacking cooperation between actors in addressing mental health issues properly.
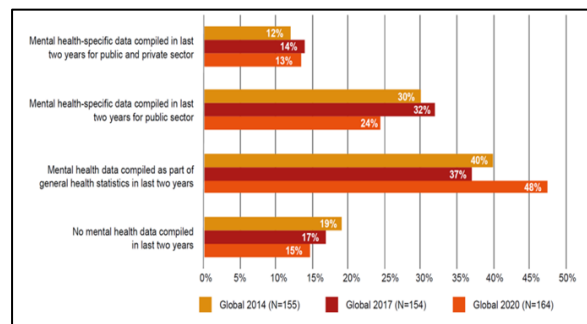

Figure 4.2.2. Global Negative & Positive Experience Index (WHO, 2020)

4.3. Human Development and Mental Health in Indonesia

At the moment, even though mental health issue in Indonesia has achieved their realisations, it is still far from exemplary— with the problems surrounding it that are both substantial and technical. "The facts of low government funding for mental health, the low availability of mental health professionals, and the high treatment gap" (Cipta & Saputra, 2022, p. 1) have exacerbated the prevalent number of people with mental health issues in Indonesia. A report by WHO Regional Office for Southeast Asia (2022) mentions this problem as well, saying that as of 2020, depression was one of the most pervasive issues that

affected 6.1% of people, with only 9% of them having access to medicine (p. 3).

In Indonesia, the number of people with mental health problems is currently high. For example, the number of Indonesian people with depression soared above 6.5 million in 2019, comprised of more women than men (Dattani et al., 2023). Interestingly, even though many say that the presence of COVID-19 aggravates the issue, the rising number of mental health disorders is not a new phenomenon as it has lasted for the past thirty years (Nurhasim, 2022). In terms of how this case has been addressed by relevant parties, such as the government or other actors, data is still minuscule. The only main thing that has been agreed upon is regarding the poor response that Indonesia has to tackle this issue. Access to proper mental health care is a big issue in Indonesia as there is still a limited number of medical personnel and ward distributed unevenly across the country. Pols (2020) brought up this issue in his article which uncover the fact that "there are currently just under 1,000 psychiatrists, 2,000 registered clinical psychologists, and close to 7,000 community mental health nurses" (para. 4) to serve up to 270 citizens of Indonesia.

These set of conditions, widen the gap between people in need of access to health care, which consequently can be considered as a *treatment gap* (Praharso et al., 2020). Riskesdas report by the Ministry of Health (MOH) Republic of Indonesia (Kementerian Kesehatan Republik Indonesia, 2018) pointed out that only 9% of patients with depression were on clinical treatment and other mental health disorders, such as psychosis and schizophrenia, still lack patience's constant adherence to treatment regularly.

Conversely, based on the data of the country's HDI, Indonesia's points have accelerated throughout the years, with the slope almost levelling down in 2020 and 2021. As of 2021, Indonesia's HDI ranked 114 globally, classifying it as a country with a "high" HDI value worth 0.705 points

(UNDP, 2022). Even though this does not include the fact that Indonesia's HDI average is still slightly lower than the world's average for the past thirty years, this illustrates a good milestone for Indonesia to show somewhat persistent achievements in advancing its human development progress. Based on the most recent report by Indonesia's Central Agency of Statistics (BPS, 2022), 2022 showed a significant increase in HDI compared to the previous years.

4.4. Human Development and Mental Health in Singapore

As one of the leading countries in Southeast Asia, Singapore has not been spared from mental health issues. Major depressive disorder has been the most experienced condition by Singaporeans (Ferrieres, 2023). According to the data from Health Hub Singapore (n.d., para. 2), "1 out of 16 Singaporeans will have exhibited depression symptoms at least once in their lifetime". Although the precise data is still limited, the trend of Singaporeans who experienced mental health issues and sought care in healthcare institutions increased between 2013 and 2019 according to the Ministry of Health Singapore (2021a).
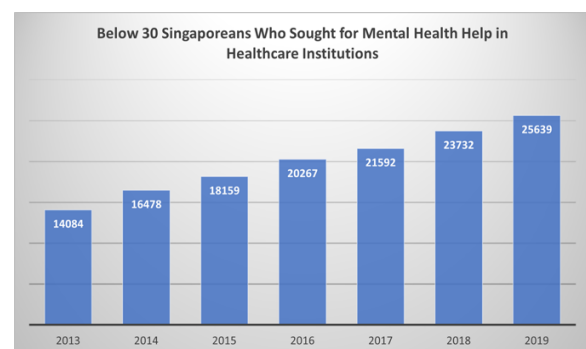

Figure 4.4.1. Below 30 Singaporeans Who Sought Mental Health Help in Healthcare Institutions (MOH Singapore, 2021)

In terms of access, the field condition of mental health response in formal institutions in Singapore is still concerning. Compared to other countries with similar status, high-income and industrialised countries, Singapore "has one of the lowest rates of psychiatrists and psychologists per

100,000. … Singapore has 2.8 psychiatrists for every 100,000 residents, compared to Australia's ratio of 13.5 psychiatrists per 100,000 residents" (Our Better World, 2019, para. 4). Moreover, in terms of cause of the mental health issue, a study by Chodavadia (et al, 2023) depicts that not only overall health, but economic burden also plays a weighty mental health disorder in Singapore.

It is natural for Singapore, given its trend of growth, to have a good score of HDI that is advancing throughout the decades. Ranked twelfth place globally, Singapore's 2021 HDI was at 0.939; putting it into the "Very High" classification among other countries (UNDP, 2022). Needless to say, the implication of this information is how the average of Singapore's HDI ascends beyond the global average over the past 30 years.

4.5. Comparing Indonesia and Singapore: The Discussion

Based on the elaboration on the previous sections, this paper is analysing the correlation between HDI and mental health using the case of Singapore and Indonesia which leads us to some similarities and differences between the two.

Main findings from previous studies show how accessibility towards healthcare institutions that focus on mental health is still limited in both Indonesia and Singapore. This lack of access towards mental healthcare has been a complex global phenomenon (National Collaborating Centre for Mental Health, 2011). The problems range from myriad types of other factors such as the small number of health practitioners and hospitals—or even the care that does not available at all—, among other things. A data compilation by Saraceno & Saxena (2002) depicted this issue and showed how the Southeast Asia region was at the bottom of the list compared to other regions when it comes to the availability of psychiatric beds and mental health professionals (see Figure 6). Almost two decades later, a study by Frédéric Michas in 2020 surprisingly showed the almost exact discrepancy with the

Southeast Asian region left behind because of poor mental healthcare access (see Figure 4.5.2.).

WHO Region	Number of psychiatric beds per 10,000 population (median) (N=183)	Number of psychiatrists per 100,000 population (median) (N=182)	Number of psychiatric nurses per 100,000 population (median) (N=164)	Number of psychologists working in mental health per 100,000 population (median) (N=164)	Number of social workers working in mental health per 100,000 population (median) (N=147)
Africa	0.34	0.05	0.20	0.05	0.04
Americas	3.30	1.60	2.70	2.80	1.90
Eastern Mediterranean	0.79	0.95	0.50	0.20	0.40
Europe	8.70	9.00	27.50	3.00	2.35
South-East Asia	0.33	0.21	0.16	0.02	0.05
Western Pacific	0.98	0.28	1.10	0.03	0.13
World	1.60	1.00	2.00	0.40	0.30

Figure 4.5.1. Psychiatric beds and mental health professionals in countries of the WHO Regions as of 2002 (Saraceno & Saxena, 2002)
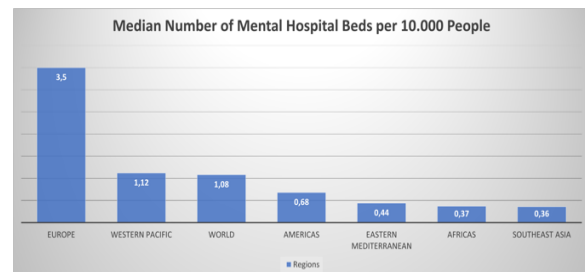

Figure 4.5.2. Median Number of Hospital Beds as of 2020 (Michas, 2020)

Since there is no specific data regarding the country's mental health access performance, especially for Indonesia and Singapore; this paper uses Healthcare Access and Quality (HAQ) indices that have been utilised "to track gains and gaps in personal health-care access and quality in 195 countries and territories over time" (Lozano et al, 2018, p. 2236)—to analyse the trend. One thing that we need to keep in mind is that this measurement assesses overall health access and how it corresponds with several factors, such as mortality rate but does not include mental health as a specific indicator of cause. Based on the HAQ global index value, as of 2016, we can see the disparity in healthcare access throughout Southeast Asia (Figure 6). The figure illustrates how Singapore was the only country in the region that had a high HAQ index, while the vast majority of the countries obtained low to medium points. From the data, Singapore scored 91 points and Indonesia had less than half the points, scoring only 44; placing

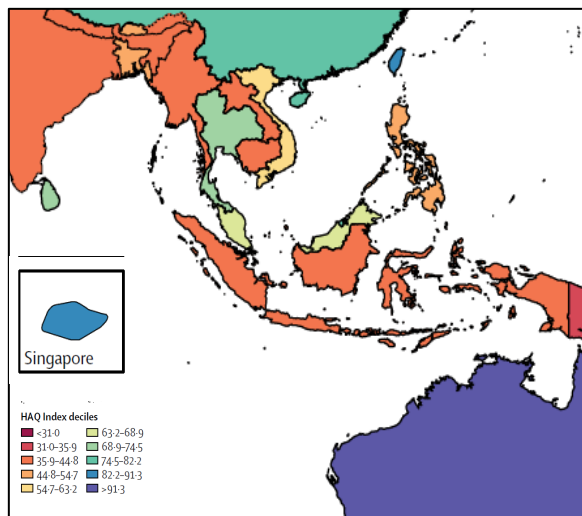Singapore in the top 22 and Indonesia at 138th place.

Figure 4.5.3. Southeast Asian HAQ 2016 Index Values (from Lozano et al, 2018)

All aspects considered; it is time to see how everything comes into play. There is one similarity in the case of Indonesia and Singapore, and that is how the expanding number of mental health cases resembles the growing points of HDI. With the ongoing problem of access to mental healthcare, this condition does not mean that mental health issues are not relevant to the discussion of the country's development; but presents a strong indication of this issue being overlooked due to several reasons, both culturally and operationally. Culturally, meaning that people with mental health issues tend to deny their conditions (Williams et al., 2015; Saks, 2009). As in Singapore and Indonesia, including Southeast Asia in general; mental health problems are still considered a taboo subject that is not part of a medical issue (Bilkhu, 2016). This constructed perception has been built vigorously that this 'internal' factor is difficult to address by individuals and society.

In both countries, stigma still plays one of the strongest hindrances that exacerbate this problem (Hartini et al., 2018; Tan et al., 2020). Hartini (2018) mentioned how in Indonesia, stigmatization is being practised strenuously that it has prevented people with mental health issues from various opportunities such as optimal working experience and independent life. Even worse, some parts of Indonesian society still believe in the effective practice of *pacing*—"the physical restraint, confinement, stock or shackling of the person in the community, often inside their homes" (Hidayat et al., 2020, p. 2)—due to the cultural misconception of mental health issue being a public mortification. This practice persists even though *pacing* had been banned since 1977 in the country along with the government's programmes such as the 'Free Pasung Program' commenced in 2010. In Singapore, stigma also comes from social perspectives that discern mental health issues as a social burden that needs to be eliminated (Tan et al., 2020) which is also frequently aggravated by the complex sociocultural and ethnic relations in Singaporean society (Pang et al., 2017, Cigna, 2020). However, physical restraint due to mental illness cannot be found in Singapore.

Operationally, some things can be taken into account: such as the mental healthcare infrastructure and the government's contribution to this issue through regulations. As discussed, the number of healthcare units and practitioners in both countries is immensely finite, even though there is not any international consensus regarding the ratio of population and psychiatrists. In Singapore, there are 263 registered psychiatrists by 2020 and 551 psychologists as of 2021 averaging at 4.6 psychiatrists and 9.7 psychologists per 100k population (Ministry of Health Singapore, 2021b). Indonesia, with over 270 million people in the population, is only comprised of over "1.000 registered psychiatrists, 1,000 psychiatrists, 2,000 registered clinical psychologists, and close to 7,000 community mental health nurses" (Pols, 2020, para. 4). Policy-wise, there has been numerous attempts of the government from both countries in mainstreaming mental health as a national discussion. Indonesia passed its Mental Health Act (MHA) in 2014 but after almost a decade the implementation is still

slow-moving (Bikker et al., 2021). Singapore also enacted the same act in 2008 namely The Mental Health (Care and Treatment) Act 2008. In both cases, there is still a need for a more inclusive-community-based approach in order not only to address the ongoing problem but also to familiarise society in general regarding the ubiquitous nature of mental health problems.

From here, we can see how connecting the prevalence of mental health issues with human development is essential as there have been proofs as to how mental health problems are affecting aspects of life, such as physical health, and socio-economic activities, among others. However, cascading this information with the relevance of HDI might be a more complex thing to do; either when we put mental health issues as the cause or as the consequence of slow human development progress. Overall, we can see how despite the growing HDI, mental health is still considered a peripheral problem of public health discussion. Both Indonesia and Singapore are still lacking sufficient infrastructure for healthcare, including relevant health practitioners and institutions. This means that even though their HDIs are considered 'safe' in the context of overall health and life expectations, mental health problems are still not thoroughly acknowledged (Shahbazi et al, 2022). This also weakens some studies that mentioned how high HDI means easier access because other contextual factors such as the intricate nature of populations, and cultural stigmatisation still play a role in hindering mental health to be discussed.

Another commonality between the countries in addressing this problem is the government's small mental health expenditure percentage compared to the overall health spending. In 2019, the Indonesian government allotted only 2% of health expenditures (WHO, 2022) whereas Singapore spent 3% of its expenditures towards mental health in 2017 (Ministry of Health Singapore, 2019). Given the data on mental health infrastructure in each country, and the reality of the government's expenditure on the case, while taking into account the growing number of sufferers, it clearly illustrates the previous point that government intervention is still experiencing a shortage.

5. Conclusion

To sum up, human development and mental health should not be a 'chicken and egg' situation. This paper agrees that individual well-being should be prioritised to obtain a valid and more comprehensive view of human development. Even though this requires extra effort, regions in general, and countries in particular, need to see accept the growing trend of mental health issues. For a specific region like Southeast Asia, good HDI performance might not constitute a good acknowledgement, let alone better access to mental health. This is caused to several factors, with traditional perceptions and stigmatisation playing as a vital impediment. This also has always been the case with Indonesia and Singapore, where access to mental health infrastructure and government expenditure is still relatively low compared to their growing HDI points. All in all, unless there is a ground-breaking movement and effort from all the stakeholders, mental health will always be an extraneous discussion, in the Southeast Asian region, that will never make it a main discourse in the human development area.

REFERENCES

Book

Tracy, S. J. (2013). *Qualitative Research Methods: Collecting Evidence, Crafting Analysis, Communicating Impact.* John Wiley & Sons.

Sen, A. (1999). *Development as Freedom*. Oxford University Press.

Article or section in an edited book

Fukuda-Parr, S. & Cid-Martinez, I. (2019). Capability Approach and Human Development. In: Nissanke, M., Ocampo, J.A. (Eds.), *The Palgrave Handbook of Development Economics* (pp. 441-468). Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-14000-7_13.

Leonova, O.G. (2022). The Concept of "Political Globalization" and Global Challenges. In A. N. Chumakov, A. DeBlasio, & I. V. Ilyin (Eds.), *Philosophical Aspects of Globalization: A Multidisciplinary Inquiry* (pp. 163-177). Brill. https://doi.org/10.1163/9789004516007_012.

Article from a printed journal

Sadeka, S., et al. (2018). Comparative Analysis of Sustainable Development Indicators in Southeast Asian Countries: Current Status and Policy Implications. *International Journal of Development and Sustainability*, 7(10): 2445-2462,

Article from an online journal with a DOI (digital object identifier)

Arisman. (2018). Determinant of Human Development Index in ASEAN Countries. *Jurnal Ilmu Ekonomi.* 7(1): 113-122. doi: http://dx.doi.org/10.15408/sjie.v7i1.6756.

Aspers, P., & Corte, U. (2019). What is Qualitative in Qualitative Research. *Qualitative Sociology*. 42(2): 139–160. doi: https://doi.org/10.1007/s11133-019-9413-7.

Bikker, A. P., et al. (2021). The Indonesian Mental Health Act: Psychiatrists' views on the act and its implementation. *Health Policy and Planning*, 36(2): 196-204. doi: https://doi.org/10.1093/heapol/czaa139.

Busetto, L., et al. (2020). How to Use and Assess Qualitative Research Methods. *Neurol. Res. Pract*. 2(14): 1-10. doi: https://doi.org/10.1186/s42466-020-00059-z.

Cabello-Rangel, H., et al. (2020). Suicide Rate, Depression, and the Human Development Index: An Ecological Study from Mexico. *Frontiers in public health*. 8(561966): 1-8. doi: https://doi.org/10.3389/fpubh.2020.561966.

Chodavadia, P., et al. (2023). Prevalence and Economic Burden of Depression and Anxiety Symptoms Among Singaporean Adults: Results from a 2022 Web Panel. *BMC Psychiatry.* 23(104): 1 – 9. doi: https://doi.org/10.1186/s12888-023-04581-7.

Chongsuvivatwong, V., et al. (2011). Health and Health-care Systems in Southeast Asia: Diversity and Transitions. *PubMed Central.* 377(9763): 429-437. https://doi.org/10.1016/S0140-6736(10)61507-3.

Cipta, D. D., & Saputra, A. Changing Landscape of Mental Health from Early Career Psychiatrists' Perspective in Indonesia. *JoGHNP*. e2022011: 1-7. doi: https://doi.org/10.52872/001c.37413.

Collier, S. P. (2017). The Downside of Globalisation: Why It Matters and What Can be Done About It. *The World Economy*. 41(4): 967-974. doi: https://doi.org/10.1111/twec.12543.

Dreher, A. (2006). Does Globalisation Affect Growth? Evidence From a New Index of Globalisation. *Applied Economics*. 38(10): 1091-1110. doi: https://doi.org/10.1080/00036840500392078.

Fernández, M. L. (2016). Challenges of Economic Globalisation. *Revista De Relaciones Internacionales, Estrategia Y Seguridad*. 12(1): 23-50. doi: https://doi.org/10.18359/ries.2462.

Guzel, A. E., et al. (2021). The Impact of Economic, Social, and Political Globalization and Democracy on Life Expectancy in Low-Income Countries: Are Sustainable Development Goals Contradictory? *Environ Dev Sustain*. 23: 13508–13525. doi: https://doi.org/10.1007/s10668-021-01225-2.

Hartini, N., et al. (2018). Stigma Toward People with Mental Health Problems in Indonesia. *Psychology Research and Behavior Management*, 11: 535–541. doi: https://doi.org/10.2147/PRBM.S175251.

Hidayat, M. T., et al. (2020). The use of pasung for people with mental illness: a systematic review and narrative synthesis. International Journal of Mental Health Systems, 14(90): 1-21. doi: https://doi.org/10.1186/s13033-020-00424-0.

Kobrin, S. J. (2020). How Globalisation Became a Thing That Goes Bump in the Night. *Journal of International Business Policy*. 3(3): 280-286. doi: https://doi.org/10.1057/s42214-020-00060-y.

Lasdya, D., et al. (2021). The Modernization and Globalization Teaching Materials forSocial Studies. *The Innovation of Social Studies Journal*. 3(1): 15-22. doi: https://doi.org/10.20527/iis.

Lozano, R., et al. (2018). Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016. doi: https://doi.org/10.1016/S0140-6736(18)30994-2.

Pang, S., et al. (2017). Stigma Among Singaporean Youth: A Cross-Sectional Study on Adolescent Attitudes Towards Serious Mental Illness and Social Tolerance in a Multi-ethnic Population. *BMJ Open*, 7(10): 1-11. doi: https://doi.org/10.1136/bmjopen-2017-016432.

Sagar, A. D., & Najam, A. (1998). The Human Development Index: A Critical Review. *Ecological Economics.* 25(3): 249-264. *The Lancet,* 391(10136): 2236-2271. Doi: https://doi.org/10.1016/S0921-8009(97)00168-7.

Saks, E. R. (2009). Some Thoughts on Denial of Mental Illness. *The American Journal of Psychiatry*, p.972-973. doi: https://doi.org/10.1176/appi.ajp.2009.09030409.

Shahbazi, F., et al. (2022). Association between socioeconomic inequality and the global prevalence of anxiety and depressive disorders: an ecological study. *General Psychiatry,* pp. 1-14. doi: http://dx.doi.org/10.1136/gpsych-2021-100735.

Suci, S. C., et al. (2015). The Impact of Globalisation on Economic Growth in ASEAN. *International Journal of Administrative Science & Organization.* 22(2): 79–87. doi: https://doi.org/10.20476/jbb.v22i2.5696.

Tan, G.T.H., et al. (2020). Mental illness stigma's reasons and determinants (MISReaD) among Singapore's lay public – a qualitative inquiry. BMC Psychiatry, 20(422): 1-13. doi: https://doi.org/10.1186/s12888-020-02823-6.

Tan, K-A., et al. (2023). Editorial: Mental Health Issues in Southeast Asia Regions: Looking Back and Moving Forward. *Front: Psychiatry.* Vol. 14: 1-3. doi: https://doi.org/10.3389/fpsyt.2023.1229079.

Votruba, N., & Thornicroft, G. (2016). Sustainable Development Goals and Mental Health: Learnings from the Contribution of the FundaMentalSDG Global Initiative. *Global Mental Health.* 3(26): 1-6. doi: https://doi.org/10.1017/gmh.2016.20.

Williams, A. R., et al. (2015). Assessing and Improving Clinical Insight Among Patients "in Denial". *JAMA Psychiatry*, 72(4): 303–304. doi: https://doi.org/10.1001/jamapsychiatry.2014.2684.

Article from online journal without a DOI
Saraceno, B., & Saxena, S. (2002). Mental health resources in the world: results from Project Atlas of the WHO. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 1(1), 40–44. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489823/.

Organizational or company report
ASEAN. (2016). *ASEAN Mental Health Systems*. The Association of Southeast Asian Nations Secretariat.

BPS. (2022). *Berita Resmi Statistik: 15 November 2022.* Badan Pusat Statistik.

Gallup. (2023). *Gallup Global Emotions*. Gallup.

Kementerian Kesehatan Republik Indonesia. (2018). *Hasil Utama Riskesdas 2018.* Kementerian Kesehatan RI.

Ministry of Health Singapore. (2019). *Percentage Of Spending on Mental Health, Diabetes and Ageing Versus Total Healthcare Spending In 2018 Against Amount Budgeted For 2019.* Ministry of Health Singapore.

Ministry of Health Singapore. (2021a). *Notice Paper: Breakdown of Data on Number of Patients with Mental Illness or Psychiatric Issues in Private and Public Health Institutions by Age Range.* Ministry of Health Singapore.

Ministry of Health Singapore. (2021b). *Sufficiency of Number of Practising Psychiatrists and Psychologists in Singapore.* Ministry of Health Singapore.

OECD. (2023). *Economic Outlook for Southeast Asia, China, and India 2023: Reviving Tourism Post-Pandemic.* Organisation for Economic Co-operation and Development.

UNSDG. (n.d.). *Capacity Development: UNDAF Campanion Guidance.* United Nations Sustainable Development Group.

UNDP. (1990). *Human Development Report.* United Nations Development Programme.

WHO. (2018). *Fact sheet on Sustainable Development Goals (SDGs): health targets.* World Health Organization.

WHO. (2020). *Mental Health Atlas 2020.* World Health Organization.

WHO. (2022). *Addressing Mental Health in Indonesia.* World Health Organization Regional Office for South-East Asia.

Online Sources

AIC. (n.d.). *About Mental Health Conditions.* Agency for Integrated Care. Retrieved from https://www.aic.sg/body-mind/about-mental-health-conditions#:~:text=Mental%20health%20conditions%20are%20common,condition%20did%20not%20seek%20help

Aslam, A., et al. (2018). *Globalization Helps Spread Knowledge and Technology Across Borders.* IMF Blog. Retrieved from https://www.imf.org/en/Blogs/Articles/2018/04/09/globalization-helps-spread-knowledge-and-technology-across-borders

Better Health. (n.d.). *Types of Mental Health Issues and Illness.* Better Health Channel. Retrieved from https://www.betterhealth.vic.gov.au/health/servicesandsupport/types-of-mental-health-issues-and-illnesses#bhc-content

Bilkhu, R. K. (2016, September 4). *Why Do Many South Asians Regard Mental Illness as Taboo?* BBC News. Retrieved from https://www.bbc.com/news/uk-england-36489893.

Cint. (2022, June 30). *Using Both Qualitative and Quantitative Approaches in Your Research.* Retrieved from https://www.cint.com/blog/using-both-qualitative-and-quantitative-approaches-in-your-research.

Clissold, Elliot. (2018). *What Can Human Development Do for Global Mental Health? A critical analysis of the Inequality-adjusted Human Development Index (IHDI)*. Retrieved from https://www.rcpsych.ac.uk/docs/default-source/members/divisions/london/london-essay-prizes/london-dr-elliot-clissold-fy-essay-prize-november-2020.pdf?sfvrsn=4b9c793b_2#:~:text=Based%20on%202015's%20HDR%20report,shown%20in%20figure%204.3%20(Roser.

Dattani, et al. (2023). *Mental Health.* Our World in Data. Retrieved from https://ourworldindata.org/mental-health.

Ferrieres, M. (2023, January 6). *Mental Illness in Singapore - Quick Facts.* Wellnex Singapore. Retrieved from https://www.wellnex-singapore.com/post/mental-illness-in-singapore-quick-facts.

Fues, T. (2007). *The Role of The United Nations in the Global Development Architecture: Steps Towards Greater Coherence.* Retrieved form https://www.idos-research.de/uploads/media/Download_the_full_text__74_kb__01.pdf.

Health Hub. (n.d.). *Helping Youth Fight Depression.* Health Hub Singapore. Retrieved from https://www.healthhub.sg/live-healthy/1179/helping-youth-fight-depression.

Lashmar, H. (2018, March 19). The Human Development Index – A Better Indicator for Success? SDG Action. Retrieved from https://sdg-action.org/the-human-development-index-a-better-indicator-for-success/.

MHIN. (n.d.). *BasicNeedsMental Health and Development Model*. Mental Health Innovation Network. Retrieved from https://www.mhinnovation.net/innovations/basicneeds-mental-health-and-development-model.

Michas, F. (2022, May 20). *Median Number of Mental Hospital Beds Worldwide in 2020, by Region (Per 100,000 Population).* Statista. Retrieved from https://www.statista.com/statistics/1035561/mental-hospital-bed-rate-by-region/.

National Geographic. (2023, March 27). *Effects of Economic Globalization.* Retrieved from https://education.nationalgeographic.org/resource/effects-economic-globalization/.

Our Better World. (2019, November 6). *Mental Health in Asia: The Numbers*. Retrieved from https://www.ourbetterworld.org/series/mental-health/support-toolkit/mental-health-asia-numbers?gclid=Cj0KCQjwoeemBhCfARIsADR2QCsmdi4pUFVjv3gpuTFOYrAygh0wFl2DEI56-1eHl7veqf4yd4V2NFQaAq9UEALw_wcB&type=resource.

Qing, A. (2022, May 20). *About 1 in 3 Young People in Singapore Has Mental Health Symptoms: Study*. The Straits Times. Retrieved from https://www.straitstimes.com/singapore/about-1-in-3-youths-in-singapore-has-mental-health-symptoms-study.

Pols, H. (2020, July 24). *The Future of Mental Health in Indonesia*. Inside Indonesia. Retrieved from https://www.insideindonesia.org/editions/edition-141-jul-sep-2020/the-future-of-mental-health-care-in-indonesia.

Prasetyoputra, P. (2016). *Human Development Index as an Alternative to Gross Domestic Product*. Badan Riset dan Inovasi Nasional (BRIN). Retrieved from https://kependudukan.brin.go.id/kajian-kependudukan/human-development-index-as-an-alternative-to-gross-domestic-product/.

Ray, J. (2022, June 28). *World Unhappier, More Stressed Out Than Ever*. Gallup. Retrieved from https://news.gallup.com/poll/394025/world-unhappier-stressed-ever.aspx.

Robeyns, I., & Byskov, M. F. (2021). *The Capability Approach.* Stanford Encyclopedia of Phylosophy. Retrieved from https://plato.stanford.edu/entries/capability-approach/.

Russu, C. (2022, October 10). *How Does Mental Health Contribute to Development?.* Development Aid. Retrieved from https://www.developmentaid.org/news-stream/post/150635/how-does-mental-health-contribute-to-development.

Schwaller, F. (2022, October 10). *Global Mental Health Issues on The Rise*. Deutsche Welle. Retrieved from https://www.dw.com/en/mental-health-issues-like-depression-and-anxiety-on-the-rise-globally/a-63371304.

SID. (n.d.). *About International Development*. Society for International Development. Retrieved from https://sid-israel.org/en/about-international-development/.

Stewart, F., & Samman, E. (2018, May 30). Advancing Human Development: Theory and Practice. *UNDP.* Retrieved from https://hdr.undp.org/content/advancing-human-development-theory-and-practice.

The Economic Times. (n.d.). *What is 'Human Development Index'*. Retrieved from https://economictimes.indiatimes.com/definition/human-development-index.

United Nations. (n.d.). *Concept of Development.* Retrieved from https://research.un.org/en/docs/dev.

United Nations Development Programme. (n.d.). *Human Development Index (HDI).* Retrieved from https://hdr.undp.org/data-center/human-development-index#/indicies/HDI.

United Nations Development Programme. (2022, September). *Human Development Index (HDI) – Countries Profile.* Retrieved from https://hdr.undp.org/data-center/specific-country-data#/countries/.

Universitas Gadjah Mada. (2022, November 15). *Burden of Adolescent Mental Disorders in Indonesia: Results from Indonesia's First National Mental Health Survey.* Retrieved from https://ugm.ac.id/en/news/23169-burden-of-adolescent-mental-disorders-in-indonesia-results-from-indonesia-s-first-national-mental-health-survey/.

WHO. (2022, June 17). *Mental Health.* Retrieved from https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.