



✓ IGROW RESEARCH

# Does workplace mental-health training actually work?

What 4,000+ participants across Singapore and ASEAN told us about the sessions they sat through, and what that does and doesn't prove.



**Published 2026 (v1.0).** Figures are final: a pooled, post-Covid evaluation dataset of 4,166 responses on one standard instrument. Everything is aggregated and anonymised. No individual or client organisation is identifiable. Quotes are attributed by industry sector only.

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**Disclaimer:** The figures in this paper are aggregated, anonymised, participant-reported perceptions collected after iGROW sessions. They describe how sessions were received and are not measures of clinical outcome. Provided for general information only.

**4,166**

responses measured on one standard form

**300+**

sessions in this dataset

**Since 2009**

measuring every talk and workshop

## The short version

We measure every talk and workshop we run. Here is what five years of it on one standard form added up to, told plainly, including the parts that are perception rather than proof.

- ✓ Since 2009, iGROW has worked with **700+ companies**, delivered **7,000+ sessions** and reached **70,000+ employees** across Singapore and ASEAN. This paper zooms in on the slice we can measure the same way every time: **4,166 post-Covid responses** on one standard form.
- ✓ Across 300-plus of those sessions, participants rated their overall experience **8.6 out of 10**, and 83% gave it an 8, 9 or 10.
- ✓ Roughly **8 in 10** said they came away knowing more about their mental and emotional wellbeing (8.6/10), and about three in four said they picked up skills they could actually use (8.4/10).
- ✓ Facilitators scored highest of all, on knowledge (**8.9/10**) and communication (**8.9/10**). That matters more than it sounds: if a room doesn't trust the person at the front, nothing else lands.
- ✓ **8 in 10** would recommend the session to a colleague (8.5/10).
- ✓ These are perceptions, collected in the minutes after each session. They tell us the experience landed as useful, relevant and well delivered. They don't measure clinical change, and we won't pretend they do.
- ✓ The bigger point is a gentle challenge to a common industry habit: most wellbeing spend is never measured at all. We measure ours on one consistent form, and what you see here is only the part we can stand behind that way.



In a hurry? Skip to **What this means for you** (p.12) for the practical takeaways written for the C-Suite, HR, L&D and C&B.

## THE PROBLEM

## Why this question matters

Ask most organisations what they spent on employee wellbeing last year and they'll tell you to the dollar. Ask what they got back, and you usually get a pause.

That pause isn't negligence. It's the nature of the category. Wellbeing programs tend to be bought on faith, run as one-off events, and judged, if at all, by whether the room looked engaged and nobody complained. Budgets renew or lapse on impressions. When money is tight, that's an uncomfortable place for a line item to sit, and an uncomfortable place for the person defending it in a budget meeting.

***Material that tests beautifully in one context can die quietly in another, and without measurement, nobody ever finds out.***

## THE CASE FOR LOCAL PROOF

There's a second problem underneath the first. A lot of workplace mental-health content is lifted wholesale from other markets, translated lightly, and delivered into Singaporean and ASEAN workplaces as if culture, hierarchy, language and the local weight of "asking for help" were footnotes.

We're not publishing this because the numbers flatter us, though we'll admit they do. We're publishing it because the people who sign off on wellbeing spend deserve to see a provider show its working.

## OUR POSITION

**We take a different position, and it's the one this whole series is named for: proof, not import. We're a psychologist-led firm, and clinical training leaves you allergic to unmeasured claims. So we measure. Every talk and every workshop ends with a short, structured evaluation, and over five years those forms pooled into something big enough to be worth reading.**

## THE FINDINGS

## What participants told us

Everything below comes from post-session self-report, rated on a 0 to 10 scale. Next to each average we show the **top-box** figure: the share of people who gave an 8, 9 or 10. It's a stricter test than a plain average, because it counts only the genuinely convinced and ignores the polite middle.

### Six things we asked, rated 0 to 10

Bars show the mean score. The pill on the right shows the top-box percentage (rated 8 or higher). Facilitator ratings edge highest of all.



### The reach behind the sample

700+

companies since 2009

7,000+

sessions delivered

70,000+

employees reached

4,166

responses measured here

# *If a room doesn't trust the person at the front, nothing else lands.*

WHY FACILITATOR CREDIBILITY IS THE NUMBER TO WATCH

## **The experience landed, and kept landing**

An overall mean of 8.6, with more than four in five people in the top box, is a strong signal, and it holds steady across five years and 300-plus sessions. This isn't one charismatic morning flattering the average. It's a pattern.

## **People felt they walked out with something**

For a wellbeing program, the two questions that count are whether people feel they understood more and whether they feel they can do something differently. Both sat in the mid-8s. The "usable skills" item is the hardest thing we ask, because enjoying a talk is easy and leaving with a tool is not, and roughly three in four still put it in the top box.

## **The facilitators are the standout**

Knowledge and communication both at 8.9, each with 86% in the top box, are the highest marks in the set. In mental-health work this isn't a vanity metric. Whether a room trusts the person at the front is often the whole difference between leaning in and quietly checking out. Credible, clear facilitation is what lets the content do anything at all.

## **They'd put their name behind it**

Eight in ten would recommend the session to a colleague. Recommending something at work carries a small social risk that mere satisfaction doesn't, which is exactly what makes it a useful read on perceived value.

### **Why the response counts differ**

You'll notice each row rests on a different number of responses. That's honesty, not a hole in the data. Different clients used different forms over five years, so not everyone was asked everything. We report the real count behind each figure rather than implying one tidy sample answered it all.

## In participants' words

Numbers give you the shape of the response. The comments give you its texture. These are drawn from free-text feedback, lightly edited for readability, with names removed and each one attributed by sector rather than employer.

“

A very informative session which provided basic knowledge and skills to being empathetic leaders at work.

**PUBLIC SECTOR & HEALTHCARE**

“

The course was interesting and I've learnt new skills and tips. I look forward to trying out some of the ideas with the team.

**MEDIA & TECHNOLOGY**

“

The facilitator packaged the topic into bite-sized nuggets, easy to understand, with takeaways for our own use.

**HOSPITALITY, TRANSPORT & LOGISTICS**

“

Thanks for all the sharing. It really helps us to know ourselves more.

**PROFESSIONAL SERVICES**

“

So engaging and interactive. It was a joy attending, and I really enjoyed it.

**PUBLIC SECTOR & HEALTHCARE**

“

This workshop helped me gain more information about how to develop myself and my team.

**MANUFACTURING & FMCG**

## What participants asked us for next

Every form ends with a quiet, revealing question: what would you like more of? We have asked it two ways as our form evolved, with a blank box and later with a fixed checklist of topics we teach. Each person saw one or the other. Read as expressed interest rather than a diagnosis, the answers tell us what is still on people's minds as they walk out.

### Read this honestly

These are **expressed interests, not clinical needs**. Nobody here is being diagnosed; people are telling us what they would like to learn about next. We used a blank box until 2024 and a fixed-order checklist after, so nobody saw both, and a topic's place on that list may nudge how often it is picked. The checklist ranking rests on the **1,723 people who were shown it**. The free-text read on **1,712 written-in answers**, 430 of them in Thai. It is a real, directional signal, not a representative survey of every employee we have met.

### On a fixed menu, this is what people picked

Top five of seventeen topics, by share of the 1,723 respondents who were shown the checklist. Dealing with burnout leads by a clear margin.



### Ask the same question with a blank box, and one word dominates

The checklist tells you what people recognise. The blank box tells you what they reach for on their own, and it is a blunter kind of honest. Across 1,712 written-in answers in three languages, the single most-written word was **stress**, the number-one free-text theme by a clear margin. What makes that striking is that **stress is not one of the seventeen options on our checklist**. We teach it, under other names. We simply never put the word in front of anyone.

# The word they reach for, unprompted, is stress.

FREE-TEXT FEEDBACK, POOLED ACROSS SESSIONS

**228** write-ins named **stress** in people's own words, across English, Bahasa and Thai, without any prompt offering it as an option.

## Two patterns worth naming

The first is about **vocabulary**. Where we ran both versions of the question with the same client organisations, 14% of blank-box answers named stress and fewer than one in a hundred named burnout, while 55% of checklist respondents chose burnout once we offered it. In Thai, not one person in 430 wrote the word for burnout, though seventeen wrote the word for depression. The topic is the same. The word people reach for is not.

The second is quieter. A small but persistent thread of write-ins reaches for something the menu never offers: **difficult workplace relationships**, hard-to-manage bosses, awkward colleagues, the friction of simply getting along. It rarely appears as a formal option anywhere, yet people raise it unprompted. It is a real gap between what tends to be offered and what is sometimes actually on people's minds.

### Key takeaway

Handed a checklist, people reach for burnout. Handed a blank box, they write *stress*. The topic is the same and the word is not, and that is worth knowing before you name a session. These are expressed interests, gathered honestly, never a measure of anyone's mental health.

## What this does, and doesn't, tell us

This is the section a clinical firm has to write, and the one most marketing skips.

### What the data does tell us

Across a large, multi-year, multi-country sample, people consistently found our sessions valuable, relevant, well delivered and worth recommending. They felt more knowledgeable and better equipped afterwards. Engagement, perceived usefulness and facilitator credibility are real and they matter. They're the preconditions for anything downstream, and a program that failed on them would have no chance of helping anyone. On these measures, the sessions perform strongly and reliably.

### What it doesn't tell us

It doesn't tell us anyone's mental health improved. It can't. These are perceptions captured in the minutes after a session, not clinical measurements, and certainly not clinical measurements taken before and after against a comparison group. We didn't track symptoms. We didn't follow people over time. We didn't compare them with employees who attended nothing.

#### Read the figure exactly

So when you read that 82% felt they gained knowledge, read it exactly: **82% of participants said they felt they gained knowledge.** That's a real and valuable finding about how the session was received. It is not a finding that knowledge, behaviour or wellbeing objectively changed. The honest translation is simple: *people found these sessions genuinely useful and well delivered.* That's worth a lot. It's also not the same claim as *these sessions improved mental health*, and we won't blur the two.

We hold this line for one reason. The credibility of a psychologist-led firm rests on saying only what the evidence supports. A provider willing to overclaim on evaluation data is a provider you can't trust with anything harder.

## Why this isn't the study we'd run

Here's a confession. Left to our own devices, this is not the study we'd run. As psychologists our instinct runs hard toward method. Given a free hand, we'd want a validated instrument before and after each program, a follow-up months later, a comparison group who attended nothing, and a careful read across the participant, their manager, their peers and their leadership, ideally linked to real performance data. That's what solid evidence of impact takes, and we know it.

Five years inside real organisations has taught us how rarely those conditions show up. A few things get in the way, every time:

- **Survey fatigue.** Ask employees to fill in one more long before-and-after battery and your response rate quietly collapses.
- **Management appetite.** Most sponsors want a talk delivered, not a research program run.
- **Champion bandwidth.** Wellbeing usually rides on one committed HR person carrying it on top of a full job. They can't realistically marshal managers, peers and leaders into a multi-stakeholder data exercise.
- **No access.** Individual and company performance data sits behind walls we're rarely handed the keys to, often for good reason.

None of that is an excuse, and we won't dress it up as one. It's just the working reality of measuring anything inside a busy organisation. So we do what can be done consistently, session after session, without adding load to the very people we're there to support. It isn't the ideal study. It's a real, multi-year signal from thousands of participants, gathered under real constraints, and we'd rather show it to you with its limits marked than offer nothing while we wait for perfect conditions that never come.

To the sceptic, and we mean this warmly because scepticism is the right instinct here: you're correct that satisfaction isn't outcome. We agree, and we've said so. The question we'd put back isn't whether this is perfect evidence. It's whether disciplined, transparent, imperfect measurement beats the unmeasured faith that most wellbeing spend still runs on.

### THE BOTTOM LINE

**We think it plainly does. Something measured honestly beats something merely assumed.**

## What this means for you

You don't need a research department to hold wellbeing spend to a higher standard. You need a few good habits and a provider who'll support them. Start with the checklist below, then read the note written for the seat you sit in.



### How to evaluate any wellbeing provider

Six questions worth asking before you sign anything.

- Measure every session, not just the flagship ones.
- Look at top-box scores, not just averages. A mean can hide a split room.
- Keep "did they like it" and "did it help" in separate columns.
- If you want outcome evidence, design for it before you buy: a baseline, a follow-up, ideally a comparison group.
- Ask where the content comes from: built for your context, or imported and lightly translated?
- Insist on transparency about what the numbers cannot prove.



### C-Suite

Sponsors & the board

- Wellbeing is one of the few budget lines that still renews on a good feeling. Ask it for the same evidence you'd ask of any other spend.
- A provider who volunteers what their data *can't* prove is showing you how they'll behave when the stakes are higher.
- In this region, culture fit isn't a nice-to-have. Content built for another market can miss the room entirely.



### HR

The internal champion

- Measure every session, not just the flagship. Five years of steady feedback beats one glowing survey.
- Keep "did they like it" and "did it help" in separate columns. Both matter, but they aren't the same claim.
- You can raise the bar without a research team. A few consistent habits, and a provider who backs them, will do it.



## L&D

Learning & development

- Facilitator credibility is the mechanism, not the garnish. If the room doesn't trust the person at the front, the content goes nowhere.
- Read top-box scores, not just averages. A mean can hide a split room.
- Ask whether skills transfer was measured, not just enjoyment. "Picked up something usable" is the harder, more honest signal.



## C&B

Compensation & benefits

- If you want outcome evidence, design for it before you buy: a baseline, a follow-up, ideally a comparison group. That's a different project from engagement.
- Reception data (would-recommend, perceived value) is a fair read on take-up. Treat it as a demand signal, not clinical proof.
- Consistent measurement across your whole population is what makes any benefits story defensible when someone asks, later, whether it was worth it.



## Safety & Wellbeing Officers

EHS & duty of care

- Psychological wellbeing belongs in your risk and duty-of-care picture, not just physical safety.
- Ask for measured evidence, not attendance counts.
- Consistency of measurement is what makes wellbeing defensible in reporting.



## Line Managers

People managers

- You are the front line. What your people need most is a manager they trust, which is exactly why facilitator credibility scores highest in our data.
- Push for sessions that leave your team with usable tools, not just awareness.

***You don't need a research department. You need a few good habits, and a provider who will back them.***

THE WHOLE POINT, IN ONE LINE

## Methods, transparency & limits

If you like to check the working, this section is for you.

### DESIGN

A pooled, cross-session, post-event evaluation. After each talk or workshop, participants filled in a short voluntary form. We aggregated those forms across sessions and years into one anonymised dataset. No experimental design, no randomisation, no control group. It's observational feedback, reported as such.

### INSTRUMENTS

People rated a small set of items on a 0 to 10 scale: overall experience, knowledge gained, skills gained, facilitator knowledge, facilitator communication, and willingness to recommend. Forms varied across clients and years, which is why the response counts differ by item.

### SAMPLE & SCOPE

Since 2009, iGROW has worked with 700+ companies, delivered 7,000+ sessions and reached 70,000+ employees across Singapore and ASEAN. The dataset here is the post-Covid subset measured on our single standard form: **4,166 responses** across 300-plus sessions and roughly 50 client programs. It's a convenience sample, reflecting the organisations that engaged us and the participants who chose to reply, not a representative slice of the ASEAN workforce. Many other sessions used clients' own in-house forms, which ask different questions; we've deliberately left those out to keep the data comparable. Our real footprint is wider than this dataset. What we report here is the part we can measure consistently and stand behind.

### ANALYSIS

For each item we report the mean and the top-box percentage (the share scoring 8 or higher). Top-box is a deliberately conservative lens: it ignores the mildly positive middle and counts only strong endorsement. Everything is aggregated and anonymised, with no individual or client identifiable, in line with PDPA obligations.

### LIMITATIONS, STATED PLAINLY

- **Self-report.** Every figure is what people said, not an objective measure of knowledge, skill or health.
- **Self-selection.** Feedback was voluntary, and people who enjoyed a session may be likelier to respond, which can lift scores.
- **No control, no pre-post.** Without a comparison group or before-and-after measurement, we can't attribute anything to the session as a cause. We can only describe how it was received.
- **Single provider.** All of it comes from iGROW sessions. It tells you how our sessions were received. It isn't a benchmark of the field.
- **Perception is not clinical outcome.** The central caveat. Positive perception is necessary for impact, but it isn't evidence of impact.
- **Timing.** Feedback was collected right after each session, capturing the fresh response, not whether anything held a week or a month later.

None of this weakens the finding. It sharpens it. Within its proper scope, this is a strong, stable, well-evidenced picture of how thousands of people experienced these sessions.

# How iGROW can help



Same discipline, applied to your organisation. Four ways in, and a real person at the end of each of them.

ZERO-SUBSCRIPTION EAP

## iGROWFIT

An employee wellbeing platform with no subscription to justify at renewal. You pay as your people actually use it, so support scales with need rather than sitting idle as a fixed cost. The kind of line item that's easy to defend in a budget meeting.

[Explore iGROWFIT →](#)

CPD-CERTIFIED

## PowerWorkshops

The engine behind the numbers in this paper. Practical, facilitator-led workshops built and adapted for Singaporean and ASEAN workplaces, and CPD-certified. Workshops scored even higher than talks in our data: facilitators at 9.0 and would-recommend at 8.8.

[Book a workshop →](#)

ASSESSMENT

## Mental Fitness Styles (MFS)

A structured, psychologist-designed assessment that helps your people understand their own mental fitness style, and helps you see the shape of your workforce in aggregate, safely and anonymously. A calmer starting point than a survey nobody wants to fill in.

[Try the MFS assessment →](#)

FREE TO READ

## The Insights page

More of the "proof, not import" series: honest writing on workplace mental health, measurement done properly, and what actually travels across cultures. No gate, no pitch, just the thinking.

[Read Insights →](#)

# About iGROW



Photo: Mikhail Nilov / Pexels

iGROW Pte Ltd is a Singapore-based, award-winning psychological consultancy specialising in workplace mental health and performance. We've worked across Singapore and ASEAN since **2009: 700+ companies, 7,000+ sessions, 70,000+ employees**. We design and deliver PowerTalks, PowerWorkshops, structured assessments, and iGROWFIT, our employee wellbeing platform.

Our work rests on a simple discipline: measure what we do, report it honestly, and claim only what the evidence supports. That's why the series is called **proof, not import**. We'd rather show you a real dataset with its limits marked than sell you a borrowed program with a confident story attached.

## Let's talk

If you're responsible for wellbeing spend and want to hold it to a higher standard, we'd genuinely enjoy the conversation. We're happy to walk you through this dataset in full, including everything it can't claim, and to think through what meaningful measurement would look like for your organisation. A data walkthrough, no pitch deck required.

[Start a conversation →](#)

[Read the series](#)

## iGROW Pte Ltd

Psychologist-led workplace mental health for Singapore and ASEAN, since 2009.  
iGROW Research · Proof, not import series · v1.0 · All figures aggregated and PDPA-safe.