The 19th ASEAN and Japan High-Level Officials Meeting on Caring Societies

Approaches to maintaining mental well-being

in response to COVID-19

Overall Summary

Date and Venue

9 December (Thurs.); 15:00-19:00 JST

10 December (Fri.); 15:00-19:00 JST

Online Meeting (Zoom Webinar)

The 19th ASEAN and Japan High-Level Officials Meeting on Caring Societies under the theme of "Approaches to maintaining mental wellbeing in response to COVID-19" was held on 9,10 December 2021, online, hosted by the Ministry of Health, Labour and Welfare, the Government of Japan (MHLW).

The meeting focused on the COVID-19 pandemic has had an immense impact on the physical, mental and social aspects of people's lives, forcing people to adopt new lifestyles and behavioural patterns. The social welfare, healthcare and employment sectors, which support these three aspects of people' s lives, now face the challenge of continuing uninterrupted services (support) and are devising approaches and service contents to address the COVID-19 situation. The key to offering seamless support is to realize services that leave no one behind through a life-stage-based approach. Amid the COVID-19 situation, it is also important to enhance psychological support through various assistance measures and to offer psychological support to service providers (health and medical welfare workers).

In this meeting, under the theme of "Approaches to maintaining mental well-being in response to COVID-19", we shared Japan's experience and efforts with participants from ASEAN countries and Japanese experts. We discussed the ideal and potential form of future policies and support services in the social welfare, healthcare and labour fields.

Group photo of the 19th ASEAN & Japan High-Level Officials Meeting on Caring Societies

1. Background of the meeting

The ASEAN and Japan High-Level Officials Meeting on Caring Societies has been organised by the Ministry of Health, Labour and Welfare (MHLW) of Japan since 2003. The purpose of this meeting is to enhance human resource development in health and social welfare areas, and to strengthen Japan-ASEAN cooperative relationship.

This Meeting has been recognised as a vital platform to support the ASEAN plus Three (Japan, People's Republic of China, and Republic of Korea) Health Ministers' Meetings as well as the ASEAN Plus Three Ministerial Meetings on Social Welfare and Development. Japan reports the outcome of the Meeting to the ASEAN plus Three Ministers' Meetings.

Since 2011, MHLW has invited officials in charge of employment policies in addition to health and social welfare experts, with a view to promoting cooperation in these three related fields.

2. Date and Venue

9 December (Thurs.); 15:00-19:00 JST

10 December (Fri.); 15:00-19:00 JST

Online meeting

3. Organiser

Ministry of Health, Labour and Welfare (MHLW), the Government of Japan

Logistics: E.C.International, Inc.

4. Collaborators

The ASEAN Secretariat,

World Health Organization (WHO),

International Labour Organization (ILO) Office for Japan,

Japan International Cooperation Agency (JICA)

5. Participants

(1) ASEAN countries

Health sector, Welfare sector, Labour sector

Brunei Darussalam, Kingdom of Cambodia, Republic of Indonesia, Lao People's Democratic Republic, Malaysia, Republic of the Union of Myanmar, Republic of the Philippines, Republic of Singapore, Kingdom of Thailand, Socialist Republic of Vietnam, People's Republic of China.

(2) Collaborators

ASEAN Secretariat, WHO, ILO Office for Japan, JICA

(3) Moderator

KITAMURA Yoshitaka, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW

(4) Keynote speakers and experts

•Dr. HAYASHI Shuichiro, Director, Mental Health and Disability Health Division, Department of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, MHLW

•Prof.KAWAKAMI Norito, Professor, Department of Mental Health, Graduate School of Medicine, University of Tokyo

•Ms.MAKINO Miyuki, Nurse and Clinical Psychotherapist, Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry

•Dr. INOUE Hajime, Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare

•Mr. Martin VANDENDYCK, Technical Lead on Mental Health and Substance Use, World Health Organization Regional Office for the Western Pacific

•Mr. TAKASAKI Shinichi, ILO Office for Japan

•Dr. TANAKA Eizaburo, Policy Advisor on Mental Health, JICA

•Prof. KAYAMA Mami, Professor, Nursing, Graduate School of Nursing Science, St. Luke's International University

•Ms. OGAWA Hiromi, Certified Nurse Specialist, Psychiatric Mental Health Nursing, Department of Nursing, Center Hospital of National Center for Global Health and Medicine

•Mr. HIRAIWA Masaru, Deputy Assistant Minister for International Affairs, Minister's Secretariat, MHLW

•Dr. SEKI Eichi, World Health Organization Regional Office for the Western Pacific

(5) Open to the media and general audience

Day One: 9 December (Thurs.); 15:00-19:00 JST

Opening Ceremony

The moderator, Mr. Kitamura Yoshitaka, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare (MHLW) began by greeting the participants at the venue in Tokyo as well as those online and expressing his regret that the meeting had to be carried out online due to COVID-19. He conveyed his hopes that the meeting would be fruitful and helpful in each of the countries participating. He then introduced the Opening Remarks speakers.

Opening remarks

Dr. Inoue Hajime, Assistant Minister for Global Health and Welfare, MHLW thanked Mr. Kitamura for the introduction and extended a welcome to everyone on behalf of the government of Japan. He expressed his gratitude to the participants, the ASEAN Secretariat, WHO Regional office for the Western Pacific, the International Labour Organization Office for Japan, JICA and all the other people involved, for their support. He explained that although this meeting had been held since 2003, it was decided that this year it should be held virtually, and that the topic this year is "Approaches to maintaining mental well-being in response to COVID-19." He explained that because of the impact that COVID-19 has had on people's lives, the social welfare, healthcare and employment sectors now face the challenge of supporting those aspects of people's lives. It has changed the accessibility to mental health support and, the lack of interpersonal communication and the need to use other forms of communication has caused a sense of isolation, anxiousness and stress. He added that the Japanese government is endeavouring to train people to provide such services to care for people affected by COVID-19. He highlighted the burden on essential workers under constant threat of infection, and the need for support for them. He expressed his hope that the meeting would provide an opportunity for participants to share current statuses, the policies that are necessary, as well as the training and support. Finally, he expressed his hope that by through the sharing of mutual knowledge and experience, we will be able to further enhance the good relationship established so far.

Mr. Kitamura then introduced a pre-recorded video of H.E. Ekkaphab PHANTHAVONG, Deputy Secretary-General, ASEAN Socio-Culture Community (ASCC), ASEAN Secretariat.

H.E. Ekkaphab PHANTHAVONG began by thanking the hosts and all other parties concerned in organizing the event. He went on to talk about the problems regarding mental health caused by isolation, loss of loved ones, disruption of livelihoods and income, as well as of those who lost jobs or income and those who have been working from home for a long time. He stressed that good mental health is vital to long-term recovery and that mental health policies must be at the forefront of every country's recovery from COVID, especially among certain groups and in certain sectors. He added

that affordable and accessible mental health care is necessary in the future and passed on his wishes for a successful meeting.

After the **Photos session**, Mr. Kitamura detailed the online protocol and points regarding interpretation, and then introduced the first keynote speaker.

Keynote Speeches

"Mental Health Policy and Response to COVID-19"

Dr. Hayashi Shuichiro, Director, Mental Health and Disability Health Division, Department of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, MHLW, gave a presentation titled "Measures to Maintain Mental Wellbeing and Response to COVID-19," which introduced two main points: the impact of COVID-19 on mental health and the main focuses of reform. He stated the impact was due to the spread of the virus and the behavioral restrictions. In the state of emergency in Japan in April and May, 2020, a lot of people felt anxiety, and the biggest concern was anxiety regarding infection of themselves and family members. He added that half of those surveyed had experienced anxiety, but that education on preventative measures such as wearing masks and washing hands were helpful in reducing such stress.

Director Hayashi introduced results from a survey taken among those aged 15 and over, implemented over four phases between February and September 2020. Regardless of the phase, around half of those surveyed experienced anxiety, but the highest percentage was in the period from April to May. The reasons for the anxiety was said to vary, and included fear of infection, relationships, and the continuation of work. He cited preventative behaviour, such as washing hands and wearing masks, as a means of alleviating the anxiety in around half of those surveyed. He stressed that taking actual physical and behavioural measures were helpful in alleviating anxiety. He then introduced materials that were created to educate people as to what they could do to alleviate anxiety or prevent infection. Some of this came from the central government, but the media and influencers also help to spread the information.

He then moved to the focus of the mental health reform in Japan, highlighting three points: awareness, access and integration of service. As the number of those with deteriorating mental health deteriorates, it is important to educate people in order to raise awareness and eliminate stigma. In order to do this, he spoke of a plan to launch an action programme to train online supporters in which "mental health first aid" is utilized. Mental health first aid started in Australia, and those with issues are encouraged to talk to someone close to them – like family, friends or colleagues – before seeking help at a clinic. He added that the plan tried to create one million supporters within 10 years.

With regard to access, Director Hayashi spoke about consultation services at prefectural and municipal level, which receive financial support from the national government, and also detailed the increase in the response of health centers regarding COVID-related mental health consultations, including consultations regarding suicide caused by increased stress. Experts such as doctors, consultants and physicians provide services by phone, e-mail and social media, reaching a total of over 120,000 consultations. He then introduced graphs detailing the number of consultations in 2020 and 2012, showing they fell in line with the increased number of COVID cases and also at the time when the Olympic Games were held in Tokyo.

With regard to integration, he mentioned that due to the ageing society, people spend more time living with illness and that reforms are being made regarding integrated medical, nursing, employment and housing care rather than just

curing illnesses, which is also being applied to mental illness so that services can be provided in an integrated manner. He touched upon the establishment of comprehensive community-based integrated care for mental disorders and the realization of a community-based inclusive, person-to-person society beyond the established framework of institutions, in which all people can live in their own way with peace of mind, stressing that it is better to discover issues earlier so that they can be dealt with faster.

He summed up his presentation by hoping that we will use this opportunity and lessons learned from the virus to take steps to improve mental health with regard to awareness, access and integration.

As there were no questions, Mr. Kitamura introduced the second keynote speech

"Promoting Mental Health Measures and Wellbeing of Workers in the COVID-19 Pandemic"

Prof. Kawakami Norito, Professor, Department of Mental Health, Graduate School of Medicine, University of Tokyo began with the worldwide concerns regarding the deterioration of mental health, highlighting the prevalence of depression and anxiety in China and Spain, psychological distress among some groups in Japan, and increased suicide ideation and suicide among employees, particularly younger women. He suggested the impact varies among various groups of workers and stated that the occupations that were most affected included healthcare workers, care workers, essential workers and those working from home, although evidence is conflicting regarding those working from home. He also said that socially disadvantaged, such as low-income and foreign workers were impacted, as were those with health conditions.

He then spoke about occupational mental health activities provided within a framework in which employers are required to establish the organization for safety and health management and to take specific measures according to the Worker Mental Health Guideline, the Stress Check Program and also measures for prevention of health problems due to overwork. Formerly called the "The Guideline for Maintenance and Promotion of Mental Health of Workers," the Worker Mental Health Guideline of 2006 provides a basic framework for activities for mental health in the workplace, including "self-care," "line-care," "care by occupational health staff," and "care by outside sources" along with specific measures.

Prof. Kawakami then detailed four specific measures: education/training, assessment and improvement of the work environment, consultation for workers on mental health issues, and the support for the return to work of workers with mental health conditions. He said that reviews had found the measures to be affective in promoting knowledge and attitude on mental health and improving health conditions and the work-related outcomes such as the work performance. He then introduced the Stress Check Program for workplaces with 50 or more employees, which includes components for workers to improve their awareness of stress, to improve the psychosocial work environment, and to get workers with high stress receive face-to-face guidance by a physician if he or she requests. He added that, although evaluation of the Stress Check Program is still underway, evidence suggests it is effective in increasing awareness of stress, improving psychological distress or somatic complaints among workers. He then touched on other measures, including integration in the workplace, a law that requires employers to employee a certain number of persons with disabilities, including mental disabilities, and laws to prevent harassment. He used a graph to depict how the proportion of workplaces implementing these measures has increased steadily in the last 20 years. However, as about half of the occupational health consultations have gone online due to COVID-19, he cited the need to ensure the quality of online consultations, and the mental health of workers working from home, as challenges being faced.

Prof. Kawakami then played a 5-min. video on how the mental health of workers is being promoted amid the COVID-19 pandemic in Japan. The video featured actors providing video consultation to workers. Reports suggest

that online consultation went well, but the quality of the internet connection, the privacy of workers and also the adequacy of communication with workers online are all causes for concern. The video also showed a group meeting in which workers and supervisors discuss ideas to improve their work environment and conditions, as studies show that preventive measures against COVID-19 infection could also improve worker mental health and performance. Such on-demand video training, including mindfulness training has been frequently used during the pandemic, and has helped to improve the psychological distress of workers in the COVID-19 pandemic.

He then introduced international efforts to develop intervention to improve the mental health of workers, through collaborations with Hanoi University of Public Health in Vietnam, and the Mahidol University in Thailand, in which a Smartphone-based stress management app for nurses is being developed.

In conclusion, Prof. Kawakami expressed his optimism for future collaboration in the field, and that the sharing of information and experience concerning the mental health of workers in the COVID-19 pandemic is essential in developing policy frameworks, monitoring systems and intervention programs for different groups of workers. He added that working together, we can prepare for other emerging challenges in worker mental health in the post-COVID-19 society, where the rapid digital transformation of society is expected.

As there were no questions, Mr. KITAMURA introduced the next keynote speech

"Mental Health Services for Pregnant Women and Those Raising Children"

Ms. Makino Miyuki, Nurse and Clinical Psychotherapist, Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry, began by sharing the aims of her presentation about her institute's efforts to support pregnant women and those raising children, and introduced a table highlighting percentages of mental health problems such as depression and anxiety during pregnancy, after delivery and during the perinatal period before the COVID-19 pandemic. These figures are said to have increased overall during the pandemic, not just among perinatal women. According to a domestic research, the suicide rate among men is generally said to be 2.3 times that of women. However, during the second wave of the pandemic, the overall suicide rate increased and the suicide mortality among women was about five times that of men. The risk was particularly high among married women who were not working.

She then introduced graphs from a survey conducted by the Ministry of Internal Affairs and Communications showing how the gender gap affects the risk of ill health, although such gender inequality is not limited to Japan. The graphs indicate the time spent on housework and childcare by men and women with a child under the age of six years. She noted that although men's housework and childcare hours are on the rise, there is still a burden on women. She spoke about the depression of fathers after birth and the increased attention on men's mental health and the difficulty of fathers to participate in child rearing due to a lack of understanding of paternity leave and insufficient corporate systems, and that support for fathers is limited during the perinatal period.

Ms. Makino the spoke about websites and apps that have been developed, and introduced a "Kizuna Mail" project that provides a message service for parents from the time of pregnancy until the third birthday of their child, with information supervised by doctors and other experts. She then went on to highlight other interventions for perinatal depression, depending on the level of symptoms: in terms of prevention, there is a regional intervention program collaborating with people in other occupations; in the case of mild to moderate symptoms, empathic and supportive involvement, cognitive- and interpersonal therapy is used, as well as yoga, exercise, and the like. For moderate to severe symptoms, the guidelines recommend medical therapy. She added that many expectant mothers tend to prefer psychotherapy to medical therapy, but it is important to provide them with appropriate interventions and the correct knowledge of the merits and risks so that they can make decisions. She pointed out that, in Japan, many women who are undergoing psychiatric treatment interrupt their treatment when they become pregnant, and cited a study by the Tokyo Metropolitan Government, which

reported that 48% of women who died of suicide during the perinatal period did not see a psychiatrist even though they were recommended to do so.

She then echoed the Japan Society for Perinatal Mental Health's indications that people close to the patient, such as midwives and public health nurses, should acquire dialogue skills and build good relationships in order to act as a point of contact and provide the necessary care.

After highlighting the continuous support for pregnancy, childbirth and child-rearing by municipalities in Japan, with support from midwives, public health nurses and private organisations, when necessary, Mrs. Makino went on to detail the support provided by the institute to which she belongs, including cognitive behavioural therapy, educational training and studies. With regard to cognitive behavioural therapy, she described how it is based on understanding how the situation affects "cognition," "feeling," "physical reaction" and "behaviour," and the mechanism in which sadness is not caused by the event itself, but by how the event is understood. She then gave an example of feeling sad for not getting a reply from a colleague, whom you may feel doesn't like you, but if you think that colleague may be busy or working and cannot reply, you feel better. She also showed slides of other examples of the mechanism, involving cognition, feelings, behaviour and physical reactions associated with breastfeeding.

Finally, Ms. Makino ended her presentation by introducing the National Center for Cognitive Behavior Therapy and Research's website that provides information on perinatal care, as well as its Twitter and Instagram accounts that also send out information and recommend books by psychiatrists and psychologists.

Q & A on the keynote speeches

Mr. Kitamura introduced a question from Brunei, which asked where they could get more information on the Stress Check Program for workplaces, and also asked for thoughts regarding the best practices in Japan to address mental health problems among the unemployed.

With regard to the Stress Check Program, Prof. Kawakami responded by saying he will check with the Ministry of Health with regard to English versions of manuals, policies and guidelines, but there are several English papers already available that he will send.

With regard to the second question, he cited a one-stop consultation service available at the job support centres where people go to find work, as being one approach.

Director Hayashi responded in terms of suicide prevention, stressing the importance of creating a network of people to prevent isolation and help early detection. He also mentioning legislation to prevent people from being forced into thinking about suicide, which originated in the economic slump in 1998 in which more than 30,000 people committed suicide. A recent increase, cause by COVID-19, means that countermeasures and a comprehensive approach are needed.

Prof. Kawakami added that a close connection between the workplace and community may be a key for supporting the unemployed, and that employers should provide information to support the lives of those who lose their jobs.

Brunei also asked if there was any information on volunteer involvement in Japan.

Director Hayashi replied that, in Japan, it is not systemized but more on a grassroots level as there is a strong sense of community in Japan. There have been projects to support healthcare workers, and some musicians created dance and music-based projects involving musicians and, during the vaccination rollout, information and educational content was provided by medical professionals voluntarily.

Ms. Makino agreed that volunteers are very important but she had no information to provide. She explained that pregnant mothers found it easier to open up to people, not necessarily professionals, so the education of people who are willing to volunteer is important.

Prof. Kawakami also added that some major companies provide IT technology to communities to enable them to organise community-based events, and that occupational health staff provide talks on mental health in COVID-19 for community residents.

Mr. Kitamura then introduced a question from a participant about small and medium-sized companies with no occupational health services and how prevention programs can be implemented in these workplaces or linked to community-level programmes.

In response, Prof. Kawakami said that such companies that are part of larger groups should be able to receive the support of the larger companies. He said the trend is that larger companies should take care of health promotion of related companies, including smaller suppliers or sub-contractors. Many small companies have a labour shortage and are keen to learn how to improve their workforce.

Mr. Takasaki of the ILO Office for Japan added that from his experience, employees in small- and medium-sized enterprises may not be fully addressed in terms of health, but there are collective efforts that compensate mental health-related services and come in different forms. Sometime they can be provided by the medical professionals – the physicians that are deeply rooted in the neighbourhood or community. He also added that the national government provides funds for local governments to provide schemes for such employees, so maybe that can be duplicated in ASEAN countries.

Mr. Kitamura then introduced another question, saying Japan's actives during the pandemic were really impressive, but what are the remaining challenges regarding occupational mental health and implementing those services?

Prof. Kawakami replied that occupational health professionals have to learn to continue activities online and become more familiar with using online tools, and that some workers have less access to online tools and information, so we must be aware of these sub-groups and think about inequality. He added that one of the remaining challenges is that the system of safety and health is based on the workplace, which has become meaningless with teleworking, and that health and safety laws must also cover include workers in the gig economy and the like.

Ms. Makino added that in the nursing field, a window was created by the professional organization and academic conference to reach out to nurses with problems, and that happened at an early stage and was effective. Counselling services for professionals is becoming more and more common, and the spread of such services is vital.

Mr. Kitamura introduced a question about stigma attached to patients in China, and asked for any similar examples in other countries.

In response, Director HAYASHI said that, in Japan, there was more stigma in the early stages but is becoming less, and was probably more prevalent in the rural areas. Fear of the disease caused the stigma, so education is important. He added that, in Japan, the stigma was not so severe, as guidelines were created so that everyone could be treated equally.

Prof. Kawakami added that in May and June last year, COVID-related harassment in the workplace increased, particularly among healthcare workers, who were more exposed to infection, but local governments worked with hospitals, who then worked with supervisors to help alleviate the stigma.

Ms. Makino added that there were reports on social media at an early stage about nurses and their children who were denied entry into kindergartens or taxis, and the reports helped people understand more about the unreasonable situation and prevented it becoming worse.

Mr. Kitamura concluded the first session

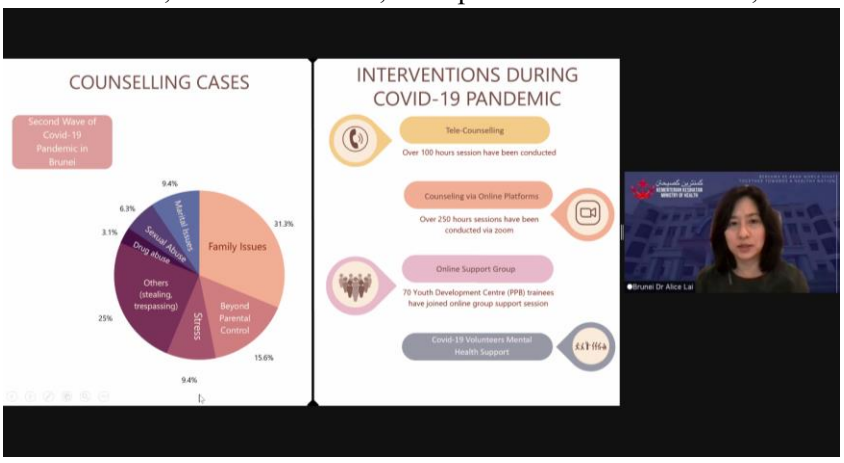
Break

Mr. Kitamura began the second session by introducing presentations from 6 countries: Brunei, Cambodia, Indonesia, the Philippines, Malaysia and Thailand

Speeches by Collaborator Representatives

(Brunei Darussalam)

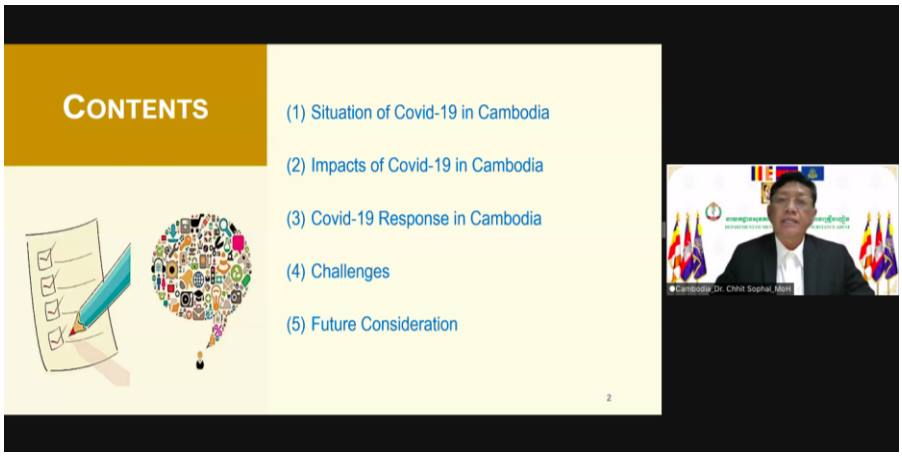
Dr. Alice Lai, Consultant Head, Occupational Health Division, Ministry of Health, reported on transmission



cases and deaths in the first and second waves of COVID-19 infections in Brunei and how the increase in suicide attempts was proportional to the rise in infections. She touched on the mental health services pre-COVID and measures taken during COVID-19, including enhanced awareness, promotion and the targeting of specific audiences via social media platforms such as WhatsApp and Instagram, as well as through infographics, posters, leaflets, virtual talks by trained professionals, forums, and radio and television programs. She then introduced a Mental Helpline “145” and Welfare Helpline “141” and spoke of a Volunteer Operation Center that was established, with 7,000 volunteers helping to distribute food to almost 20,000 households, and added that the Welfare Helpline received 23,000 calls in 4 months, with family issues being the major factor. She also reported on burnout among hospital staff, the psychological impact of quarantine, COVID-related discrimination and the challenges they face, including stigma, lack of anonymity and recruitment of volunteers due to increased number of calls.

(Cambodia)

Dr. Chhit Sophal, Director of Department of Mental Health and Substance Abuse, introduced the situation regarding COVID-19 in Cambodia from the first case in Jan. 2020 to the new normal of Nov. 2021. He reported that COVID affected 26% of the population and that 2% of those infected died. He mentioned the impact on tourism, manufacturing and construction, with factories closing, unemployment and suspensions affecting local and migrant workers. The job losses caused socio-economic and emotional stress within Cambodia, and many migrant workers have returned home to Cambodia from neighbouring countries, causing mental health challenges. He went on to describe mental health problems among children and adolescents due to school closures and showed figures and graphs concerning delivery and utilization of mental health services, and emphasised the impact on response teams, hospital, vaccination deployment and the overload of all medical staff that waged the war on COVID-19. He touched upon screening for stress among healthcare workers from July 2020 to March 2021, compared with September to November 2012, as well the response regarding tracing, testing, isolation, treatment, risk communication and vaccination. He also explained labour support and benefit programs to support workers who lost jobs, with payments made to workers living in lockdown areas, as well as a robust vaccination programme and the training of psychosocial healthcare workers. With regard to the challenges, he mentioned low budget, lack of preparedness and planning and limited interventions, and that future considerations include integrated approaches, preventative approaches, innovation in the form of digitalization, and collaborative approaches.

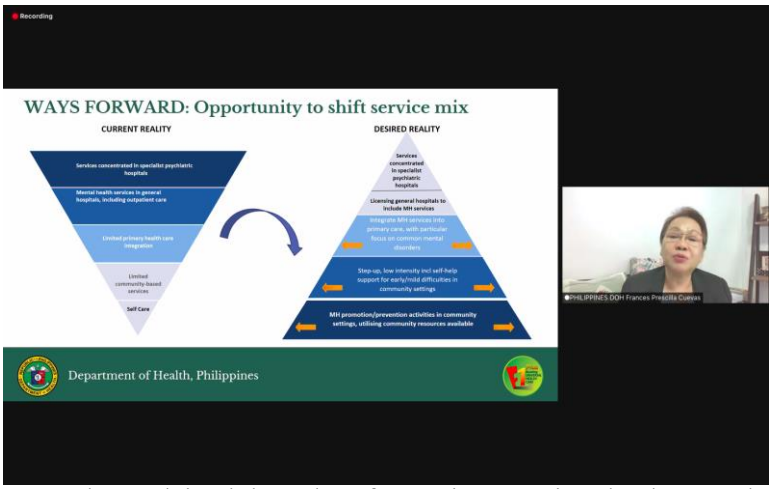


(Indonesia)

Dr. Rita Hasyim Zahara, Occupational Health and Safety, Ministry of Manpower, Republic of Indonesia, described the mental health problems of workers in Indonesia and how the Ministry of Manpower (MOM) is preventing and overcoming the conditions. She explained that COVID-related anxiety, depression and trauma are experienced and had impacted the social, economic, health and employment sectors. The impact on the employment sector includes absence of workers, decrease in logistics, delays in mobilization of people and goods, decrease in productivity, disruption to services, and changes in levels of demand for goods and services. She said that companies must be productive while reducing the spread of the virus. She explained how COVID-19 affects mental health in workers, citing fatigue, poor work-life balance, and increased substance misuse and the like, and how it also affects employers who have reported reduced motivation loss of purpose, anxiety and isolation. She added that evidence suggests long-term effects of mental health. She explained that good collaboration can be productive but if there is an imbalance, it can be dysfunctional. She introduced several Ministry of Manpower regulations and policies on

workplace safety, occupational health and safety – including accident prevention, counselling, health promotion and rehabilitation. She introduced figures to demonstrate that more than 7 million workers have received benefits from the government throughout seven stages of subsidies. Dr. Zahara then touched on comprehensive occupational health implementation and how companies are supporting employees to work with "new normal" procedures, those who work from home, and those currently isolating. She spoke of detailed integrated occupational health programmes in mental health issues due to COVID-19, including screening the stress levels of workers and referring them for treatment, as well as rehabilitation and looking for signs of poor mental health. She also introduced educational materials and employment inspection and publication services provided by the MOM. She summarised her presentation by explaining that COVID-19's impact on employment means that implementing occupational health and safety is important to increase awareness, and that MOM has responded by providing guidance and formulating policies through collaboration between government, companies and workers.

(The Philippines)



Ms. Frances Prescilla Cuevas, Chief, Mental Health Division, Disease Prevention & Control Bureau, Department of Health, Philippines, spoke about the overall response and psychological impact of COVID-19 in the Philippines, including elevated rates of stress and anxiety. She explained that the national mental health crisis hotline experienced a large increase in calls between late 2019 and September 2021, with 33% of them suicide related. She told of how the response was based on the mental health and psychosocial support intervention pyramid as, in the Philippines, they have an established system for emergencies because it is a disaster-prone country. She explained that a lot of agencies were involved; not only the Department of Health but also local government units and other agencies working to respond to the different types of population. She went on to detail some COVID-19 response best practices, including policies developed in line with IASC guidelines, collaboration with stakeholders, social media posts, psychosocial helplines, assessment of returning Filipinos and other services for different target groups.

Ms. Frances also mentioned the UN brief regarding COVID-19 and the need for action on mental health, and that the Philippines is fortunate in that it has the Mental Health Act that it is working on, which hopes to enhance the delivery of mental health services. She stressed that the pandemic not only had a psychological impact on the population, but also brought about the realization that mental health services are lacking and need to be beefed up. The objectives of the Mental Health Act include strengthening effective leadership, developing an efficient health system, protecting rights of people with needs, strengthening information systems, integrating healthcare services, and integrating promotion strategies. She then mentioned building resilience in the mental health system, through a training program and the challenge of inverting the current inverted pyramid of health services in the Philippines by shifting focus from specialized services to integration into general health and community settings, and thus building a stronger system for the future.

(Malaysia)

Dr. Nurashikin Binti Ibriham, Mental Health, Substance Abuse and Violence Injury Sector, Ministry of Health, first highlighted the status of the mental health burden in Malaysia prior to COVID – especially the prevalence of suicidal behaviour among teenagers, and the prevalence of mental health conditions in terms of surveys done every five to ten years. She displayed data from the Malaysian police and explained that COVID-19 had caused a drastic increase in suicidal behaviour among adolescents in 2021, data from a ministry of Health survey that showed a high risk of mental disorders among healthcare workers. These were mainly caused by lack of moral support in the workplace and lack of childcare at home. She then spoke of a national support helpline to deal with psychosocial issues, and added that of November 21, 2021, approximately 78% of the calls received were related to emotional support, mainly concerning financial crises and loss of work

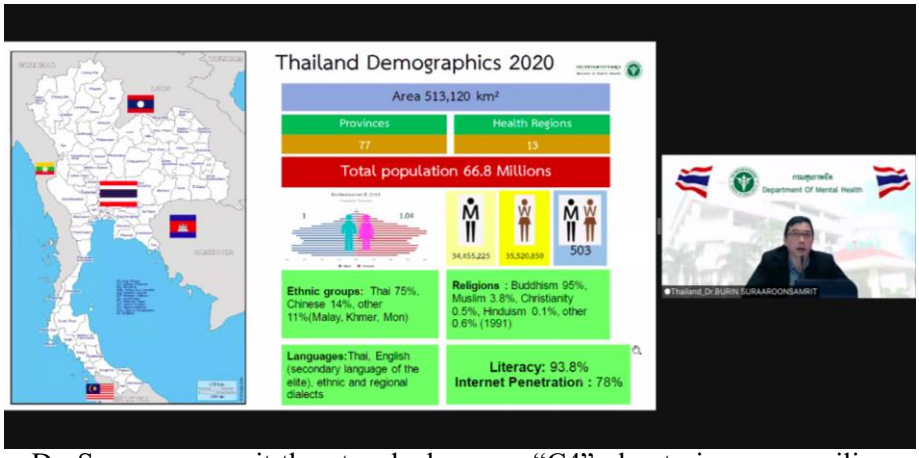
Dr. Ibriham then introduced current programmes and services at institutions and clinics in Malaysia, and the need to enhance the mental health and psychosocial support services, touching upon acts, policies and initiatives, including a national strategic plan and a mental health awareness campaign called “let’s talk”. She added that approximately 1,161 clinics are involved in mental health services in primary care, and each district in Malaysia has a mental health and psychosocial support team consisting of psychiatrists, clinical psychologists, counsellors, public health specialists and social workers.

She then shared Ministry of Health initiatives undertaken during the pandemic, including the expansion of counselling services at district and health clinics, and a budget to focus on promotion of mental health and prevention of mental illness. She also shared a slide showing various NGO psychosocial hotlines that are available, and the “My Sejahtera” app that has to be download when you go to Malaysia, onto which the hotline numbers are added. A general mental health screening tool has also been incorporated into the app. She then spoke about quarantine centres and how mental health services have been integrated into the general health system. She noted that one of the problems faced by healthcare workers is that they come and go, and the volunteers come and go and they do not have time for debriefing, so they try to provide information at strategic places where they collect food and such, so that they have time to read the materials. In addition, they go to speak to the cooks in the hotels used for at quarantine centres as a way of engaging with people and detecting mental health issues.

Dr. Ibraham then touched upon a Mental Health Alert Card that has been developed for the volunteers to self-check for any issues, and the “Let’s Talk” campaign to help people to be listened to without judgement, and added that collaboration between all people in different agencies with mental health backgrounds is carried out so that counsellors can work together at ground level. Finally, she touched upon issues and challenges such as low health literacy, stigma and discrimination; and ways forward in the future, such as a task-shifting concept for psychological first-aid training for frontline workers, creating a crisis support group, digitalisation, and the training of community and religious leaders to be involved in mental health advocacy.

(Thailand)

Dr. Burin Suraaroonsamrit M.D., Director of Bureau Mental Health Service Administration Organization, Bureau of Mental Health Service, Administration, Department of Mental Health, Ministry of Public Health, Thailand, began by explaining the pre-COVID prevalence of mental disorders and the prevalence of alcohol and substance abuse in Thailand, before introducing an outline of the mental health system in the country and explaining that they try to integrate the mental health system into the general health system at different levels. He then displayed a graph detailing the rise in the number of cases of psychiatric illnesses after the pandemic struck and during the four waves of the pandemic in Thailand. The main causes of the mental health issues were previous psychiatric illnesses (49.8%), worries about COVID (26.4%), and family problems (5.1%). The



prevalence also differed according to region, suggesting that this was one of the factors, along with age group, occupation, vulnerability and the length of the pandemic. He mentioned that challenges are to increase mental literacy and resilience, collaborate in a multi-sectoral way, increase online support, and provide comprehensive care and "new normal" health services.

Dr. Suraaroonsamrit then touched upon a "C4" plan to increase resilience and reduce the consequences of mental health by emphasizing personal, family and community resilience. He also mentioned the steps of COVID-19 mental health care, from online self-care, to tele-counselling and early psychological intervention. He then summarized by identifying the challenging issues in the post-COVID era, which include monitoring suicide and violence; dealing with post-COVID consequences, such as pandemic fatigue and grief; integrating mental health into new areas like online study and vaccine hesitancy; and improving long-term "next normal" services such as tele-psychiatry and long-term care.

Mr. Kitamura thanked all the countries' speakers and opened the floor for comments.

Ms. Makino thanked the presenters and said she learned a lot, especially about common issues such as health literacy and education. She added that we need to screen for the signs and symptoms of mental health and such activities mentioned in the presentations help with this screening.

Prof. Kawakami expressed his appreciation to the presenters. He recalled that most of the presentations touched upon the mental health of healthcare workers, particularly in Brunei, Cambodia, the Philippines and Malaysia, and asked them if they had any kind of national or regional guidelines to help hospitals maintain the health of their employees.

The Philippines responded by saying that they are in the process of undergoing a project with hospitals to see what they can do prompt their frontline workers – like tell them it's time to take a deep breath or squeeze stress balls. It's still in the development stage but should be rolled out in other hospitals.

Prof. Kawakami elaborated his question by talking about the ten tips in the ILO guidelines for mental health in the COVID-19, and then asked if they had any similar guidelines for hospitals.

Malaysia responded by saying it is not specific to hospitals, but environmental and occupational health is for all workplaces. But during COVID-19 they focused on how they could help healthcare workers, including employers, and developed a brief guideline to help them. She added that the higher levels of stress in Malaysia were actually among the assistant environmental officers rather than in the hospitals. She said she was curious as to why his question focused just on hospital employers.

Prof. Kawakami denied that he was excluding other workers from the conversation and expressed an idea for developing a kind of cross-nation guideline by sharing experiences.

Malaysia agreed and said they could maybe do it at regional level.

Director Hayashi said the presentations were interesting and that many of the problems and ways of dealing with them were common to all the countries. He then asked if Thailand has a database for each province and how they collected the data they provided, and whether it is usual to collect such data or if it was collected because of COVID. He also asked the other countries if they have surveillance with regard to the COVID-19 pandemic.

Thailand responded by confirming they have a database that is integrated with the Ministry for Public Heath so that's why the database is integrated with health issues. He added that when COVID struck they had a surveillance system. He said they have two systems: one is a rapid survey that is done weekly and conducted through mental health centres throughout Thailand. He said that this year they used an app to help people register their data about the assessment of their mental health problems, including stress and burnout in healthcare workers. The weekly data is analysed, so that's why they have some kind of database on mental health.

Director Hayashi asked if the data was from the actual number of patients that visited hospitals or clinics or mental health institutions, or was just a survey of people.

Thailand confirmed that the data was not from clinics but rather a questionnaire to be used as a tool to reach out to people in outreach areas. The data does not include the data from the hospitals; that's another database.

Mr. Kitamura thanked everyone for their discussions and then introduced the panellists in the panel discussion

Panel Discussion

Mr. Martin Vandendyck, Technical Lead on Mental Health and Substance Use, World Health Organization Regional Office for Western Pacific Region, said that he enjoyed the debates and presentations and would like to share some comments based on what he heard. He added that mental health is an important component of the WHO response to COVID, and to address the long-term impact they have started to develop a new regional framework for mental health. He noted key learning from the discussions and said they will try to match them in a structured way with the initial vision of the regional framework. He suggested three categories of key learning and a proposed way forward:

Firstly, he reflected on leadership in the region and that the impact on mental health from COVID-19 is high. He recalled that all the presentations highlighted increases and in a specific manner, and thinks it is a new way of talking about mental health in the region. He recalled reports of increased anxiety and depression, symptoms of anxiety and depression, psychological distress and stress. He mentioned that Thailand talked about resilience. It's not only about people with severe mental disorder anymore, it is now everyone's business. He then reminded everyone of the WHO's definition of health, which includes "complete physical, mental and social wellbeing". It was noted that the most vulnerable have been disproportionately affected – healthcare workers, economically disadvantaged groups, those with low incomes, the unemployed, the youth, the migrants, etc. He noted that every country in the region had initiatives to promote mental health and wellbeing and to raise awareness: in Brunei, talking about positive mental health and self-care, addressing stigma and discrimination; in Cambodia, talking about preventive approaches and self-care; in the Philippines, with IEC materials and social media cards; in Malaysia, with mental health promotion and awareness. He recalled there were a lot of positive messages about self-care. As a way forward, Mr. Vandendyck

would like to build on refocusing attention to mental health and wellbeing of the most vulnerable; trying to reach the unreached and building solutions from the ground-up in the community.

With regard to mental health services, he noted that every member state had interventions about disruption to mental health services, and activities that have been implemented to overcome the disruption. He added we have data that shows disruption and also data to overcome it. He then highlighted 3 points: the move to an optimum mix of health and social services at different levels, citing Japan's mental health and welfare centre, its recovery approach and reintegrating into society, and an ambitious program of community-based integrated system for mental health. He stressed we have a lot to learn from this innovation. He recalled that several other countries mentioned this optimum mix of comprehensive services, including the Philippines, Malaysia, Cambodia. Many countries are putting effort into integrating such services at community level. He went on to mention psychosocial support and training in Cambodia; the shift in the Philippines from specialized services; and primary healthcare services in Malaysia, which is a strong shift to the community. He said that these are different types of intervention provided by different service providers. He stressed that a lot can be done with basic behavioural active listening, behavioural activation and problem solving, and that those interventions can be provide by non-mental-health specialists, volunteers and community health workers and the like.

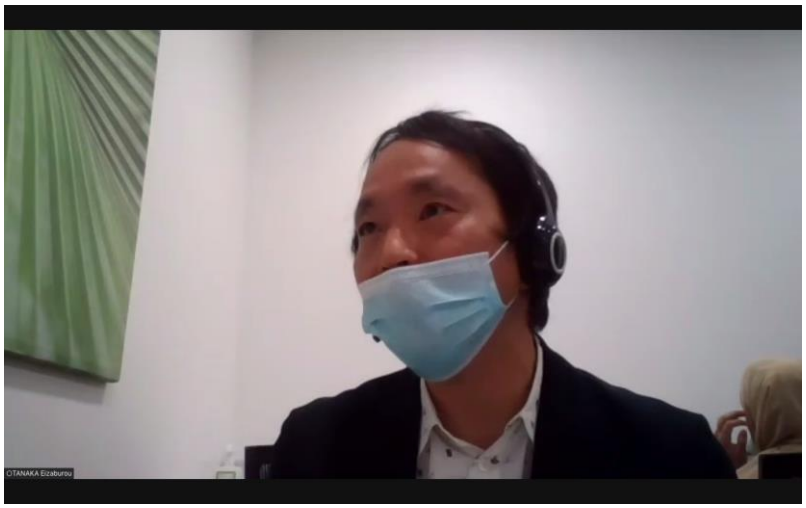
He added that the third point for services is tele-mental health, and that everyone mentioned innovation and opportunities to use services provided by phone or the internet, as was the case in Japan, Brunei, Cambodia, the Philippines – with hotlines and help lines that could be used to build on for the future of mental health. Mr. Vandendyck stated that he believes the way forward – and to make a link with the initial regional framework – is to transform mental health care with this optimal mix of health and social services while building up human resources and using innovation such as digital health.

He then made the third and most important point about how he loved the discussions on mental health and the root causes of poor mental health. The determinants and the risk factors for everyone's mental health in all the respective contexts – the disruption of livelihoods, disruption of movement, connectedness, loss of jobs and disruption to education. He said that this highlighted all the important areas that protect and promote mental health. He added that most of the interventions in each of the presentations include collaboration with sectors outside the health system, to address the risk factor, to enhance the protective factor and to create an enabling environment. As examples, he cited community-based, inclusive society in Japan, talking about social participation, employment, housing, education and mutual support, and also workplace mental health programs that had been mentioned. He recalled the national welfare program in Brunei and the collaboration with the Ministry of Finance, and the volunteers providing food allowance; in Cambodia, the unemployment and mental health, addressing social, economic and emotional stress; support to labour, collaborative approaches, formal and informal care; basic services in the Philippines; the whole-of-society and whole-of-government approach. He also mentioned safety nets at community level and inter-sector collaboration in Malaysia. To make a link with the original regional framework, he then suggested embedding mental health into daily life settings, enhancing the protective factors, reducing the risk factors and promoting health beyond the health sector to create this enabling environment for the highest level of mental health of everyone in the Western Pacific region.

Mr. Takasaki Shinichi, Director, ILO Office for Japan, stated that presenters from the ministries of health said we need to screen for early-stage detection of mental health issues, and that he understands there have been many efforts to do this. He said that participants from the ministries of labour talked about prevention in the workplace and rehabilitation for returning to the workplace, and that there were mentions of wonderful innovation projects. Based on his role at ILO, Mr. Takasaki stated that early detection and early prevention is important; recovery and coming out of the situation requires energy, so prevention is the best action. He said that many workers cannot self-care and need to be supervised, and went on to talk about business owners and supervisors taking preventative measures on behalf of their employees. He then shared a document highlighting measures formulated by the ILO, to ensure preventative measures are put in place to help people back to the workplace, including ten areas for action: environment & equipment; workload, work-pace and work schedule; violence and harassment; work-life balance; job security; management leadership; communication, information and training; health promotion and prevention of negative coping

behaviours; social support; and psychological support. He stressed that communication from supervisors is particularly important in finding irregularities, and that business leaders need to consider this to be something they need to be doing to protect their workforce. He added that positive feedback is also important, and that content regarding physical exercise among those working from home is also included in the content of the guidelines.

Dr. Tanaka Eizaburo, JICA, explained that his position was a little different as a clinical psychiatrist working for victims of natural disaster, and a policy advisor to improve mental health policies for children and adolescents in Jordan.



He went on to highlight three points: firstly, that the pandemic has affected everyone in the world, but unequally. He stressed that more attention should be paid to groups such as medical workers, children and adolescents, those with disabilities and the like. He added that because we have limited resources, we need to focus on who should receive more attention. He said that according to research, socially disadvantaged groups are more vulnerable in the pandemic, in terms of mental health.

He then suggested that COVID is a long-lasting natural disaster that is very different from previous experiences of natural disasters in the ASEAN region, but that maybe the experience to deal with earthquakes and floods is an asset, as ASEAN countries are well prepared to take care of mental health in the population. He added that we need to promote awareness, as one of the biggest problems is stigma, and that JICA has started to implement mental health and social projects to share experiences with other countries, which is mutually beneficial.

Finally, he stressed that after the pandemic, we may encounter problems related to bereavement of loved ones, as there were many unexpected deaths and people may not have been able to be with them in the last part of their life due to fear of infection. He said we may have to look after these people in future.

Mr. Kitamura opened the floor for final questions and comments and asked speakers to include comments about vaccine hesitancy in their respective countries.

Prof. Kawakami thanked the presenters, and said he was particularly impressed by Mr. Vandendyck's comments. He said that many presentations touched on the mental health and psychosocial support framework to cope with COVID-19. He recalled the phrase "build back better" and suggested that we can build back better mental health services after the pandemic. He stated that the challenge is that the impact of the pandemic is not the same for all groups and, if we try to integrate all the services, we should have a map of all the groups in order to think about the priorities, targets and methodology. He also posed a question to Mr. Vandendyck about what he meant by the long-term impact of COVID-19 on mental health.

Mr. Vandendyck responded by saying he mentioned the long-term impact in the sense of building back better. He said we have the opportunity to build a stronger mental health system to better address the challenges in the region. He spoke about his office starting to develop a new regional framework for between 2022 and 2030, with dialogues between member states. Recent scientific publications mention long-term impact, and he said that prior to COVID-19, the burden was already high for mental health in respective contexts, so COVID-19 acted as a mirror and also as a lens, and is an opportunity to build back better.

Mr. Kitamura confirmed there were no further comments; he thanked everyone for their dialogue and concluded the first day of the meeting.

Day Two: 10 December (Fri.); 15:00-19:00 JST

Summary of Day 1 meeting

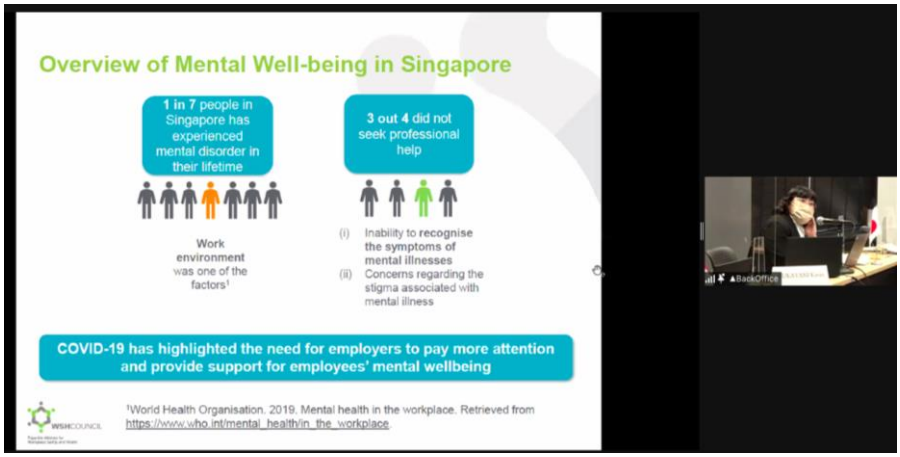
Mr. Kitamura opened the session by greeting the participants and guests, and reflected on yesterday's session, saying that fruitful discussions were held. He acknowledged that there were both unique situations and commonalities in each country and there was a need for action to build up leadership. He then introduced the speakers for today's session.

(1) Presentation II from ASEAN (Singapore and Myanmar) + Discussion

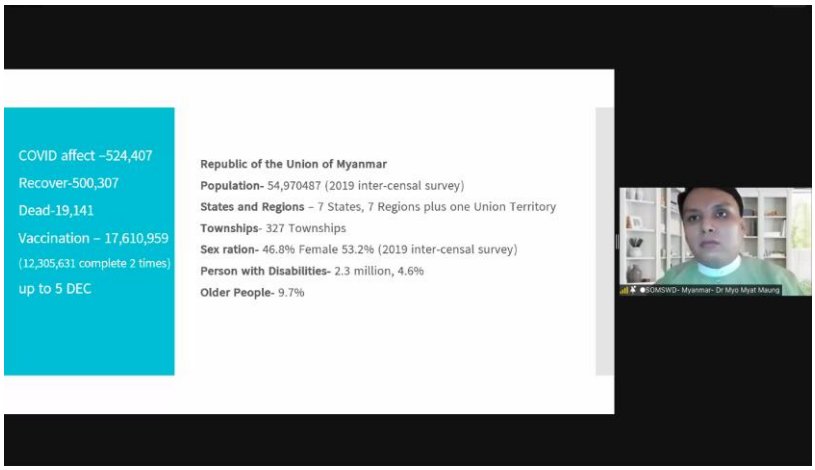
(Singapore)

※This presentation was read by the secretariat in place of the Singapore presenter.

Slides were displayed showing the overview of mental wellbeing in Singapore, and a Total Workplace Safety and Health initiative that supports companies to manage health and safety, as well as other initiatives being carried out in the workplace, including employee awareness of mental wellbeing. Slides also touched upon an "iWorkHealth" tool to identify workplace stressors, and a national mental wellbeing campaign saying "It's okay to reach out". Further slides introduced the COVID-19 Mental Wellness Taskforce convened by the Ministry of Health to serve as a platform to connect ministries and agencies involved in mental health work, and facilitate discussions to prevent overlap and identify gaps in services. It noted that COVID-19 had a negative impact on the population's wellbeing, citing anxiety due to unemployment; vulnerability among groups living alone, such as the elderly; and increased mental health needs. The work done thus far includes upstream initiatives, such as promotion and prevention, among different segments of the population, and downstream initiatives, such as early detection, treatment and support, for those at risk or with mental health needs. Three gaps and recommendations were introduced as: 1) a need for an overreaching whole-of-government strategy, for which the development of such a strategy was recommended; 2) the need for better signposting given a wealth of resources, for which the development of a one-stop portal was recommended; and 3) the need for better alignment of training resources and more trained professionals, for which the development of a national mental health training framework was recommended. It was concluded that COVID-19 had presented itself as a stress test on the nation's resilience, but had been matched by an extraordinary response across various sectors. The greater attention to the focus of mental health has led to increased awareness and avenues for seeking help, and it is important to monitor the services that provides such help in order to assess the population's ability to cope with the new norm.



(Myanmar)



Dr. Myo began with an overview of Myanmar's population and the effects of COVID-19 and vaccination status there, where over 500, 000 people have been affected and approximately 20,000 have died. As of December 5, of the 54 million population, 17 million have been vaccinated, and 12 million of these have been double vaccinated. He went on to introduce psychosocial support during the pandemic, including counselling hotlines set up by the Ministry of Social Welfare, supervision of data by case management divisions, and the training of case managers. Of the 627 calls received to date, 421 have been referred to the relevant organisations.

He then displayed a slide detailing the mobilisation, training and assistance of volunteers, with more than 40,000 volunteers nationwide and more than 2,000 local organisations. The volunteers were assigned to hospitals and quarantine facilities, and Dr. Myo touched on the budget provided for these volunteers. He went on to outline the support for vulnerable groups and highlighted cash assistance for the pregnant, the disabled and the like, as well as priority vaccinations for such groups. With regard to the challenges faced in Myanmar, Dr. Mayo cited data constraints in the form of real-time supervision, due to time constraints and information gaps; the changing COVID rules and regulations; and the reliance on secondary data collected by local administrations. He added that there were also resource constraints, in to the form of human resource and budget constraints, a shortage of PPE, ambulance fuel, oxygen concentrators, as well as a shortage of people who want to work with the government. He also mentioned that service providers and volunteers are exhausted due to the long-term pandemic.

Mr. Kitamura opened the floor for comments from other participants

Dr. Lai (Brunei) asked how Myanmar was able to gather its secondary data, considering Myanmar is quite a large country with several problems, and whether there was a systematic approach to gathering and submitting the data at a national level.

Dr. Myo (Myanmar) responded that during COVID-19 there had been difficulties in getting the primary data, because the primary data is important for implementing the preventive measures. He added that due to the situation regarding the government in Myanmar, it is difficult to get the primary data, especially from the local regions, due to geographical differences.

Mr. Kitamura thanked the contributors for their comments and introduced the day's presentations on actual efforts.

Introduction of actual efforts (healthcare and welfare)

"Fostering People Who Support Regional Mental Health Services"

Prof. Kayama Mami, Nursing, Graduate School of Nursing Science, St. Luke's International University, began by highlighting the psychological disorders during COVID-19, such as anxiety, frustration, effects on sleep, hypersensitivity, dependence on alcohol and other substances, and exacerbation of existing disorders. After a state of emergency came into effect on April 16, 2020, schools were closed and there was great uncertainty about the future. Health staff were burdened due to the lack of PPE and established treatment methods, and often used consultation services to deal with various mental health conditions. She touched upon the increased workload of prefectural mental health centres and due to COVID-19, as well as the expected increase in the future volume of such work.

Prof. Kayama then spoke about the training needed for the people providing consultation during the pandemic. Prohibition of movement and strict regulations hampered training but the spread of remote training made it possible for those providing care at home to receive training, and online on-demand materials also helped. She went on to highlight the need for remote support, such as telephone counselling, e-mail counselling and social media counselling, and that e-mail support can be provided at night or on holidays, but social media is effective in preventing family members from knowing.

After introducing the three levels of support for psychological disorders and staff training – the first being knowledgeable and safe support based on the principles of Psychological First Aid (PFA). The second level is support by trained professionals – RAPID PFA and psychological triage training to connect people to the third level, which is psychological medical care – Prof. Kayama went into more detail about each one. She introduced a support guide published by the Japan Red Cross Society, for staff responding to COVID-19, and explained that PFA was developed in the US and is implemented in times of war and disaster. She pointed out that the principle of "look, listen and link" is easy to understand and is designed for face-to-face support on-site but, in order to use it in remote consultations, the Japan Academy of Psychiatric and Mental Health Nursing provide guidelines concerning e-mail counselling, which covers introductions, consolation and respect, empathy and acceptance, approval and feedback, proposal of coping behaviour, and consolation and kind words. She then introduced Japanese Association of Mental Health Social Workers' syllabus for the training of on-line counsellors, as well as a slide containing an example of an online training screen

Prof. Kayama went on to detail the level two training and introduced RAPID PFA and psychological triage training. RAPID stands for Rapport, Assessment, Prioritization, Intervention, Disposition. This level aims to deal with problems by addressing the way things are perceived. She added that psychological triage was used for those with urgent needs. She provided an example of a programme of an online RAPID PFA training session and played a short video of an acted scene in which a woman was receiving telephone counselling with regard to problems involving her family. After the video, she highlighted points to note when providing information, and pointed out that specific information is important for self-care, as providing too much information is impersonal and is just like a regular pamphlet. She gave examples of key words and psychological triage used in consultation, and talked about the mental health of counsellors and added that they themselves are victims and also feel stress. She concluded her presentation by comparing accumulated stress with a picture of a car buried in snow, saying it is not identifiable from a distance, and only our true colours are visible once the accumulation has cleared.

Introduction of actual efforts (support for health and welfare service providers)

"Support for Healthcare Providers Offering Mental Health Services"

Introduction of actual efforts (support for health and welfare service providers)“Support for Healthcare Providers Offering Mental Health Services” Ms. Ogawa Hiromi, Certified Nurse Specialist, Psychiatric Mental Health Nursing, Department of Nursing, National Center for Global Health and Medicine, began by explaining her background, the institution she belongs to and the role it played in the initial stages of the pandemic, including handling mass examinations of returnees from Wuhan, the handling of the cluster infections on the cruise ship in Yokohama, and the provision of intensive care. She then showed a slide with graphs detailing the correlation in the monthly changes over time in the numbers of new COVID cases and the number of mental health consultations with staff members. She then highlighted the main problems mentioned in these consultations, with regard having to deal with COVID-19. These included physical and psychological exhaustion, unfamiliar medical devices and procedures, having to deal with the anger and grief of the families of patients, frustration of having to refuse to admit patients due to lack of beds, negative feelings toward patients who were infected at parties, and discrimination and prejudice by others. She added that many people reported psychological, behavioural and physical changes.

She reported that, in the early period of the pandemic, staff worked feverishly with a strong sense of mission. However, they were often confused and emotional. As infections continued to spread and restrictions on social activities became prolonged, some staff members suffered from exhaustion from dealing with severely ill patients. Currently, even though the number of cases is decreasing, the emergence of new mutations of the virus means that the situation continues to be one in which people cannot feel safe. To summarize the workers’ situation, she spoke about the psychological burden placed on staff, and the difficulty of sorting their feelings, particularly among young nurses who are prone to mental health problems due to restricted communication opportunities.

Ms. Ogawa then shared some hospital-wide initiatives, including a COVID task force that shares results to build consensus, certified infection control nurses doing rounds on wards to answer questions and respond to concerns, appropriate handling of protective equipment, and strengthened communication. She then displayed photos taken inside the hospital showing posters of the correct procedures for hand washing and the wearing and removing of PPE; measures in the staff lounge, where socially distanced and silent eating is practiced; and, also, messages of support from outside, which improved morale.

Next, she highlighted the initiatives of the Department of Occupational Health, such as providing self-care materials and self-checking for stress. In addition to individual and group interviews, stress coping materials were prepared, as well as stress management and relaxation exercises for COVID-19 ward- and newly hired nurses. She explained that, as part of the promotion of line care education by managers, understand of how to improve work environment is sought, and explained about workshops aimed at management, on creating a comfortable working environment and communication that facilitates support.

Ms. Ogawa concluded her presentation by highlighting future challenges, such as identifying staff members’ needs, continued support based on correct mental health knowledge, further enhancing the support of healthcare providers – especially females, nurses and young staff members – and the creation of a psychologically safe workplace culture.

Mr. Kitamura thanked the speakers and opened the floor for a panel discussion, comments and questions.

A participant from China asked (via chat) if the training modules for telephone and video services introduced by Prof. Kayama a had any evaluations.

Prof. Kayama responded by saying that evaluation is difficult and not many people respond. She said that if they recover they often stop making contact. There are repeat or severe cases and these may have to be referred to hospital, but she said that in Japan there is a saying that no contact is sometimes a good thing.

Prof. Kayama then raised a point about training in other countries and that the presentation of other countries such as the Philippines, Singapore and Myanmar mentioned volunteers and consultations over the phone, and that there is training for those people. She mentioned that we heard about Psychological First Aid, RAPID PFA and other training frameworks, and asked participants how they utilized the training framework in their respective country. However, no one responded.

A participant from China joined the discussion to express her appreciation regarding Ms.Ogawa's presentation and agreed that psychological care for medical staff is important. However, she said that in China it is difficult because they face resistance from medical staff, who – maybe because of their medical training – want to show their strength. She said they sometimes cry in group meetings but refuse to face their emotional problems during counselling, and asked if there were similar problems in Japan.

Ms. Ogawa said that, in Japan too, many people are reluctant to seek advice about their mental health. She added that psychiatrists and counsellors often walk around the hospital and try to forge relationships with staff. It's up to the person whether or not they want to take part in consultations, but they try to reach out to people. Also, doctors or heads of wards often look out for staff members who look depressed or have lost weight and try and find out about them. If those people would like to have consultations with professionals, they can contact them themselves. She added information is provided and if someone feels nervous having face-to-face sessions, they can have a group session.

A participant from China shared some experiences from China after SARS and other disasters in the country, saying they had special funding from the government for community-based mental health services to rebuild at local and county level, which were put into effect after Wuhan was attacked by the first wave.

Prof.Kayama responded by saying the definition of "community" can be quite wide, and that hospitals and schools could be classed as a community, yet they have totally different responsibilities and perspectives. With supervisors monitoring staff for visible symptoms, there is a concern that people might be hesitant, so there is a psychological barrier for people to reach out to help. She agreed that workers in Japan also believed it might make them look weak, and said that how you reach out to people differs depending on the background and culture. She went on to note the difference between dealing with nurses and students, saying nurses prefer workshops but, in college, online quiz nights for students and teachers also helped to close the gap between them. She added that it is necessary to be flexible and identify what is necessary for each target.

Mr. Kitamura thanked the participants and then invited Dr. Seki and Mr. Vandendyck to make some comments

Dr. Seki expressed his gratitude for the opportunity and said what he had heard over the two days was in line with WPRO's efforts to listen and learn how to promote mental health beyond the current way of doing things, saying that the circumstances in the countries are different but the challenges faced are common to all of them. He added that although COVID-19 had provided challenges, it had also provided opportunities to build back better. However, he stressed that it was necessary to not only build back better but to build back fairer and consider the vulnerable population so that no one is left behind.

Mr. Vandendyck echoed Dr. Seki's remarks about the need to build back better. He said "mindfulness" is the innovation needed for the future, in order to expand mental health and use different approaches. He stressed that creating caring societies meant dealing with a whole range of mental disorders and psychological stress by not just addressing stress, but by enhancing protective factors and reducing risk factors in daily life settings, such as the home, schools, workplaces and the community.

Mr. Kitamura opened the floor for comments or questions but there were none.

Closing remarks

Mr. Hiraiwa Masaru, Deputy Assistant Minister for International Affairs, Minister's Secretariat, MHLW, expressed his gratitude to the experts and organisations concerned. He went on to say that it is a common challenge for all the countries to support the community through cooperation between government, academia and services in various fields, and expressed his hope that the meeting serves as an opportunity for the countries to work together on the COVID-19 challenges, and that outcomes from the meeting would be used to formulating future policies in respective countries.

Mr. Kitamura officially concluded the meeting and thanked the audience, and asked participants to reconvene later for the final discussion regarding a draft of recommendations.

Summary of the meeting and discussion of the recommendations

Mr. Kitamura welcomed members back and read out a draft of recommendations, adding that it was in no way complete. He asked participants for comments and suggestions to improve the draft.

Discussion on Recommendations

Mr. Kitamura moved the meeting on to the recommendations and screen shared the draft of the recommendations. There were several comments from participants, and no objections. The recommendations will be presented at the MHLW web site after confirmation by participants.

A participant from China suggested that as those with existing mental health problems had difficulties accessing care, so the words "those with early symptoms" should just be "those with symptoms".

Mr. Kitamura suggested "those with early and chronic symptoms", to which she agreed.

Another comment suggested including the ageing population, and Mr. Kitamura proposed adding "seniors and the elderly as members of society".

Mr. Vandendyck congratulated the secretariat on the efficient drafting of the recommendations and expressed satisfaction with the emphasis on community care. He suggested four alterations.

1. Although it says "human resources for healthcare providers," the presentations showed that volunteers and the education sector are important so maybe "building non-specialist human resources to deliver new ways of working" would be better.
2. We need to support the vulnerable and marginalized and so suggest including a point about this.
3. The use of innovation and technology and digital mental health should be reflected more strongly and maybe even have a paragraph of its own.
4. Need to highlight older metal health initiatives such as awareness, reduction of stigma and promotion of self-help.

Mr. Kitamura fully agreed to incorporate the suggestions into the recommendations.

A participant from China suggested that in Paragraph 1, the phrase "life stages from infancy to seniors" should also pay attention to adolescents, in which mental health issues are prevalent.

Mr. Kitamura thanked for her comments and assured her suggestion would be reflected in the final draft.

Dr. Seki said his suggestions had already been covered but stressed that elderly people and adolescents should be emphasised. He also said that he would like to see input regarding mental healthcare professionals having the mind-set to work with non-professionals, and phrasing that emphasised the importance of non-medication and psychological intervention.

Mr. Kitamura said he would be happy to reflect the comments at in the draft. He added that he would try to incorporate all comments – even those received after the meeting – and would share the updated version at a later date. He then introduced a comment from Indonesia requesting an emphasis on how severe frontline conditions are in hospitals and also how the role of the media can play in deteriorating mental health.

A participant from China suggested mentioning psychosocial support for the elderly suffering from isolation due to the length of the COVID-19 pandemic.

Mr. Kitamura said that stronger language could be used to highlight adolescents and seniors in one of the paragraphs of the recommendations. He then thanked everyone for their input and asked people to complete the questionnaire, the feedback from which would be reviewed after the break.

Break

Questionnaire (announcement of results & discussion)

Ms. Fukatani Karin, Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW introduced the results of the questionnaire, which showed that 60% of the respondents regarded the meeting to be "very relevant" and 20% to be "relevant". In addition, 65% percent of the participants deemed the meeting to be "effective" and 25% "very effective" in terms of implementing policies.
Ms. Fukatani was happy to report that 100% of respondents believed the meeting to be worthwhile and should be continued next year. Ms. Fukatani thanked the members for their valuable responses and opinions.

- Highlighted activities in other countries and showed endeavours are similar
- Learned best practices
- Use as guidance to develop policies for the vulnerable
- Experience can be adapted and implemented
- Sensed being part of one team with one mission
- Highlighted contributions beyond the domain of health systems
- Crucial to have a mutual mental health framework as a guideline
- Able to share experiences and learn lessons
- Useful and meaningful to apply in real situations
- Help know about supporting those who suffer mental disorder from COVID-19

Suggestions for future themes and topics included:

- Break it down into vulnerable groups
- Help for welfare workers counsellors
- Counselling policies in the workplace
- Impact of media to prevent stress
- Workplace issues during the pandemic
- Children and social work
- Cross-cutting views on innovation/communication
- More time for country presentations
- Evidence-based approaches
- Rare diseases
- Social health promotion topics
- Digital health technology, including vaccine security
- Mental disorders among pregnant COVID-19 patients

Ms. Fukatani was happy to report that 100% of respondents believed the meeting to be worthwhile and should be continued next year. Suggestions for improvements in terms of administrative and technical aspects included:

• Could not listen to presentations from several ASEAN countries
• Allow chatting and breakup rooms between countries
• Time management and virtual voice support
• Face-to-face if pandemic is brought under control
• See all participants from ASEAN countries
• Presentation materials in English. Infuse powerful videos for human stories
• Invitation 1.5 months in advance rather than 2.5 weeks
• Open chat box for participants to interact. Virtual exhibition
• More time for presentations and panel members
• Morning sessions
• Share documents of all countries

Ms. Fukatani thanked the members for their valuable responses and opinions.

Mr. Kitamura echoed appreciation for the valuable feedback and said he was encouraged by the fact that the country presentations proved popular, adding that everyone is working as a team. He, again thanked the participants and expressed his wish to meet them all face-to face next year, before officially concluding the meeting.