Advancing Free Trade
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Strengthening Community Mental Health After the COVID-19 Pandemic

Virtual Event | 23 -25 January 2023

APEC Health Working Group

August 2023

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Executive Summary

After the unprecedented COVID-19 pandemic, there has been a dramatic rise in mental health issues. Community mental health serves to deliver comprehensive continuous care for individuals, families, and communities. To strengthen community mental health, it is imperative that the capacity of mental health workers of the APEC member economies be strengthened. Therefore, this project consists of two phases as follows: 1) research conducted through in-depth interviews about community mental health during and after the COVID-19 pandemic with representatives of each APEC member economy about policies, operations, planning, tool interventions; and 2) a 3-day virtual workshop with member economies to exchange community mental health experiences, best practices, and intervention and to develop the work plan of community mental health of each economy. The results are described below.

Based on the study using the in-depth interview with ten representatives of four economies including Malaysia; Mexico; Chinese Taipei; and Thailand, three pillars are identified as the main concepts of success of community mental health: 1) politics and leaders include four themes, namely policies and strategies, human resources, community infrastructure, and clients; 2) community involvement comprises three themes, including accessibility, collaboration, and health technology; and 3) sustainability of community mental health encompasses three themes, namely human rights, mental health well-being, comprehensive and continuing approach.

The 3-day virtual workshop titled "Strengthening Community Mental Health after the COVID-19 Pandemic" was held by the Department of Mental Health, the Ministry of Health and Suranee University of Technology, Thailand, and funded by APEC on 23 - 25 January 2023. In this event, there were six speakers and forty-three participants came from Malaysia; Mexico; the Republic of the Philippines; Thailand as member economies; those speakers were made up of four females and two males, while the participants comprised twenty-seven females and sixteen males.

In reference to the workshop, four important issues which should be taken into account to strengthen community mental health are as follows: 1) establishing networks to work on community mental health; 2) increasing people's accessibility to community mental

health care; 3) improving research and innovations in community mental health; and 4) training multi-disciplinary teams in community mental health. The recommendations for each economy to contribute to invest in community mental health to a greater degree are as follows: 1) focusing on mental health literacy as a foundation in each target population; 2) identifying mental health illnesses early and providing treatment to cure those illnesses and prevent other potential complications; 3) utilising technology to enable greater access to mental health among each target population; 4) coordinating efforts with other NGOs and stakeholders based on their backgrounds, activities, and contexts; 5) providing a variety of services community mental health available at community mental health centers and other primary care settings; 6) providing training for every healthcare practitioners working in the area of community mental health care; and 7) providing supervision, networks, and referral systems in place to reinforce community mental health services.

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Introduction

The COVID-19 pandemic has affected to mental health and psychosocial well-being of people due to economic disruptions and social changes. Mental health problems have increased. All mental health providers have focused on community-based services to ensure comprehension and continuity of care. Therefore, APEC economies need to improve community mental health by enhancing APEC communities' capacity.

The researchers collected data through in-depth interviews with APEC economies. The findings of this study have guided the direction of the virtual workshops on 23-25 January 2023. Finally, a community mental health work plan has been developed in order to strengthen the capacity of APEC economies to respond to the COVID-19 pandemic.

It is the pleasure of the research team to acknowledge the Asia-Pacific Economic Cooperation Secretariat and the Department of Mental Health, Thailand for their contributions and support of this project. As a result of this project, the recommendations will be offered to leaders of APEC economies for strengthening the community mental health within the economies. Moreover, by implementing a community mental health work plan, people will be able to adapt and prepare for all crisis situations.

1. Review and situational analysis

A. Background and Importance

COVID-19 pandemic has been begun from 2019 until now. Although, the COVID-19 severity has significantly decreased due to vaccinations and other factors, several impacts of this disease are still seen in various aspects such as economic disruptions, social and educational system changes, and healthcare system shifts. Especially, the health care system has adjusted in several services to prevent disease spread but mental health services have been disrupted. After COVID-19 pandemic, people have psychosocial responses such as, stress, anxiety, uncertainty, or loneliness. Because of the disease severity and preventive regulations, accessibility and the treatment-

adherence of mental health care have been decreased. On 2022, WHO reported mental health prevention and promotion programs disruptions in some economies. A lot of persons with mental health conditions have stayed in communities. Therefore, community mental health services play a central role to provide mental health care after COVID-19 pandemic. Community based mental health interventions are needed to all stages of people and with or without mental health conditions to improve quality of life and preserve human rights.

B. Objectives

This project aimed to

1) To share experiences, best practices, interventions, lessons learned, operations, and outcomes from each economy's context about community mental health response to the COVID-19 pandemic and strengthening community mental health after the COVID-19 pandemic;

2) To develop a mental health work plan to guide capacity building in member economies to respond to community mental health crises resulting from the COVID-19 pandemic

3) To propose recommendations to the leaders of APEC economies for more investment in the mental health areas to cope with the pandemic.

C. Development and implementation of the program

The proposed project has two main implementations as follows:

1. Research work:

Research about community mental health framework, operation, and planning during the COVID-19 pandemic of economies from synthesis information will be a document that synthesized information by in-depth interviews and gather information from related documents. The content outline will consist of similarities and differences of policies, workplan, tools, interventions to promote and prevent the mental health of people during the COVID-19 pandemic which is synthesized from in-depth interviews and gather information from related documents, and is the initial topic presented at the workshop.

Methods:

1) In-depth interviews (individual interviewing or group Interviewing) with representatives of each member through online platform:

    a) Interviewing with individuals, agencies responsible for community mental health work including stakeholders in community mental health care at the level of community mental health policymakers and the level of community mental health practitioners during the COVID-19 pandemic.

    b) The framework of the interviewing will consist of the policy of community mental health, successful action plan, preparation of personnel, tools, interventions, and process of working with partners during the COVID-19 pandemic.

    c) There are three different times of interviewing in which participants could attend only one at a convenient time.

    d) The target for in-depth interview: people who are responsible in community mental health work as follow:

        i. Regulators of mental health at the community level.

        ii. Health providers who work at community mental health services.

        iii. PO will send the general information of In-depth interviews process to APEC member economies to select representatives of each economy to participate in the In-depth interviews process and must attend the workshop and strongly expect to be well received by co-sponsor economies.

        iv. The interviewers will be selected by their own ministries of health of each member economy, so that each of them will be officially presented.

2) Gather information from related documents (review literature) from the public research, journal, and other sources.

3) Content Analysis on policy, operation, planning, tools intervention to promote community mental health of each economy.

2. Virtual Workshop:

This workshop was conducted virtually by Thailand, with the participation of co-sponsoring economies involved in this proposal and other economies which decided to take part in this event.

This activity was intended to enable the participants of in-depth interviews with diverse backgrounds to share knowledge, experiences, best practices, interventions, and operations of community mental health services from their economies as well as the implementation, monitoring, and evaluation, especially on the lessons learned during the COVID-19 pandemic. Furthermore, the ultimate goal involved enhancing the capacity among mental health workers of the APEC member economies through discussions to formulate a mental health work plan in the community under the topics on policy issues, service systems, and community mental health. The keynote speakers and the workshop actively interacted with participants in the workshop on the topic of the community covering all three topics, namely policy issues, service systems, and community mental health.

D. Situation analysis of community mental health

COVID-19 has been declared a global pandemic by the World Health Organization since 11 March 2020. This critical situation has been affecting all people for almost three years. There have been 559 million cases and 6.36 million fatalities registered worldwide, according to the latest WHO report (WHO, 2022). This transmittable disease still poses a significant challenge to community mental health care. Chavda et.al (2022) reported that there are four phases of the impact of the COVID-19 outbreaks as follows: the first wave identified as immediate mortality and morbidity of COVID-19; the second wave labelled as the impact of resource restriction on urgent non-COVID conditions and the outbreak posing problems for uninfected patients; the third wave as the impact of interrupted care of chronic conditions; and the 4th wave as psychic trauma, mental illness, economic injury, and burnout. Therefore, the long-standing epidemic could cause an impact on the economy, inducing stress and anxiety among people and exacerbating mental health problems and psychiatric conditions.

It is indisputable that the COVID-19 pandemic has contributed to mental and psychiatric problems. However, despite a decline in the prevalence of COVID-19, mental health problems prevail as an important concern, including post-COVID conditions. According to the survey on stress conducted by the Department of Mental Health (2022), eight out of ten health care workers and four of ten people have suffered from stress and anxiety at work. In recent years, there has been a reported rise of approximately 20 percent in suicides. Moreover, as a result of the global spread of COVID-19, disruptions spanning health, economy, and society have reverberated throughout the world; to exemplify, exports and imports of goods, including travel, have been impeded. The spread of the virus has been curbed through the practice of social distancing. As a result, there has been a notable shift towards social interactions from home, accompanied by the rising prevalence of online learning.

In terms of the impact on the mental health system, there was a decline in the rate of appointments for psychiatric patients from 30% to 17.5% (Aragona et al., 2020). In the event of the COVID-19 pandemic, people lacking access to adequate resources or dwelling in remote communities have been more susceptible to suffer from depression. Consequently, there will be a surging demand for mental health services (Richie et al., 2022). As found in a study by Zeng et al. (2020), depression and anxiety disorders were twice common in low- and middle-income economies, and Ellul et al. (2020) observed that long-term mental health problems attributed to the loss of a job or the death of loved ones during a crisis can be exacerbated in the event of provision of inadequate care and support. It highlights the ongoing problems with treatment continuity as well as the potential for longer-term mental health issues.

Furthermore, this applies to medical professionals involved in public mental health care. These personnel must concern themselves with not only contracting COVID-19 but also adapting and maintaining high quality mental health services. This is of paramount importance when catering to vulnerable groups, such as patients with psychotic symptoms without a caregiver or abused by a family member. This also spans those experiencing difficulty accessing remote services during a pandemic (Johnson et al., 2020; Cardinal et al., 2021). Thus, strengthening the mental health care system requires the provision of a comprehensive health care system. In addition,

the key to ensuring a strong, sustainable, and efficient health system is to provide effective mental health services to the community.

There has been an increasing focus on community mental health in recent years, yet guidelines and procedures remain unclear at the policy level, particularly during such critical events as the pandemic of COVID-19. Consequently, it is necessary to identify best practices in developing mental health work in the community which could be effective among APEC member economies. This is intended to encourage people to adapt to and live happily in the changing environment, enabling them to develop their potential to cope with stress and anxiety as well as enhancing their self-worth. People should establish goals in life and persevere in managing their lives in an effective manner as well as nurture meaningful relationships with close friends and family members, contributing to mutually beneficial relationships.

2. Summary of the research work

A. Introduction

Community mental health services play a central role for the effectiveness and efficiency of mental healthcare systems. The COVID-19 pandemic is the newest situation crisis that people around the world have to cope with, especially in psychosocial aspects. For example, children need to stay home while studying online. Adults and older people need to be quarantined for 10 days if they are at high risk of COVID-19 infection. Moreover, some people with mental health issues have to face vital challenges such as, accessibility of mental health care, including maintaining the treatment-adherence. Therefore, community mental health is important to work with all stages of people and with or without mental illnesses.

To strengthen mental health people's capacity in communities. There are three main concepts: comprehensive, collaborative, and continuing care. Similarly, WHO recommended that there are six-main concepts of community mental health need to consider such as accessibility, comprehensiveness, coordination, continuity of care, effectiveness, equity, and respect for human rights. Furthermore, people in communities will be categorized into average, risk, and patients with mental illnesses. That is why many interventions should be applied to care, especially empowerment,

mental health literacy, and resilience quotient. Notably, mental health literacy is the foundation of strengthening community mental health. Therefore, mental health literacy is essential to build people's capacity in communities. However, the best strategy to enhance community mental health cannot be developed without understanding knowledge, policy, experiences, best practices, interventions and operations, and lessons learned from the member economies. To explore community mental health works of health care providers during and after COVID-19 pandemic, it is necessary to plan for the method and workplan as following issues:

B. Research methodology

Method: the multi-phase design, mixed methods research has been applied in this research.

Phase 1: a descriptive phenomenological qualitative research design was used to explore experiences by using in-depth interviews about community mental health including policies, best practices, interventions, lessons learned, operations, and outcomes of mental health working groups for communities during and after the COVID-19 pandemic. Researchers used open-ended questions based on semi-structured interview protocol. Each participant leader completed the interview by using online with approximately 60-90 minutes and recording. For the group, the researchers utilized online interview with approximately 90-120 minutes and recording.

The open-ended questions of community mental health have been constructed based on literature review, policy, best practices, interventions, lessons learned, operations, and outcomes during and after the COVID-19 pandemic.

For examples of questions were used for the in-depth interview.

> 1) During COVID-19 pandemic for three years, can you tell me about the policy of community mental health that is applied?

2) What are interventions that you expect to see for community mental health?

3) What are the best outcomes after we launch strategies of community mental health to other health care sectors?

4) What is the policy of community mental health that should be after the COVID-19?

5) What are the challenges of community mental health after the COVID-19?

6) What is the key to success in maintaining the mental health care quality for people in community during the COVID-19 pandemic?

The participants were 2-3 health care providers who work about community mental health from APEC member economies including Canada; Chile; Hong Kong, China; Indonesia; Japan; Malaysia; Mexico; Peru; The Russian Federation; Singapore; Chinese Taipei; and Thailand. Participants were interdisciplinary at the level of community mental health policy-makers and practitioners who work during and after the COVID-19 pandemic. In addition, the participants were more than 20 years old with working experience about community mental health more than 5 years.

Phase 2: To analyze qualitative data by using thematic analysis, the researcher applied guidelines by Giorgi's (2009) and Giorgi, Giorgi, and Morley's (2017). There were five steps of data analysis. Firstly, based on a phenomenological attitude the researcher assumed potential data by bracketing hypotheses. Second, it is important that the researcher found out a sense of the entire experience and pinpoints the significant statements. The participants also can check their transcripts. Third, the researcher rechecked transcripts and the cluster for recurrence descriptions with coding. Fourth, the researcher reviewed and highlight for the sensitive statements with various essential determinations of the descriptive phenomenon. Finally, the researchers identified the essential structures for thematic label further (Crumb, Haskins, & Brown, 2019).

The trustworthiness of qualitative research is important. The researcher used bracketing, crosschecking data for triangulation with empirical studies about

community mental health, checking data by participants, and peer debriefing (Morrow, 2005; Crumb, Haskins, & Brown, 2019). Therefore, collecting and analyzing data have been done concurrently for triangulating findings (Hays & Singh, 2012). The research finding had been used to create researcher instruments such as interview guidelines for workshops and survey questionnaires.

C. The study results

The researchers have developed descriptive phenomenological qualitative research to explore experiences about community mental health including policies, best practices, interventions, lessons learned, operations, and outcomes of economies who were representatives of each economy to participate in the In-depth interview. The representatives were from twelve economies including community mental health policymakers, community mental health practitioners, and experts in economy discipline. Each economy selected two or three representatives by using individual or group interview based on representative preference for 45-60 minutes per person. To have content validity of the semi-structured interview questions, three experts of community mental health reviewed and provided some comments. The researchers revised based on experts' suggestions. After getting research approval from Institutional Review Board, the process of data collection started following the interview methods. There were two times of sending invitation letters to APEC economies to participate in the in-depth interview. Four (Malaysia; Mexico; Chinese Taipei; Thailand) of seven economies participated in the in-depth interviews with mostly using individual. Ten representatives shared their experiences about community mental health based on their contexts. After interviewing, the researcher I applied guidelines of Giorgi's (2009) and Giorgi, Giorgi, and Morley's (2017) to analyze qualitative data. There were five steps of data analytic comparison including bracketing hypothesis, finding the significant statements, coding, highlighting the sensitive statements, and identifying thematic label. For trustworthiness, collecting and analyzing data have been done concurrently for triangulating findings (Hays & Singh, 2012).

Findings

After analysing data, the researchers proposed three pillars including politics and leader, community involvement, sustainability of community mental health. Each pillar has themes as follows:

1. Politics and leader include themes: policy and strategy, human resource, community infrastructure, and client.

2. Community involvement includes themes: accessibility, collaboration, and health technology.

3. Sustainability of community mental health includes themes: human rights, mental health well-being, comprehensive and continuing approach.

Politics and leader

Community involvement

Sustainability of community mental health

Themes:
1) Policy and strategy
2) Human resource
3) Community infrastructure
4) Client

Themes:
5) Accessibility
6) Collaboration
7) Health technology

Themes:
8) Human rights
9) Mental health well-being
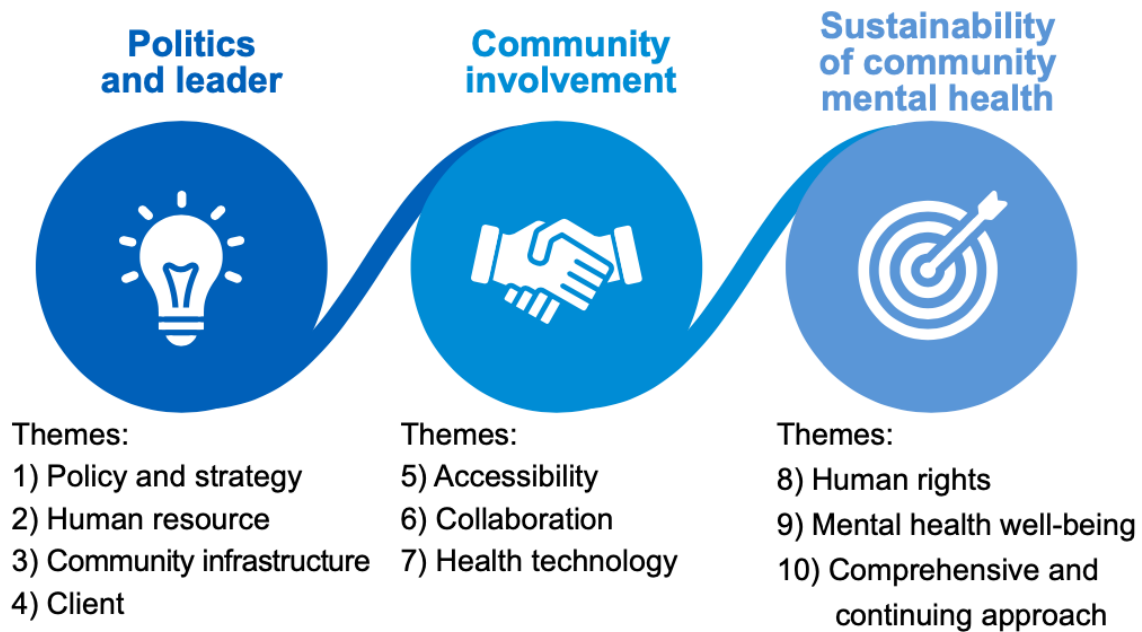10) Comprehensive and continuing approach

Figure 1: Pillars and themes of strengthen community mental health after the COVID-19 Pandemic

Pillar 1: Politics and Leader

Every economy points out that political is very important to support the policy making of mental health. If a leader of the political party focuses on human rights, this would provide an opportunity for the director of mental health sector to propose the policy, plan, and strategy to develop community mental health. This would support change in short-term and long-term goals of community mental health based on the case management or community-based services. These are the fundamental concepts that have been used for community mental health services. In addition, the budget will be increased more than 2% for the mental health sector. The most budget will not only provide for psychiatric hospitals but also increase for community mental health services. Several projects are created to build fundamental community-based mental health services such as, community mental health centres, case managers, training community mental health knowledge for providers, and collaborations among organizations. Therefore, politicians who emphasize on community mental health, would support plan, strategy, and budget to improve mental health in communities. However, the main challenge of mental health services is insufficient budget especially, comparing with physical health services during COVID-19 pandemic. All economies have focused on preventive COVID-19. At that time, the mental health services have been disrupted automatically. Many services have been adjusted such as remote therapy, one stop service, and delivery medicine. The accessibility to psychiatric hospitals of people with mental health conditions have decreased. In addition, people have significantly psychological responses due to the impact of COVID-19 pandemic such as, financial stress, anxiety with uncertain situations, social stress from quarantine and social distancing, and burden and burnout of health care providers. These may cause to mental illnesses in the future. To prevent, promote, and provide mental health treatments and rehabilitations with the active services, therefore, community mental health is necessary to strengthen based on using client-centre, building relationships between clients and their families, collaborations with local organizations in communities, decreasing stigma of clients with mental illnesses, and increasing health equity of people. This would increase sustainability of mental health well-being of people in communities.

Theme: Policy and strategy

The political and leader are directly related to policymaking and developed plans and strategies of mental health and substance disorders. The policy would guide the directions for all mental health sectors. In addition, the policy of mental health and substance disorders will be related to plans, strategies, and goals of community mental health. These would provide the main working areas of mental health such as, suicide prevention, mental health promotion, psychiatric care, and family violence. All plans of mental health works would be evaluated for effectiveness. During COVID-19 pandemic, mental health strategies have been changed to use online such as remote psychiatric counselling and emotional support services. Also, there are to provide mental health knowledge via several online platforms. Therefore, strategies of providing community mental health services may change to hybrid services that include face to face at the first time of meeting and at the next time may have online services.

Theme: Human resource

Another theme is human resource. Because community mental health services need to have health care providers who understand the concept and knowledge of providing care, it is essential to increase the number of health care providers who work in the community mental health such as case managers, social workers, psychologists, and psychiatric nurses. Therefore, training health care providers about community mental health is important. In addition, to distribute health care providers it is necessary to increase job positions in the community mental health centres. Some economies have the project for training health care providers about community mental health and substance abuse. Because the main challenge is not enough mental health professionals in communities. It is essential to have the training programs of the first level such as caregivers and volunteers to provide mental health care in communities. However, human resources may expand to persons who work for NGO or other stakeholders that support community mental health services. Also, teachers and educators are important human resource in schools to build mental literacy for students.

Theme: Community infrastructure

Each economy has different context and community infrastructure. One economy builds community mental health centres that work with psychiatric hospitals or general hospitals to provide mental health promotion, prevention, treatment, and rehabilitation for people in the community. Also, some economies have worked with regional or local organizations to build community mental health services. Based on the amount of population, all economies try to provide community mental health coverage. Primary care settings are the main places to provide community mental health services such as community mental health centres, primary hospitals, primary care centres for addictions, and local organizations. Also, there are many different settings, for example, halfway houses, nursing homes, day care centres, clubhouses, and rehabilitation centres. These have to work with primary care settings to provide comprehensive and continuing mental health care based on collaborations in communities. Therefore, to strengthen community mental health is based on community infrastructure of each economy.

Theme: Client

Lastly theme is a client. This client does not refer to only people with mental health conditions but also include other people, families, and communities. Mostly the prevalence of mental health disorders in 2019 was anxiety disorders and depressive disorders. During COVID-19 pandemic, the prevalence of anxiety disorders and depressive disorders increased about 26-28% (WHO, 2022). After COVID-19 pandemic, the mental health services need to be active services in communities. For example, to prevent suicide, mental health professionals might have to work with security persons of the buildings to observe unusual behaviours or suicidal risks of people who live or work in there. In communities, the clients will receive mental health services such as psychoeducation, medicine, therapy, and recovery. The main challenge of the client is the persons with mental health conditions that are lack of insight. This leads to drop out mental health treatments. It is necessary to provide long-acting drugs for injection. Therefore, increasing budget for injection drugs may help patients' medication adherence. Case managers can also help patients to continue in the treatment system and to connect with beneficial resources from the government.

Pillar 2: Community involvement

Improving accessibility, collaboration, and health technology are vital concepts to promoting community involvement. Firstly, destigmatization by increasing mental health awareness is prioritized of accessibility in community mental health care. Secondly, it is necessary to empower community mental health care by building multidisciplinary teams and cooperating with other organizations. It can overcome complex mental health issues rather than rely on a single organization. Moreover, effective communication between the government and the people is a management tool in a crisis—for example, trust relationships, simple messages, and supportive feedback systems. Finally, even though social distancing was regulated, and the lifestyle pattern has been changed, health technology is the power of innovation to bring a method of assessing the problem and maintaining the quality of mental health care. Therefore, these three concepts benefit community involvement and strengthen community mental health care, respectively.

Theme: Accessibility

The COVID-19 pandemic can reveal that mental health is vital for everyone. The prevalence of anxiety, depression and suicidal behaviours has risen significantly during and after the pandemic. However, opportunities are born from crisis. Increasing mental health awareness and reducing stigma will be the best way to bring people with mental health illnesses to community mental health care systems. For example, there are to promote and educate people about mental health literacy, to empower the public, and to share and learn from experiences of mental health. Moreover, there are to develop innovative platforms for promoting mental health well-being which is suitable for different groups. Finally, mental health organizations must build a system and work with politicians who focus on mental health, working with teachers in schools, employers in workplaces, family members, and stakeholders in communities.

Theme: Collaboration

Supportive resources and partnerships: Multisectoral teams can beat complex situations better than a single organization. Various factors can cause mental health issues between and after the COVID-19 pandemic such as insufficient self-care knowledge, economic problems, relationship problems, geopolitics difficulty, and political tensions. However, connectedness can strengthen laws or regulations,

systems, funds and tools to support decision-making in a crisis. Accordingly, multidisciplinary teams are building such as political and law supportive teams, educational teams, community and traditional team leaders, economic teams, NGOs. **Communication:** Effective communication between governments and citizens is one of the essential solutions. Firstly, it is to improve trust and empathic relationships by explaining what is known and unknown, be transparent by explaining what actions are being taken and why and be a good role model for people. Mainly, trust is built before pandemic. Peer-to-peer communication is to be strengthened. Secondly, there are to use simple key messages or visualizing pictures to enhance public and community understanding. Besides, it is to be consistent in communicating with people. Importantly, reliable sources such as healthcare services or scientific institutions should establish all evidence. In addition, there are to create platforms or social communities for people to exchange experiences and encourage each other. Finally, it is important to support the feedback systems and to clarify misunderstandings or comments that might affect the management plan.

Theme: Health technology

Internet-based platforms and phone calls or hotline systems have the potential to provide remote psychiatric counselling and emotional support services in the communities. Technology can significantly overcome the barriers of social distance. For example, it is using mental health check-in questionnaire via the internet to assess mental health issues and provides necessary suggestions to all people in communities. These offer resources that can help people handle their mental health problems. Meanwhile, hotline centres and telehealth options have been set up for a consultation with people who suffer from pandemic consequences. Therefore, community mental health care can improve future pandemic and epidemic preparedness by maximizing investment in new health technologies and supportive systems.

Pillar 3: Sustainability of community mental health

The sustainable community mental health care is supported and fulfilled by 1) human rights, 2) mental health well-being, 3) comprehensive and continuing approach. Firstly, human rights are a key to facilitate all people for acquiring an effective community mental health care by providing equity and humanized care. Secondly, the

understanding of mental health well-being such as mental health literacy and resilience can help people to protect and take a good care of themselves in both usual and unusual situations. Finally, it is the macro level of sustainability established by utilizing the comprehensive and continuing approach. For instance, holistic care in all age groups and community efficacy have been used for strengthening the community mental health care

Theme: Human rights

Equity: All economies try to provide community-based mental health interventions to all stages of people and with or without mental conditions. There is maximization of the vertical equity. This strategy allows people in all levels and regions receive the same standards of mental health care by their community mental health centres. In addition, fostering horizontal equity in all community mental health care services, such as supporting the tools and essential mental health infrastructures, should be applied. Therefore, increasing potential equity in both dimensions will improve the quality of life and preserve human rights.

Humanized care: the humanization of care is essential to preserving the mental health well-being of patients, families, and health workers. Since hospital and community environments during pandemic has been immersed in an imbalance of emotions resulting from the suffering and anxiety endured by the sick persons and their families. Therefore, strengthening the humanizing role by sharing empathetic health experiences and respecting clients' human values and beliefs should be developed. Meanwhile, psychosocial support programs should be implemented for healthcare workers.

Theme: Mental health well-being

Mental health well-being is a positive state experienced by individuals and societies. The level of well-being of people can be an indicator of strengthen community. Hence, the development of mental health literacy knowledge and training such as self-care skills and life-skill will be fostered. Moreover, learning the lessons from COVID-19 is an opportunity to establish resilience skills that can help people cope and adapt to future pandemic and epidemic preparedness in practical ways. However, the different age groups might require different interventions. For example, it is to educate the next generation's youth people about how to improve their self-esteem, to protect self-harm

and suicidal behaviours, and how to reduce risk factors such as alcohol and substance including negative consequences of social media and game addiction. At the same time, adults should be provided with knowledge and skills to deal with anxiety, stress, and depression, mainly persons who suffer from economic disruptions and relationship problems. In addition, burnout supportive program should be promoted to workers in all workplaces. Finally, elderly who are diagnosed with dementia have been rising significantly. This issue needs mental health well-being programs to support both patients and caregivers. Overall, mental health well-being such as mental health literacy and resilience program play as fundamental aspects in community mental health care that should be developed and promoted to all people.

Theme: Comprehensive and continuing approach

Firstly, comprehensive approaches are considered critical elements of community mental health care sustainability. There are many dimensions in life such as physical, emotional, social, financial, spiritual, and mental health environment. Importantly, life is a system. When some dimensions are destroyed, it can affect other dimensions. Hence, the practical ways to sustain community mental health care are to strengthen the assessment, monitoring, and promotion of comprehensive dimensions of human life. Secondly, the continuing approach provides an opportunity for people with mental illnesses and their relatives to achieve a quality of life through their environments. For example, the case management system provides mental health care from the hospital until patients are transferred to the community. It is necessary to improve rehabilitation and recovery of patients and their families from mental health issues. Moreover, utilizing community efficacy is a key to continuing care, for example, building a mental health care network to care for people who live in the community, establishing hope for recovery, and encouraging effective communication between leaders and community members.

D. Conclusion

To strengthen community mental health after the COVID-19 pandemic, three pillars: political and leader, community involvement, and sustainability of community mental health can be the main factors to have efficient strategies of providing mental health services in communities. Firstly, by looking at politics and leader that can act as a significant starting point to drive the directions to increase human resources based on the community infrastructure and clients' problem of lacking insight. If the leader emphasizes on mental health, this will provide an opportunity to have policy and funding to support primary care settings that provide community mental health services. This system is utilized based on case management or community-based services. These services are active for everyone in community. Several projects are created to provide mental health care such as remote psychiatric counselling and emotional supportive services. These are used to recover persons with mental illnesses and promote psychological adaptation of people after COVID pandemic. Because of increasing rate of anxiety disorders and depressive disorders, suicide prevention should be an urgent policy for all community members. Secondly, community involvement consists of accessibility, collaboration, and health technology themes. Stigma is still found as a barrier to accessing mental health care. Therefore, increasing mental health awareness can reduce stigma by educating people in public to understand mental health better. Moreover, if community mental health care service has a qualified multi-disciplinary team and communication strategy, people could have better psychosocial outcomes. Lastly, maximizing investment in effective health technology is one of the best options.

Finally, community-based services are responsible for every age group with or without mental health conditions. Hence, there is a supportive system of human rights and promoting mental health well-being could increase humans' capability to take care of themselves. It is a fundamental concept of strengthening community mental health. However, sustainability of community mental health also needs more comprehensive and continuing approach. This strategy will support change in short-term and long-term goals of community mental health.
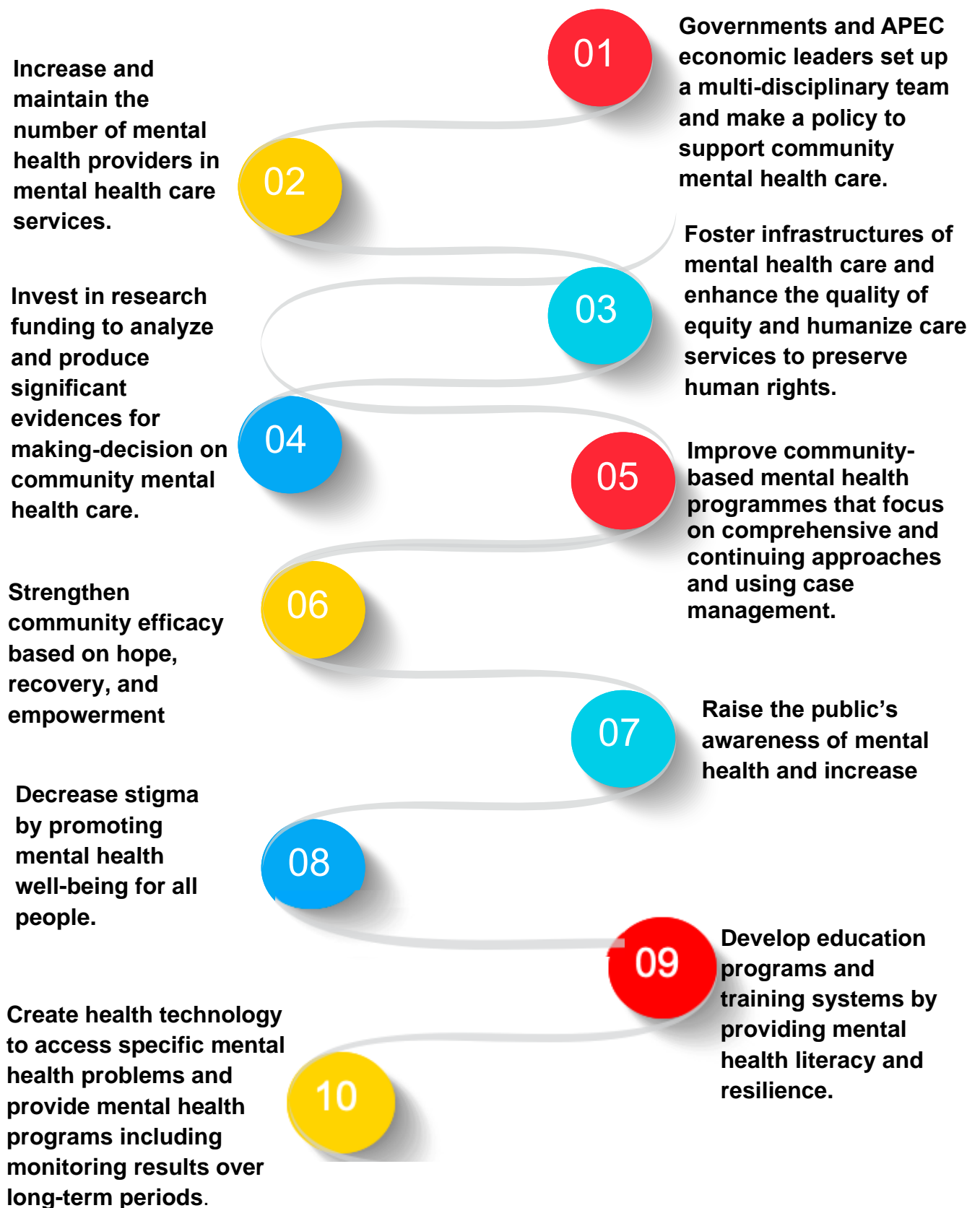
01 Governments and APEC economic leaders set up a multi-disciplinary team and make a policy to support community mental health care.

02 Increase and maintain the number of mental health providers in mental health care services.

03 Foster infrastructures of mental health care and enhance the quality of equity and humanize care services to preserve human rights.

04 Invest in research funding to analyze and produce significant evidences for making-decision on community mental health care.

05 Improve community-based mental health programmes that focus on comprehensive and continuing approaches and using case management.

06 Strengthen community efficacy based on hope, recovery, and empowerment

07 Raise the public's awareness of mental health and increase

08 Decrease stigma by promoting mental health well-being for all people.

09 Develop education programs and training systems by providing mental health literacy and resilience.

10 Create health technology to access specific mental health problems and provide mental health programs including monitoring results over long-term periods.

Figure 2: Recommendations for strengthen community mental health after the COVID-19 Pandemic

3. Summary of the 3-day virtual workshop

A. Objectives

This project aimed to strengthen the capacity of mental health workers of member economies on community mental health in response to the COVID-19 pandemic through workshops by sharing experiences, knowledge, interventions, lessons learned, operations, and outcomes derived from each economy. To improve the implementation of community mental health services, it was hoped that the results from this project could contribute to generating practical guidelines for caring for people in the communities during crises and in advocating increased investments or funding among APEC economic leaders in mental health services for our population across all stages of life. Moreover, this program could be beneficial to all member economies by encouraging each economy to develop context-specific mental health tools or guidelines for pandemic management as well as providing examples for the development of recommendations and actions.

Project Objectives

The overall objective of the project was to strengthen the capacity of the member economies on community mental health in response to this COVID-19 pandemic through workshops. Specifically, the project was conducted to attain the following objectives.

1. To share experiences, best practices, interventions, lessons learned, operation, and outcomes based on each economy's context about community mental health in response to the COVID-19 pandemic and strengthen community mental health after the pandemic

2. To develop guidelines for improving the capacity among people in the community during a crisis of the member economies on community mental health in response to the COVID-19 pandemic

3. To encourage increased investment among the leaders of each economy in the area of mental health to cope with the pandemic

Workshop Objectives

a. The workshop was a 3-day event led by an expert of community mental health that would present a community mental health framework, operation, and planning of member economies during the COVID-19 pandemic, learned lessons about strengthening community mental health program for people affected by the pandemic, which was operated through community. Additionally, women's roles in contributing to the wellbeing of the community would be raised in a panel discussion.

b. The workshop of the project would provide all economies with opportunities to share experiences and lessons learned based on the framework of strengthening community mental health in their own economies. It was expected that all economies would join a group discussion, comprising 3-5 participants per group, to develop a mental health work plan in the community in respect of policy issues, service systems, and community mental health.

c. The PO would present the mental health work plans in the community of each group. The research results and recommendations derived from the research to member economies would also be summarized and presented in the workshop. This workshop served as a platform to share the best practices of the implementation, key success factors, and challenges of community mental health issues in our own economies.

B. Methodology

A focus-group discussion and a questionnaire were implemented in the virtual workshop to formulate the community mental health care work plan and recommendations for fostering the capacity among member economies in the area of community mental health. The participants were required to complete and return a questionnaire and an evaluation form by the end of the workshop. In this form, each participant was encouraged to share their views and advice on the workshop's impact and efficiency as well as possible suggestions and policy implications for future APEC related cooperation programs and activities. The 3-day virtual workshop was held as a platform for participants to share their experiences, knowledge, interventions, lessons learned, operations, and outcomes from each economy. To enhance the

implementation of community mental health services, it was expected that the results from this project could be drawn on to provide useful guidelines for caring for people in the communities during crises and in encouraging greater investment among APEC economic leaders in mental health services for our population at all stages of life.

C. Results of the workshop

This section provides a synthesis of all comments during the workshop and presents the results of the third phase of research. This encompasses discussions on development of a mental health work plan and results of monitoring the implementation and application in accordance with the work plan. The results are presented during the period from 23 to 25 January 2023. Moreover, the results of ex-ante and ex-post evaluations are discussed in the last section.

Day 1: 23 January 2023

Community Mental Health in Thailand.

Dr Amporn Benjaponpitak (M.D., MRCPsych.) Director – General, the Department of Mental Health (DMH), Thailand, presented Thailand's mental health services and community mental health. Given the pandemic of COVID-19, the Department of Mental Health has exerted a significant effort to maintain the mental health of the population. In addition to effective initiatives such as Community Resilience or Community Mental Health Workforce Development, Digital Mental Health Services, such as mental health check-ins, tele mental health services, and online counselling services, have been implemented to address mental health issues and are continually being improved in order to better respond to imminent crises.

Brief Presentation of the Project

Dr Terdsak Detkong, Project Overseer (PO), provided a brief overview of the community mental health framework, operation, and planning of APEC member economies during the COVID-19 pandemic. It is substantiated by the preliminary findings of the research conducted by Major.Dr Piyaorn Wajanatinapart, Principal Investigator (PI). Three pillars can be used to strengthen community mental health in

the aftermath of the pandemic following the pandemic: 1) politics and leadership which consists of policies and strategies, human resources, community infrastructure, and clients; 2) community involvement which encompasses accessibility, collaboration, and health technology; and 3) the sustainability of community mental health which concerns human rights, mental health well-being, and a comprehensive and continuing approach.

Panel discussion: Women's role in contributing to the well-being of the community

Ms Anjana Bhushan and Dr Nurashikin Binti Ibrahim delivered the insightful speech. The representatives showed that the mental health support should be empowered in order to enable individuals to attain their optimal health potential and well-being. Notably, women were found to play an important role in strengthening well-being in the community. Therefore, the women's role in the improvement of the well-being of the community entails supporting each other and empowering the human rights respected, protected and fulfilled, and in their economies, both individually and together.

Day 2: 24 January 2023

The workshop of second day included two parts. On first part, the participants shared their experiences of operating in a community mental health service during and after the COVID-19 pandemic. Afterwards, on the second part, participants used SWOT analysis for community mental health services. This result will be a foundation of community mental health work plan.

First part: experiences of operation of community mental health based during and post-COVID 19 situations

Malaysia

Nominees: Dr Nur Sakinah Ahmed, National Centre of Excellence for Mental Health and Dr Siti Hazrah Selamant Din, Hospital Tuanku Jaafar Seremban, Negeri Sembilan, Malaysia

During the COVID-19 pandemic, people encountered several crises in their lives, such as financial issues, unemployment, grief and loss of loved ones. These were identified as multiple stressors which people need to handle. Many people who had contended with those stressors well struggled to cope with them. Incidence of domestic violence has risen, leading to individuals' calls for police assistance. Also, there was a rise in their rate of calling helplines for psychosocial support in 2021, specifically. five times higher compared to 2020. In addition, the number of suicide cases among the Malaysian population in 2021 amounted to 631 cases, subsequently escalating to 1,142 in 2021. Moreover, some problems associated with mental health still exist, spanning high stigma, limited mental health resources, and increasing intersectoral collaboration. These factors contribute to an aggravated mental burden on individuals. Therefore, the National Centre of Excellence for Mental Health (NCEMH), Public Health Programme, the Ministry of Health, Malaysia, provides mental health services through fifty-six psychiatric hospitals and four mental institutions, community psychiatry, thirty-five community mental health centres, and psychiatric nursing homes.

MENTAL HEALTH SERVICES: Government and non-government organizations, private sectors, and other agencies have exerted concerted efforts to provide mental services through four projects as follows: the suicide prevention initiatives (Training for First Line Responders, Media, Campaign); mental health and psychosocial support services (MHPSS); mental health awareness campaign (Let's TALK Minda Sihat); and KOSPEN, KOSPEN WOW. Additionally, mental health services in primary care (1161 health clinics) include screening for early detection and intervention, counselling and follow-up services, psychosocial rehabilitation services, one-stop centre for addiction

(OSCA), and alcohol screening and intervention. In addition, these services are expanded to private facilities. The MHPSS encompasses mental health screening, a psychosocial support helpline, a training session on psychological first aid, counselling services, psychoeducation, and pre- and post-deployment to frontliners. The National Strategic Plan for Mental Health (2020-2025) in Malaysia addresses an array of aspects which involve: improving the governance and regulatory framework, strengthening the mental health control system, ensuring the availability and accessibility of comprehensive mental health services, strengthening mental health resources, enhancing cross-sectoral cooperation, promoting mental well-being and health, and strengthening preparedness during emergencies, crisis, and disasters, as well as suicide prevention. Therefore, the NCMH has worked in concert with fifty-two NGOs which have various backgrounds, activities, and targets on mental health services. It is necessary to map out or pinpoint the areas of focus for each NGO. Also, a variety of community-level mental health program activities are implemented, serving different groups, such as, adolescents in schools and universities, adults in different workplaces, and the elderly with additional initiatives in place for advancing preventive efforts. To exemplify, one project is aimed at providing basic psychological first aid training to non-health professional volunteers in workplaces, while another one focusses on fostering mental health literacy in respect of resilience and coping skills among young people in the community. Different social media platforms have been utilized to increase engagement with young people. In particular, the following are set to be attained: strengthening engagement with other ministries and NGOs in advocacy of mental health and suicidal behaviours, establishment of the NCEMH as a focal point for coordinating mental health activities, enhancing mental health literacy and advancing mental health services through digitalized mental health screening as part of the National Health Screening Initiatives, building human resource capacity to deliver mental health and social care services, enhancing budget allocation and human resources including counsellors and social workers as a safety net at a community level, and raising social, professional and political awareness on the importance of mental health prevention and promotion such as empowerment of the community, local religious, and political leaders.

Therefore, mental health services are relevant and beneficial for individuals of all different ages, especially vulnerable groups including caregivers, the homeless, the elderly, and children with autism or ADHD. Utilizing different social medial platforms contributes to reinforcing people's engagement with mental health literacy and enabling their access to mental health services. To illustrate, helplines are provided for individuals to access assistance and information via the program "Let's TALK": T (tell someone you confide in about your problems), A (Ask for help), L (Listen without judgment), and K (Know where to seek help). All Malaysian people can access mental health services. On each celebration, a campaign is in place to promote mental health literacy among people. At the community level, community mental health centers are available to provide mental health screening, rehabilitation, and counselling services. With regard to children and adolescents, the NCEMH needs to coordinate efforts with educational institutions, both schools and universities, to deliver mental health services. Additionally, it has established partnerships with different agencies, namely non-government organizations, NGOs, and others, to provide mental health services throughout the areas while offering training sessions to health care staff such as counsellors and social workers, as well as non-health care staff in workplaces. Therefore, all strategies would contribute to enhancing mental literacy among people of all ages. More importantly, people will be able to access mental health services, thereby reducing suicide rates and mental health problems and simultaneously improving mental health well-being.

Mexico

Nominee: Dr José Javier Mendoza Velásquez, Director of Strategies CONADIC, Secretary of Health

Disasters can present an opportunity to strengthen health systems. In particular, mental health contributes to the functioning, general well-being and resilience of individuals, communities, and societies recovering from the aftermath of natural disasters, armed conflicts or other hazards. General principles for the community's response to COVID-19 must be effective and not perpetuate gender and health inequalities. Moreover, there cannot be a one-size-fits-all approach to addressing the mental health and psychosocial needs of the population.

Mental Health and Psychosocial Support or SMAPS responses must be based on context. In addition to the COVID-19 outbreak, the question which should be delved into is what the existing and current issues within this community are. Within each context, it is necessary to understand the NEEDS of specific groups within the population. SMAPS approaches must EVOLVE and ADAPT to the needs of each population affected by COVID-19 and to the different stages of the outbreak, including before, during, and after high infection rates.

Therefore, SMAPS activities applicable to all members of the society encompassed the following aspects: promotion of self-care strategies, such as breathing exercises, relaxation, or other cultural practices; normalizing messages about fear and anxiety and how individuals can support one another; and clear, concise and accurate information about COVID-19, covering a channel to access help in case of feeling unwell.

This critical success was relevant to a variety of aspects, spanning all mental health care, social care, and welfare program, educational settings, and local government and non-government organizations. The primary community care sources in areas where services are unavailable or lacking should be identified in order to allow for collaboration with them. It is likely that local actors, including leaders revered and trusted by the community, are already providing psychosocial support to their communities to cope with issues associated with death, bereavement, and grief loss as a result of the outbreak. Finally, there should be a training session on COVID-19 and SMAPS skills, for example, psychological first aid, as well as a guideline for referring individuals in need of more specialized assistance.

The Republic of the Philippines

Nominee: Dr Maridith D. Afuang**,** Medical Specialist III**,** Health Emergency Management Bureau, Department of Health – The Philippines

The objectives of Mental Health Act (MHA) encompass these six points: 1) to strengthen effective leadership and governance for health; 2) to develop and establish a comprehensive, integrated, effective, and efficient mental health care system; 3) to protect the rights and freedoms of individuals with psychiatric, neurologic, and psychosocial health needs; 4) to enhance information systems, evidence and research on mental health; 5) to integrate mental health care into basic health services; and 6) to integrate strategies for promoting mental health into educational institutions, the workplaces, and communities. In respect of the mental health burden of disease, three specific mental health disorders which are in need of increased funding: bipolar disorder (PHP63.2 billion), psychosis (PHP29.1 billion), and anxiety disorders (PHP10.4 billion), respectively. To achieve the milestones of the MHA, it is essential to establish the Mental Health Division and the stewardship of the Philippine Council of Mental Health, along with its supporting bodies, including the technical committee and technical working groups.

To develop comprehensive outcomes of a mental health care system, there should be efforts made to implement massive capacity building for primary health care facilities in mhGAP intervention guide, with the target of attaining 100% coverage by 2023. Also, to protect individuals with mental illnesses, there is a need to provide a training session on online IRB, a training package for trainers on IRB, and the complementary rollout of e-training on WHO Quality Rights. In addition, efforts should be made to carry out a National Mental Health Research Agenda and to pilot test a suicide surveillance system, which will support the development of a suicide prevention strategy in the Department of Health (DOH) facilities. To integrate strategies for promoting mental health, it is crucial to develop a mental health promotion playbook on which local government units can draw; this very playbook should contain guidelines for establishing peer support groups. Finally, to integrate mental health care into basic health services, it is essential to enhance capacity through face-to-face and eLearning courses, launch the NCMH Crisis Hotline, establish CHDs Psychosocial Hotlines, and provide training for the trainers. To illustrate, the National Policy on Mental Health

developed training manuals and standards for managers and health emergency teams, together with e-learning courses specially tailored to cope with the COVID-19 pandemic. Also, the monitoring programmes are at disposal to oversee local government units continuously. In addition, the MHPSS includes a mental health helpline and a referral pathway for individuals with mental health illnesses.

In 2021, 134,828 service users were provided with essential medicines through the Medicine Access Program for Mental Health (MAP-MH). Most of the services users suffered psychosis (73,266). Similarly, the number of Mental Health Crisis Hotline calls doubled from 11,031 in 2020 to 21,468 in 2021. In the same way, the call related to suicide had increase almost 7 times, specifically from 1,352 calls in 2020 to 7,618 calls in 2021. Moreover, regarding human resource issues, there were 516 psychiatric nurses (0.5 per 100,000) and 133 psychologists (0.1 per 100,000). Hence, those figures clearly point out the issue of a shortage of specialists. The DOH of the Philippines has strategies to deliver mental care services in general practice, which necessitates the training for non-mental health specialists and primary care providers on mental health care. However, working in community mental health has some shortcomings, such as environmental concerns, dependence on program leaders, limited economy funding, and transitions of programme coordinators.

In conclusion, non-mental health specialists from government and non-government agencies with basic training should possess an understanding and a capacity to provide mental health and psychosocial services. In addition, mental health services should be provided in primary care units to increase accessibility. Community-based mental health education plays a significant role, particularly in prevention, early intervention, and crisis intermediation tools. Finally, to promote the human rights of individuals with psychosocial, intellectual, and cognitive disability, health professionals need to adopt a novel approach to mental health care which is rights-based and recovery-oriented. Therefore, the Republic of the Philippines has shifted its focus from specialized services to integration of the services into general health and community settings.

Thailand

Nominee: Navinee Kruahong, the Department of Mental Health, the Ministry of Public Health, Thailand

Community mental health vaccine programme is a community-based mental health and psychosocial support program in response to the COVID-19 outbreak in Thailand. There are many issues revolving around mental health at present; to illustrate, 71% of people with psychosis do not receive mental health services, and approximately 21% of the economies have policies and plans which comply with human rights. Additionally, the mental health worker-to population ratio is at its lowest point (1:100000). Furthermore, there is significant underfunding for mental health, to which was contributed by merely 2% of the budget. It is, therefore, imperative to implement a community-based mental health and psychosocial support program during the COVID-19 outbreak.

The key concept of the "Community Mental Health Vaccine Program" was to leverage three important community values: human and other resources, faster response, and sustainable problem-solving. Moreover, the program was derived from four enhancements and two uses, which are listed as follows: 1) enhancing the sense of safety; 2) enhancing the sense of calm; 3) enhancing the sense of hope; 4) enhancing the sense of connectedness; and 1) using community efficacy, 2) using community networks and relationships.

The purpose of this program was to respond to the crisis at all levels of the community. The users in this study were primarily community leaders and primary healthcare staff. The proximal outcome was the integration of a community action plan into the community's practices. This was to cultivate individual resilience and community resilience, as well as promote mental health well-being, and quality of life for all members of the community.

The key to the success of this project laid in the involvement of the community and its ability to address its own problems. It should be noted that this project would require a long-term investigation to enable the community to develop the core of the program to tackle any challenges ahead in the future. Thus, further qualitative research should

be conducted in order to assess the generalization or generalizability of the program to different situations or contexts. Finally, to promote mental health well-being and mitigate mental health problems, it is essential to address the following important topics: stigma, budget, advocacy, economic and social issues, mental health literacy, sufficient health professionals, and mental health infrastructure.

Second part: SWOT analysis

This workshop aimed to develop a mental health plan for impending pandemics or crises. In order to strengthen community mental health, SWOT analysis framework was adopted to enable all members to develop strategies as detailed below.

Malaysia

Strengths (S)	Opportunity(O)
• Let's TALK campaign – general awareness on mental health and getting support • Working with NGOs and other ministries to raise awareness and deliver support for people struggling with mental health issues • Helplines – Talian HEAL for crisis support • Mental healthcare at primary care – Family physicians, counselors, trained nurses and paramedics • Trained counselors, clinical psychologists, and psychiatrists • Community Mental Health Centers • Specialist mental health services in general hospitals (general psychiatry, inpatient service, child and adolescent services, old age service, community psychiatry, addiction/SUD service, forensic psychiatry, consultation-liaison service)	• Existing networking with NGOs and other ministries, namely Ministry of Education and Youth Ministry • National Center of Excellence for Mental Health – to organize a training session to improve literacy • IT system and internet that are well-developed

Weaknesses (W)	Threats (T)
• The knowledge about taking care of mental health and signs of mental health problems is still at a low level. • The stigma associated with mental health is high. • People present to the service for their illness at a late stage, such as when impairment has already occurred or progressed • The prevalence of mental illness among adolescents is high (and is expected to rise) • The suicide rate has increased significantly since the onset of the pandemic • Lack of mental health applications that cater to the local population • A lack of human resources and infrastructure hinders delivery of adequate standard care	• Rising number of suicides and self-harm among adolescents • Late intervention of mental conditions namely psychosis • Misinformation on mental health in the media

Mexico

Strengths (S)	Opportunity(O)
What do we do well/best in mental health community? • We have been putting efforts in training people interested in mental health sectors (Psychology and Psychiatry) to be aware of community mental health and knowledge of mental health. • We have been collaborating with other government agencies (government secretaries, international relationship, especially institutions and other health institutions) to create unified opportunities for development. What is unique about our services? • It is not unique because we have a lot of opportunities and are	What resources can we use to improve weaknesses? • The psychiatrists, psychologists and all people working in the sector • Prospective people to become part of the mental health system with whom we can work What is the context, policy and supportive systems? • We have no social care system in Mexico • We need a social care system because the mental health sector cannot work out resources without social care. Social care is important

Strengths (S)	Opportunity(O)
currently working together, and these are strengths. • I have been really proud about people I work with. They are really proud of themselves. We have a lot of languages in our economy. • In my area, there are around 340 places to go to primary care. • Now, those changes make us unique. People's confidence in creating and translating materials and strategies in mental health	because the economy usually suffers from natural disasters such as hurricane or earthquake. • We have made significant changes to law and policies pertaining to mental health to • establish community and big primary care for mental health. • We have been working with different systems in terms of social care and policies. What is the new tool or new technology? • We have learnt a lot from e-learning, tele-mentalists, and tele-education. • We have an economy structure to guide and consolidate us to work out the system of mental care and mental health.
Weaknesses (W)	**Threats (T)**
Which parts are underperforming and why? • Out-of-dated knowledge in mental health care; we have many people trained in this sector several years ago. • Social care had not been included in the training sessions. • People have not been trained well enough to know how and where to call when having mental health problems, and the services have not been ready enough to respond to their needs. What can be improved? • We need to change the way of training; the knowledge should be updated, or we can say "rebuild the history". • Perception of Latin American people should be changed	What are the changes are cause for concern? • We have potential problems associated with drugs. What new pandemic trends are on the horizon? • The more immigrants come, the more unpredictable situations happen, to which we cannot respond immediately. What is trend of the mental problem? • Addiction, depression, suicide, and violence can be seen as potential new trends even though these are not completely related to pandemics but to mental health.

Weaknesses (W)	Threats (T)
because they used to think normally about mental health care. • People's awareness of mental health should be improved so that they can know how to do and what to do when they need mental health care. What resources could improve our performance? • Mental health care services should be developed to be ready for helping people when they have any mental health problems. Which important parts need to solve urgently? • Training and mental health care services are urgent. • Substantial improvements in responses to global mental health care are important. • Strategies are needed to solve emergency situations in global mental health like the US or European economies because more and more immigrants are moving to Mexico. • An emergency system is needed to support the economy to develop mental health systems because Mexico has been suffering from a lot of natural disasters such as hurricane or earthquakes which prevent us from developing our emergency health care system. What is the gap of mental health service? • Lack of psychiatrists; we have been working with doctors and nurses to build up the team of psychiatrists to support the whole economy in terms of mental health.	

The Republic of the Philippines

Strengths (S)	Opportunity(O)
• Providing policies as models from experienced doctors in order to implement the mental health program • Adapting the plan in the community • Giving training materials • Providing the assistance • Monitoring the program to facilitate the field of mental health	• Information is utilized as a resource to improve the speed of delivering information. • Information system has been developed as a useful tool.
Weaknesses (W)	**Threats (T)**
• Having some environmental concerns • Depending on leaders of the program • The information depends on servers. • Communication in relation to disasters	• The change in leadership will affect the concepts and strategies to implement the mental health program. • Shifting from online to face to face training is a new pandemic trend • The trends of the mental problem include the increase in public awareness of the mental issue, the view on this matter from different perspectives, the demand for health services, and the investment in economy budgets to reorganize medical treatment.

Thailand

Strengths (S)	Opportunity(O)
The community Mental Health Vaccine Program and Resilience Program could be generalized in preparation for imminent crises and specific problems in the community. • Fast response • Rich in resources (Human and other resources) • Sustainability Effective and accepted by non-health providers	• Supportive policy and regulations • Technology-Mental Health Check-in Application • Initial collaboration with other parties

Weaknesses (W)	Threats (T)
Which part are underperforming and why • Scaling up the intervention because of inadequate resources and local policies What can be improved? • Generalize the programs and gain more resources to scale up What resources could improve our performance? • Trainers and tools/media • Qualitative research on using programs in different situations	• New crises and social problems • Trend of suicide and mental health illnesses

Conclusion

Strengths (S)	Opportunity(O)
• Increase capacity on mental health in both health care professionals and non-healthcare professionals by, for example, a training program • Collaboration between the government sector and other sectors • The efficacy of people and community • Primary health care in the community is available.	• Supportive policy and regulations • The psychiatrists, psychologists and all people working in the sector • Technology-Mental Health Care (Screening-Treatment-Education)
Weaknesses (W)	**Threats (T)**
• People's awareness of mental health literacy • Trainers, tools/media, and method to update knowledge • Social care system to support community health care • Strategies to solve emergency situations in relation to global mental health and natural disasters	• New crises and new social problems • Depression and suicide and mental health illness trend • Drugs or substance abuse problems • Immigration

This table describes the strength, weakness, opportunity, and threat (SWOT) analysis for the community mental health during and post-COVID based on a focus group of member economies. The strengths of community mental health encompass training programs that increase the people and mental health care professional capacity, collaboration with the network, the efficacy of people and community, and the primary health care in the community. However, the weaknesses include people's awareness of mental health literacy, trainers, tools/media, and methods to update knowledge, social care systems, and emergency response strategies.

In addition, opportunities include policy and regulations, mental health care staff, and technology-mental health care. In contrast, threats span uncertainty of crises and new social problems, depression and suicide trends, drugs or substance problems, and people immigration. This finding will be taken into consideration to enhance community mental health and urge the leaders of each economy to increase their investments or budgets in mental health to cope with the pandemic.

Day 3: 25 January 2023

As part of the workshop on day 3, the representatives from each economy presented their work plans for community mental health, and Dr Andrea Bruni provided his insights and constructive comments. The work plans for community mental health presented by each economy are displayed below.

Table 1: The community mental health work plan

Objectives	Timeline	Resources	Team Responsibility	Strategies	Measures
Malaysia: Title "Mental Health Literacy Campaign for Adolescents and Young People"					
-To determine levels of mental health literacy among adolescents and young people in Malaysia, and to identify areas	1 year	NGOs, other ministries, Let's TALK campaign, Helplines, Mental Health at Primary Care (family physicians, counsellors, trained nurses and paramedics), Community Mental Health Centers,	National Center of Excellence for Mental Health	Strategies include 3 stages **Stage 1:** -Conducting a survey in schools and educational institutions with the help of stakeholders to identify levels of mental health literacy among	-Conduct a survey on mental health literacy among adolescents in schools and educational institutions -Implement the post-test at the end of the campaign

Objectives	Timeline	Resources	Team Responsibility	Strategies	Measures
of literacy to be improved -To raise adolescents in Malaysia's awareness of mental health literacy. -To prevent late mental health issues and detect early symptoms in adolescents -To improve mental health literacy among the adolescents		high schools and educational institutions, and general hospitals.		adolescents in Malaysia -Administering a pre-test about mental health literacy -Interviewing (Qualitative data) some adolescents to gain a deeper understanding of their views on mental health literacy. **Stage 2:** Creating a campaign to enhance mental health literacy in schools and educational institutions -Organizing a roadshow about mental health literacy -Working with celebrities, influencers, economy media or parties to promote mental health literacy - Cooperating with stakeholders to develop a curriculum and a syllabus for mental health literacy for adolescents. **Stage 3:** -Administering a post-test to assess the participants' improvement of mental health literacy at the end of the campaign.	

Objectives	Timeline	Resources	Team Responsibility	Strategies	Measures
Mexico: Title "Mental Health and Psychosocial Support"					
- To strengthen the general and health system in mental health	2021-2024	- A team (1 director and 4 assistants) to contact every state in Mexico - A network of 340 primary care units - Conduct training sessions to enhance the trainers' capacity	- Develop a plan to work with stakeholders to alter their views on the mental health - Develop a plan to determine the public policy opportunities in place - Formulate changes to be made to the General Health Law	- Economy strategies about mental health (especially on suicidal behaviours and on tackling the mental health gap)	- Design the evaluation phase, develop a new model, and enhance knowledge about mental health across all levels of care, namely the first, second and third level of care
- To promote the mainstream of mental health and additional services to increase the quality of the existing healthcare services	2021 (in process)	- Trainers in mental health (approved competence, knowledge, aptitude) - Monitoring a platform linked to the National Institute of Wellness in Mexico	- Develop the strategies in the field - Provide training sessions for facilitators, evaluate the training programs, and monitor the outcome	Part of the economy strategies (to tackle the mental health gap)	- Communicate with every state to change their attitudes towards mental health - Develop new models of mental health on a dedicated platform
- To establish guidelines for outpatient and hospital care and mental care services	2022 (in process)	- Psychiatrists - Staff in the field of general medicine working in emergency units and hospital care services - Monitoring a platform	- Develop the strategies to provide training for specific level of care	- Part of the economy strategies on the mental health gap	- Develop a plan to work on different phases, objectives and kinds of individuals

Objectives	Timeline	Resources	Team Responsibility	Strategies	Measures
The Republic of the Philippines: Title "Community Mental Health Program be Sustained through Strengthening Mental Health Well-being & Resilience"					
To sustain community awareness on mental health well-being a. Advocacy to leaders b. Promotion to community	February 2023 to December 2023	Budget for advocacy/promotion materials	Technical assistance in conducting campaigns	Development of advocacy and promotion materials	Quad Media
-To provide continuous technical assistance on MHPSS to the regions and communities in the 4 thematic pillars of DRRM	January to December 2023	Regular agencies, budget, MHPSS service providers, MHPSS cluster	Capacity building, EOC support, database for responders and referral pathways	MPSS technical assistance	Training, team mobilization, pre-development, orientation, caring of carers
Thailand: Title "Community Mental Health Vaccine Programme"					
To establish Community managed mental health services across the economy To promote the value and outcomes delivered by	2020 (in process)	General, Department of Mental Health (DMH), Thailand	-Mental health policymakers - Mental health care professional teams -Local staff	- Activities for mental health promotion and prevention of mental health issues in the community - Improve digital mental health - Promote mental health preparedness and responses for public health emergencies	- Community mental health services in tertiary, secondary, and primary hospitals - Community resilience

Objectives	Timeline	Resources	Team Responsibility	Strategies	Measures
community-managed mental health services To cover universal, selective and targeted prevention	2022-2023	Research organizations	-Mental health policymakers -Research teams -Local staff	- Implement the Community Mental Health Vaccine Program and Resilience Program - Evaluate generalizability of the program to different situations through qualitative research	-Strategy for developing the program for different situations

D. Evaluation of the Workshop

At the end of the workshop, the participants were required to evaluate the program. There were three phases of the online evaluation including sociodemographic, overall satisfaction, and important issues. The workshop was attended by 43 participants from 4 member economies. This evaluation found that all responders provided uniformly positive feedback as shown below.

Part 1: Sociodemographic

Table 2: The frequency and percentage of economic name, position, and experiences of participants of the workshop

No	Members	n=20	Percentage
1	Malaysia	4	20
2	Mexico	2	10
3	The Republic of the Philippines	1	5
4	Thailand	13	65
No	**Position**	**n=20**	**Percentage**
1	Director	2	10
2	Policy maker	2	10
3	Psychiatrist	1	5
4	Psychologist	1	5
5	Mental health nurse	2	10
6	Counsellor	2	10
7	Therapists	1	5
8	Researcher	9	45

No	Experience (Year)	n=20	Percentage
1	Six months-5 years	5	25
2	6-10 years	12	60
3	15-20 years	3	15
	Summary	20	100

Table 2 illustrates those member economies including Malaysia; Mexico; The Republic of the Philippines; Thailand, participating in this workshop. The majority of the participants were researchers (45%). However, a director, policymaker and multidisciplinary team, for instance a psychiatrist, psychologist, mental health nurse, counsellor, and therapists have cooperated. Moreover, the table gives information that the proportion of the participants with work experiences in the mental health community for about 6-10 years, six months-5 years, and 15-20 years was 60%, 25% and 15%, respectively.

Part 2: The overall satisfaction of workshop

After the workshop, the participants scored their understanding of essential information for strengthening community mental health after the COVID-19 pandemic, such as policy, service systems, and best practices. The result found that an average score of understanding after the workshop was higher than that before attending the workshop.

Figure 3: Understanding of essential information for strengthening community mental health after the COVID-19 pandemic
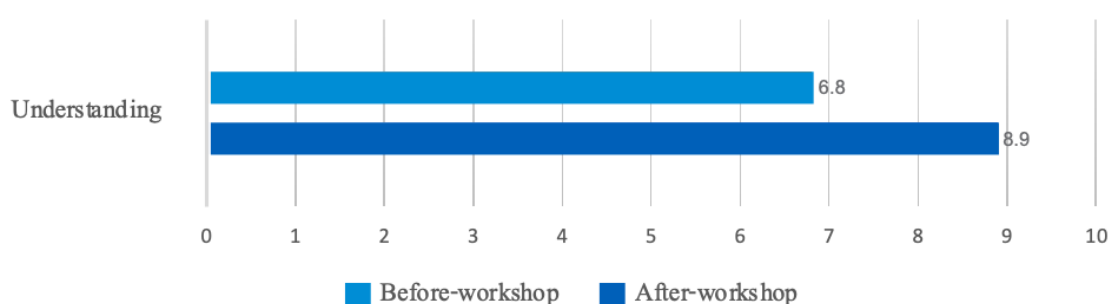
Part 2.1: presentation and discussion

The majority of the attributes were satisfied and worth their time to attend about 70% (Figure 4). The attendees judged the workshop quality to be good and very good, with

some indicating excellent. The quality of the presenters and the informative content, in particular, received the very high marks (Table 3). Moreover, this section also asked the participants the level of useful of sharing experiences about community mental health framework, operation and planning during the COVID-19 pandemic (Figure 5) and the level of applying the knowledge from the workshop to practice way (Figure 6). The majority of participants revealed the strongly agree with this project more than 60%.
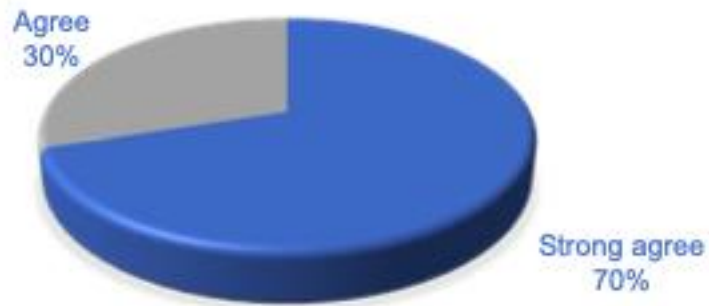
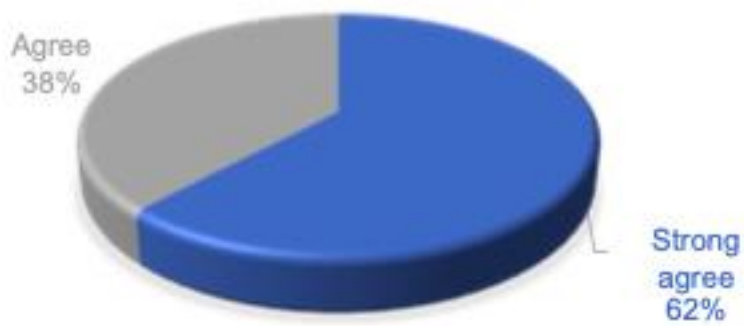**Figure 4:** Overall Satisfaction

Agree
30%

Strong agree
70%

Figure 5: Useful of sharing expriences

Agree
38%

Strong
agree
62%

Figure 6: Applying Knowledge to practice way

Agree
30%

Strong agree
70%
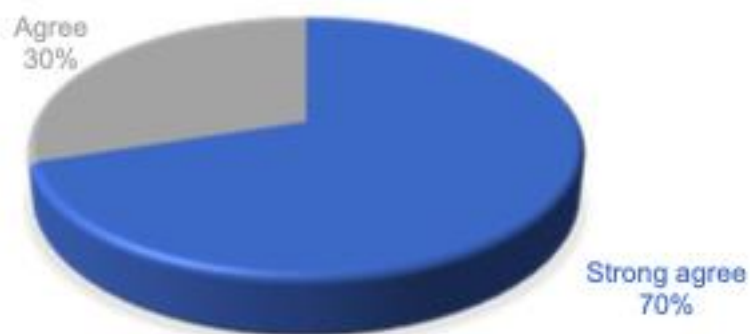
Table 3: The average (*Mean*) and standard deviation (SD) of satisfaction of
workshop

No.	Items	Mean	SD
Part 1: Management and process			
1	The speaker and facilitators were professional and well organized	3.75	0.43
2	The content was informative and appropriate	3.80	0.40
3	Sharing experiences about community mental health framework, operation, and planning during the COVID-19 pandemic is useful	3.65	0.48
4	I had an opportunity to discuss creating a mental health work plan in the community	3.45	0.59
5	Attendees were encouraged to contribute their views	3.45	0.50
6	There was sufficient time for attendees to discuss issues/concerns	3.45	0.67
7	I will apply the knowledge from the workshop to my practice	3.65	0.57
8	This workshop event provided a great opportunity for networking	3.60	0.49
9	The workshop event was satisfying and worth my time to attend	3.70	0.46
	Total	**3.61**	**0.51**
Part 2: Resources and technology			
10	The audio and visual quality from the speakers was adequate	3.40	0.49
11	Using Zoom for the breakout sessions worked well	3.55	0.50
12	My learning experience was not impacted by technology issues	3.45	0.59
13	Any issues with technology could be resolved sufficiently	3.45	0.50
14	It was appropriate to deliver this workshop remotely	3.50	0.50
15	The Materials/Handouts were useful	3.65	0.48
	Total	**3.50**	**0.51**

There were qualitative data that can support the success of workshop for example:

- Many of the ideas were similar but we learned a lot from each other.
- Sharing of experiences, best practice, and the input of experts and the exchange of economy experiences is useful.
- All of them, as they have re-enforced my knowledge on community mental health.
- Present work plan and commentating is good way to enhance knowledge.
- Better coordination with participating economy pre-workshop.
- Be continued
- The workshop is informative and serve as platform for the economy to improve on the mental health services specifically at the community level.
- All the best for the upcoming workshop.

There were some considerations for the next event, such as:

- To me, the hour was important because it was late and some other activities non time related can be useful (Mexico).
- Preparation for participants for ready with their task.

Part 3: The important issues to strengthen community mental health.

Before and after workshop participants were requested to provide the level of agreement with important recommendations to strengthen community mental health. There was the scale from 1 to 5 where 1 is Not a priority at this time and 5 is Absolutely Essential priority at this time and the results is as follows:

Table 4: The average *(Mean)* and standard deviation (SD) of the agreement score with important recommendations to strengthen community mental health between pre-workshop and post-workshop

No.	Items	Pre-workshop		Post-workshop	
		Mean	SD	Mean	SD
1	Leader emphasizing community mental health	3.90	0.94	4.55	0.67
2	Legislation about community mental health	3.80	0.75	4.50	0.67

No.	Items	Pre-workshop		Post-workshop	
		Mean	SD	Mean	SD
3	Budgets for community mental health	3.80	0.98	4.65	0.57
4	Understanding the infrastructures of mental health care	3.70	1.00	4.65	0.57
5	Using case management as the foundation to provide community mental health	3.30	0.78	4.30	0.64
6	Promoting mental health literacy for all people	4.00	1.10	4.60	0.66
7	Using technology to provide community mental health	3.90	0.54	4.50	0.67
8	Increasing accessibility to community mental health care for all people	3.80	0.75	4.70	0.56
9	Improving research and innovation about community mental health	3.70	0.46	4.70	0.56
10	Using humanizing care services to preserve human rights	3.70	1.00	4.65	0.57
11	Having community mental health centres	3.50	0.67	4.40	0.73
12	Training multi-disciplinary teams in community mental health	3.90	0.83	4.70	0.56
13	Maintaining the job positions of professionals in communities	3.60	0.92	4.45	0.74
14	Building networks to work on community mental health	3.90	0.83	4.75	0.54
15	Seamless provision of care by utilizing integration between hospitals and communities	3.90	1.04	4.60	0.66
	Total	**3.76**	**0.84**	**4.58**	**0.62**

Figure 7: Comparison between pre and post workshop to identify the important issues of strengthening community mental health.
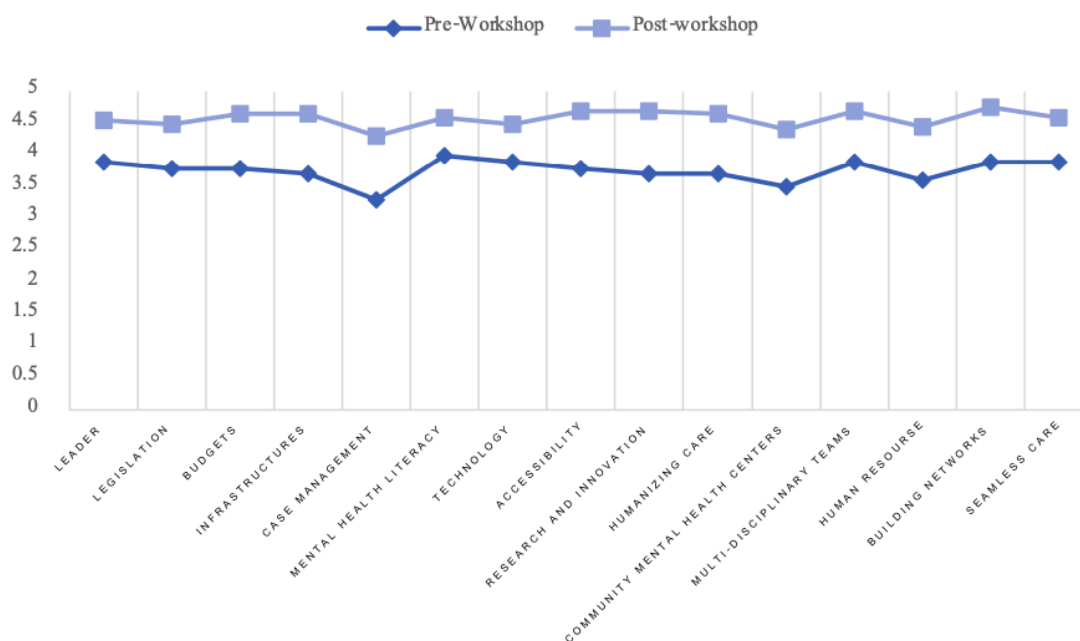
The table 4 and figure 7 provide information on all post-workshop recommendations with an average score of more than 4 (a very important priority at this time). Furthermore, the highest average score of recommendations to strengthen community mental health from the pre-workshop was promoting mental health literacy for all people (M = 4, SD =1.10). Whereas building networks to work on community mental health (M = 4.75, SD = 0.54) was recommended after the workshop. In addition, increasing accessibility to community mental health care for all people, improving research and innovation about community mental health, and training multi-disciplinary teams in community mental health were also prioritized as crucial parts of strengthening community mental health after COVID-19 pandemic.

Similarly, qualitative data stated that strengthening community mental health can improve by

- Start down to top and promoting the distance services.
- Close monitoring especially of quarantine facilities, rehab centres and others situated locally.
- Digital technology approach should be further refined and expanded.

- Comprehensive and cooperative work.

- Management of mental health has to be holistic approach given the multifactorial risk factors causing the mental health problems after the COVID-19 pandemic.

- Promotion by mental health literacy and community resilience to preparedness for other crisis in future

Part 4: The Evaluation of workshop for three-month follow-up

The three-month follow-up has been completed by three members. Most participants reported that mental health work plans are fully put into practice (80%). In addition, participants revealed a successful mental health community work plan at a prominent level (76.67%) while an obstacle has been stated at 56.67%. The details will be described as follows.

Table 5: The Evaluation of workshop for three-month follow-up

Participants	Challenges	Key successes
Mexico	1) Budgets for the area Mental health personnel in the public service is not enough 2) It is necessary to include mental health within the entire health system 3) It is necessary to make care universal, for which care based on primary health care becomes transcendental at both the 1st, 2nd, and specialized levels.	There is interest from the community. The need for and the search for training in mental health has currently increased in health services. It is a challenge, but we will have the Secretary of Health for this change.
The Republic of the Philippines	Lack of health resource to take on the task	community participation; community partners coming from non-government organizations
Thailand	Time and budget to start the work plan	Policy commitment

E. Conclusion

The 3-day workshop helps to strengthen the capacity of member economies. 43 health professionals participated in the workshop from 4 member economies. They share their experiences, best practices, interventions, lessons learned, and operations of community mental health services after the COVID-19 pandemic. After the workshop, participants pointed out the important issues to strengthen community mental health including 1) Building networks to work on community mental health (M =4.75, SD = 0.54), 2) Increasing accessibility to community mental health care for all people (M =4.70, SD = 0.56), 3) Improving research and innovation about community mental health(M =4.70, SD = 0.56), and 4) Training multi-disciplinary teams in community mental health $(M$ =4.70, SD = 0.56). The total average of the scores about important recommendations to strengthen community mental health after the workshop is 4.58 (SD = 0.62). These help to develop the guideline for building people capacity in community mental health services especially for a crisis situation. The recommendations for each economy to invest more community mental health as follows: 1) focus on mental health literacy as foundation in each target population, 2) early detect and get treatment to prevent mental health illnesses and other complications, 3) apply technology to increase access of mental health from each target population, 4) coordinate with other NGOs and stakeholders to work based on their backgrounds, activities, and contexts, 5) provide variety services of community mental health by community mental health centres and other primary care settings, 6) train every level of staff who works in community mental health care, and 7) have supervision, network, and referral systems to support community mental health services.

4. Recommendations

A. Recommendations for the best practice of community mental health

- Governments and APEC economic leaders should establish a multi-disciplinary team and formulate a policy to foster community mental health care and respond to emerging crises.

- The number of mental health providers in primary care settings should be increased, maintained, evenly distributed to urban, suburban, and rural areas. In addition, the establishment of mental health and psychiatric teams is of importance to support the whole economy in terms of health promotion, prevention, treatment, and rehabilitation during normal situations and crises.

- It is essential to foster mental health care infrastructure and promote the quality of equity and humanize care services to preserve human rights in primary care settings, such as a community mental health centre.

- Research funding should be allocated to analyse and produce compelling evidence, thereby enabling informed decision-making regarding community mental health care.

- To enhance mental health literacy, there is a need to establish a society with effective communication through building trust, using simple key messages, and implementing supportive feedback systems.

- Regarding provision of services, health care providers should enhance community-based mental health programs or psychosocial programs with emphasis on adoption of comprehensive and continuing approaches and the case management for complicated and complex clients. Additionally, to improve quality of care, efforts should be made to strengthen supervision, networking, and referral systems to support community mental health services.

- To enhance sustainability, it is important to encourage increased public participation and strengthen community efficacy by instilling a sense of hope, recovery, and empowerment.

- Public communication about community mental health plays a crucial role in raising the public's awareness of mental health and improving accessibility.

- One of the ways to provide community mental care is by reducing stigma by promoting mental health well-being for all individuals.

- Mental health literacy and resilience serve as foundational concepts in each target population. There is a need to develop education programs and training systems for both healthcare professionals and all individuals within communities. These programs and systems should be tailored to fulfil the needs of different groups within the population. In addition, providing training to all staff working in community mental health care settings is needed.

- To enhance accessibility and develop innovations in mental health care, it is important to develop health technology for specific mental health issues and target groups, such as monitoring results over long-term periods, implementing mental health check-up, or collecting mental health data.

- Multi-disciplinary mental health and psychiatric teams should be equipped to respond to crises and emerging social problems, depression and suicide trends, drugs or substance abuse issues, and future immigrants.

- To prevent the exacerbation of mental health issues, health care providers are advised to implement early detection measures and provide prompt mental health and psychiatric treatments to prevent the onset or progression of mental health illnesses and potential complications.

- Increasing networks and partners in the field of mental health is crucial. Therefore, healthcare providers ought to coordinate with NGOs and stakeholders, tailoring their efforts towards promoting mental health literacy in a manner which aligns with their backgrounds, activities, and contexts.

- Given that there is no one-size-fits-all approach, community mental health centres and other primary care settings should provide a wide array of community mental health services.

- To improve community resilience and community engagement, using 4 enhancements and 2 uses are proposed. Four enhancements encompass: 1. enhancing a sense of safety; 2. enhancing a sense of calm; 3. enhancing a sense of hope; and 4. enhancing a sense of connectedness. Two uses involve: 1. using community efficacy and 2. using community networks and relationships.

B. Recommendation of the community mental health work plan

To summarize the findings, the work plan incorporates the recommendations from phase 1 of the research as well as a SWOT analysis conducted on day 2 to strengthen community mental health following the COVID-19 pandemic. The details of the community mental health work plan will be presented in the table given below.

Mental Health Work plan	Malaysia	Mexico	The Republic of the Philippines	Thailand
1.Governments and APEC economic leaders establish a multi-disciplinary team and develop a policy to foster community mental health care	Support from governments and other sectors (NGOs) to promote individuals' awareness of mental health	- Develop a plan to determine the public policy opportunities in place - Formulate changes to be made to the General Health Law	-Strengthen effective leadership and governance for health -Economy policy on mental health -Monitoring program to oversee local government units	-Legislation and implementation in 2008 (Thai Mental Health Law (B.E. 2551 (2008) -Amendment in 2019 -The Paro Declaration
2.Increase and secure the number of mental health practitioners in primary care settings	- Provide training for a multi-disciplinary team on mental health -Establish a mental health team at primary care settings -Establish specialized mental health services in general hospitals	Strengthen the general and health system in mental health 1) Provide training to improve trainers' capacity on mental health (approved competence, knowledge, aptitude)	-Integrate mental health care into basic health services -Provide training for a mental health care team -Provide mental health and psychosocial support (MHPSS) Cluster	- Provide training for psychiatrists, nurses, and village health volunteers - Mental health workforce in Southeast Asia program
3. Foster mental health care infrastructure, promote the quality of equity and humanize care services to preserve human rights	-Establish community mental health centres	2) A network of 340 primary care units		Universal Coverage Scheme, UCS "Thai 30 Baht program"
4. Provide increased research funding to analyse and produce solid evidence to contribute to informed decision-making regarding community	-Develop networks -Establish a mental health literacy campaign for adolescents and young people		-Enhance information systems, evidence and research mental health	- Cooperation with APEC, WHO - Implement the Futures of Mental Health in Thailand 2033 project (Department of Mental Health, NIA, ETDA, and Future Tales Lab)

Mental Health Work plan	Malaysia	Mexico	The Republic of the Philippines	Thailand
mental health care				
5. Enhance community-based mental health programs with emphasis on adopting comprehensive and continuing approaches and case management	-Using the IT system to provide mental health -Provide helplines Talian HEAL for crisis support	- Promote the mainstream of mental health and additional services to increase the quality of the existing healthcare services 1) Develop the strategies in the field 2) Provide training for facilitators, evaluate the training programs, and monitor the outcome 3) Develop a plan to collaborate with stakeholders to alter their perception on the mental health	- Develop and establish a comprehensive, integrated, effective, and efficient mental health care system -Form networks with stakeholders and partners -Strengthen coordination and partnerships with stakeholders	- mhGAP intervention Guide Version 2.0 - Case management
6. Strengthen community efficacy by instilling a sense of hope, recovery, and empowerment	-Promote awareness, mental health literacy, and reduce stigma		-Provide training on technical assistance on MHPSS to the regions and communities	- Community Mental Health workforce Development: Bright spot system - the Community Mental Health Vaccine Program and Resilience Program: community engagement

Mental Health Work plan	Malaysia	Mexico	The Republic of the Philippines	Thailand
7. Raise the public's awareness of mental health and enhance accessibility	-Promote people's mental health literacy to understand signs of mental health problems to allow for early access to health care settings		-Promote awareness of mental health well-being among and people in community	by using 4 enhancements 2 uses 1. Enhancing a sense of safety 2. Enhancing a sense of calm 3. Enhancing a sense of hope 4. Enhancing a sense of connectedness 1.Using community efficacy 2.Using community networks and relationships
8. Reduce stigma by promoting mental health well-being for all individuals	-Develop mental health literacy to reduce stigma to mental health in the community		-Protect the rights and freedom of individuals with psychiatric, neurologic, and psychosocial health needs	
9. Develop education programs and training systems to promote mental health literacy and resilience	-Provide training on mental health literacy for young people	- Establish guidelines for outpatient and hospital care and mental care services - Develop the strategies to provide training for a specific level of care	Integrate strategies for promoting mental health into educational institutions, workplaces, and communities	
10. Develop health technology to access specific mental health services and provide mental health programs, including monitoring results over long-term periods	-Develop the IT system to develop applications for the locals	-Monitor a platform linked to the National Institute of Wellness in Mexico	-Set up mental health helplines and referral pathways for MH cases	-Tele-Mental Health Services -Telepsychiatry - Mental Health Check-in /DMIND - Online counselling services

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6. Annexes

A. Acknowledgements

The expert speakers and policy maker	
Dr Andrea Bruni Regional Advisor on Mental Health WHO Regional Office for South-East Asia	Ms Anjana Bhushan, Technical Officer (Gender, Equality and Human Rights), WHO Regional Office for South-East Asia
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B. Agenda of the workshop

The Workshop of Strengthening Community Mental Health

after the COVID-19 Pandemic

Date: 23 – 25 January 2023

Time zone: GMT +7

23 January 2023		
Time	**Detail**	
09:00 – 09.15	Registration and Reception (Online)	
09:15 – 09:25	Introduction	Dr Amporn Benjaponpitak Director General Department of Mental Health, Thailand
09.25 – 09.30	Opening: Welcome and Introductory Remarks	Dr Opas Karnkawinpong Permanent Secretary Ministry of Public Health, Thailand
09.35 – 09.40	Special Remarks	Gita Sabharwal UN Resident Coordinator in Thailand
09.40 – 09.50	Speaking: Community Mental Health in Thailand	Dr Amporn Benjaponpitak Director General Department of Mental Health, Thailand
09.50-10.05	Introduction: Self-introductions by participants	Moderator, Major.Dr Piyaorn Wajanatinapart Conference Secretariat All participants from each economy
10:05 – 10.20	Presentation of the Project briefly including: -Community mental health framework, operation, and planning during the COVID-19 pandemic of APEC member economies	Dr Terdsak Detkong (Project Overseer, PO)
10.20-10.35	Presentation of the research findings from in-depth interviews about community mental health	Major.Dr Piyaorn Wajanatinapart (Principal Investigator, PI)
10:35 – 10:45	Discussion and Q&A on the project	The Researcher Team

10.45 – 11:00	Break	
11:00 – 12:00	Panel discussion: Women's Role in contributing to the well-being of the community	Ms Anjana Bhushan Technical Officer (Gender, Equality and Human Rights), WHO Regional Office for South-East Asia

Dr Nurashikin binti Ibrahim Consultant Public Health Specialist, Malaysia

Moderated discussion Dr Sankamon Gornnum Deputy Director of Bureau of Mental Health Academic Affairs |
| 12:00 | Closing for Day 1 | |

24 January 2023		
Time	**Detail**	
09:00 – 09.15	Registration and Reception (Online)	
09:15 – 09:30	Recap of the Day 1	Dr Terdsak Detkong (Project Overseer, PO)
09:30 – 11:00	Each economy shares experiences of community mental health based on the framework on Day 1	Moderator, The one nomination of each economy
11:00 –12:15	Discussion to create a mental health work plan in the community under topic policy issues, service systems, and community mental health.	Moderator, All participants divided into groups discussion (3-5 people/group)
12.15	Closing for Day 2	

25 January 2023		
Time	**Detail**	
09:00 – 09.15	Registration and Reception (Online)	
09:15 – 09:30	Recap of the Day 2	Dr Terdsak Detkong (Project Overseer, PO)
9:30 –10:30	Presentation of the mental health work plans in the community of each group	The one nomination of each group Commented by experts of

		Ms Aurora Tsai Program Director APEC Secretariat Dr Andrea Bruni Regional Advisor on Mental Health WHO Regional Office for South-East Asia
10:30 – 10.50	Special speaker: Community mental health	Dr Andrea Bruni Regional Advisor on Mental Health WHO Regional Office for South-East Asia
10:50 – 11:20	Summary and recommendation	Ms Aurora Tsai Program Director APEC Secretariat Dr Andrea Bruni Regional Advisor on Mental Health WHO Regional Office for South-East Asia Dr Terdsak Detkong (Project Overseer, PO)
11:20 - 11.30	Closing	Dr Terdsak Detkong (Project Overseer, PO)

C. Preparation for the workshop

The Workshop will be organized by Sorachai Kamollimsakul, Center for Educational and Innovation, Suranaree University of Technology

Project Overseer:

Dr Terdsak Detkong, MD.

Office of International Affairs, Department of Mental Health, Ministry of Public Health

Email: drterd@yahoo.com; dmh.imhc3@gmail.com

Application Procedures

Focal points of respective APEC member economies HWG will nominate their proposed participants to attend the event through the following procedures:

1) APEC HWG focal points need to send copies of the completed Nomination

Form (ANNEX II) to the contact indicated on the form with the details of the nominated participant(s) applying to attend the event through e-mail by the deadline. The deadlines for participants' nomination will be 29 December 2023

2) Speakers approved by the Project Overseer should submit their presentations via email to dmh.imhc3@gmail.com on or before 3 January 2023 at the latest.

Guideline of workshop

1) After confirmation of acceptance, all participants and speakers are required to conduct test runs with the organizer, before 8 January 2023.

2) APEC highly values collaboration with appropriate external stakeholders. Participation in all APEC events is governed by APEC's Guidelines for Managing Co-operation with Non-members, and attendance of nominees for this event who are not government officials (or part of a government delegation), for instance from the private or academic sectors, may be subject to HWG's approval as per the aforementioned Guidelines;

3) Speakers and participants are required to strictly observe the event schedule;

4) The presentations and other documents from the event will be collated by the by the Project Overseer (or their delegate) who will send them to the APEC Secretariat within 2 weeks of the event. The presentations will be made publicly available shortly after through APEC's Meeting Document Database (unless they are indicated to be for restricted circulation only to EWG members). Presenters are reminded that all event materials must comply with APEC Publication Guidelines;

5) The event deliberations also need to comply with the APEC Hosting Guidelines.

Participants and Speakers

The participants were health care providers involved in community mental health from members economies. Target audiences of this project are detailed below.

(1) The first group of target participants were health workforces in the area of community mental health. Joining this project would enable them to learn

methods to achieve the best practice results from community mental health in various contexts through sharing experiences and lessons learned on how community mental health could be strengthened after the COVID-19 pandemic in their own economies.

(2) The other group were mental health system leaders, health executives, and policymakers with experiences of developing community mental health policies. This project would equip them with a better understanding of concepts and strategies to establish mental health policies and plan processes for community mental health preparedness and responses after the COVID-19 pandemic.

As mentioned above, the participants were the health workforce involved in community mental health and mental health leaders. Hence, 2-3 nominations were invited in this online workshop to serve the following roles.

(1) The one nominee was invited as expert keynote speaker of the economy to share experiences based on the framework on 24 January 2023.

(2) All nominees from each economy (2-4 health workforce, 1 mental health leader) were invited to join group discussions, comprising 3-5 members per group, on 24 January 2023.

(3) The one nominee of each group was invited to present the mental health work plans in the community on 25 January 2023.

These two main groups of direct project participants were involved at least domestically in community mental health services. The health workforces included physicians, nurses, psychiatrists, psychologists, social workers, mental health workers with working experiences in the area of community mental health services. In addition, it was specified that the mental health system leaders, health executives, and policymakers must be ranked at least a director-level and oversee health policy planning at either regional or central government health agencies. These participants would benefit from the project in that they would be able to effect changes both in policy development and practices in their economies.

In addition, the participants were required to possess competent English communication skills to fully contribute to the project. The indirect beneficiaries of the project were interested academia, including the health workforce and service recipients (patients) of those participating in the project.

All nominated speakers who would like to present their community mental health were required to prepare and submit a 15-minute presentation in PPT or PDF files to Conference Secretariat via email at piyaorn@g.sut.ac.th with the copy to PO via email at dmh.imhc3@gmail.com before 17 January 2023, to allow for scheduling presentations (6 economies were estimated to present their work in this workshop). In case more than 6 economies would like to deliver a presentation, the morning schedule would be adjusted.

To ensure both men and women's benefits from the project, gender equity would be actively pursued when finalizing invitations and speakers in this event, thus contributing to equal input representing the views of men and women within economies.

This project would make efforts to provide balanced opportunities for both men and women; hence, the targets for both female participants and female speakers were set at 50%. The project addressed the pillar of "Skills, Capacity Building, Health of the Gender Criteria" as stated in Appendix G of the Guidebook on APEC Projects. The knowledge, skills and capacity building of mental health could be strengthened, which would in turn empower women. Given that APEC has recognized the COVID-19 had "disproportionate economic and social impacts on women and girls", this project took into consideration gender perspectives in both the survey and the workshop. The PO was committed to collecting sex-disaggregated data for all the speakers and participants (not exclusive to the APEC funded) in the project. This set of data would be included as part of the submission of the Completion Report to the Secretariat when the project completed and would serve as a practical guideline for future POs on their own gender parity target.

D. A Manual of the workshop

Researchers have developed two significant instruments based on research findings from phase 1. The workbook for establishing mental health work plans in the community and the survey questionnaires have been validated by three experts in the field of mental health. The information collected through these instruments can be analysed qualitatively and quantitatively to summarize the comprehensive mental health work plan and recommendations. The example of an instrument will be presented:

A workbook for creating mental health work plan in the community

23 - 25 January 2023 (Virtual Event)

INTRODUCTION

Welcome to the discussion a mental health work plan in the community. This session is designed for member economies how to develop guideline for strengthening community mental health after the COVID-19 pandemic.

The objectives are to:

1. Analysis community mental health care situation
2. Create a mental health work plan in the community
3. Conclude the results and prepare a presentation

Activity plan (24 January 2023)

Mental health workplan in the community

VISION
Economic members of APEC have a strengthening community mental health after the pandemic

Analysis situation
Step1: 15 minutes, discuss the most important part of community mental health care by using SWOT analysis framework.

Create work plan
Step2: 45 minutes, create a mental health work plan in the community

Conclusion
Step3: 15 minutes, to conclude the results and prepare a presentation

Evaluation
Short-term: commented by experts
Long-term: evaluate the results after three mounts

RESULTS: From descriptive phenomenological qualitative research found that there are three pillars, and ten themes can be main factors to strengthen community mental health for all people in communities.

Three pillars and ten themes of main factors to strengthen community mental health

Doing the workshop includes as follows:

Step1: 15 minutes; analyse the most important part of community mental health care by using SWOT framework.

Step2: 45 minutes; create 2-3 mental health work plans in community

Step3: 15 minutes; It is a conclusion about the results and preparedness of a presentation

STEP 1: ANALYSIS SITUATION, WHERE WE ARE NOW?

Discuss the most crucial part of community mental health care that is needed to strengthen by using SWOT analysis framework. (Time 15 minutes)

Vision: APEC member economies have a strengthening community mental health after the pandemic

For the guideline interview, examples of these questions are:

1) After pandemic, what are policies, action plans and interventions that you expect to see for community mental health and why?

2) Which area of community mental health in your economy are you focusing on

3) For doing work plan today, what is the key(topic) thing you want to improve in community mental health of your economy? (Description: You can choose the topic from APEC recommendations from day1 workshop, themes on page 2 of workbook or you can select the topic from your real situations)

Topic1: (Description: You can choose the topic from APEC recommendations, themes on page 2 or you can select the topic from your real situations)

Strengths (S): (Description) • What do we do well/best in mental health community? • What is unique about our services? • What is the competitive/advantage? • What are the best practices?	**Opportunity (O)**: (Description) • What resources can we use to improve weaknesses? • What is the context, policy and supportive systems? • What is the gap of mental health service? • What is the new tool or new technology?
Weaknesses (W): (Description) • Which parts are underperforming and why? • What can be improved? • What resources could improve our performance? • Which important parts need to solve urgently?	**Threats (T):** (Description) • What are the changes are cause for concern? • What new pandemic trends are on the horizon? • What is trend of the mental problem?

Internal origin and controllable	External origin and influence

Note: During the interview, please keep in mind that the open-ended questions will allow interviewees to express their experiences in relation to the community mental health policies, service systems, the successful action plans or interventions during the pandemic and mental health work plan after pandemic. In addition, the questions in each step are flexible, so they are not necessarily fixed in a specific order. Therefore, I will be an active listening person. Try to follow the conversation for understanding their meaning and keep a balance of power dynamic during the interview.

STEP 2: CREATE A MENTAL HEALTH WORK PLAN IN THE COMMUNITY

After finishing the SWOT analysis, please name the title of your work plan that you aim to strengthen—developing your mental health work plan in the community. Your work plan should be completed by considering the improvement of strengths, weaknesses, opportunities, and threats based on political, economic, socio-cultural, technical, legal, and environmental dimensions, if possible. (Time 45 minutes)

Title:

Goal 1: [Concisely state your goal.] [Use the framework for SMART goals. (Specific, Measurable, Attainable, Relevant, Time-based)]					
Objectives 1.1	**Timeline**	**Resources**	**Team Responsibility**	**Strategies**	**Measures**
[List the specific tasks to achieve this goal.]	[State when the project will begin and end. Include any other deadlines or important milestones.]	Include the people, money, tools and other resources the project requires.]	Detail each team member's roles and responsibilities on the project. Be specific to avoid confusion during the project.]	[List the sub-tasks required to achieve the objectives for this goal.]	[List the way how to evaluation the objectives for this goal.]
Objectives 1.2	**Timeline**	**Resources**	**Team Responsibility**	**Strategies**	**Measures**

STEP 3: CONCLUSION

1) Summarize the results and prepare a presentation in ten minutes for tomorrow, on 25 January 2023 (9:30 –10:30).
2) You can present by using your table from step 2 or create your PowerPoint, which is easy for you and enhances the audience's understanding.
3) After the presentation, you will be commented on by experts from Ms Aurora Tsai, Program Director APEC Secretariat and Dr Andrea Bruni, Regional Advisor on Mental Health WHO Regional Office for South-East Asia
4) The end of the session

E. Pre - Workshop Evaluation Form

This evaluation is a part of workshop event to strengthen community mental health after the COVID-19 pandemic. This survey consists of 23 questions and takes about 10 minutes to complete. All responses will be anonymous and confidential. For having any questions, please contact alykp1@nottingham.ac.uk

Part 1: Perspectives and experiences of community mental health (Please answer briefly)

1. Which area of community mental health does your economy focus on now? What is the best practice of community mental health in your economy?
2. What are the strengths of community mental health in your economy? (List up to 3 things)
3. What are the weaknesses of community mental health in your economy? (List up to 3 things)
4. What is the key thing you want to improve in community mental health of your economy?

Part 2: Identify the important issues to strengthen community mental health

Please score your level of agreement with the following statements by using scale below:

1 = Not a priority at this time 2 = Somewhat of a priority at this time

3 = Moderate priority at this time   4 = Very important priority at this time

5 = Absolutely Essential priority at this time

No.	Items	1	2	3	4	5
1	Leader emphasising community mental health					
2	Legislation about community mental health					
3	Budgets for community mental health					
4	Understanding the infrastructures of mental health care					
5	Using case management as the foundation to provide community mental health					
6	Promoting mental health literacy for all people					
7	Using technology to provide community mental health					
8	Increasing accessibility to community mental health care for all people					
9	Improving research and innovation about community mental health					
10	Using humanizing care services to preserve human rights					
11	Having community mental health centres					
12	Training multi-disciplinary teams in community mental health					
13	Maintaining the job positions of professionals in communities					
14	Building networks to work on community mental health					
15	Seamless provision of care by utilising integration between hospitals and communities					

Part 3: Sociodemographic

3.1 Please select your economic centre	3.2 Please select your position	3.3 How long have you been working for mental health services? (Years)
o Canada o Chile o Hong Kong, China o Indonesia o Japan o Malaysia o Mexico o Peru o The Republic of the Philippines o The Russian Federation	o Director o Deputy director o Policy maker o Psychiatrist o Psychologist o Therapists o Counsellor o Mental health nurse o Mental health pharmacist o Researcher o Lecturer	o Less than six mounts o six months-5 years o 6-10 years o 15-20 years

o Singapore o Chinese Taipei o Thailand o Other (Please specify…………………)	o Others (Please specify…………………)	o More than 20 years

F. Post - Workshop Evaluation Form

Part 1: Identify the important issues to strengthen community mental health *after workshop*

Please score your level of agreement with the following statements by using scale below:

1 = Not a priority at this time

2 = Somewhat of a priority at this time

3 = Moderate priority at this time

4 = Very important priority at this time

5 = Absolutely Essential priority at this time

No.	Items	1	2	3	4	5
1	Leader emphasising community mental health					
2	Legislation about community mental health					
3	Budgets for community mental health					
4	Understanding the infrastructures of mental health care					
5	Using case management as the foundation to provide community mental health					
6	Promoting mental health literacy for all people					
7	Using technology to provide community mental health					
8	Increasing accessibility to community mental health care for all people					
9	Improving research and innovation about community mental health					
10	Using humanizing care services to preserve human rights					
11	Having community mental health centres					
12	Training multi-disciplinary teams in community mental health					

No.	Items	1	2	3	4	5
13	Maintaining the job positions of professionals in communities					
14	Building networks to work on community mental health					
15	Seamless provision of care by utilising integration between hospitals and communities					

Part 2: the qualitative data (Please answer briefly)

16. What is the most effective policy /best practice that would strengthen community mental health and why?

17. Do you have any advice or comments on how to strengthen community mental health after the COVID-19 pandemic?

18. Which aspects of this workshop did you find the most useful and why?

19. Which aspects of this workshop did you find the least useful and why?

20. If you have any further feedback to improve the workshop, please feel free to do.

Part 3: Sociodemographic

3.1 Please select your economy	3.2 Please select your position	3.3 How long have you been working for mental health services? (Years)
o Canada o Chile o Hong Kong, China o Indonesia o Japan o Malaysia o Mexico o Peru o Russia o Singapore o Chinese Taipei o Thailand o Other (Please specify…………………)	o Director o Deputy director o Policy maker o Psychiatrist o Psychologist o Therapists o Counsellor o Mental health nurse o Mental health pharmacist o Researcher o Lecturer o Others (Please specify…………………)	o Less than six mounts o six months-5 years o 6-10 years o 15-20 years o More than 20 years

G. Satisfaction Form

Part 1: The overall satisfaction of workshop

Please indicate your level of agreement with the statements below by selecting the appropriate response.

1.1 *Before the workshop*, I understand essential information for strengthening community mental health after the COVID-19 pandemic, such as policy, service systems, and best practices.

not at all   full
understanding

1	2	3	4	5	6	7	8	9	10

1.2 *After the workshop*, I understand essential information for strengthening community mental health after the COVID-19 pandemic, such as policy, service systems, and best practices.

not at all   full
understanding

1	2	3	4	5	6	7	8	9	10

Part 2.1: presentation and discussion

Please indicate your level of agreement with the statements by selecting the appropriate response

   1 = Strongly Disagree

   2 = Disagree

   3 = Agree

   4 = Strongly Agree

No.	Items	1	2	3	4
1	The speaker and facilitators were professional and well organized				
2	The content was informative and appropriate				
3	Sharing experiences about community mental health framework, operation, and planning during the COVID-19 pandemic is useful				
4	I had an opportunity to discuss creating a mental health work plan in the community				

No.	Items	1	2	3	4
5	Attendees were encouraged to contribute their views				
6	There was sufficient time for attendees to discuss issues/concerns				
7	I will apply the knowledge from the workshop to my practice				
8	This workshop event provided a great opportunity for networking				
9	The workshop event was satisfying and worth my time to attend				
Part 2.2: Resources and technology					
10	The audio and visual quality from the speakers was adequate				
11	Using Zoom for the breakout sessions worked well				
12	My learning experience was not impacted by technology issues				
13	Any issues with technology could be resolved sufficiently				
14	It was appropriate to deliver this workshop remotely				
15	The Materials/Handouts were useful				

H. Three- month Follow-up Form

Part 1: The overall achievement

Regarding your community mental health work plan, you participated in the web conference "Strengthening Community Mental Health after the COVID-19 Pandemic", in Thailand on 23-25 January 2023.

Could you please indicate the level of achievement with the statements by selecting the appropriate response?

1.1 What is the level of putting the mental health community work plan into practice

not at all   fully using

1	2	3	4	5	6	7	8	9	10

1.2 What is the level of a successful mental health community work plan?

not at all   fully successful

1	2	3	4	5	6	7	8	9	10

1.3 What is the level of an obstacle to the mental health community work plan?

Lowest   Highest

1	2	3	4	5	6	7	8	9	10

1.4 Please specify briefly about the key success

1.5 Please specify briefly about the barrier

I. Questions for In-depth Interview

For the in-depth interview of the individual, examples of these questions are:

1. Can you please explain us about your context such as population demographics. health indicators and social indicators? (How these relevant with community mental health care?)

2. How is prevalence of different conditions that result to mental illnesses?

3. What is the majority of mental health disease and which population?

During- Covid-19 pandemic

1. During the Covid-19 pandemic, have any changes in community mental health policies or aims of action plans and why?

2. Could you explain more about the successful action plans, preparation of personnel, workable tools and interventions?

3. What is the processes and timing of community mental health care solution in pandemic?

Post- Covid-19 pandemic

1. What is the best practice that your economy implemented during the Covid-19 pandemic?

2.What is the method or framework that you applied for evaluation action plan, tools, and intervention?

3. What is the result of evaluation such as the effectiveness and efficiency?

J. One page summary of the findings

HWG 01 2021A – STRENGTHENING COMMUNITY MENTAL HEALTH AFTER THE COVID-19 PANDEMIC

APEC Asia-Pacific Economic Cooperation

by Piyaorn Wajanatinapart & Kornkan Phuengnam

INTRODUCTION

The COVID-19 pandemic has occurred since 2019. Several impacts are seen, especially the disruptions of mental health services about prevention and promotion programs. After the pandemic, it has led to the emergence of psychosocial responses among the public: stress, anxiety, uncertainty, or loneliness. Considering that many of those with mental health conditions live in communities, community based mental health interventions are necessary for all people of any age, whether with or without mental health conditions at any stage, to improve their quality of life and preserve human rights.

RESULTS

After analyzing data, the researchers proposed three pillars as shown below.

Politics & leader — **Community involvement** — **Sustainability of community mental health**

Themes:
–Policy & Strategy
–Human resources
–Community infrastructure
–Client

Themes:
– Accessibility
– Collaboration
– Health technology

Themes:
– Human rights
– Mental health well–being
– Comprehensive & Continuing approach

CONCLUSION

To strengthen community mental health, three pillars as above can be main factors to provide effective mental health services for all people in communities.

RESEARCH OBJECTIVES

This research was intended to share experiences, best practices, interventions, lessons learned, operations, and outcomes from each economy's context about community mental health response to the COVID-19 pandemic and to strengthen community mental health after the pandemic.

METHODOLOGY

A descriptive phenomenological qualitative research was adopted to explore experiences about community mental health of 12 economies. The in-depth interview for 45-60 minutes per person of four economies was conducted with ten representatives to share their experiences about community mental health based on their contexts.

RECOMMENDATIONS

- Seek support from government & leaders
- Increase and retain mental health providers
- Foster infrastructures of mental health care and human rights
- Invest in research funding
- Continue approaches & using case management
- Strengthen community efficacy
- Raise the public's awareness to increase accessibility
- Decrease stigma
- Develop mental health literacy
- Create health technology for monitoring