COVID-19 and Mental Health in the Asia Pacific: Challenges, Risks and Opportunities

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Digital Hub for Mental Health

mentalhealth.apec.org

Our Mission

Enhance awareness, share knowledge and experiences, develop customized curricula, and facilitate model partnerships

Strengthen mental wellness in support of sustainable economic growth and meet the needs of member economies, in alignment with international best practices
Host Consortium & Core Partners

University of Alberta

Canadian Network for Mood and Anxiety Treatments (CANMAT)

University of British Columbia

Mexico: National Institute of Psychiatry

Indonesia: Ministry of Health

Singapore: Institute of Mental Health

Australia: University of Melbourne

Chile: Department of Mental Health, Ministry of Health

Peru: Ministry of Health and National Institute of Mental Health

Japan: National Institute of Mental Health

Philippines: National Center for Mental Health; University of the Philippines

Viet Nam: The Research and Training Center for Community Development

Malaysia: Ministry of Health

Indonesia: Ministry of Health

Peking University APEC Health Sciences Academy

Janssen Asia Pacific

Korea: National Centre for Mental Health

Canada: University of Alberta

APEC Health Sciences Academy

Singapore: Institute of Mental Health

Australia: University of Melbourne
APEC economies identified the Hub’s mental health Focus Areas

Strategic Needs Assessment by APEC Member Economies

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<td>THE UNITED STATES</td>
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<td>VIET NAM</td>
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- Advocacy and enhancing public awareness
- Integration with primary- and community-based settings
- Data collection and standardization
- Indigenous communities
- Disaster resilience and trauma
- Workplace wellness and resilience
- Vulnerable communities and children

Workplace wellness and resilience
Technology and Equitable Access for Mental Health Care in a post-COVID Asia Pacific (TEAM-C²AP). Needs, best practices and opportunities
TEAM-C$^2$AP Study

- Australia, Canada, Chile, China, Japan, Malaysia, South Korea, the United States, and Vietnam

- Objectives:
  - Identify the mental health needs and barriers to care for at-risk groups in the context of the COVID-19 pandemic in the APEC region
  - Identify best practices for using digital mental health to provide care to at-risk populations and in emergency settings.

- Rapid review, Delphi consensus process, scoping review
- Development and dissemination of recommendations
Mental Health and COVID-19

• Mental health effects of:
  • social isolation
  • job loss and economic insecurity
  • illness and bereavement
  • physical distancing
  • disrupted access to usual health and mental healthcare

• Among Canadians >18 years\textsuperscript{1}:
  • 21.5% experiencing moderate to severe anxiety
  • 24.7% engaged in binge drinking
  • 23.7% feel lonely
  • 21.2% feel depressed

Paradigm Shift

• Digital mental health is evidence-based but uptake was previously slow

• Rapid acceleration in the roll-out of virtual care (telephone, video and App-based interventions)

• The digital divide may also leave some populations behind
Mental Health of At-Risk Groups

- Rapid review to:
  - Identify priority at-risk groups and their mental health needs in the context of COVID-19 in the Asia Pacific region
  - Identify recommendations for improving access to virtual mental health support among these groups

- Based database (PubMed, Google Scholar) search between June 4th-12th

- Living review to be updated regularly
Priority At-Risk Groups (1)

• People with existing mental illness:
  • Comorbidities, lower SES, precarious housing
  • Higher risk in inpatient and residential care
  • Decrease in standard care
  • Social isolation
  • Stigma

• Healthcare workers:
  • Increased workload
  • Limited resources (PPE)
  • High risk of exposure
  • High levels of anxiety, depression, insomnia, stress
Priority At-Risk Groups (2)

• Black, Indigenous and People of Colour (BIPOC):
  • Higher risk of contracting COVID-19
  • Social determinants of racialization and discrimination
  • Lack of access to affordable, culturally or linguistically appropriate care

• Migrants:
  • Refugees, asylum seekers, migrant workers
  • Poor mental health and care access compared with general population
  • Lack of access to culturally appropriate care
  • Increased discrimination, racism and stress
Priority At-Risk Groups (3)

- Older adults
  - Social distancing may further exacerbate existing social isolation
  - Existing mental illness or cognitive decline
  - Ageism
  - Fear of dying alone or complicated bereavement

- People experiencing homelessness
  - High rates of mental illness, substance use disorders and comorbidities
  - Handwashing, physical distancing may be challenging
  - Interruptions in support services
Priority At-Risk Groups (4)

• Victims of domestic violence
  • Conditions of lockdown may compound risk
  • Likely to exacerbate existing mental health issues (anxiety, depression, PTSD)

• People with disabilities:
  • Persistent low access to care and stigma
  • Increased prevalence of mental health and physical comorbidities
  • Gaps in care and interruption of routines

• Other groups warranting further attention:
  • People living with HIV
  • LGBTQ+ people
  • Children and youth
  • Women and girls
  • Incarcerated populations
Gaps and Challenges

• Disruption of standard mental health care and support services

• Poor mental health and psychosocial effects of social isolation and change in usual routine

• Lack of linguistically and culturally appropriate and accessible health information and care

• Persistent impact of social determinants of health on mental, physical health and care access
Challenges for Virtual Care Access

Digital divide:

• At-risk groups may lack of access to tele-communication and digital technologies (e.g. Smartphone, video capabilities)

• Poor infrastructure (e.g. Wifi access)

• Low digital and technological literacy among certain groups
Preliminary Recommendations

• Engage representatives from at-risk groups in planning

• Ensure information and services – including e-health services – are accessible: diverse languages, diverse platforms, usable for all abilities

• Prioritize research that evaluates the efficacy and implementation of e-health interventions for at-risk groups in the context of COVID-19
An opportunity to build back better

- Broad attention to need for mental health and psychosocial supports
- Acceleration of use of evidence-based digital mental health care
- Need to address the effects of social, cultural and structural determinants of health on mental health and mental health care access
- Equity focus, including in digital mental health care
Bounce Back

While some offices may be closed, BounceBack program coaches are still here for you by phone and online. Visit the adult or youth page to learn more and get started.

Online Referrals for BounceBack Coaching
You can now submit online referrals for our free coaching program. If you have a family doctor, nurse practitioner or psychiatrist, you can sign up online yourself. If not, you can book an online appointment with a primary care provider to get your referral.
Enhanced Measurement-Based Care Effectiveness for Depression: A Canada-China Study (EMBED)

• Informed by formative research with focus on digital access and acceptability

• WeChat mini program to empower patients to track their own outcomes

• Includes a self-management program with a lay coach (adapted from BounceBack)

• Reminder systems for follow up
APEC White Paper on Workplace Mental Health and Safety

Recommendations for Workplace Mental Health and Safety Planning and Support during a Crisis:
During a crisis such as the ongoing pandemic, there are three distinct phases to be considered, as described in the table below:

Table 1: Workplace Mental Health Challenges Consideration during Phases of a Crisis

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Phase 1: Emergence of crisis</th>
<th>Phase 2: During the crisis</th>
<th>Phase 3: Post-crisis</th>
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<td>Uncertainty of significance and duration of the crisis</td>
<td>Work style and environment changes (e.g., lockdown)</td>
<td>Changes of economic environment and labor market</td>
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<td>Potential disruption of regular supports and services</td>
<td>Isolation</td>
<td>Economic recovery and uncertainty</td>
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<td>Balance between work and family demands</td>
<td>Fear or anxiety</td>
<td>Lasting impact of traumatic events</td>
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<td>Potential loss or uncertainty about economic and job security</td>
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Sapna Mahajan, MPH, PMP, CHE  
Director, Mental Health Commission of Canada

Dr. Hiroto Ito, Ph.D., Director, Research Director, Japan Organization of Occupational Health and Safety
Summary

• At-risk groups face added mental health and psychosocial vulnerabilities in the context of COVID-19

• The shift to digital health approaches must include equity consideration in planning and dissemination

• Efficacy and implementation research on digital mental health options must include equity focus

• The Digital Hub brings together regional expertise and a platform to disseminate evidence-based recommendations

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