

APEC Digital Hub for Mental Health Colloquium – Executive Summary

Sheraton Saigon | 22 August 2017 | Ho Chi Minh City, Viet Nam

The APEC Digital Hub for Mental Health hosted its second major event of 2017, a Colloquium coinciding with the Third APEC Senior Officials' Meetings (SOM3), including meetings of the APEC Life Sciences Innovation Forum (LSIF) and High-Level Meeting on Health and the Economy (HLM), in Ho Chi Minh City this August. Dr. Erin Michalak, Program Director of the Digital Hub, also presented on the HLM's Plenary Panel, "Making the Best Investments in Adolescent Health and Wellbeing," taking the opportunity to highlight the Digital Hub's important mandate and advances to-date to the community of health stakeholders within and outside of APEC.

The Colloquium supported the Digital Hub's next action steps, as identified at the Digital Hub's inaugural annual conference in Vancouver in June 2017. These included:

- Onboarding new principals from both the private and public sectors across the APEC region as thought leaders and financial partners;¹
- Demonstrating how the Digital Hub can help share best practices, particularly through its new digital platform (<https://apecmh.publivate.ca/>), and further consultations on technical development for capacity-building and project scale-up;
- Stimulating and collecting input on the APEC Best Practices for Psychological Health and Safety, under the Workplace Wellness and Resilience focus area;
- Maintaining high-level political awareness of and support for the Digital Hub's mandate within the APEC forum.

These objectives were met through the following sessions:

- 1. THE APEC DIGITAL HUB'S CAPABILITIES:** Following a status report and group introductions, Mr. Geordie Adams, President of Publivate, introduced participants to the Hub's new digital platform (<https://apecmh.publivate.ca/>) and its technological capabilities to support project collaboration. Adams shared key concepts of the Hub's approach to collaboration, as exemplified by the digital platform's *Ideas Forum* (<https://apecmh.publivate.ca/ideas>), a place for partners to engage in meaningful knowledge sharing and discussion.
- 2. WORKPLACE WELLNESS & RESILIENCE (FACILITATED DIALOGUE):** Facilitated by Mr. Andrew Blasi, Associate Director of C&M International, attendees participated in a discussion of the Digital Hub's immediate next steps in developing an APEC white paper and call to action on Best Practices for Workplace Psychological Health and Safety. Participants were supportive of this initiative under the Workplace Wellness and Resilience focus area, provided insights on their regional and sectoral priorities, and leveraged the Digital Hub platform to envision how they can engage in the whitepaper's development (see detailed session notes below).
- 3. INTEGRATION WITH PRIMARY CARE & COMMUNITY SETTINGS (WORKSHOP):** Building on the prior sessions, participants delved into a brainstorming exercise to inform the Digital Hub's technological development, with a focus on building capacity for mental health care in community-based settings. Dr. Chee Ng, Professor, University of Melbourne, facilitated small-group discussions in which participants envisioned how prospective Hub users (e.g., psychiatrists, community-based workers, researchers, businesses, etc.) can use a technology-enabled platform in innovative ways to share knowledge, participate in training, and meet local needs. For example, participants imagined a social worker who can utilize the Hub network to connect with a local non-profit organization providing occupational training for people with mental health challenges; and a small business owner who crowdsources the front-line experience of primary care physicians to inform her development of a mobile application for managing medication treatments.

¹ New principals from the following organizations participated in the Colloquium – AUSTRALIA: Centre for Comparative Genomics, Murdoch University; Department of Health; INDONESIA: Directorate of Mental Health, Ministry of Health; PAPUA NEW GUINEA: Department of Health; THE PHILIPPINES: Management Association of the Philippines; National Mental Health Program, Department of Health; SINGAPORE: St. Andrew's Mission Hospital; VIET NAM: General Confederation of Labour, Vietnam Psychiatric Association, Da Nang Psychiatric Hospital, BasicNeeds Vietnam, Institute of Population, Health and Development (PHAD).



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SUMMARY ~ SESSION TWO DIALOGUE ON WORKPLACE WELLNESS & RESILIENCE

Facilitator: Mr. Andrew Blasi, Associate Director, C&M International

Scene-Setter: As per priorities identified at the Vancouver conference, the Digital Hub host team and core focus committee chairs have outlined an action plan to strengthen workplace wellness and resilience across the Asia-Pacific. As an immediate next step, partner organizations will leverage the APEC Digital Hub to prepare a white paper for APEC Ministers by 2018 that evaluates the business and economic case, scopes best practice models to achieve large-scale impact, and issues a call to action based on the recommendations. This white paper and call to action may facilitate the launch of a multi-year capacity-building program to develop APEC Principles for Workplace Psychological Health and Safety followed by a multi-year implementation and evaluation program.

The Digital Hub's online platform will facilitate the development of this white paper and call to action, including input submissions by organizations and individuals. See the *Ideas Forum* here: <https://apecmh.publivate.ca/ideas>. The Workplace Wellness and Resilience core focus committee chairs (Canada and Japan) will update the Ideas Forum platform to reflect the most appropriate themes for input. The Ideas Forum will then be circulated to each Digital Hub partner, and their respective networks, for input to inform the white paper's development.

Group Discussion:

1. How does your organization approach the issue of workplace wellness and resilience? What are some important considerations in making a business case for workplace wellness and resilience? We will go around by sector.
 - a. Industry:
 - i. **Mr. James Smith-Plenderleith, Janssen Asia-Pacific, Hong Kong, China:** It is important to not only to include rational arguments, but also opinion pieces from business leaders to promote buy-in.
 - ii. **Dr. Michelle Kramer, Janssen, United States:** It is important to identify the outcomes of successful implementation up front – what should be measured to ensure our desired results are being achieved?
 - iii. **Ms. Racquel Cagurangan, Management Association of the Philippines:** We are currently we creating an international advisory crew to address these and other issues and look forward to partnering with the APEC Digital Hub in this initiative.
 - iv. **Mr. Geordie Adams, Publivate, Canada:** There are 300,000 SMEs (like Publivate) in Canada; it is important to consider SMEs, who often have no time to implement large mental wellness programs, unlike larger corporations.
 - v. **Dr. Chee Ng, University of Melbourne, Australia:** A wealth of data from industry organizations has already been gathered globally and a cost-benefit analysis has been conducted (determined an ROI of 2.3 toward mental wellness in the workplace). Our job is to promote these (and other existing) facts.
 - vi. **Michelle:** We can also learn from other disease areas, e.g., oncology—past action to reduce smoking in the workplace. For us, perhaps we should focus on one high-impact item rather than take a broad scope.
 - vii. **Dr. Hiroto Ito, National Centre for Neuropsychiatry, Japan:** It is important to consider both absenteeism and presenteeism in the business case. Also regional concerns, e.g., in Japan, overwork-related disorders and suicide.



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- viii. **Ms. Fiona I-Ching Tsai, Janssen Asia-Pacific:** Johnson & Johnson is interested and looking into how to improve the health of its employees: looking at diet, exercise, and mental health in combination.
 - ix. **Racquel:** Key aspects to consider are also nutrition and stress; there are also lots of urban-related health issues (i.e., effects of living in cities) that should be taken into account when evaluating best practices to strengthen workplace wellness.
 - x. **Michelle:** We need to remember that the promotion of mental wellness and the treatment of illness are two different issues/two different problem spaces, usually with distinct solutions. The white paper may need to address how these are distinct, and the Hub will need to decide what is in scope (may be both).
- b. Government
- i. **Dr. Mauricio Gomez, Ministry of Health, Chile (MINSAL)** – The Chilean Government has written a guide to psychosocial areas of risk in workplaces. It would be helpful to provide information/orientation to family doctors to provide notes for leave – and to promote a move from thinking of medical leave as a problem to an opportunity for treatment. Other kinds of leave for socially-related problems (e.g., caregiving of family members) may be considered. Social security agencies may be partners; there is interest in learning about protective factors in the workplace. One major problem is also one’s return to work after being on disability—many are still unwell.
 - ii. **Dr. Prianto Djatmiko, Directorate of Mental Health, Ministry of Health, Indonesia:** There is much diversity within Indonesia (e.g., between Eastern vs. Western sides of the country); there are also very few mental health professionals, so a major priority for the country is to ensure mental health is integrated into primary care.
 - iii. **Ms. Trinh Thanh Hang, General Confederation of Labour, Tan Binh District, Viet Nam:** There are 2.7 million workers in industrial factories in Viet Nam, of which 60-70% are women, often working in stressful conditions. Primary care in mental health is limited; child care services are also needed. We are currently looking into workplace accommodations for pregnant women (e.g., reducing workload for women who are seven or more months pregnant). We have also focused on basic health care for these workers (e.g., checkups). The General Confederation of Labor is interested in:
 - 1. Conducting research, advocacy, and sharing in policy;
 - 2. Projects that employers can implement and that are supported by factory employers; and
 - 3. Resources (e.g., a research centre or consortium for Viet Nam).
 - iv. **Mr. Ambrose Kwaramb, Dept. of Health, Papua New Guinea:** We have 8 million people and 800 languages. There is government legislation protecting workplace rights, predicated on respect. There is however need to do a situational analysis on how they can employ a multi-stakeholder approach.
 - v. **Hiroto:** There are several levels to consider, including government action and workplace initiatives. Japan is focusing on improving work-life balance; improving systems for better access to mental health care (e.g., better horizontal and vertical integration is needed), addressing stigma. Currently employers are very distinct from and ignorant of mental health; there is need to address this ignorance and disconnect.



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- vi. **Dr. Nor Hayati Ali, Ministry of Health, Malaysia:** Our initiatives have included stress training and smoking cessation. We have also found that some ill individuals have not been able to access services. Doctors who went through depression/anxiety have developed their own training programs—currently there is movement on workplace wellness for doctors.
 - vii. **Dr. Beverley Azucena, National Center for Mental Health, The Philippines:** We continue to focus on women with post-partum depression. The Philippines now has a national strategic plan for mental health. However, as projects are being implemented, they remain fragmented and not aligned with the national strategic plan. We have metrics are based on the WHO / Happiness Index.
 - viii. **Dr. Nares Damrongchai, CEO, Thailand Center of Excellence for Life Sciences:** We need to invest at all stages of life—workplace and non-workplace (what about unpaid work?). We have looked at flexible hours. Overwork is also a big issue as well, with an expanding culture against vacation. “Extended office” is both positive and negative. Leave can also be for family members who are unwell rather than workers themselves.
2. How can the technology provided by the APEC Digital Hub assist in the formation of the white paper and the call to action, including input submissions/achievement of impact?
- a. **Michelle:** It is important we have clarity on the differences of process vs. content of technological development (i.e., what will be the process for technological development; how will committee conversations influence the technological capabilities of the Hub). This is a separate question from content the APEC Digital Hub will generate.



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PRINCIPALS ROUNDTABLE (MORNING) – 22 AUGUST 2017

*Saigon Dalat Room, Sheraton Saigon Hotel & Towers
88 Đồng Khởi, Bến Nghé, Quận 1, Hồ Chí Minh City, Viet Nam*

TIME	AGENDA	SESSION FACILITATOR / PRESENTERS
07:45-08:30	<p>ONSITE REGISTRATION Location: Kimdo Royal Hotel Saigon <i>Note: Participants who have not already collected their badge before today should arrive at the Registration Centre for APEC SOM3 (inside Kimdo Royal Hotel Saigon) at 7:45 AM. Please ensure you have your confirmed registration email, invitation letter, and passport in order to collect the badge.</i></p>	N/A
09:00-09:30	<p>WELCOME & STATUS REPORT ON THE APEC DIGITAL HUB FOR MENTAL HEALTH</p> <p><i>Description: Participants are provided a brief overview of APEC's emergent leadership to strengthen mental wellness as a driver of inclusive and sustainable economic growth across the region. And why a multi-sectoral, digital hub has been launched as the focal point for this collective action.</i></p> <p>Key Topics:</p> <ul style="list-style-type: none"> <i>The vision of the digital hub and its core focus areas as informed by APEC economies, as well as the hub's immediate and long-term objectives.</i> <i>Assessment of current core partner organizations (government, academic, industry, and others).</i> <i>Outcomes from "APEC Innovation in Action: Building the Digital Hub for Mental Health" launch program in Vancouver, Canada (June 2017).</i> 	<p>WELCOME</p> <p>STATUS REPORT</p> <p>Prof. Erin Michalak Program Director, APEC Digital Hub Department of Psychiatry, University of British Columbia, Canada</p>
09:30-10:00	<p>ROUNDTABLE INTRODUCTIONS</p> <p><i>Description: Each principal will briefly introduce their name and organization, indicate whether their organization is an existing partner or is exploring partnership, and why their organization has interest in strengthening mental wellness.</i></p>	All Participants
10:00-11:00	<p>SESSION ONE: THE APEC DIGITAL HUB'S CAPABILITIES</p> <p><i>Scene-Setter: The digital hub is tasked with (a) serving as the focal point for all activities in APEC to strengthen mental wellness and (b)</i></p>	<p>FACILITATOR</p> <p>Mr. Geordie Adams President PubliVate, Inc.</p>



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	<p><i>maintaining a web-based, collaborative platform to connect organizations and individuals in this effort. Both of these tasks center on the seven core focus areas identified as strategic needs by APEC economies. New and existing partners will collaborate to ensure the digital hub's capabilities are designed and implemented to successfully achieve both tasks. Participants in this session will begin a two-part, interactive exercise that begins in Session One and concludes in Session Three. Participants will review progress on the Digital Hub's technical development as well as provide inputs to inform future development.</i></p> <p>Objective:</p> <ul style="list-style-type: none"> • <i>Identify the latest digital capabilities to consider in support of the digital hub's objectives.</i> • <i>Determine what functionality should be included in the Digital Hub's forthcoming platform to meet objectives.</i> • <i>Confer how the digital hub's functionality should be designed to advance partner-led initiatives.</i> • <i>Identify what each current and interested partner can input to facilitate change through the digital hub (user case scenarios).</i> • <i>Assess alignment between the digital hub's capabilities, the needs of the region, and the inputs of current and interested partners.</i> 	
11:00-11:30	GROUP PHOTO & NETWORKING BREAK	N/A
11:30-13:00	<p>SESSION TWO (FACILITATED DIALOGUE): WORKPLACE WELLNESS & RESILIENCE</p> <p>Scene-Setter: <i>The digital hub will undertake immediate action to strengthen workplace wellness and resilience across the Asia-Pacific. As an immediate next step, partner organizations will leverage the APEC Digital Hub to prepare a white paper for APEC Ministers by 2018 that evaluates the regional business and economic case, scopes best practice models to achieve large-scale impact, and issues a call to action based on the recommendations.</i></p> <p>Objective: <i>After a short presentation, principals will undertake a facilitated discussion on:</i></p> <ul style="list-style-type: none"> • <i>Utilizing the digital hub in the formation of the white paper and call to action, including input submissions by organizations and individuals.</i> • <i>Best practice models to achieve large-scale impact following the release of the call to action.</i> • <i>Utilizing the digital hub to achieve this impact and the role of public and private sector partners.</i> 	<p><u>FACILITATOR</u></p> <p>Mr. Andrew Blasi Associate Director C&M International</p>
13:00-14:00	LUNCH BREAK	N/A



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CAPACITY-BUILDING SESSION (AFTERNOON) – 22 AUGUST 2017

Saigon Dalat Room, Sheraton Saigon Hotel & Towers

TIME	AGENDA	SESSION FACILITATOR / PRESENTERS
14:00-14:30	<p>SESSION THREE (WORKSHOP): INTEGRATION WITH PRIMARY CARE & COMMUNITY SETTINGS</p> <p><i>Scene-Setter: Participants will apply the conclusions from Session One by building capacity for developing APEC economies within the core focus area of integration with primary care and community settings. The session will empower participants from developing member economies to determine how the capabilities of the digital hub can meet their needs in this area. The session serves as an opportunity for existing and interested development partners.</i></p> <p><i>Objective: Considering the discussion from Session One, participants will inform the APEC Digital Hub's development for the core focus area of Integration with Primary Care and Community Based settings. This exercise will include the development of 2-3 user scenarios (per table) and a series of activities those users may undertake.</i></p>	<p><u>OPENING STATEMENT</u></p> <p>Mr. Tuan Tran Director, Research and Training Center for Community Development (RTCCD), Viet Nam Chair, Integration w/ Primary Care and Community Settings Com., APEC Digital Hub</p> <p><u>FACILITATORS</u></p> <p>Prof. Chee Ng Steering Committee, APEC Digital Hub Department of Psychiatry, University of Melbourne, Australia</p> <p>Mr. Geordie Adams President PubliVate, Inc.</p>
14:30-16:00	<p>BREAKOUT SESSION</p> <p><i>Description: Pre-set groups of 6-8 participants. Each will appoint a table facilitator to guide and record discussion. Part one (30 minutes) will aim to build 2-3 user scenarios per group. Part two (60 minutes) will include the development of activities those users may undertake.</i></p>	<p>Breakout Teams Led by Table Facilitators</p>
16:00-16:15	<p>NETWORKING BREAK</p>	<p>N/A</p>
16:15-16:45	<p>BREAKOUT TEAM REPORTS <i>Appointed Table Facilitators (5 Mins Per Table)</i></p>	<p><u>FACILITATORS</u></p> <p>Prof. Chee Ng Steering Committee, APEC Digital Hub Department of Psychiatry, University of Melbourne, Australia</p> <p>Mr. Geordie Adams President PubliVate, Inc.</p>
16:45-17:00	<p>SUMMATION OF COLLOQUIUM OUTPUTS & CLOSING REMARKS</p>	<p>Prof. Erin Michalak Program Director, APEC Digital Hub Department of Psychiatry, University of British Columbia, Canada</p>



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