Digital Hub for Mental Health

INSTITUTE of MENTAL HEALTH
National Healthcare Group

ROUNDTABLE ON YOUTH MENTAL HEALTH AND DIGITAL TECHNOLOGIES IN THE ASIA PACIFIC

APEC DIGITAL HUB FOR MENTAL HEALTH SINGAPORE, 2025

ACKNOWLEDGEMENT

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EXECUTIVE SUMMARY

The Asia-Pacific Economic Cooperation (APEC) Digital Hub for Mental Health and Singapore's Institute of Mental Health (IMH) hosted a Roundtable on Youth Mental Health and Digital Technologies in Asia Pacific on July 15th, 2025 in Singapore. The event brought together over 50 researchers, policymakers, clinicians, advocates, and people with lived experience representing 10 APEC member economies to identify cross-regional needs and priorities, share best practices, and strengthen collaboration on youth mental health across the APEC region. Seventeen presentations showcased digital mental health (DMH) initiatives and strategies for engaging youth in program development, followed by facilitated group discussions.

Participants highlighted four key recommendations:

- Prioritize meaningful collaboration with youth to ensure DMH initiatives are acceptable and responsive to youth needs.
- Establish a regional accreditation or validation framework to safeguard the quality of evidence-based DMH technologies.
- Create and enhance mechanisms to share knowledge and resources across the region.
- Advocate for government investment to expand digital and community mental health programs to ensure that services are more accessible and sustainable.

Sharing the Youth Mental Health Landscape and Best Practices from Across the Region

On July 15th, 2025, the Asia-Pacific Economic Cooperation (APEC) Digital Hub for Mental Health ('the Digital Hub') and Singapore's Institute of Mental Health (IMH) hosted a **Roundtable on Youth Mental Health and Digital Technologies in the Asia Pacific** in Singapore. More than 50 researchers, policy makers, clinicians, advocates, and people with lived experience convened for the Roundtable, representing 10 APEC economies: Canada, Australia, Indonesia, Malaysia, New Zealand, People's Republic of China, Singapore, Thailand, The Philippines, and Viet Nam.

Youth mental health and well-being is identified as a priority focus area under the 2021-2030 APEC Roadmap to Promote Mental Wellness in a Health Asia Pacific ('the Roadmap') and has emerged globally as a challenge requiring urgent attention. Leveraging digital technologies to deliver prevention, promotion and care interventions for youth is recognized as a promising approach to improve the accessibility and acceptability of these initiatives. The Roundtable objectives were:

1. To identify cross-regional needs, gaps and priorities related to promoting and supporting youth mental health and well-being, including through the engagement of youth with lived experience;
2. To share best practices and approaches for engaging youth in the design and development of digital youth mental health initiatives (including research, policy, and intervention design);
3. To foster cross-regional collaboration to advance youth mental health throughout the region.

OPENING REMARKS

Dr. Raymond Lam, Executive Chair, and Dr. Jill Murphy, Executive Director of the Digital Hub, welcomed all and introduced the organization as the coordinating center for mental health initiatives within the APEC region since 2015. The mission of the Digital Hub is to enhance awareness, share knowledge, and facilitate model partnerships in the region. APEC was one of the first organizations to recognize the importance of mental wellness for economic prosperity and the role which digital technology can play in enhancing mental health and well-being.

Dr. Daniel Fung, Chief Executive Officer of IMH, opened the Roundtable by emphasizing the need for transformative change, emphasizing that investing in mental health is investing in economic resilience, particularly within the APEC region which represents a significant portion of the global population and trade. Singapore is a regional leader in the mental health sector and is ready to support APEC economies in implementation and evaluation. He also spoke about the rapid emergence of artificial intelligence (AI), arguing that AI should be seen as an enabler, not a decider, in mental health care, and that human connection is critically important.

GLOBAL AND REGIONAL PERSPECTIVES

GLOBAL UPDATE: RETHINKING MENTAL HEALTH ACCESS, FROM STIGMA TO SUPPORT THROUGH DIGITAL SOLUTIONS

PROFESSOR ANIL THAPLIYAL, E-MENTAL HEALTH INTERNATIONAL COLLABORATIVE (EMHIC), NEW ZEALAND

Professor Thapliyal reviewed challenges and opportunities related to digital mental health (DMH) from the perspective of eMHIC, the leading global DMH organization. Only 20% of available health apps meet the quality threshold, raising operational challenges for healthcare administrators about accreditation and implementation. In practice, successful implementation depends on whether these tools work for people with lived experience and their families, and anchoring DMH in policy to improve access. Countries like Australia, Canada, Ireland and Denmark have invested in getting it right by design by developing DMH strategy and policy, ranging from standards to accreditation frameworks.Singapore stands out for its effort in enabling interagency collaboration to optimally implement mental well-being for the entire nation. Importantly, DMH is no longer a conversation just for highẻ-income economies, but is viewed as an important priority by developing economies from all continents who are actively looking at the DMH tools and services as a practical way to improve timely access to mental health information, care, support and treatment.

MENTAL HEALTH INNOVATIONS IN ASIA: THE NETWORK AND THE WORK

MR. GLEN KOH AND MS. RISHITA MUKHERJEE, SINGHEALTH DUKE-NUS GLOBAL HEALTH INSTITUTE, SINGAPORE

The Mental Health Innovation Network (MHIN) Asia Hub is a regional platform for knowledge sharing and collaboration among policymakers, funders, practitioners, researchers, and service users. Its activities include a repository of regional resources and guidelines, quarterly webinars showcasing mental health innovations, as well as newsletters and blogs that highlight opportunities and promising practices in the region. MHIN also launched a Global Mental Health in Asia educational course led by Asian experts, and it continues to connect innovators with funders, policymakers, and evaluators through events such as the Global Mental Health in Asia 2025 Symposium. Looking ahead, MHIN plans to explore co-designing DMH tools with adolescents aged 13–19, ensuring youth are actively involved at every stage, with prototypes developed with students at polytechnic institutions. To learn more and sign-up to the network, visit www.mhinnovation.net.

DIGITAL TECHNOLOGIES IN WORKPLACE MENTAL HEALTH

PROFESSOR ENOCH LI, INSTITUT EUROPÉEN D'ADMINISTRATION DES AFFAIRES (INSEAD); APEC DIGITAL HUB FOR MENTAL HEALTH INTERNATIONAL LIVED EXPERIENCE ADVISORY PANEL (ILEAP); BEARAPY, PEOPLE'S REPUBLIC OF CHINA

Professor Li highlighted that while national progress in mental health has been widely discussed, workplace mental health in the private sector presents a more complicated picture. Many companies now promote digital solutions, such as mobile apps, telehealth platforms, and AI-driven tools that encourage self-help or connect employees to health providers. However, the quality and impact of these solutions are largely unexplored. One challenge is that companies often equate providing an app with ensuring employee well-being, often boasting about investing in wellness tools but providing little information on whether staff actually use them. In some cases, low utilization benefits profit-driven companies financially, creating a misalignment of incentives. Companies often conflate well-being with productivity, focusing on keeping turnover low or boosting performance rather than fostering genuine care. More importantly, apps do not fix the root causes of workplace stress, such as excessive workloads, workplace bullying, or poor leadership. Advancement in workplace well-being requires leadership development, cultural change, and making research more accessible to the private sector.

SINGAPORE

YOUTH MENTAL HEALTH STRATEGY IN SINGAPORE

DR. SWAPNA VERMA, IMH, SINGAPORE

In Singapore, mental illness affects about 1 in 7 people, with the sharpest rise among young people. To address this, Singapore promotes a tiered care model that focuses on expanding capacity, early identification and intervention, and promoting mental well-being. Dr. Verma introduced digital initiatives that the IMH has spearheaded like CHAT, a one-stop physical hub and website for youth that offers free assessments, e-counselling, and awareness campaigns through social media, workshops, and e-learning. Other digital tools offered are iCBT for anxiety and obsessive-compulsive disorder, and HOPES, a case management platform to track digital phenotyping data. At the same time, many Singaporean youths show problematic smartphone use, which is linked to depression, anxiety, stress, cyberbullying, and body image issues. Building resilience, self-esteem, and offline social support, as well as improving media literacy and mindful social media use, are keys to protecting youth mental health.

HEALTH PROMOTION BOARD'S EFFORTS IN PROMOTING YOUTH MENTAL WELL-BEING

MR. TAY CHOON HONG, HEALTH PROMOTION BOARD (HPB), SINGAPORE

Since 2021, Singapore's HPB has launched nationwide campaigns to normalize conversations around mental health, encourage youth to overcome hesitation in seeking help, guide parents on recognizing signs of distress in their children, and equip people with practical skills such as active listening and empathy. HPB launched the MindSG portal, a one-stop online portal offering age-specific mental health information and validated self-assessment tools. The Parenting for Wellness website, developed in partnership with the Ministry of Education and the Ministry of Social and Family Development, offers bite-sized modules to help parents support their children's well-being. Peer support programs have also been introduced in universities, with training delivered online and in person. Looking ahead, HPB is working with experts to refine language, review data, and develop clearer guidance fostering mental well-being.

NATIONAL FIRST STOPS TOUCH POINTS FOR MENTAL HEALTH IN SINGAPORE

DR. CHRISTOPHER CHEOK, IMH, NATIONAL MINDLINE 1771, SINGAPORE

Singapore's National Mindline 1771 hotline was launched under the Ministry of Health's Mental Health and Well-being Strategy to address rising youth distress, which increased from 16% pre-COVID to 25% after. By providingmultiple "first stops" for support, the system gives people different ways to engage with mental health services: mindline.sg for self-help resources (with a youth-specific version Youth Mindline), in-person community centers (CHAT specific for youth), an anonymous peer support Q&A forum (Let's Talk by Mindline), and a national call and chat hotline 1771. The 1771 hotline is staffed by counsellors with degrees in counselling, psychology, or healthcare. Strong partnerships underpin the service: community partners like the Samaritans of Singapore extend its reach, while government agencies ensure coordination.

PEOPLE'S REPUBLIC OF CHINA

DIGITAL MENTAL HEALTH SOLUTIONS FOR YOUNG PEOPLE IN THE ASIA-PACIFIC REGION

DR. BRIAN HALL AND DR. JIN HAN, CENTRE FOR GLOBAL HEALTH EQUITY, NYU SHANGHAI, PEOPLE'S REPUBLIC OF CHINA

Motivated by the shortage of providers and the high prevalence of youth mental health disorders, The Center for Global Health Equity at NYU Shanghai promotes digital interventions as a key part of the future of care. In China, DMH has grown rapidly but remains largely commercial-driven, urban-focused, and poorly integrated into the public health system. There are a limited number of adolescent-focused programs that remain fully accessible after their trials. Dr. Hall and Dr. Han highlighted two promising digital health interventions for young people: The Step-by-Step Program is a scalable, guided peer support digital health intervention that has shown significant reductions in depressive symptoms and improvements in well-being, and the Chinese Online Clinic for Chinese international students in Australia provides personalized reports and services via WeChat.

SOCIAL EPIDEMIOLOGY OF MENTAL DISORDERS AMONG YOUTH IN CHINA

DR. TIANLI LIU, INSTITUTE OF POPULATION RESEARCH, PEKING UNIVERSITY, PEOPLE'S REPUBLIC OF CHINA

In China, 1 in 6 youth experience mental health disorders, with rising cases of self-harm, depression, and suicides. Several cultural and societal factors contribute to this. Traditional parenting practices emphasize strict control, discipline, and high academic expectations. This means children and youth are under a lot of pressure to study and do not have enough time for leisure, physical exercise, or sleep, which all contribute to poor mental health. Psychological aggression, corporal punishment, and physical abuse are also reported. Rising divorce rates add further instability, along with many children living with grandparents after parental divorce or if parents migrate for work. The competitive, exam-oriented school environment also contributes to stress. Dr. Liu is investigating the risk factors for parent-child conflict to develop family intervention programs to promote parenting styles that better support children's mental health, and digital interventions like chatbots to reach parents of low socioeconomic status.

YOUTH MENTAL HEALTH IN CHINA: CLINICAL REFLECTIONS, DIGITAL INNOVATIONS, AND THE VOICES OF YOUNG PEOPLE

DR. YATING LIU AND DR. YUJIE HUANG, SCHOOL OF PUBLIC HEALTH, PEKING UNIVERSITY, PEOPLE'S REPUBLIC OF CHINA

Youth mental health in China is a growing crisis, with rising rates of suicide, depression, and anxiety among adolescents. China has numerous digital innovations, from AI-based emotion detection and psychological assessment tools, WeChat mini-programs, videogames, digital CBT for insomnia, to PsychGPT, the first large language model product for healthcare professionals. However, youth engagement in innovations and research remains limited. Most interventions are still designed for youth, rather than co-created with youth, leading to lower engagement, poor fit, and reduced long-term impact. Other challenges include privacy risks and data misuse that may expose youth with mental health conditions to the risks of stigmatization, and regional disparities in access to digital technologies. Moving forward, digital solutions hold strong potential to increase access to resources, but they must be rooted in inclusive collaboration with young people and people with lived experiences, embodying the principle of "nothing about youth without youth".

> DIGITAL TECHNOLOGY PROVIDES POWERFUL TOOLS, BUT ONLY IF WE ENSURE THAT THE SOLUTIONS ARE FOR YOUNG PEOPLE.
>
> NOTHING ABOUT YOUTH WITHOUT YOUTH.
>
> MS. YATING LIU AND MS. YUJIE HUANG

INDONESIA

A SCALE-UP TRIAL OF NATIONAL SUICIDE PREVENTION HOTLINE SERVICE *HEALING119.ID* IN INDONESIA

DR. NOVA RIYANI YUSUF, NATIONAL CENTER FOR MENTAL HEALTH, INDONESIA

In 2021, the National Center for Mental Health (NCMH) introduced D'Patens24, a chat-based hotline service for psychosocial support. Building on this, in 2024 they conducted a one-year trial to scale up the service by providing an app-based hotline service, Healing119.id, allowing people to choose to receive voice or WhatsApp chat support. The service saw a 270-fold increase in use, with WhatsApp chat being the preferred option. Sessions typically included risk assessment, safety planning, and referral to appropriate services. However, among users reporting suicidal thoughts, 21% were assessed as high suicide risk, and crisis response was particularly challenging in remote areas across Indonesia's thousands of islands, where coordination with emergency responders is limited. Other barriers include the quick turnover of counsellors, limited funding, and high levels of spam requiring AI filtering. Indonesia's AI ethics framework highlighted that while AI can support service delivery, it cannot replace the essential human role. The experience shows both the promise and limitations of digital crisis services in complex geographies. Following the trial, NCMH has continued operating D'Patens24, while the Directorate of Vulnerable Group Health Services now oversees Healing119.

MALAYSIA

CLICKS AWAY FROM COMMUNITY-BASED MENTAL HEALTH SUPPORT

DR. MUHAMMAD ADIB BIN BAHAROM, COMMUNITY AND REHABILITATION PSYCHIATRIST AND MS. NAJIYA ILYA BINTI MD ARIF, SAPOT, MALAYSIA

Malaysia is expanding the MENTARI program, a network of 36 community-based mental health centres, each operated by its respective hospital under the Ministry of Health (MOH), with MENTARI Selayang serving as the headquarters. Since launching the network of physical centres and the online platform, the MENTARI online portal has served over 500,000 visitors and facilitated 2 million mental health screenings. Youth account for more than 30% of registered patients at MENTARI centres. To address persistent challenges such as stigma, long wait times, high private costs, and limited resources for youth, MENTARI collaborated with SAPOT, a digital peer support platform. SAPOT hires and trains mental health survivors and caregivers to provide peer support, as youth often prefer seeking help from peers rather than professionals. SAPOT also delivers workshops, talks, and community events co-led by professionals and people with lived experience, with plans to launch self-help modules that combine clinical knowledge with lived experience perspectives.

THE PHILIPPINES

WEIGHING THE BALANCE: PROVIDING REMOTE MENTAL HEALTH SUPPORT IN HIGHER EDUCATION

DR. DINA PALMERA P. NADERA, ATENEO SCHOOL OF MEDICINE AND PUBLIC HEALTH, THE PHILIPPINES

Dr. Nadera works at a university in the Philippines to support students and healthcare providers in using digital tools to navigate the healthcare system. University students often seek help independently, without parental involvement, raising questions about how to best prepare psychiatrists to work with digitally active youth. Many providers, particularly later career clinicians, are unfamiliar with the technologies young people use, highlighting the need for training, supervision, and frameworks that bridge this generational gap. Other barriers in DMH include unequal internet access, low digital literacy among providers, and risks such as increased anxiety and isolation with technology overuse. Frameworks and policies are needed to support both clinicians and young people in critically navigating digital resources and fostering intergenerational connections.

ATIPAN: FROM TELEHEALTH TO DIGITAL MENTAL HEALTH

DR. ROMULO DE CASTRO, UNIVERSITY OF SAN AUGUSTIN ILLOILIO, THE PHILIPPINES

ATIPAN is a successful telehealth initiative in the Philippines that operates in remote, underserved, and marginalized Ati communities where the formal health system often does not reach. The initial roll out achieved 70 – 80% uptake, with high usage among women and young people. ATIPAN provides a “digitally enabled, community-navigated” service: patients connect with a community patient navigator, who then facilitates consultations with doctors. This model not only bridges access gaps but also generates valuable data on populations previously invisible in the health system. Feedback shows telehealth saves time, effort, and money, reduces stigma from traditional health systems, and fosters greater community unity and confidence. ATIPAN highlights how telehealth can support Indigenous well-being by strengthening connectedness, creating spaces for community, and potentially linking cultural practices to digital spaces.

DIGITAL ADVOCACY AND YOUTH MENTAL HEALTH INTERVENTIONS OF MENTALHEALTHPH

MR. MICHAEL ANGELO R. PEREIRA, *MENTALHEALTHPH*,
THE PHILIPPINES

MentalHealthPH, a nonprofit established in 2016, promotes mental health awareness, education, and support in the Philippines by leveraging social media as its primary platform. From five co-founders, the organization has grown into a nationwide volunteer network with a strong digital footprint—reaching over 128,000 followers on Facebook, 11,300 on Instagram, and nearly 55,000 on X (formerly Twitter). Its flagship campaign, #UsapTayo (Let's Talk), runs every 10th, 20th, and 30th of the month to create safe, stigma-free online conversations. The campaign has generated significant engagement, including 55 million impressions during a 2021 partnership with Twitter for Good, and has transformed participants into volunteers and mental health champions. As demand for direct support grew, MentalHealthPH piloted Kapwa, the first NGO-led chatbot of its kind on X, assisting nearly 3,000 users by connecting them with resources. The organization also co-created self-care kits and workbooks with youth and people with lived experience, which were adopted by the Philippine Department of Health as part of its health promotion playbooks. Mr. Pereira emphasized that placing young people at the center of interventions not only amplifies their voices but also enables holistic, safe, and sustainable spaces for mental health advocacy and support.

> "WHEN WE PUT YOUTH AND PEOPLE WITH LIVED EXPERIENCES AT THE CENTER OF ALL INTERVENTIONS, WE HELP THEM AMPLIFY THEIR VOICES AND CREATE SAFE SPACES."
>
> MR. MICHAEL ANGELO R. PEREIRA

THAILAND

DIGITAL MENTAL HEALTH IN THAILAND

DR. SUTTHA SUPANYA, SOMDET CHAOPRAYA INSTITUTE OF PSYCHIATRY, THAILAND

Since the COVID-19 pandemic, there has been increased attention to the mental health needs of young people, along with issues related to digital accessibility and continuity of treatment. Digital platforms have been utilized to address these concerns. The national 1323 Mental Health Hotline, operated by the Department of Mental Health, serves as a key resource, offering hotline support, preliminary screenings, and triage for referrals to specialized mental health services. Several other programs have also been implemented, including School Health HERO (a school-based promotion program for teachers to recognize possible signs of mental health conditions), the Hope Task Force (intersectoral suicide prevention and crisis response), and Mindful Makers (a youth-focused campaign combining media and school activities). Various digital tools have been developed, such as Sati App (a 24/7 anonymous peer-listening app), Tor Tuem Jai (supporting well-being among civil servants), and Sookjai (a follow-up and symptom-monitoring app for people diagnosed with mental health condition). Thailand has also worked with the private sector and international agencies. Examples include a TikTok campaign supported by the World Health Organization (WHO) to reach youth audiences and collaborations with private mental health tech platforms to provide psychological interventions.

VIETNAM

YOUTH EGNAGEMENT IN CO-DESIGNING AN APP TO PROMOTE YOUTH MENTAL WELL-BEING IN VIET NAM

VU NGUYEN, CAT PHAM, THAO LINH TRAN, Y-PRIME STUDY, VIET NAM

The Youth Promotion of Resilience Involving Mental e-Health (Y-PRIME) aims to promote mental well-being among Vietnamese youth by co-designing and testing a mobile app that delivers life skills education to 15-year-olds. The research team worked with the Vietnamese Youth Advisory Council (V-YAC), 13 young people who helped design six evidence-based modules through focus groups, workshops, and ongoing feedback. Their input ensured cultural relevance, such as adding a domain on social media and wellbeing, as well as tailoring content to fit Vietnamese values and age appropriateness. The V-YAC members reflected on what went well and things to improve on the co-design process. Things that went well include having a structured agenda with a variety of activities and having native Vietnamese speakers as points of contact. Things that could be improved include having clear communication of goals and expected deliverables, and allowing for more collaboration between youths.

VIET YOUTH MENTAL HEALTH: WHEN STORIES MEET STUDIES

MS. NGOC LINH TRAN, MS. LIEN (AMY) TRAN, MS. VAN PHAM, MS. TU NGUYEN, MS. CAT PHAM, Y-PRIME STUDY, VIET NAM

V-YAC members shared their journeys of working on the Y-PRIME study. They described their decision to join as being motivated by both passion and lived experience, including struggling with mental health challenges until being supported by family and the surrounding community. When asked how Vietnamese youth prefer to seek mental health support, they emphasized the importance of safe spaces, empathy, and non-judgmental listening. In the Vietnamese cultural context, young people often feel unheard and lectured by adults who may view them as naïve and inexperienced. Therefore, it is important for professionals to practice humility and respect for youth autonomy. The V-YAC members described their experience with Y-PRIME as a powerful example of youth empowerment through engagement. Through co-design, they not only contributed to shaping a mental health intervention but also gained skills, connections, and confidence. They highlighted that involving youth meaningfully can inspire the next generation of mental health leaders and urged others to bring youth into the design of solutions.

> “YOUTH ENGAGEMENT IS YOUTH EMPOWERMENT. I REALLY ENCOURAGE YOU TO BRING YOUTH INTO YOUR SOLUTIONS BECAUSE THEY MIGHT BE THE NEXT GENERATION OF MENTAL HEALTH LEADERS.”
>
> MS. CAT PHAM


EXIT

Themes

Throughout the Roundtable, several themes emerged across all presentations, demonstrating innovation and leadership to support youth mental health across the region. These include:

PRIORITIZING YOUTH CO-DESIGN AND PARTICIPATION

Many programs showcased at the Roundtable have used co-design to meaningfully engage youth in designing services.

LEVERAGING DIVERSE DIGITAL TOOLS

Many digital technologies were presented, including:

- Hotlines
- Live chats
- Q&A forums
- Websites (e.g. portals with age-specific resources, online screening)
- Mobile apps
- Case management platforms for mental health professionals
- Video games
- Telehealth
- Social media campaigns

ADDRESSING EQUITY GAPS AND THE DIGITAL DIVIDE

Many of the highlighted initiatives are using innovative, tailored approaches to promote the accessibility of mental health care by addressing challenges like geographic distance from care, poverty, uneven infrastructure, and limited digital infrastructure.

INVESTING IN EARLY IDENTIFICATION AND INTERVENTION

Many initiatives include early screening and interventions across the region. These approaches normalize help-seeking, reduce barriers to service access, increase mental health literacy, and provide timely referrals to specialists.

FACILITATING ENGAGEMENT ACROSS SECTORS AND BY DIVERSE INTEREST HOLDERS

Youth mental health and digital innovation are being led not only by the healthcare system but also by schools, advocacy NGOs, and the private sector. Programs are increasingly designed to support not only youth but also parents, teachers, employees, and other community members.

NAVIGATING ETHICS, PRIVACY, AND DATA CONCERNS

Across all digital solutions, issues regarding privacy, data misuse, and trust were brought up. Without safeguards, young people risk stigmatization, exclusion, or disengagement from services.

Opportunities

The programs and initiatives described by Roundtable participants illustrate that there is a powerful wave of innovation in DMH in the region. Youth, families and communities are actively engaging with these interventions in high numbers, demonstrating both the relevance and effectiveness and establishing the APEC region as a leader in youth and DMH innovation. Below are some key opportunities identified throughout the Roundtable:

STRENGTHENING ENGAGEMENT WITH YOUTH AND PEOPLE WITH LIVED EXPERIENCES

Engaging youth, parents, teachers, and community members in mental health initiatives can amplify impact and sustainability. Community members can serve as a bridge between decision makers, researchers, and the people these digital tools aim to serve. Co-designing with youth is key to creating culturally relevant and responsive services.

SHARING KNOWLEDGE AND FOSTERING COLLABORATION

There is a strong interest across the economies for sharing knowledge and lessons learned to strengthen DMH initiatives within the region and enhance cultural relevance. An example of such a platform is the Mental Health Innovation Network.

IMPLEMENTATION STANDARDS AND GOVERNMENT-LED POLICIES

Establishing standards and policies at the government level presents a significant opportunity to ensure the quality, safety, and sustainability of DMH solutions. Examples from the region include Australia, Canada, and Singapore.

ADDRESSING BARRIERS IN HELP-SEEKING

Digital technologies continue to show promising results in decreasing barriers in help-seeking by creating multiple points of contact. Youth are increasingly comfortable and active in using digital tools to support their mental health. Importantly, these tools can reach youth and other underrepresented groups who may not otherwise seek or be able to access traditional services.

COLLABORATING ACROSS SECTORS AND EXPERTISE

There is significant potential to build stronger partnerships across multiple sectors, including health, education, technology, business, and advocacy. Collaboration offers the opportunity for increased reach and sustainability, to move beyond profit-driven approaches, and to ensure that mental health is prioritized by all sectors.

AI AS AN ENABLER

The growing influence of AI is undeniable, and while leaders across the region recognize its potential in mental health care, they emphasize that it must not replace the human connection that is central to care. Consultation with people with lived experience, including youth, and establishing clear ethical frameworks around AI are essential to the integration of AI in mental health care.

Challenges

Despite the rapid growth of DMH innovations, challenges remain that pose risks to the accessibility, effectiveness, and sustainability of DMH innovations for youth. Below are some key challenges identified throughout the Roundtable:

YOUTH MENTAL HEALTH NEEDS OUTPACING AVAILABLE SUPPORT

Despite notable progress in DMH initiatives across the region, the level of need among youth continues to exceed the support available in many economies. High demand for mental health services often overwhelms existing programs, creating long wait times and limited access to remote areas.

QUESTION OF QUALITY IN AVAILABLE DIGITAL TOOLS

The majority of DMH apps in the market do not meet the quality threshold, with many being commercially driven rather than being evidence-based. Without proper oversight, these tools may prioritize profit over evidence-based care.

DIGITAL DIVIDE AND REGIONAL INEQUITIES

Despite growth in DMH tools, many are not accessible to those living in rural and remote areas due to low digital literacy, poor internet connectivity, or limited funding to sustain services after successful trials. Additional challenges include ensuring linguistic and cultural appropriateness.

CONCERNS REGARDING PRIVACY, DATA, AND AI

The increasing use of digital tools and AI raises important questions about privacy, data protection, and ethical decision-making. AI should be treated as a tool, not a replacement for the essential role of humans. Young people are open to digital advancement and are aware of ethical issues around data use in digital and AI mental health tools. They should be actively consulted on how their data is collected, shared, and applied.

YOUTH ENGAGEMENT GAPS

Youth engagement is increasingly recognized as important. However, many existing initiatives are still designed for youth, not co-created with youth, leading to poor fit and reduced long-term impact. Youth engagement must also go beyond tokenized participation and create more authentic opportunities for youth to be involved.

GAPS IN CRISIS FOLLOW-UP AND LOCAL RESPONSE CAPACITY

Many regions, especially those with complex geographies, report challenges in providing effective follow-up for youth identified in crisis. Challenges include limited coordination with local emergency services and high turnover among counsellors.

NEGATIVE EFFECTS OF DIGITAL TECHNOLOGY ON YOUTH MENTAL HEALTH

While digital tools offer significant opportunities in mental health support, excessive or problematic use of technology can have unintended negative effects. Many youth report increased anxiety, stress, and social isolation due to technology overuse. Human connection remains important in mental health care and service delivery.

RECOMMENDATIONS

All participants were first engaged in small group discussions, then reconvened for a plenary discussion, facilitated by Dr. Lam and Dr. Murphy, to share insights and recommendations. Three core questions guided the discussions: 1) What are we doing well? 2) What could we do better? And 3) What can we do together to advance youth mental health via the use of digital technologies in the APEC region?

Four key recommendations emerged from this discussion.

Recommendation 1: Prioritize Meaningful Collaboration with Youth

The importance of engaging and empowering youth in all activities related to youth mental health and digital health was a common thread throughout the Roundtable. Youth engagement must go beyond token participation and become a central principle of DMH innovation to ensure they are acceptable and responsive to youth needs. Several successful programs showcased at the Roundtable demonstrated the benefits of co-design with youth. However, participants highlighted the need to create more opportunities for youth to contribute in conferences and policy discussions, particularly from underrepresented communities, and to ensure that their perspectives are central to discussions on emerging issues such as the role of AI in mental health.

Recommendation 2: Establish a Central Accreditation or Validation System

Participants noted that the volume of DMH solutions can be overwhelming, making it challenging to recognize which approaches are evidence-based. They suggested that an agreed-upon accreditation or validation framework for the APEC region could help to ensure the quality and effectiveness of DMH innovations, promoting the use and scale-up of evidence-based DMH technologies. They suggested the APEC Digital Hub for Mental Health could play a role in sharing cross-regional standards for DMH. Existing work by international organizations providing leadership in DMH quality assurance and governance, including the WHO's Global Strategy on Digital Health, the Organization for the Review of Care and Heath Apps (ORCHA) in the United Kingdom, the Mental Health Commission of Canada (MHCC)'s Assessment Framework for Mental Health Apps, and eMHIC, a strategic partner of the Digital Hub, can help to inform this work

Recommendation 3: Create and Enhance Mechanisms for Shared Knowledge Across the Region

In addition to sharing frameworks and standards for assessing DMH initiatives, there was strong support for developing mechanisms and enhancing platforms to share knowledge and resources across the region. Examples include an open-source library of DMH tools, as well as efforts to integrate data and digital health tools across APEC economies. The goal would be to strengthen evidence, improve cultural adaptation, and make high-quality resources more widely accessible across the region.

Recommendation 4: Advocate for Investment in Digital Mental Health Technologies

The discussion highlighted the importance of advocacy at the government level and a role for economies across the region to invest in DMH technologies, including ensuring DMH services are responsive to youth needs and are accessible to those who need them. Private digital companies and multinational corporations also have a responsibility to invest in mental health care. Participants recommended developing a roadmap for financing, supervising, and evaluating digital and community mental health programs. Participants also underscored that investment in mental health is not only a social priority but also an investment in economic resilience.

PARTICIPANTS

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