

## Johnson & Johnson Annual SEA Mental Health Forum

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### Forum Highlights

#### I. Singapore

- Speaker: Associate Professor Lee Cheng, Institute of Mental Health Singapore
- Mentioned the establishment of the following programs in the country in response to the local mental health need during COVID-19:
  - o Programmes and projects implemented include the National CARE Hotline, a 24/7 hotline that provides emotional and mental health support to those distressed by the COVID-19 pandemic.
  - o Investment in digital programmes like Mindline.sg and the 'My Mental Health' microsite, which act as repositories for online mental health resources, such as online forums, information on support groups, and interactive well-being self-assessment tools.

#### II. Philippines

- Speaker: Dr. Rodney Boncajes, Medical Specialist III of the National Center for Mental Health.
  - o Talked about the Medicine Access Program for Mental Health (MAP-MH), which focuses on the provision of uninterrupted medication while under community quarantine.
- Speaker: Dr. Amadeo Alinea, President, Philippine Psychiatric Association
  - o Gave insights on the implementation of local mental health programs in provincial and regional hospitals to lessen the need to seek treatment outside of their areas, and adhere to physical distancing protocols.
- Speaker: Raghu Krishnan, President and Managing Director of Johnson & Johnson Philippines
  - o Said that Johnson & Johnson Philippines has been consistent in its commitment to strengthening mental health capacities and advancing the conversation in the country, especially in the global health crisis where the need for solutions is more urgent.
  - o Shared about the collaborations that Johnson & Johnson Philippines' has with local stakeholders in advancing mental health awareness:
    - Included in this are projects such as the film *Anino ng Kahapon*, a project aimed to decrease the stigma of schizophrenia.

- *Into the Light* program, which paved way for the creation of the Philippine Health Information System in Mental Health (PHIS-MH)
- *Patient's Equity to Support "Out-of-Pocket Expense"(PESO) Value project*, which explored the implementation of a health financing scheme for mental health services in the country.

### III. Malaysia

- Speaker: Dr Norhayati Nordin, Director of the Hospital Bahagia Ulu Kinta in Malaysia
- Shared an intervention model for mental health and psychosocial support during emergencies, particularly for the ongoing global pandemic.
  - This model highlighted the need for safe basic services and security, community and family support such as educational programs and supportive parenting programs, non- specialized support provided by primary healthcare doctors, and specialized services by mental health professionals, in addressing emergency situations.
- Other programs:
  - Johnson & Johnson Malaysia collaborated with the Mental Illness Awareness and Support Association (MIASA) and Malaysia Mental Health Association (MMHA), in several projects such as in the baking and distribution of cookies to patients in the psychiatric ward in University Malaya Medical Centre (UMMC), this aimed to touch the lives of patients and advocate for mental health awareness.




### IV. Thailand



- Speaker: Dr. Suttha Supanya, Somdet Chaopraya Institute of Psychiatry
- Discussed the role of treatment innovation such as Long-acting injectable antipsychotics (LAIs) in reducing the possible disruption in mental health services, given physical distancing restrictions.
  - In reducing the risks of transmission, early application of LAIs helped to reduce the number of admissions and the length of stay.



### V. Indonesia

- Speaker: Dr. Azimatul Karimah, Medical Specialist in Dr. Soetomo Hospital in Indonesia
- Discussed how they were able to support patients dealing with Schizophrenia during the lockdown:
  - Locally, they found that Schizophrenia and COVID-19 existed as comorbidities for many patients. This led them to maximize coordination between general hospitals that had both COVID treatment facilities and mental health services to lessen cases.
  - These included pre-referral communication, liaisons between the assigned psychiatrist and the COVID response team, discharge planning, and optimizing telemedicine services from consultation up to delivery of medication
  - He discussed the role of peer support group (in consumer group that consists of patients with schizophrenia, family member and caregivers) in promoting and preventing COVID-19 infection as well as relapse of schizophrenia

Closing Remarks

 <p>A circular graphic with the text "Closing Remarks" and "Dr. Alexandra Balaban, MD, Professor, Medical Affairs Director, J&amp;J Pharmaceutical Japan" in the center. The background is a light blue pattern of lotus flowers.</p>	<p>Good evening everyone.</p> <p>Building the mental health capacity in this new normal is paramount to ensure the well-being of our patients and our community</p> <p>During the past two days, our speakers from Southeast Asia highlighted that “Covid 19 pandemic is a mental health issue. We need a stronger mind to fight the menace of this pandemic.”</p> <p>Our expert speakers inspired us with best practices and strategies they have implemented in their countries.</p> <p>These best practices are like lotus flowers that have come in full bloom, emerging beautiful and strong despite the unfavourable environment they are in.</p>
 <p>A diagram showing three interconnected hexagons labeled "Innovations", "Access", and "Partnerships". To the left is a circular graphic with a pink lotus flower. To the right is a vertical stack of three flags: Indonesia, Philippines, and Malaysia.</p>	<p>At least 3 themes emerged in the discussions and presentations in the past 2 days and these include:</p> <ol style="list-style-type: none"> <li>1. Innovations</li> <li>2. Access, and</li> <li>3. Partnerships</li> </ol>
 <p>A slide titled "Theme #1: Innovations" with three bullet points:         <ul style="list-style-type: none"> <li>✓ Telehealth and Telepsychiatry             <ul style="list-style-type: none"> <li>□ "Consumer friendly method"</li> </ul> </li> <li>✓ Tele-mentoring and coaching of primary healthcare providers             <ul style="list-style-type: none"> <li>□ Peer-to-peer support group to mitigate burnout of primary care providers</li> </ul> </li> <li>✓ Utilization of innovative technology             <ul style="list-style-type: none"> <li>□ e.g., psychotropic formulations with longer half-life</li> </ul> </li> </ul> </p> <p>Icons for telehealth, coaching, and technology are shown on the left. Flags for Indonesia, Philippines, and Malaysia are on the right.</p>	<p>The first theme we identified is INNOVATIONS.</p> <p>Telehealth is our new normal.</p> <p>Though there are limitations especially in the resourced limited countries, telehealth provides a venue to address mental health conditions of patients who need appropriate care and treatment using “consumer friendly” technology.</p>

	<p>Tele-mentoring and coaching of primary healthcare providers is likewise essential to provide peer support and minimize burnout among our primary care providers.</p>
	<p>The second theme we've identified is ACCESS.</p> <p>Access to mental health services in the community would be ideal to ensure the patients are provided the support they require.</p> <p>This would entail building capabilities of primary care practitioners to enable them to serve patients with mental health needs.</p>
	<p>The last theme we identified is PARTNERSHIPS.</p> <p>In the Philippines, we see examples of how partnerships with local government units and the national government, civil society and private sector are maximized to ensure access to mental health services.</p> <p>Likewise in Thailand, there is an existing collaboration between the government and multi sectors to provide services in the hospital and the community</p> <p>In Singapore, multiple initiatives and programmes are initiated to target the public, employees and employers, youths, parents, seniors.</p>

<p><b>Acknowledgments</b></p> <ul style="list-style-type: none"> <li>◆ ANNEDEU ALINEA, JR., MD, President, Philippine Psychiatric Association</li> <li>◆ LUCYFRANCOA KATIBARA, MEd, Director-General, Philippine Psychiatric Association</li> <li>◆ FRANCIS PROCELILA CUSTODIA, PH, MAN, Head of Health Program Manager, Department of Health, Philippines</li> <li>◆ ROSELYN BONGCARES, MDD/DEPP, Analyst Specialist II, National Center for Mental Health, Philippines</li> <li>◆ DARYL BARCELANER, MS, USA, Dean/Chairman of Psychology, Western State College of Health Sciences, Philippines</li> <li>◆ DR. AZHARUL KARIMAK, SPAKM, FRCM, Medical Specialist, National Institute of Mental Health, Philippines</li> <li>◆ DR. MARIANNE NORDINE, Assistant Director, Health Services, Department of Health, Philippines</li> <li>◆ ADI, A/YNOR LEE CHEONG, MEd, Director, National Health Institute of Technology (NHIT), Singapore</li> <li>◆ BENJAMIN PRAKARNONG, MD, PhD, Director, Division of Therapeutics, Planning and Training, Department of Health, Ministry of Public Health, Thailand</li> <li>◆ DR. JUTTHA SUJANVAL, Assistant Director for General Education, Institute of Psychology, Thailand</li> <li>◆ ANSELMO TRONCO, MD, Head, Department of Psychiatry and Behavioral Sciences, University of the Philippines, Philippines</li> <li>◆ MA. ROSARINA DE GUZMAN, MEd, Director of Higher Studies and Master's Health Services, Inc., Philippines</li> </ul> 	<p>We would like to thank our partner organization, the Philippine Psychiatric Association headed by Dr Alinea as well as all speakers and participants in this forum.</p>
	<p>Before we close I would like to introduce to you Dr Kamonporn Wannarit from the Thailand Psychiatric Association.</p> <p>Maraming salamat po and thank you everyone.</p>