PROCEEDING'S REPORT

Rethinking mental health services during the COVID-19 pandemic; Proceedings of the Fourth Southeast Asia Mental Health Forum, 08-09 October 2020, Philippines

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ABSTRACT
The COVID-19 pandemic has had pervasive effects on society at large, specifically disrupting routine and established processes at the household, organizational, and community levels. The Philippine Psychiatric Association organized the Fourth Southeast Asia Mental Health Forum to discuss issues and share experiences on how this community can respond to the challenges brought about by the COVID-19 pandemic. Three common challenges for the mental health community were identified – (a) ensuring the continuity of services for persons with psychiatric disorders in different settings; (b) preventing spread of COVID-19 infection in in-patient or residential mental health facilities; and (c) addressing the emergent demand for mental health services from health workers and the general population experiencing psychological symptoms because of the pandemic situation. In the face of these challenges, two broad groups of good practices and innovations were conceptualized and implemented by professionals and institutions: (a) development of alternative arrangements for the delivery of mental health services; and (b) mobilization of stakeholders and resources to ensure whole-of-government and whole-of-society approaches. The lessons and ideas that emerged from the forum may find applicability not only in the next few months during which COVID-19 may persist in our midst (*i.e.*, the "new normal"), but also in other future events that may cause the same level of societal impact and disruption.

Introduction

The COVID-19 pandemic has had pervasive effects on society at large, specifically disrupting routine and established processes at the household, organizational, and community levels [1,2,3]. As the health sector attempted to control the spread of infection and mitigate negative consequences for those already affected with the virus, it was also presented with the unique challenge of attending to the health needs of other population segments (*e.g.*, prevention and control of other infectious diseases endemic in certain localities, reducing the burden of non-communicable diseases among population at risk, etc.). This was perhaps most pronounced in the field of mental health [4,5,6,7,8], which has just emerged as a priority area for most countries. Months into the pandemic, health professionals, facilities, and even ministries of health have attempted to mount various initiatives in a bid to moderate the effects of these challenges, generating novel ideas and good practices in the process.

It was in this context that the Philippine Psychiatric Association, in cooperation with the Malaysian Psychiatric Association, Indonesian Psychiatric Association, and the Psychiatric Association of Thailand, organized the Fourth Southeast Asia Mental Health Forum with the theme *Building Mental Health Capacity in the New Normal*. Building on the success of earlier fora – the first forum was held in Malaysia in 2017 with the theme *To Further Improve Resource Allocation and Environment for Schizophrenia Management in Southeast Asia*; the second was organized in 2018 in Indonesia tackling issues on *Creating a Shared Concern for the Treatment of Schizophrenia*; and the third was hosted in Thailand in 2019 dwelling on the topic

Working Together: Delivering a Better Future for Mental Health Patients – the 2020 event brought together mental health specialists, allied healthcare professionals, policy makers, payers, patients, and advocates from Indonesia, Malaysia, Philippines, Singapore, Thailand, and Vietnam to discuss issues and share experiences on how this community can respond to the challenges brought about by the COVID-19 pandemic. Reflecting the "new normal", the event was held as a live online seminar on 08-09 October 2020 (Table 1).

In this paper, we report on the meeting highlights, focusing especially on the issues and challenges for mental health, and the resulting good practices initiated by professionals and institutions, in this pandemic situation. The purpose of the paper is two-fold. On the one hand, we wish to document these issues, concerns, and initiatives and contribute to the building of the historical narrative on how we, as a society in general and the health sector in particular, responded to the unique context that came about because of COVID-19. [9,10] More importantly, however, this paper will provide stakeholders in the mental health community, and even beyond, with ideas that, in the short term, can be adopted as countries traverse the "new normal" [11,12,13], and, more strategically, as the global community prepares for similar events in the future [14,15].

Table 1. *List of topics and presenters during the forum*

Topic	Presenter
Main sessions	
Addressing the mental health concerns amidst the pandemic: The combined efforts of government, private sector, and civil society	**Frances Prescilla L. Cuevas, RN, MAN** *Chief Health Program Officer* National Mental Health Program, Department of Health, Philippines
Is telehealth the new normal? How COVID-19 is changing the future of mental health care	**Lee Cheng, MBBS, MMed (Psych)** *Vice Chairman (Medical Board) and Senior Consultant* Institute of Mental Health, Singapore
Community-based integrated care amid the COVID-19 pandemic	**Rodney Boncajes, MD, DSBPP** *Medical Specialist III* National Center for Mental Health, Philippines
Role of treatment innovation (LAI) in supporting adherence during COVID-19	**Suttha Supanya, MD, MSc, FRCPsychT** *Psychiatrist* Somdet Chaopraya Institute of Psychiatry, Thailand
Country sharing	
COVID-19 and mental health: Best practices, challenges and future strategies	**Benjamas Prukkanone, PhD** *Director* Division of Mental Health Strategy and Planning, Department of Mental Health, Ministry of Public Health, Thailand
	Lee Cheng, MBBS, MMed (Psych) *Vice Chairman (Medical Board) and Senior Consultant* Institute of Mental Health, Singapore
	Norhayati Nordin, MD, MMed (Psych) *Director* Hospital Bahagia Ulu Kinta, Malaysia
Supporting people living with schizophrenia amid the pandemic: Best practices, challenges and future strategies	**Azimatul Karimah dr. Sp.KJ(K)** *Medical Specialist* Department of Psychiatry, Dr. Soetomo General Hospital, Indonesia
	Daisy C. Daquilanea, MD, FPPA *Chair* Department of Psychiatry, Western Visayas Regional Medical Center, Philippines
	Anthony T. Abala , MD, DSBPP *Psychiatrist* Asian Hospital and Medical Center, Philippines

Issues and challenges on mental health

Three common challenges for the mental health community were identified by speakers and participants, all of which can be attributed to two underlying issues: foremost is the pervasive threat of infection with the virus, but also the resulting policy and programmatic response to stem infection transmission (*e.g.*, lockdowns, community quarantine, physical distancing, etc.).

First, stakeholders had to contend with **ensuring the continuity of services for persons with psychiatric disorders in different settings**. Most, if not all, mental health conditions are chronic in nature requiring hospitalization, a series of out-patient follow-ups, and utilization of both pharmacologic and behavioral interventions. However, in a bid to prevent the spread of COVID-19 infection, most health facilities were forced to reduce their in-patient cases (*i.e.*, to ensure physical distancing in the facility) and close out-patient services (*i.e.*, to more efficiently utilize institutional resources). Various jurisdictions also imposed restrictions on the movement of persons and reduced public transportation options, which not only affected patients and their families but also health workers who do not have a private vehicle. Further, unlike other medical conditions, some of the available interventions for psychiatric disorders require delivery by a specialist (*e.g.*, psychotherapy) or a special license for dispensing (*e.g.*, some psychiatric medications classified as controlled substances). Thus, persons with mental health conditions and their caregivers were faced with the issue of limited, if not lack of, access to health professionals, medicines, and therapeutic modalities.

Second, **in-patient or residential mental health facilities were potential sites for the spread of COVID-19 infection** as these can be considered as congregate settings given the extended period of stay of their patients and where physical distancing may not always be possible (*e.g.*, limited ward space allocated for the psychiatry department). In addition, some units providing mental health services are incorporated as part of larger facilities that are being used for quarantine of suspected COVID-19 cases, and isolation for confirmed cases. There was also a constant flux of health workers attending to persons with mental health disorders, as there were limited options for housing health personnel within facility. All these mean that there is always a possibility of starting a chain of infection transmission, similar to those reported in other settings such as nursing or elderly care homes. Of note, this threat of infection with COVID-19 is not only true for persons with psychiatric conditions admitted in the facility but also for the health workers assigned in such units.

Third, there was an **emergent demand for mental health services from health workers and the general population experiencing psychological symptoms because of the pandemic situation**. Distress, anxiety, depressive symptoms, and even suicidal thoughts were being experienced by individuals who do not necessarily have any psychiatric disorder, but who are exposed to a very novel situation that appears to last longer than initially thought (the forum was held 10 months since the first case of COVID-19 was reported in China), and has disrupted many aspects of daily life. There is the constant informational barrage on the COVID-19 situation in different parts of the globe from traditional and social media; constantly changing policy and practice to prevent and control infection as new scientific data emerges; limited food and personal protection supplies and panic buying during the early phases of the pandemic; personal encounters with COVID-19 disease and death among family and friends; prolonged isolation and restriction of movement; extended confinement in the same space with a group and the resulting lack of privacy or personal space; and lack of access to the usual means of socialization and entertainment (*e.g.*, theaters, parks, restaurants, etc.).

In summary, while the primary mental health impact of COVID-19 instantly conjures images of persons with psychiatric disorders who need continuing access to care, the pandemic situation has also produced a concomitant need from health workers and the general population living through a very stressful situation.

Innovations and good practices

In the face of the challenges mentioned in the preceding section, good practices and innovations were conceptualized and implemented by professionals and institutions to address the identified needs, which can be broadly categorized into two groups.

First, **alternative arrangements for the delivery of mental health services were explored and put into practice**, building on existing infrastructure, technology, and practices implemented elsewhere. Face-to-face consultation, for instance, was replaced with telepsychiatry in some places, which involved consultation or counselling using information and communications technology to bridge the physical distance between provider and client. This ensured continuity of care for current patients who required follow-up, as well as a means for preliminary or initial triaging and consultation for new patients. Wider application and utilization, however, is currently limited not only by technological issues (*e.g.*, lack of

hardware, poor connectivity) but also by legal (*e.g.,* extent of liability of healthcare worker), ethical (*e.g.,* privacy and confidentiality), and financial concerns (*e.g.,* insurance coverage, professional fees) on both the provider and client sides. Hotlines, text lines, and/or social media pages were also put up by healthcare facilities and professional societies to reach out to the general population. These channels were developed to provide general advice on coping with the mental distress brought by the pandemic situation; information on available mental health services and alternative service arrangements; mental health support for those in crisis; and triaging and referral for face-to-face consultation if needed. At the institutional level, psychiatric departments rapidly adopted infection prevention and control measures to prevent COVID-19 virus transmission (*i.e.,* use of personal protective equipment, limiting interactions with other staff and patients to the minimum required), with some going to the extent of creating multiple teams who were restricted from physical interaction. Interventions that provided longer effects and which required less frequent dosing (*e.g.,* once-monthly dosing with paliperidone palmitate among individuals with schizophrenia compared to daily oral medication) were also utilized. Lastly, decentralization of services from the hospital/psychiatric department to the community setting was practiced in some jurisdictions. This built on prior capability-building initiatives that aimed to equip non-specialists (*e.g.,* general practitioners, community health workers) with the knowledge and skills to recognize, refer, and co-manage persons with psychiatric disorders in coordination with specialists in referral facilities.

Second, **stakeholders and resources were mobilized to ensure whole-of-government and whole-of-society approaches** to address the mental health challenges brought about by COVID-19. This meant going beyond the concern of the provider-client dyad, and instead integrating more upstream and meso- and macro-level concerns and addressing these with other stakeholders. For instance, in the Philippines, research projects on, and educational sessions for the general public regarding, mental health during the pandemic were funded by government and implemented with partners in the private sector (*e.g.,* professional associations). Singapore, on the other hand, worked with employers, employees, youths, and parents to develop mechanisms and strategies to support mental well-being in the workplace and schools under the alternative work and educational arrangements during COVID-19. Meanwhile, mental health resilience strengthened through "mental vaccines" or support at the individual, family and community levels were included as part of Thailand's strategic plan to address the fourth wave of COVID-19. Indonesia utilized a stages approach, drawing on its existing mental health and psychosocial support for emergencies, whereby safe and appropriate basic services was provided to all, while more focused interventions were made available for specific population segments (*e.g.,* family tracing and unification, basic emotional support by community health workers, mental health care by psychiatrists). Across jurisdictions, financing from government or with insurance support was deemed essential to support implementation of these initiatives. In the Philippines, for example, the Department of Health and the Philippine Health Insurance Corporation were reported to be fast-tracking the development of a benefits package for mental health to support financing of mental health conditions during the pandemic and even beyond. As mentioned in the preceding section, Singapore is contending with the issue of the extent of insurance coverage for telepsychiatry services.

Conclusions

The COVID-19 pandemic is an unprecedented event that has significantly reshaped life across the globe. While it surfaced challenges on the mental health front (*i.e.,* continuity of services for persons with psychiatric disorders, potential spread of infection in residential psychiatric facilities, mental distress from health workers and the general population), the pandemic situation has also helped in the conceptualization and implementation of strategies and innovations to address these issues (*i.e.,* adopting alternative service arrangements, using whole-of-government and whole-of-society approaches), and which may find applicability not only in the next few months during which COVID-19 may persist in our midst (*i.e.,* the "new normal"), but also in other future events that may cause the same level of societal impact and disruption.

This meeting report contributes to the growing body of literature on the sectoral perspective on the mental health challenges from, and responses to, the COVID-19 pandemic reported elsewhere. [16,17,18] The ideas summarized in this paper, in can be argued, are anecdotal at best and based on the experiences of a few professionals, institutions, or countries. While we concede this point, we note that perhaps most, if not all, the emerging experiences from the COVID-19 reported elsewhere are anecdotal as well and are brought about as individual or organizational react to the continuously evolving pandemic situation. More importantly, however, we argue that anecdotal evidence has a role to play in evidence-informed decision-making in the health sector. [19,20,21,22] Nonetheless, we submit that a more empirical evaluation of the issues and strategies outlined in this paper is warranted and should be considered by stakeholders in the mental health community.

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Conflicts of interest disclosure

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