UBC a place of mind

Care, collaborate, lead: Research on Mental Health Equity and Digital Health in the Asia Pacific

Inaugural Conference Final Report

Research for Mental Health Equity in the Asia Pacific- Digital (REMAP-D) Research Cluster

REMAP-D

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Executive Summary

"Care, collaborate, lead: Research on Mental Health Equity and Digital Health in the Asia Pacific," the inaugural conference of UBC's REMAP-D Research Excellence Cluster took place on October 26th, 2021. The conference goals were: to highlight innovative research and practice by REMAP-D members; identify synergies and opportunities for collaborative interdisciplinary research; learn about ongoing initiatives and best practice in Asia Pacific region; and to grow the REMAP-D network and inspire new collaborations. The aims of the conference complement REMAP-D's goals of establishing a collaborative, interdisciplinary centre of excellence on JEDI (justice, equity, diversity, inclusion)-focused global mental health research and contributing to new knowledge on best practice for JEDI and digital health in the Asia Pacific. The conference had three themes which align with REMAP-D's priorities:

Innovations in digital mental health
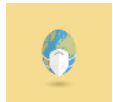
COVID-19 and mental health equity

Collaborative engagement in global mental health

In an effort to grow our network and inspire new collaborations, the conference was promoted on social media and via Asia Pacific partners and networks including the APEC Digital Hub for Mental Health and the Association of Pacific Rim Universities (APRU). To highlight innovative research and practice by REMAP-D members, we invited REMAP-D members to speak on the three conference themes. With the aim of learning about ongoing initiatives and best practice in the Asia Pacific region, we also invited submissions for ePosters related to the three conference themes. Student poster authors were eligible for a prize for best student poster.

We received a total of nine poster entries from authors from across the Asia Pacific region (Brazil, Fiji, Nepal, the United States, Peru, and Canada) with each poster relating to one of the three conference themes.

To open the four-hour conference, the REMAP-D Cluster Leads (Drs. Raymond Lam, Jill Murphy, and Erin Michalak) welcomed conference participants. Drs. Lam and Murphy provided opening remarks, described the goals of REMAP-D and the conference, presented the new REMAP-D logo[1] and its JEDI-value-driven framework, welcomed speakers, poster authors and participants, acknowledged the full support and assistance of the organizing committee members, conference participants, and REMAP-D's funder – the UBC Grants for Catalyzing Research Clusters.

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A total of 45 attendees that consisted of researchers, practitioners, students, and people with lived experience of mental illness participated in the conference. To promote active engagement during this online conference, we asked speakers to provide questions related to their talks that were answered by conference participants using Google Jam Board following each session. Participants were also invited to use Google Jam Board and the Zoom chat box to provide relevant links to their own initiatives, to introduce themselves and their interests related to the conference themes. Attendees used a Qualtrics survey to vote for the Best Student Poster during the 30-minute break for poster viewing.

The key themes identified during the conference and in participants' Jam Board responses included these concrete action steps: continuing to network and collaborate with international organizations, communities, people with lived experience and their families; strengthening the capacity of key stakeholders such as youth and supporting their contributions through community projects; engaging people with lived experience in international collaborations, research, and digital-focused practices that draw on their strengths and provide them with opportunities to participate in knowledge exchange, mobilization, and transfer; and establishing key stakeholder networks in the Asia Pacific to uphold REMAP-D's JEDI-value-driven framework.

Dr. Jill Murphy announced the Best Student Poster winner of the $200 cash prize, Ms. Shawna Narayan from UBC. Drs. Raymond Lam, Jill Murphy, Erin Michalak concluded the conference by reflecting on the strengths of the REMAP-D network as evidenced in the quality of the work presented, the potential for new collaborations and an open invitation for participants to join REMAP-D.

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Introduction

Global Mental Health and the Impact of COVID-19

Mental health disorders make up a significant and growing proportion of the global burden of disease, with unipolar depression projected to be the second largest contributor by 2030. Despite a recent increase in attention to and investment in global mental health (GMH) research, considerable gaps persist in mental health prevention, promotion and care worldwide. The majority of the mental health burden affects people living in low and middle-income countries (LMICs) and the physical, social and economic impact of mental illness on those suffering and their families is often devastating. The mental health gap also impacts underserved populations in high-income countries, demonstrating mental health inequities within and between countries and populations. The gap in mental health treatment, promotion and prevention initiatives has been identified as a 'grand challenge' and has been called a 'failure of humanity'. The complex nature of mental health and the challenges of the global environment require continued and expanding interdisciplinary approaches. In 2018, the Lancet Commission on Global Mental Health and Sustainable Development called for a "reframed" GMH agenda, drawing on "diverse scientific perspectives and real-world experiences".

The COVID-19 pandemic has profound implications for mental health and mental healthcare equity. The mental health impacts of the pandemic are becoming increasingly apparent as the longer-term impacts of social isolation, job and economic insecurity, experiences of illness and bereavement, physical distancing, and disrupted access to usual health and mental healthcare reverberate among populations. While the effects of COVID-19 are felt globally, some populations are at higher risk of experiencing negative mental health effects without adequate access to care. Healthcare workers and others on the frontlines, essential workers, vulnerable groups such as people experiencing homelessness, migrants, and people living with existing mental health and substance use conditions, women, gender and sexual minorities, children, the elderly, Indigenous and racialized communities and victims of domestic violence may be at higher risk of negative mental health impacts and may experience unique barriers in accessing care[1]. The COVID-19 pandemic has both illuminated and exacerbated existing socioeconomic inequities and their related mental health risk factors, calling attention to the urgent need for accessible and appropriate mental health services and psychosocial supports. Immediate action, including via innovative, multidisciplinary and JEDI-focused research collaboration, is needed to address the mental health needs of priority populations to promote mental health equity and economic prosperity.

The REMAP-D Research Excellence Cluster

The REMAP-D (Research on Mental Health Equity in the Asia Pacific – Digital) Research Excellence cluster is a network of researchers, providers and people with lived experience from across the Asia Pacific region with funding support from UBC's Grants for Catalyzing Research Clusters (GCRC). An emerging cluster aimed at creating a UBC-based centre of excellence in global mental health with a focus on the Asia Pacific region, REMAP-D's overarching vision is to significantly advance mental health research and knowledge exchange (KE) in the context of

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[1]   Murphy JK, Khan A, Sun Q, Minas H, Hatcher S, Ng CH, Withers M, Greenshaw A, Michalak EE, Chakraborty PA et al. 2021. Needs, gaps and opportunities for standard and e-mental health care among at-risk populations in the Asia Pacific in the context of covid-19: A rapid scoping review. International Journal for Equity in Health. 20(1):161.

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the COVID-19 pandemic, drawing on the principles of Justice, Equity, Diversity, and Inclusion (JEDI).

REMAP-D's Goals

REMAP-D's vision is to be accomplished through four goals: 1) establish a centre of excellence in equity-oriented mental health research focused on the Asia-Pacific region by convening a cluster of multidisciplinary researchers and engaged stakeholders at UBC, throughout Canada and internationally; 2) pursue strategic funding opportunities to ensure growth and sustainability in priority areas; 3) develop and implement an innovative Knowledge Exchange (KE) platform; 4) significantly advance knowledge and best practice on a JEDI-centered approach to global mental health (GMH) in the context of COVID-19, with an emphasis on the Asia-Pacific region and with a focus on digital technologies.

REMAP-D brings together a diverse team of UBC researchers in collaboration with partners across the Asia-Pacific region, including Canada. In the context of the COVID-19 pandemic and its ongoing impact on mental health- and leveraging REMAP-D network's substantial experience and expertise- REMAP-D identified three important opportunities for leadership in the area of mental health equity: 1) Mental Health Research Leadership in a post-COVID Asia-Pacific; 2) Promotion of Justice, Equity, Diversity, and Inclusion (JEDI) in GMH; and 3) Harnessing Digital Technologies to Promote Equity and Engagement in GMH.

In summary, REMAP-D galvanizes UBC expertise and leadership to make a significant impact in equity-oriented GMH in the Asia-Pacific region. REMAP-D seeks to position UBC as Canada's premiere institutional leader in GMH, having a transformative impact on the field of GMH by advancing innovative, equity-focused research, KE and international collaboration.

REMAP-D undertakes specific activities and methods to advance its four specific goals. The 'Care, Collaborate, Lead: Research on Mental Health Equity and Digital Health in the Asia Pacific' Inaugural Conference is one such undertaking.

Conference Presentations and Discussion

For its inaugural conference, "Care, Collaborate, Lead: Research on Mental Health Equity and Digital Health in the Asia Pacific," UBC's REMAP-D Research Cluster had four aims: to highlight innovative research and practice by REMAP-D members; identify synergies and opportunities to undertake collaborative interdisciplinary research; learn about ongoing initiatives and best practice in Asia Pacific region; and grow the REMAP-D network and inspire new collaborations.

Three conference themes were drawn from REMAP-D goals and from the conference aims. We invited REMAP-D members with expertise and research on each theme to present during three thematic sessions. We also asked them to provide questions to the audience to inspire discussion via Google Jam Board and the Zoom chat box. Session titles, presenters and presentation titles are listed below. Slides are available upon request.

Session 1: Innovation in Digital Mental Health (Dr. Raymond Lam, Moderator).

Dr. Emma Morton, *Bipolar Bridges: A digital health innovation targeting quality of life in bipolar disorder*

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Discussion question: What specific challenges in mental health equity and digital health in the Asia-Pacific could be addressed using co-design methods?

Participant responses included:

- Shouldn't all health-related services be co-designed, i.e., involving lived experience?
- Understand the social stigma and how to better engage target users.
- Communities struggling with digital divide must be involved In the development of technology from ground up - so tailored to meet where they are and in a way that works best for them
- Definitely would help with transparency of services, what, when, how to communicate with family and supporters for a person who is receiving help from public mental health services
- Absolutely! App development offers interesting opportunities to do this in a structured way (e.g. using user-centered design methods)
- On the digital divide piece, please also look to the work of Dr. Skye Barbic and team who have been looking at experiences of digital divide in youth with mental health challenges in BC. It's excellent.
- I was wondering if you could elaborate on something you said about the BD Wellness Centre. You mentioned that focusing on self-management strategies was more beneficial than focusing on symptoms. Could you expand on that in terms of, say, implementation in digital apps like PolarUs?

Dr. Kendall Ho, *Influence of hot digital trends in mental health*

Discussion Question: Digital mental health practices: are they good for our patients and our profession?

Participant responses included:

- Innovations that are proven for efficacy and give individuals ownership over their own data are good for both. They should complement existing care and enhance health provider performance
- What do you think about the best ways to mitigate psychological harms of digital tools and increasing sedentary activities?
- Need to consider the purpose and mechanisms for engaging users in these blended realities. It is also important to remain human centric.
- Interesting presentation! Thank you for sharing.

Dr. Jasmine Noble, Mr. Ali Zamani, Mr. Mohamad Ali Gharaat, *Developing and implementing a machine intelligence mental health system navigation chatbot to support healthcare workers in two Canadian provinces*

Discussion Question: Who is responsible for challenging or addressing misinformation in health? If it is us, what can we do better?

Participant responses included:

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- The American Psychiatric Association has a process and framework to identify "trusted" mental health apps.
- Responsibility lies with subject experts (including academics, health providers, doctors, nurses) and those with tools to consume and translate expert evidence including senior public officials but also in grade school curriculum. Critical thinking should be taught early and repeatedly to inoculate the public from susceptibility to believe misinformation.
- Keep an open mind and take a transdisciplinary approach to understand and address the underlying Issues.
- How do we deal with data protection/ security of our clients data?

Session 2: COVID-19 and Mental Health Equity (Dr. Jill Murphy, Moderator)

Dr. Joseph Puyat, *Depressive symptoms among Filipino young adults: estimating prevalence and identifying health promotion strategies*

Discussion Question: What other health promotion strategies would you recommend to address current gaps in treatment, supports and services?

Participant responses included:

- Go to the root causes of people's health equity issues
- Workplace policies to protect work/life balance (e.g., no emails after hours, full coverage of private sector mental health care services, supportive parental and childcare policies)
- Motivate healthcare providers to go to remote areas, and mobilize knowledge on these health strategies.
- Have there been any recent anti-stigma campaigns on mental health in the Philippines?
- Embracing the engagement and co-creation lens.

Prof. Michael Lee & Ms. Laura Wang, *Digital health promotion: enhancing health and wellbeing for a diverse audience during COVID*

Discussion Question: What would you change if we have a chance to re-develop this project, in particular, making this as health promotion in addition to awareness promotion?

Participant responses included:

- For WeChat programs, I wonder what is the best balance between self-directed, unsupervised activities and supervised/coached/peer sessions.
- Make easy and enable users to develop skills and knowledge associated with mental health self-service tools.

Dr. Skye Barbic, *Understanding mental health equity through the perspectives of youth throughout the COVID-19 pandemic: a longitudinal qualitative study*

Discussion Question: If we had to design the worst possible system to understand the needs of diverse youth throughout the pandemic, what would we do?

Participant responses included:

- Tell them what's best for them.

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- Give them policy and procedure of your clinic to read before offering any program to them.
- Ignore them.
- One-way communication. No way for youth to ask for what they need.
- Reactive rather than proactive, and including involuntary components.
- You would keep youth siloed from other youth.
- Do not ask them what they need.
- Do not include diverse youth in planning.
- Let adults make decisions for youth.
- Yes, we listen to their stories.
- A system that tells them what they need without asking and makes a farce of their concerns.

Session 3: Collaborative Engagement in Global Mental Health *(Dr. Erin Michalak moderator)*

Dr. Mellissa Withers, *Building authentic partnerships in global mental health*

Discussion Question: How can we better engage the community/ people with lived experience in our work?

Participant responses included:

- Focus on replenishing depleted resources

Dr. Videsh Kapoor & Mr. Bryan Ng, *Global Health Initiative: Bhutan Youth Mental Health Project*

We also invited conference participants to share information about themselves and their interests, as well as additional comments on the Jam Board. These are compiled according to conference theme below:

Innovations in digital mental health

- I am interested in gender-based violence, perinatal depression, as well as community participatory research (like photovoice).
- I am working on understanding how young people use TikTok to navigate health information and systems (and looking at the dark side too), and would love to collaborate with anyone who is interested.
- Something I am excited about and hope to be part of: Development of an online recovery college for British Columbia (Vancouver Coastal Health, Canadian Mental Health Association)
- I'm starting to study how cognition is linked to our community mobility patterns, and whether daily mobility (e.g. distance and time spent away from home) depends on variance in executive function/mood. So these discussions of digital health apps have been really informative.

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- We have some projects starting looking at smartphone passive geolocation tracking in depressed patients, with some cognitive data. It would be good to see what you are doing.

COVID-19 and mental health equity

- "Needs, gaps and opportunities for standard and e-mental health care among at-risk populations in the Asia Pacific in the context of COVID-19: a rapid scoping review" is a fantastic paper – more reviews and guidance on best practice would really support the work that we are doing.

Collaborative engagement in global mental health

- Policy-wise, I would love to see health care coverage extended to include individual counseling in Canada. It's wild to me that a first-line treatment for, e.g. depression and anxiety, is inaccessible to so many (public services).
- I am excited Canada has a Minister of Mental Health and Addictions!
- I am working on a global mental health project using participatory approach in the local Vietnamese immigrant or migrant community through an app called VMood
- We are also looking to develop a network to connect, strengthen and amplify the impact of knowledge mobilization portals in the field of health
- The formation of the youth advisory group in one major project can be a model for participant recruitment.
- Involving lay people in mental health seems like a promising area.

ePosters

We received nine e-poster submissions on research topics related to our conference themes, as listed below. E-posters are available for viewing at: https://mood.med.ubc.ca/eposter-gallery/

Theme: Innovations in digital mental health

Title: VMood: Adaptation of an in-person depression intervention to a smartphone app
Poster Authors: Leena Chau, Nguyen Vu Cong, Viet Anh Duong, Hayami Lou, John O'Neil

Title: Developing and Implementing a Machine Intelligence Mental Health System Navigation Chatbot to Support Healthcare Workers in Two Canadian Provinces (Project Protocol)
Poster Author: Ali Zamani

Title (*Student Poster Prize Winner): Facilitators and Barriers of E-Mental Health Resources: Perspectives from Culturally Diverse Populations
Poster Authors: Shawna Narayan, Sharan Sandhu, Hiram Mok, Kendall Ho, David Kealy

Title: Effect of a Digital Intervention on Depressive Symptoms in Patients with Comorbid Hypertension or Diabetes in Brazil and Peru
Poster Authors: Liliana Hidalgo

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Theme: COVID-19 and Mental Health Equity

Title: Heartbeat - Creating Recovery Project: theatre as a tool for the inclusion of autistic people during the COVID-19 pandemic
Poster Authors: Mariana Salas & Daniela Weilg

Theme: Collaborative Engagement in Global Mental Health

Title: Strengths and challenges of virtual community-based participatory research: takeaways from a bipolar disorder mHealth project
Poster Authors: Laura Lapadat, Emma Morton, Erin E. Michalak

Title: Collaborative Care Model for Depression in Rural Nepal
Poster Authors: Nandini Choudhury, Pragya Rimal, Bibhav Acharya

Title: Tapestry Tool: A Collaborative, Interactive, and Nonlinear Learning Tool
Poster Authors: Melanie Butt, Bita Jokar, Steven J. Barnes

Title: Fiji Regional Telehealth Project
Poster Authors: Odille Chang & Brigid Ryan

Conclusions and Action Steps

To conclude, REMAP-D's inaugural conference, "Care, Collaborate, Lead: Research on Mental Health Equity and Digital Health in the Asia Pacific," achieved its four goals:

1. Highlight innovative research and practice by REMAP-D members
2. Identify synergies and opportunities to undertake and collaborative interdisciplinary research
3. Learn about ongoing initiatives and best practice in Asia Pacific region
4. Grow our network and inspire new collaborations

These four conference goals complemented REMAP-D's four objectives:

1. Establish a collaborative, interdisciplinary centre of excellence on JEDI-focused global mental health research;
2. Develop innovative Knowledge Exchange products including learning modules;
3. Develop collaborative funding proposals to advance science and promote sustainability;
4. Contribute to new knowledge on best practice for JEDI and digital health in Asia Pacific.

A number of key themes and action steps were identified through conference presentations and discussions including: continuing to network and collaborate with international organizations, communities, people with lived experience and their families; strengthening the capacity of key stakeholders such as youth and supporting their contributions through community projects; engaging people with lived experience in international collaborations, research, and digital-focused practices that draw on their strengths and provide them with opportunities to participate in knowledge exchange, mobilization, and transfer; and establishing key stakeholder networks in the Asia Pacific to uphold REMAP-D's JEDI-value-driven framework.

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Overall the conference highlighted the innovative and diverse work of REMAP-D members as shown in the three presentation sessions. The poster submissions further showcased a range of exciting research initiatives from across the region, including by students. Conference participants expressed support for REMAP-D's objectives and conference goals as captured on Jam Board and in their conversations with the speakers and moderators.

This inaugural conference represents a first step by the REMAP-D cluster towards knowledge sharing to promote JEDI-informed mental health research in the Asia Pacific region. The strong participant engagement also highlights the desire for networking opportunities related to mental health equity, digital health and collaborative approaches to global mental health throughout the Asia Pacific region. The REMAP-D cluster will continue in this convening role and will build on the success of this conference by showcasing best practice and innovation from across the region and by engaging in collaborative and multidisciplinary research.

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Acknowledgments

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