

出國報告（出國類別：參與會議）

112 年度赴日內瓦辦理第 76 屆世界衛生大會 (WHA)場外論壇返國報告

出差人員： 國際合作發展基金會 項恬毅秘書長
國際合作發展基金會人道援助處 王宏慈處長
國際合作發展基金會人道援助處 吳靜怡組長
國際合作發展基金會人道援助處 石家華助理管理師
聖克里斯多福及尼維斯代謝性慢性病防治體系強化計畫 陳翔齊計畫經理
臺大醫院 高淑芬副院長

派赴國家：瑞士

出國期間：112 年 5 月 19 日至 5 月 23 日

報告日期：112 年 6 月

摘要

為持續拓展我國能見度並與國際社會接軌，呼應國際人道援助在社會心理支持需求增加之趨勢，本會於第 76 屆世界衛生大會(WHA)會議期間以「全民心理健康：緊急情況下的社會心理支持」為題辦理場外論壇，交流在緊急情況下協助脆弱族群心理健康之經驗與實務做法。現場有來自貝里斯、聖文森及格瑞那丁、聖克里斯多福及尼維斯、史瓦帝尼等國衛生部官員，以及國內外民間團體約 60 人共同與會。

本次任務結論與建議摘要說明如下：

世界衛生大會(WHA)場外論壇

一、 結論

- (一)本會辦理之論壇為議題及技術導向，與其他單位辦理之活動著重政治性訴求本質不同；
- (二)友邦以出席支持本會辦理之論壇，並表達對本會公衛計畫之感謝，與後續推動心理健康及社會心理支持(MHPSS)相關計畫之意願。

二、 建議

- (一)研議將 MHPSS 納入公衛醫療計畫新主軸；
- (二)下年度論壇邀請友邦衛生部推薦人選擔任論壇主講人。

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壹、任務說明

一、緣起

為持續拓展我國能見度並與國際社會接軌，呼應國際人道援助在社會心理支持需求增加之趨勢，本會於第 76 屆世界衛生大會(WHA)會議期間與以「全民心理健康：緊急情況下的社會心理支持」(Mental health for all: Psychosocial support for people in need in emergency contexts)為主題，辦理場外論壇，期透過本會及不同領域國際夥伴的分享，交流在緊急情況下協助脆弱族群心理健康之經驗與實務做法。

二、目標

- (一)與好鄰居協會全球夥伴中心(Good Neighbors Global Partnership Center, GNGPC)及馬爾他國際(Malteser International, MI)共同辦理乙場場外實體論壇。
- (二)拜會與本會有合作關係之國際非政府組織。
- (三)參與 WHA 周邊公衛醫療相關研討會。
- (四)參與衛福部主辦之友邦座談會

三、與會/考察人員

本會項恬毅秘書長、王宏慈處長、吳靜怡組長、石家華助理管理師及「聖克里斯多福及尼維斯代謝性慢性病防治體系強化計畫」陳翔齊計畫經理，以及臺大醫院高淑芬副院長等 6 人赴瑞士日內瓦執行本次任務。

四、工作範圍

- (一)分享本會如何在緊急情況下為脆弱族群提供社會心理支持，並與與會人員進行意見交流，提升我國公衛、人道援外能見度。
- (二)拜會與本會有合作關係之國際非政府組織：與世界兒童權利組織(Terre des hommes Foundation, Tdh)洽談合作發展型人道援助計畫之可能性。
- (三)參與 WHA 周邊公衛醫療相關研討會：參與由世台基金會舉辦之研討會。
- (四)參與衛福部主辦之友邦座談會

五、執行期間

本年5月19日至5月23日止(含飛航行程共5日)。

六、行程表：詳如[附件一](#)。

貳、世界衛生大會(WHA)場外論壇任務發現

一、辦理 WHA 場外周邊會議

本會為與國際交流在緊急情況下如何納入心理健康議題，於 5 月 22 日晚上 6 時至 7 時 35 分與 GNGPC 及 MI 合作，共同辦理「全民心理健康：緊急情況下的社會心理支持」實體論壇(議程表如[附件二](#))，現場共有來自貝里斯、聖文森及格瑞納丁、聖克里斯多福及尼維斯、史瓦帝尼及吐瓦魯等國官員、國際非政府組織等產、官、學界人士約 60 人共襄盛舉。

論壇首先由世界兒童權利組織(Terre des hommes Foundation, Tdh)兒童保護部門主管 Blerta Spahiu 引言揭開序幕，我國衛生福利部薛瑞元部長在開幕詞中表達心理健康在任何時刻都不應中斷，例如在新冠肺炎疫情期間，臺灣啟動了一系列國家計畫，提供社會大眾及一線的防疫人員心理支持；論壇接著由台大醫院高淑芬副院長分享臺灣在疫情期間強化心理健康之經驗；MI 資深心理健康顧問 Dr. Peter Kaiser 分享將心理健康及社會心理支持(Mental health and psychosocial support, MHPSS)納入當地衛生體系之作法；本會人道援助處處長王宏慈說明國合會人道援助計畫投入 MHPSS 新作為；最後由 GN 日內瓦代表 Dr. Seong Ha Eun Marcellino 分享透過夥伴關係，在人道危機下提供永續的心理社會支持。

本會項恬毅秘書長致閉幕詞時強調，隨著全球天然災害及戰爭衝突持續增加，國際援助應將「重建更好未來(Build back better)」原則運用在心理衛生領域，並呼籲國際組織在投入心理健康領域援助時，應自社區至政府強化各層級之能力，以強化整體衛生體系韌性。而國合會身為臺灣對外援助的專業機構及國際援助發展社群的一份子，也承諾將加強對心理社會支持相關計畫的投入。

本次論壇延續過往經驗採用 Slido 作為會議問答平台，與會者可直接透過手機或平板等載具直接於平台提問，或回應其他人所提出之問題。本次共計 9 則提問、1 則建議，主持人從中挑選提問，請講者回應，摘述如下：

提問一詢問高副院長臺灣在疫情隔離期間，是否也有家庭暴力狀況增加的情況，高副院長表示臺灣社會保護網相對完整，也因臺灣因疫情使民眾在家隔離的情況比例較低，所以沒有發現家庭暴力比例增加。

提問二詢問 Dr. Peter Kaiser 過去在執行人道援助計畫要納入地方政府參與最大的困難點為何，Dr. Kaiser 表示心理衛生類的援助最困難的地方在於取得當

地人對該組織的信任，所以一開始需要先提供立竿見影的援助，例如自提供太陽能板、重建供水系統、醫療服務以及治療傳染性疾病等相對較容易改善的部分著手，當人民對組織產生信任，不論是民眾或政府未來配合及合作意願都會較高。

提問三詢問王處長有關國合會是否規劃將 MHPSS 加入發展型公衛計畫，王處長表示國合會執行之計畫都是由合作國家/機構提出，只要提出需求後且經評估確認，通過審核即可執行。

因時間關係，其他講者未能回答之問題，已告知與會者倘願意，可留下電郵資訊，論壇之後講者將以電郵回覆。

會後，與會者與本團人員及講者互動熱絡，例如友邦聖文森衛生部長提出針對本次論壇提出 MHPSS 應融入當地體系深表認同；此外台灣醫學生聯合會、台灣年輕藥師協會、台灣牙醫學生聯合會等組織，亦向本會秘書長表達對本論壇內容之肯定，以及對於參與國際援助工作之興趣。本團於返國後，亦收到來自烏克蘭當地非營利組織提出，希望與本會合作為烏克蘭人提供免費心理支持。

二、參與世台基金會場外周邊研討會

本團於 5 月 21 日上午 10 時 30 分至下午 1 時，參加由世台基金會主辦之周邊會議，主題為「From SARS to COVID-19: Science, Medicine and Human Solutions」，以下為講者重點摘要：

Moderator Dr. Otmar Kloiber 開場說明疫情對全球造成劇烈衝擊，不僅嚴重影響現存醫療體系，使人力緊縮，也影響了經濟發展，從過去經驗中借鏡，有助於未來應對類似危機時的應變能力。

論壇首先由行政院長陳建仁說明臺灣在經歷 SARS 的經驗習得，另臺灣在本次 COVID-19 疫情初次接獲吹哨人通知時，即緊急通報 WHO，疫情正式宣告爆發後，國內則由政府層級擬定防疫政策，統一發布，也仰賴民眾誠實通報與高度配合，採取的幾項成功策略包括政府以負責的領導態度建立民眾信任、中央及地方的政策接軌，與公平的防疫資源分配，使臺灣順利度過困難的防疫時期。

Vincenzo Varagona 接著分享第一位發現 SARS 的無國界醫師 Carlo Urbani 的生平，並提及增進當地醫護人員對疫病的了解以及提供相關訓練，為最佳的疫情預防方式，倘疫情再次爆發也能有效應對。

最後由工研院院士翁啟惠博士分享我國研發 COVID-19 疫苗的歷程，並分享

研究新發現，即針對部分缺乏糖蛋白包覆的病毒基因進行疫苗研發，並確認對疾病的效力，該項技術未來或將能用於愛滋病毒、C 肝病毒等傳染性疾病疫苗的開發。

三、與國際非政府組織進行業務會談

本團於 5 月 22 日上午 10 點至 11 點，與 Tdh 衛生部門主管(Head of Health Programme) Iveth J. Gonzalez 洽談在肯亞合作發展型人道援助計畫，針對加強本會參與及該組織提案之「肯亞加里薩縣衛生中心與社區 WASH 服務改善計畫(名稱暫定)」概念書進行討論。

有關深化參與部分，本會說明派遣短期顧問與志工協助本會人道援助計畫執行之模式，並詢問 Tdh 的其他資助組織是否也會參與計畫執行，以及是否有本會可參考之參與方式。G 主管表示，其資助者通常單純扮演資助角色，通常對於計畫有比較深入的實際參與者是計畫的夥伴組織，夥伴組織通常與計畫執行內容有關。本會進一步說明本會派遣技術團在各友邦及友好國家執行計畫之模式，以及與美國國際開發總署(USAID)合作辦理研習班之合作方式，強調本會及相關國內網絡有專業人力，期待未來對於肯亞計畫能有更深入之參與。對此，G 主管表示樂觀其成，也承諾會進一步與內部討論本會深化參與之做法與可行性。

另外，針對前揭計畫之概念書，在計畫邏輯上，強調過多糧食不安全與營養不良之背景資訊，但該等面向卻未與計畫內容做連結，業請 Tdh 思考是否集中在供水與衛生(WASH)領域，刪除糧食不安全與營養不良之說明，或者要再調整計畫內容，讓 WASH 之規劃與上述兩者連結更為明確。在可行性上，計畫內容重點在 WASH，但卻對於目標地區 WASH 基本資訊提供甚少，且計畫內容所要建置的 WASH 設施，也未說明清楚其類型，難以評斷可行性，因此應補充相關內容。另外預算簡表並未與概念書一併提供，業向 Tdh 解釋本會直接/間接成本(80/20)之計算方式，請其繳交預算簡表供本會審查。最後，本會也承諾會提供詳細書面意見，供 Tdh 進一步修改計畫概念書。

四、參加駐日內瓦代表處主辦之外交酒會

本團項秘書長、王宏慈處長及陳翔齊計畫經理受邀參加於 5 月 20 日由日內瓦辦事處主辦之外交酒會，友邦衛生部官員除聖露西亞衛生部長上台致詞外，聖

文森、貝里斯衛生部長等人亦親自出席，一如以往每次友邦衛生部長提及我國的協助，都會提到本會公衛醫療計畫與計畫經理，顯示其等對本會計畫與計畫經理表現極為讚賞；秘書長另受邀參加諾魯雙邊會談。

五、參與衛福部主辦之友邦座談會

陳翔齊計畫經理代表本會參加衛福部於5月23日晚上7點30分假Fairmont Grand Hotel舉辦之友邦座談餐會，本次餐會中派代表出席之邦交國如次：(一)非洲：史瓦帝尼、(二)拉丁美洲及加勒比海：瓜地馬拉、巴拉圭、貝里斯、海地、聖露西亞、聖文森及格瑞那丁及聖克里斯多福及尼維斯、(三)太平洋：帛琉、吐瓦魯及馬紹爾，共11邦交國(諾魯代表團至機場送機未出席)。

餐會開始由駐日內瓦辦事處蘇瑩君處長致意歡迎，續由衛福部薛瑞元部長致詞歡迎各友邦代表參加，並感謝友邦代表於本次第76屆世界衛生大會為臺灣執言，並於結束後再次致詞請友邦持續支持臺灣。晚宴期間克國衛生部次長Dr. Sharon Archibald向陳計畫經理表示，自參加本會5月22日舉辦之「Mental Health for All」論壇後，即對心理衛生相關之公衛計畫感到興趣，伊表示心理衛生在克國醫療體系中長期未被重視，亦無足夠資源改善，因此希冀本會在克國投入資源，執行強化心理衛生領域之公衛計畫。對此，陳計畫經理表正面態度，亦告知克國衛生部次長與本會合作的相關作業流程，希望能在本會「代謝性慢性病防治體系強化計畫」結束後接續執行。

六、結論與建議

(一) 結論

1. 本會辦理之論壇為議題及技術導向，與其他單位著重政治性訴求本質不同

本次論壇議題選定為心理健康雖主要與本會刻推動「羅馬尼亞之烏克蘭難民兒童社會心理支持服務提升計畫」有關，也係因心理健康已成為近期國際人道援助顯學，爰本議題吸引相關領域的專家、學者及政府官員與會，達到本會在WHA期間對重要議題倡議之目的。此外，本論壇主要與INGOs及其他援助組織合作辦理，為尊重合辦單位，活動專注在議題討論、經驗分享，淡化政治色彩，因此可與其他單位辦理之活動有所區隔。

2. 友邦以出席支持本會辦理之論壇，並表達對本會公衛計畫之感謝，與後續推動 MHPSS 相關計畫之意願

友邦衛生部官員踴躍出席本會舉辦之論壇，包括聖文森、聖露西亞及貝里斯衛生部部長、聖克里斯多福及尼維斯與史瓦帝尼衛生部次長等人均偕部屬同行，論壇中雖未發言，但全程專注聆聽，並於會後與項秘書長、王處長及講者交換意見。其中克國次長更於會後表達希望後續能與本會合作 MHPSS 相關計畫，凸顯友邦衛生部對本會辦理活動的支持與執行公衛計畫的信心。

(二) 建議

1. 研議將 MHPSS 納入本會公衛醫療計畫新主軸

本會曾於 101 至 104 年期間應斐濟所請與該國合作研議推動「精神衛生之醫療照護體系功能提升計畫」，期透過強化該國在精神衛生政策面、醫療機構面及社區面之能力，提升該國精神衛生服務可近性，惟因政治因素而未能完成計畫協商程序並啟動。目前精神衛生議題已係國際間廣為重視之健康議題，特別在 COVID-19 疫情爆發後，WHO 已敦促各國應投注更多資源在強化精神健康體系上，另以美國為例，該國以保護青少年心理健康為精神衛生工作推動重心。透過本次論壇，多數友邦代表已顯露對 MHPSS 議題的重視或關注，建議未來可將 MHPSS 做為本會公衛醫療計畫新主軸，並視友邦需要以介入特定族群 (如青少年)或以提升精神衛生照護體系為目標推動相關計畫，或針對公衛醫療計畫脆弱目標族群加入 MHPSS 元素，以協助友邦及友好國家提升人民心理健康。

2. 下年度論壇邀請友邦衛生部推薦人選擔任論壇主講人

由於友邦自本會開始在 WHA 期間辦理周邊論壇起，每年均出席表達支持，又本會持續在友邦推動公衛醫療相關計畫成果卓著，爰建議下年度 WHA 周邊論壇可視議題主軸，邀請合適之友邦衛生部官員或其等推薦之專業人員擔任論壇主講人，除凸顯我國對友邦的重視，亦展現本會在友邦執行相關計畫之亮點。

參、誌謝

本次至瑞士日內瓦辦理論壇期間，在外交部、衛生福利部及駐日內瓦辦事處安排與協助下，本次任務方能順利完成，特此致謝。

附件一、任務行程表

日期	行程	成員	備註
112/5/19 (五)	自聖克里斯多福及尼維斯赴瑞士	駐地計畫經理： 陳計畫經理	
	自烏茲別克赴瑞士(TBC)	本會： 秘書長	接續於「歐洲復興開發銀行年會」後赴瑞士
	自臺灣赴瑞士	本會： 王處長、吳組長、石助理管理師	
		國內講者： 臺大醫院高淑芬副院長	
112/5/20 (六)	參加外交晚宴	本會： 秘書長等人	
112/5/21 (日)	1. 參加公衛相關研討會 2. 論壇場勘	本會： 秘書長、王處長、吳組長、石助理管理師 駐地計畫經理： 陳計畫經理 國內講者： 臺大醫院高副院長楊秘書長	
112/5/22 (一)	1. 辦理論壇講者午宴 2. 論壇前置作業 3. 辦理論壇	本會： 秘書長、王處長、吳組長、石助理管理師 駐地計畫經理： 陳計畫經理 國內講者： 臺大醫院高副院長 外部講者： 國外講者 4 人	國外講者依其出發地安排適合航班、陸路交通工具出席本次論壇
112/5/23 (二)	自日內瓦赴羅馬尼亞 參加友邦座談會	本會： 秘書長、王處長、吳組長、石助理管理師 駐地計畫經理： 陳計畫經理	高副院長於 5/23 返回臺灣

Mental Health For All

Psychosocial support (PSS) for people in need in emergency contexts



Date: **May 22 , 2023** Time: **18:00-19:35 Geneva Time**

Venue: Paris meeting room, InterContinental Genève, 7-9 Chemin du Petit-Saconnex, 1209 Geneva, Switzerland

Refreshments shall be served

Agenda

18:00-18:10	Registration	
18:10-18:15	Opening remarks	Dr. Jui-Yuan Hsueh Minister Ministry of Health and Welfare, Taiwan
18:15-18:25	Panel introduction by Moderator	Ms. Blerta Spahiu Head of Child Protection Sector Terre des hommes Foundation
18:25-18:40	Keynote: Taiwan's experience of strengthening mental health in the COVID-19 pandemic	Dr. Shur-Fen Gau Vice-Superintendent National Taiwan University Hospital
18:40-18:50	1. Including MHPSS within humanitarian response and existing health care systems	Dr. Peter Kaiser Global Mental Health Adviser Malteser International
18:50-19:00	2. Investing in MHPSS: TaiwanICDF's new approach to humanitarian assistance	Ms. Cathy Wang Director of Humanitarian Assistance Department TaiwanICDF
19:00-19:10	3. Global partnership: Building sustainable MHPSS in humanitarian crises	Dr. SEONG Ha Eun Marcellino Representative Good Neighbors International Cooperation Office, Geneva
19:10-19:25	Q&A Moderation	Ms. Blerta Spahiu Head of Child Protection Sector Terre des hommes Foundation
19:25-19:30	Closing remarks	H.E. Amb. Timothy T. Y. Hsiang Secretary General TaiwanICDF

Registration



出國報告（出國類別：參與會議）

赴瑞士日內瓦參加第 76 屆 WHA 會外
論壇「全民心理健康：緊急狀況下的
社會心理支持」會議報告

服務單位：台大醫院
姓名職稱：高淑芬副院長
派赴國家：瑞士日內瓦
出國期間：2023/5/19-24
報告日期：2023/6/8

摘要

本屆 WHA 期間，財團法人國際合作發展基金會於在日內瓦舉辦會外論壇「Mental Health for all: Psychosocial support for people in need in emergency contexts 全民心理健康：緊急情況下的社會心理支持」，我接受邀請擔任論壇 Keynote，分享在對抗 COVID-19 疫情期間，臺灣政府、醫療院所及社區在精神健康促進的實務經驗。本次論壇除了我的專題演講，還有 Global Mental Health Adviser 的 Dr. Kaiser、國合會人道救援處王宏慈處長、好鄰居協會日內瓦代表 Dr. SEONG 也各有 10 分鐘的分享。這次前往日內瓦，我除了論壇演講，期間也參與了一些相關的重要會議，包括僑界歡迎晚宴、世台基金會主辦的論壇「From SARS to COVID-19: Science, Medicine, and Human Solutions」、拜訪好鄰居協會的餐敘和討論等，也有機會和很多來自世界各地的臺灣人(醫師及醫療專業人事)交流，以及論壇演講者、來參加的臺灣國家衛生研究院的院士討論、交換意見，感受到大家的熱誠和對臺灣的支持，也提出一點經驗建議，希望將來臺灣能成為 WHA 觀察員，進一步順利成為 WHA 的會員國之一。

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這次演講是受到財團法人國際合作發展基金會的邀請，在日內瓦第 76 屆 WHA 所舉辦的平行專題論壇「Mental Health for all: Psychosocial support for people in need in emergency contexts」全民精神健康：為緊急情況下需要幫助的人提升社會心理支持，內容包含相關 NGO 組織，對身處緊急情況的民眾給予緊急救難和社會心理支持。專題論壇是由 Head of Child Protection Sector, Terre des hommes Foundation, Ms. Blerta Spahiu 所主持，我的專題演講主題 Keynote: Taiwan's Experience of Strengthening Mental Health in the COVID-19 Pandemic，主要有關精神健康的部分。除了我的演講以外，還有 Global Mental Health Adviser, Dr. Peter Kaiser；國合會人道救援處王宏慈處長，分享臺灣的國合會人道救援新的支援方式；Good Neighbors International Cooperation Office 日內瓦代表 Dr. SEONG Ha Eun Marcellino 也各有 10 分鐘的分享。

WHA 期間在日內瓦有很多其他的平行專題論壇，而本論壇的演講確實得到很多迴響，當天有將近 70 位聽眾，尤其是臺灣衛福部有 20 幾位長官參加，薛瑞元部長在開場致詞之後，全場聆聽演講，同時國家衛生研究院的司徒院長、梁賡義院士，均全程聆聽我這次的演講。除此之外也有六七個國家和重要的邦交國，以及對心理健康相當重視的重量級人物來支持，例如在國際上支持一直臺灣的美國教授 Padmini Murthy，也親自來到現場。我的演講內容主要是在 COVID-19 影響之下，臺灣針對維持國人(涵蓋一般民眾，以及老年人、幼兒、兒童、慢性身體及精神疾病患者)以及醫療人員的身心健康所做的努力。



Mental Health For All

Psychosocial support (PSS) for people in need in emergency contexts

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Agenda

18:00-18:10 **Registration**

18:10-18:15 **Opening remarks**

Dr. Jui-Yuan Hsueh
Minister
Ministry of Health and Welfare, Taiwan

18:15-18:25 **Panel introduction by Moderator**

Ms. Blerta Spahiu
Head of Child Protection Sector
Terre des hommes Foundation

18:25-18:40

Keynote:
Taiwan's experience of strengthening mental health in the COVID-19 pandemic

Dr. Shur-Fen Gau
Vice-Superintendent
National Taiwan University Hospital

18:40-18:50

1. Including MHPSS within humanitarian response and existing health care systems

Dr. Peter Kaiser
Global Mental Health Adviser
Malteser International

18:50-19:00

2. Investing in MHPSS: TaiwanICDF's new approach to humanitarian assistance

Ms. Cathy Wang
Director of Humanitarian Assistance Department
TaiwanICDF

19:00-19:10

3. Global partnership: Building sustainable MHPSS in humanitarian crises

Dr. SEONG Ha Eun Marcellino
Representative
Good Neighbors International Cooperation Office, Geneva

19:10-19:25 **Q&A Moderation**

Ms. Blerta Spahiu
Head of Child Protection Sector
Terre des hommes Foundation

19:25-19:30 **Closing remarks**

H.E. Amb. Timothy T. Y. Hsiang
Secretary General
TaiwanICDF

Registration



壹、專題演講內容

COVID-19 對全球的精神健康造成很大的影響，而臺灣不論在憂鬱症、焦慮症盛行率的改變都是全球最低的。研究結果顯示，有將近一半的人感受到 COVID-19 造成的壓力，這些壓力與他們的工作狀況是否得到支持等等有關；以全國代表性樣本進行的精神壓力(psychiatric stress)盛行率研究研究，其中只有 12%被篩檢出有感受到精神壓力，2%提到可能有自殺想法，但這些結果和國際多個研究比較起來還是低很多，這段時間也發現自殺率下降 7%。面對 COVID-19 疫情，臺灣不論政府層次、地區醫院層次，針對一般人或易受性(vulnerable)的族群，例如孩子、老年人、有精神疾病或慢性病的人，以及經濟弱勢的族群，政府都有針對不同族群給予建議的處置。再者，防疫指揮中心每日疫情的報導以及提供熱線，地方政府管轄內醫院也提供心理諮商；對於需要居家隔離或強迫性隔離者也提供必要的協助，這些都可以顯著減少國人對疫情的焦慮及恐慌。疫情指揮中心更是建立五個步驟來協助醫療人員，醫療人員一方面要擔心感染 COVID-19，一方面要照顧病人，讓病人能夠得到常規治療，當他們確診新冠肺炎後壓力會更大，也會一直挑戰他們在醫療上兩難之處，難以做決策。這方面我著重在分享台大醫院的經驗，我們採取每日量體溫通報，每星期作心理健康的篩檢，以確保醫療人員的身心健康。同時舉例我在台大醫院如何做員工關懷，首先建立多個專業的團隊，包含精神科、臨床心理、職能治療、物理治療、社工師，以及各醫療相關及行政單位組成，可以立即反應有需求需要協助的員工，讓台大醫院能夠非常穩定的面對 COVID-19 的挑戰。最後分享在國際上遇到類似的災難的時候可以怎麼做。



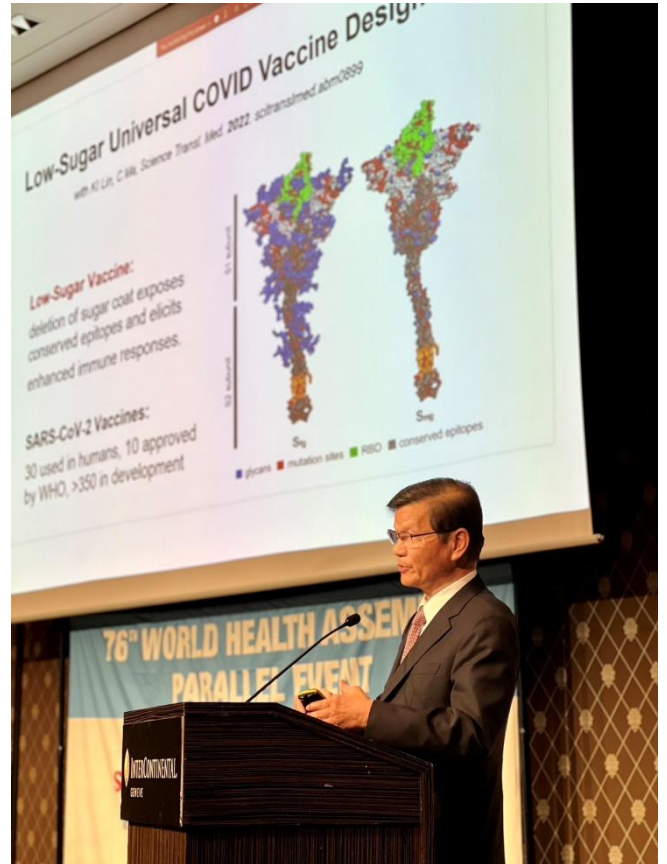


貳、其他參訪及會議行程

我這次前往瑞士日內瓦除了在論壇演講，這幾天也參與了一些相關的重要會議。抵達日內瓦當天的僑界歡迎晚宴，僑委會宴請來自世界各國的臺灣僑胞，他們大多是從美國、歐洲、亞洲各個國家來到日內瓦支持臺灣加入 WHA 的醫師，深深的感受到他們的熱誠，2-30 年來從未間斷，用自己的經費來參加支援臺灣的健行等活動。我覺得比較可惜的是難得有很好的機會這些僑胞可以聚在一起，但是當天現場食物的準備不足，也就不容易將大家留在那裡繼續社交互動、交換意見。

5 月 21 日參加世台基金會論壇，主題是”From SARS to COVID-19: Science, Medicine, and Human Solutions”，在 4 位講者中，我覺得最好的演講是前中研院院長翁啟惠院士，他的演講深入淺出，讓我們知道醣分子對疫苗效果的影響，他的研究在國際上非常創新，這些發現不僅對一些感染疾病的疫苗開發，也對癌症相關的疫苗非常有幫助，非常感激他的演講，現場相當多各國學者，也有從臺灣前往的醫師和醫療人員聽演講。這是一個很成功，主題重要的論壇，我在現場也有機會和很多來自世界各地的臺灣人交流，也很感動有這麼多即使不在臺灣仍心在臺灣，對臺灣非常支持的僑胞們。

5 月 22 日拜訪好鄰居協會，在論壇開始前和協會以及論壇演講者餐敘討論，論壇結束後有機會和來參加的院士討論、交換意見，將來臺灣要如何用更好的策略，讓臺灣成為 WHA 觀察員，更進一步讓臺灣加入 WHA，這也是我們將來要努力的。這不是暫時性而是長期性的任務，若能建立跨部會如衛福部、外交部 task force 組織和學界，尤其很多學術團體在打國際戰非常成功。假如能夠由總統或總統府直接成立 task force，長久性有計畫性的持續幾年累積一些努力，我覺得長期耕耘效果會更好。例如我自己的經驗，我過去兩年負責台大醫院疫苗施打任務，由院長直接任命，跨 20 個單位建立起團隊，讓這個任務作的非常圓滿，獲得好評，凝聚台大醫院跨單位同仁的向心力，一心一意團隊合作把事情做好，展現台大醫院在醫療、在社會服務上的典範。





ADHD/ASD

SUSAN SHAN-JEN LIAW

TAIWAN ICDF

Taiwan's Experience of Strengthening Mental Health in the COVID-19 Pandemic



Susan Shan-Jen Liaw, M.D., Ph.D.
Vice Superintendent, National Taiwan University Hospital
Distinguished Professor, Department of Psychiatry, College of Medicine, and Graduate Institute of Brain and Mind Sciences

TAIWAN ICDF

Outline

- The Psychological Impact of COVID-19
- Resilience and Mental Health Efforts in Taiwanese Society during the Pandemic
 - General population
 - Health care workers
- Challenges and Prospects

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The Psychological Impact of COVID-19

Taiwan's experience of strengthening mental health in the COVID-19 pandemic

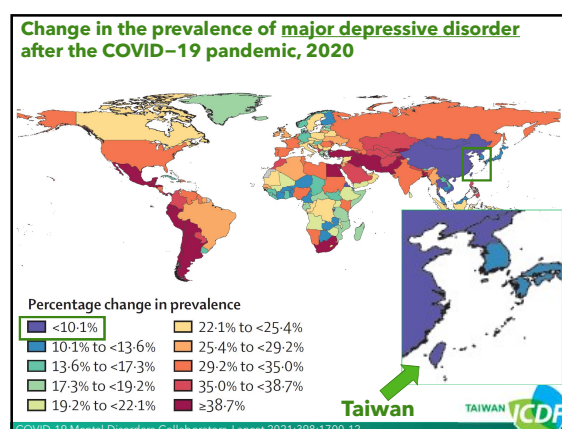
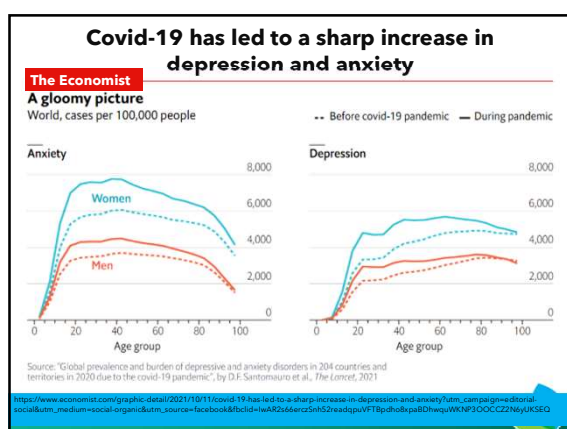
TAIWAN ICDF

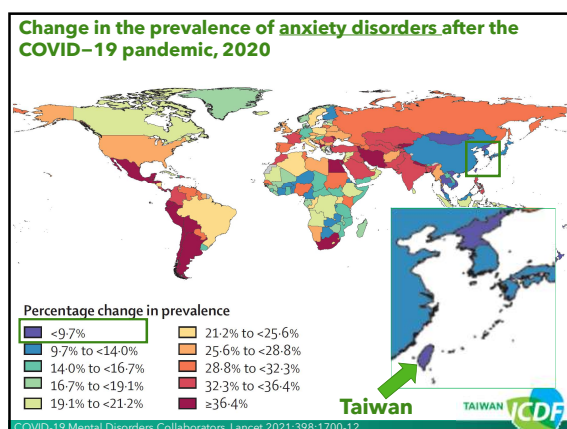
COVID-19 Public Health Interventions and Bio-Pscho-Social Crisis

- Economic Stress
- Social Isolation
- Decreased Access to Community and Religious Support
- Barriers to Mental Health Treatment
- Illness and Medical Problems
- Media Reports and National Anxiety
- Burnout of Health Care Professionals

Reger MA et al., JAMA Psychiatry

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Resilience and Mental Health Efforts in Taiwanese Society during the Pandemic

Taiwan's experience of strengthening mental health in the COVID-19 pandemic

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General population

Resilience and Mental Health Efforts in Taiwanese Society during the Pandemic

Taiwan's experience of strengthening mental health in the COVID-19 pandemic

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The impact of COVID-19 stressors on psychological distress and suicidality in a nationwide community survey in Taiwan

- A nationwide population-based survey was conducted using a computer-assisted telephone interview system with a stratified, proportional randomization method for the survey.
- In total 2094 respondents completed the survey (female 51%).
- 45.4%: COVID-19 stress
- The most prevalent stressors related to daily life, job/financial concerns, interpersonal and psychological/physical conditions.
- Higher levels of suicidality, loneliness, and a lower level of self-efficacy had significantly higher odds of having COVID-19 stress.
- The findings call for more attention on strategies of stress management and mental health promotion

Wu CY et al., Sci Rep 2022;12:2696.

TAIWAN ICDF

Psychological preventive strategies and measures

Daily COVID-19 briefings

- Held with the Minister of Health and Welfare on the latest information on local epidemic and government policies.
- These briefings effectively reduced feelings of uncertainty, anxiety, and panic.

Advice on coping strategies in the face of the pandemic stress

- Provided on official websites and through social media.

National pandemic related hotline

- Established and made accessible for the general population in January 2020. There were between 248 and 337 calls per month during this period.
- As for the calls, the most common reason was related to questions about quarantine/isolation measures (28%), followed by psychological problems/concerns (24%) and work/financial problems (15%).

Counseling hotlines

- Set up by individual local governments to provide telephone consultation.

Hwang TJ et al. Int Psychogeriatr 2020;32:1121-4.

TAIWAN ICDF

For the vulnerable populations

For the elderly, children, people with chronic medical diseases or mental disorders, and those financially disadvantaged

- The Taiwan government had special recommendations to enhance the mental health of these vulnerable populations


Official letters were sent by relevant professional organizations

- To pay special attention to and to take actions to protect them from being adversely impacted by the pandemic.
- For example, the Taiwanese Society of Geriatric Psychiatry (TSGP) and Taiwan Alzheimer's Disease Association (TADA) provided a counseling hotline to lend necessary support to psychogeriatric patients and their carers.
- The two organizations also had press releases with relevant information and practical tips for patients and caregivers.

Hwang TJ et al. Int Psychogeriatr 2020;32:1121-4.

TAIWAN ICDF

For those who were home quarantined or isolated



The National Health Command Center (NHCC) set up a Call Center team

- Composed of psychologists and later nurse volunteers
- Proactively reached out to offer counseling to people quarantined at home or isolated.


A very low proportion of subjects (about 0.3%) expressed any need for counseling.

- The main problem was emotional disturbance (40%), including anxiety, dysphoria, anger, and sleep problems, followed by occupational/life adaptation problems (17%).

The local governments also set up hotlines to provide further psychological counseling for the same group of people.

Hwang TJ et al. Int Psychogeriatr. 2020;32:1121-4. TAIWAN ICDF

For those who were compulsorily quarantined



There were a few could not follow the regulations of self-quarantine


- Sent to stay in a government-designated place for compulsory

When the psychological needs of these subjects were detected

- They were offered access to counseling with government-deployed psychologists from 7 core psychiatric institutes via a dedicated phone line.
- Among them, 56% had emotional disturbance and 49% had questions regarding nonconvenience from quarantine, but only 37.5% required psychological counseling.

Hwang TJ et al. Int Psychogeriatr. 2020;32:1121-4. TAIWAN ICDF

Psychiatric and Psychological Services in General Medical Settings



For hospitalized people with COVID-19

- The psychiatry and clinical psychology consultation-liaison team of each hospital provided consultations for people admitted due to confirmed or suspected COVID-19 infection.

For the bereaved family

- While patients died from COVID-19. When family members needed grief management, local governments arranged psychological counseling and bereavement support through the community mental health centers, though only a few were available.

Hwang TJ et al. Int Psychogeriatr. 2020;32:1121-4. TAIWAN ICDF

Mental health impact of the COVID-19 pandemic in Taiwan

- To understand the mental health impact of COVID-19 in Taiwan
 - A dual-frame survey combining landlines and cellphones with random digit dialing was undertaken between June 1st and July 31st, 2020.
- Among a representative sample of 1087 Taiwanese
 - Psychiatric morbidity, suicidal ideation in the preceding month, and respondent level of worry during the pandemic.
- Psychiatric morbidity was measured with the BSRS-5 (Brief Symptom Rating Scale)
 - A 5-item rating scale tapping into symptoms of anxiety, depression, hostility, inferiority, and insomnia.

Chen YY, Wu KC, Gau SS. J Formos Med Assoc. 2021;120:1421-3. TAIWAN ICDF

Table 1 Distribution of psychiatric distress, suicidal ideation, and worries during the COVID-19 pandemic in Taiwan.

	Total		Male		Female	
	N	%	N	%	N	%
Psychiatric distress (BSRS≥6)	132	12.14	56	10.14	76	14.21
Past month suicide ideation (34)	18	1.66	7	1.27	11	2.06
Worries (scored 4 or 5)						
Me or my family being in financial trouble	94	8.65	50	9.06	44	8.22
Me or my family lose jobs	111	10.21	56	10.14	55	10.28
My mental health	92	8.46	43	7.79	49	9.16

- Approximately 12% of the respondents screened positive for **psychiatric distress**
 - Less than 2% reported suicidal ideation in the preceding month
 - About 10% of the respondents had high scores on worries over financial troubles, employment, and mental health conditions.
- The prevalence rate of psychiatric distress was **much lower than that reported in other countries**
 - Approximately 1/4 to 1/2 of the population experienced a prominent mental health impact after the outbreak.

Chen YY, Wu KC, Gau SS. J Formos Med Assoc. 2021;120:1421-3. TAIWAN ICDF

Decrease in Suicide During the First Year of the COVID-19 Pandemic in Taiwan


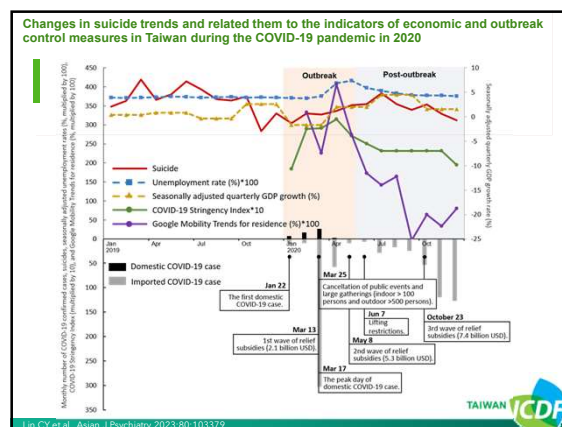
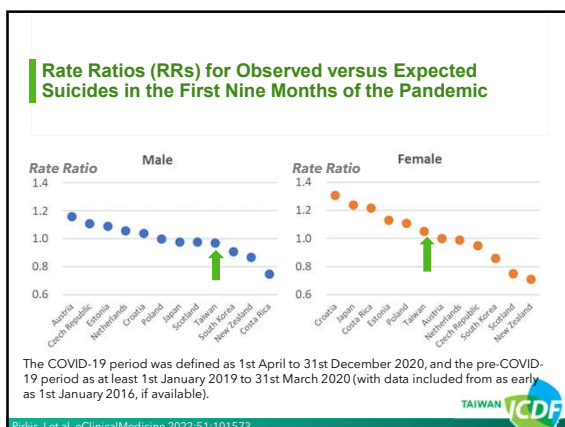


Figure 1. (A) Monthly Numbers of Suicides in 2015-2020 and COVID-19 Confirmed Cases in 2020 and (B) Monthly Suicide Rate Ratios and 95% CI during the COVID-19 Pandemic (January-December 2020) Relative to Those Expected Based on Pre-Pandemic Trends Between January 2015 and December 2019 in Taiwan, After Accounting for Long-Term Trends and Seasonal Variations in Suicide

A. Numbers of suicides and COVID-19 cases, 2015-2020

B. Monthly suicide rate ratios for 2020 relative to those expected based on 2015-2019

Lin CY, Chiang SS, Shen LJ. J Clin Psychiatry. 2021;82. TAIWAN ICDF



Decrease in Suicide During the First Year of the COVID-19 Pandemic in Taiwan

- The period of the COVID-19 pandemic
 - Associated with a **7% reduction in suicide** among people aged 15+ years in Taiwan in 2020.
- A **strong sense of success and safety**
 - Together with less impact on people's lives due to control measures such as lockdowns, may have led to the observed reduction in suicide in Taiwan.
- Taiwan experienced a **rapid economic recovery**
 - The unemployment rate decreased from 4.07% in May 2020 to 3.68% in December 2020; the non-elderly working population may have benefited the most from this.
- Social cohesion** or policies during the acute phase of the pandemic
 - May prevent the transition from suicidal ideation to suicidal act
- Reduced movement
 - May decrease access to lethal means for suicide
- Stay-at-home orders
 - May reduce the opportunities of being alone and carrying out suicidal behavior at home.

Lin CY, Chang SS, Shen LJ. J Clin Psychiatry. 2021;82.

Health care workers Resilience and Mental Health Efforts in Taiwanese Society during the Pandemic

Taiwan's experience of strengthening mental health in the COVID-19 pandemic

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Clarifying the Language of Clinician Distress

- Moral dilemmas**
 - These are difficult and, at times, deeply challenging decisions because more than 1 answer is morally defensible, but none leads to an ideal outcome.
- Moral distress**
 - Occurs when an individual believes he or she knows the right thing to do, but institutional or other constraints make it difficult to do what is right.
- Moral injury**
 - An erosion of a person's moral framework as the result of a single egregious violation or persistent, repeated moral distresses.

Dean W et al. JAMA 2020;323:923-4.



The impact of the pandemic on healthcare workers

On the one hand, medical personnel shoulder the mission of caring for patients

- On the other hand, because of its mission to care for patients
 - Expose yourself to the risk of contracting or being subjected to pandemic-related medical violence

During the pandemic, the difficult working environment and the inherent conflict of values

- It is one of the sources of psychological impact of medical personnel


Medical personnel in quarantine

- The degree of negative impact of stigmatization is higher than that of the general public under quarantine

If a medical worker has been quarantined

- Whether diagnosed or not, the psychological impact may also be higher than that of the general population

Brooks SK, Webster RK, Smith LE, et al. Lancet. 2020;395:912-20.



The Ministry of Health and Welfare established guidelines for maintaining the mental health of medical staff during the COVID-19 pandemic






Fig. 1 Steps of supporting mental health of medical staff

Su JC, Shen LJ, Chen HC. J Formos Med Assoc. 2021;120:923-5.




1. Establish the task force and management algorithm


- Establish a team to support the mental health of medical staff as soon as national reports are made in order to ensure an early response.
- The task force should be led by an executive administrator in charge of coordination and communication between departments.
- The task force should be multidisciplinary and include physicians, nurses, psychiatrists, psychotherapists, social workers, etc.
- The mission of the task force is to identify the needs of medical staff and provide the necessary support to reduce stress.



Su JC, Shen LJ, Chen HC. J Formos Med Assoc. 2021;120:923-5.




2. Education and policy communication




- Lectures should be held to provide the medical staff up-to-date knowledge and information about COVID-19.
 - Training courses on proper use of personal protective equipment (PPE) should also be provided.
- Clear messages, rationale and guidance for evolving standards of practice should be relayed, along with up-to-date, evolving recommendations for supporting staff.
 - To manage the high volume of information, short videos can be made to communicate the policies of pandemic management, ensuring that the information is communicated in a way that is easily understandable and visually attractive.
- Provide pandemic updates for all staff.
 - Medical staff should be informed if there are any confirmed COVID-19 cases currently being treated at the hospital, while also protecting patient privacy, to prevent the spread of misinformation and subsequent panic.

Su JC, Shen LJ, Chen HC. J Formos Med Assoc. 2021;120:923-5.




3. Monitor Mental and physical health statuses




- The mental and physical health of medical staff should be considered equally.
 - An online reporting platform and screening algorithm could be established for staff to self-report their physical and mental statuses, on duty or at home.
 - Further evaluation is used to assess the impact of stress, as well as psychological needs.
- Medical staff need to report their body temperature and any COVID-19 symptoms daily using the online platform.
 - Furthermore, their mental health status need to be reported weekly as well.
- An effort should be made to recognize high-risk staff members.
 - Staff members who may experience increased risk of poor mental health include those working at the emergency department, quarantine units, and dedicated epidemic clinics or janitors.
- If necessary, relaxation technique training can be provided to help staff members manage stress and improve sleep quality.

Su JC, Shen LJ, Chen HC. J Formos Med Assoc. 2021;120:923-5.




4. Provide Help



- Establish a hotline that allows medical staff rapid access to psychosocial assessment, counseling services, and psychiatric evaluation or treatment.
 - Contingency plans for temporary time off work can be discussed and arranged.
- Provide unit managers the guidelines for debriefing and assessing the needs of staff members.
 - Medical staff with a body temperature above 38°C or who show COVID-19 symptoms must stop their duties.
 - They will be quickly arranged to be assessed by a physician and receive a coronavirus test.

Su JC, Shen LJ, Chen HC. J Formos Med Assoc. 2021;120:923-5.



4. Provide Help

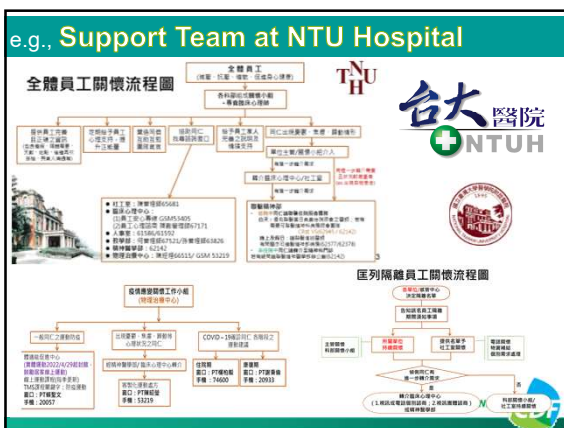
- Before resuming work, the medical staff must have a negative coronavirus test result and display no fever-related symptoms without any medication for at least 24 h.
- Provide staff members with 24-h free access to food and beverages by partnering with 24-h businesses and rest facilities.
- Provide formal and informal psychological support from psychologists to help medical staff deal with stress.
- Support staff quarantined at home remotely to alleviate loneliness, keep in touch with the team, and provide up-to-date information on the situation at the hospital.
- There should be an emphasis on encouraging them to contact friends and family via mobile phone or online.

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5. Support from the executive hospital administrators

- Ensuring a sufficient stockpile of PPE is one of the most critical tasks for hospital administrators to reassure medical staff on duty.
- The hospital administration has the responsibility to distribute the PPE reasonably.
- The executive hospital administrators should personally visit the frontline staff to attend to their needs and show gratitude with a reward, as a way to honor their hard work.

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Challenges and Prospects

Taiwan's experience of strengthening mental health in the COVID-19 pandemic

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The image shows the cover of the June 2020 issue of Science magazine. The main headline is 'COVID-19: Building on what we learned'. Below it, there is an editorial by Risperger MA et al. titled '“Back to normal” is not enough'. The cover art depicts a bridge over a river with a large virus particle in the foreground.

The coronavirus pandemic and mental stress

A crisis is also a turning point

- Physical distancing doesn't have to increase social distancing: use messaging software wisely
- Realize a wide range of telemedicine possibilities
- Accelerate the normalization of screening for mental health service needs
- Promote media coverage closer to the WHO recommended principles
- Implement prevention and control models that have achieved initial results in the past



Give suffering a new positive or altruistic meaning

Enhance a sense of community belonging and integration

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Mental health impact of the COVID-19 pandemic in Taiwan

- Taiwan has set a model of
 - How a democratic state can handle a devastating pandemic, and this success has been the bedrock of the population's mental wellbeing.
- Expanding efforts to improve economic security and to achieve a rapid governmental socio-economic response
 - Crucial to mitigating the future impact of the pandemic on mental health.

Chen YY, Wu KC, Gau SS. J Formos Med Assoc 2021;120:1421-3. TAIWAN ICDF

Efficacy of online training at the International Mental Health Training Center Taiwan (IMHTCT): Pre and during the COVID-19 pandemic

Taiwan Can Help!

- We explored the training efficacy at IMHTCT during the COVID-19 pandemic.
- We recruited healthcare workers in Southeast Asia.
- Training efficacy was estimated using the ITLEQ with good reliability and validity.
- Online training was effective for all healthcare workers.
- Online training was associated with better efficacy among social workers, occupational therapists, and nurses.



新南向政策
Taiwan Can Help!

Chen CC et al. Arch Psychiatr Nurs 2023;42:40-4. TAIWAN ICDF

Lessons learnt during the emergencies

- Strengthening effective leadership and governance for mental health
- Implementing strategies for promotion and prevention in mental health
- Providing comprehensive, integrated and responsive mental health and social care services in community-based settings
- For international partners
 - To foster the implementation of mental health programs during and after humanitarian emergency situations, it is crucial to support coordinated efforts that encompass capacity-building for health and social service workers.

Brooks SK, Webster RK, Smith LE, et al. Lancet 2020;395:912-20. TAIWAN ICDF

Thank you!

Health For All

Taiwan Can Help



Special thanks to Dr. Shih-Cheng Liao and Taiwan's ICDF

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