

22th Annual International Mental Health Conference
July19 - 21, 2023 at Prince Palace Hotel Bangkok

Mental Health in Primary Care

Taiwan Experience

Presenter: Prof. Duujan Tsai

Ai-Ling Huang, Albert Liu, Chi-Yuan Lin, Frank Huang-Chih Chou, Jimmy Jyu-Ming Hu, Li-Chuan Kuo, Neoh Choo Aun, Sandy Shu-Hui Wang, Terry Bou-Jou Kuo, Tsung-Ming Hu, Tsuo-Hung Lan, Vincent Chin-Hung Chen, Yu-Chia Chen, Hsin Mi Lu, Duujian Tsai

Major Research Team members

- Ai-Ling Huang (Senior Social Worker, Taipei Veterans General Hospital, Yule Branch)
- Albert Liu (General Manager, Golden Smart Technology Corp.)
- Chi-Yuan Lin (Psychiatrist, Taipei Veterans General Hospital, Yuli Branch)
- Frank Huang-Chih Chou (Superintendent, Kaohsiung Kai-Syuan Psychiatry Hospital)
- Jimmy Jyu-Ming Hu (Director & Senior Social Worker, Office of Social Work, Tri-Service General Hospital Beitou Branch)
- Li-Chuan Kuo (Assistant Professor, School of Medicine, Tzu Chi University)
- Neoh Choo Aun (Director & Attending Physician, Department of Medical Research, Pingtung Christian Hospital)
- Shu-Hui Wang (Director, Kaohsiung Kai-Syuan Psychiatry Hospital)
- Terry Bou-Jou Kuo (Professor, Tsao-Tun Psychiatric Center)
- Tsung-Ming Hu (Superintendent, Taipei Veterans General Hospital, Yuli Branch)
- Tsuo-Hung Lan (Superintendent, Tsao-Tun Psychiatric Center)
- Vincent Chin-Hung Chen (Professor, Chang Gung University)
- Yu-Chia Chen (Researcher, Healthy Asia Co. Ltd.)
- Hsin Mi Lu (Deputy General Manager, Healthy Asia Co. Ltd.)
- Duujian Tsai (President, Healthy Asia Co. Ltd./ Chair Professor & Director, Pingtung Christian Hospital)

Outlines

- Objectives
- Methodology & Background
- Findings I : community engagement
- Findings II: international feedbacks
- Conclusions: Proposing Share Action Model



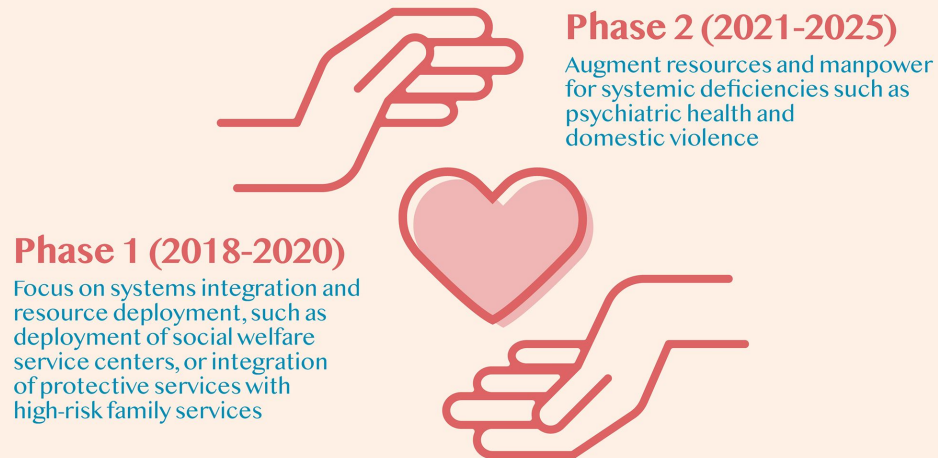
I Objectives

- This paper is to share the most recent mental health for primary care in Taiwan.
- Its objectives are presenting the community-oriented policy of Comprehensive Social Safety Net, illustrating the way mental health system, specially community minded mental health professionals and institutions, could support this policy as well as situating related efforts within large scale of professional and civil society formation along community mobilization with smart technologies.

A Comprehensive Social Safety Net in Taiwan

A comprehensive social safety net

Create a tightly knit social safety net to help the needy and vulnerable



A stronger mental health system is essential for the social safety net

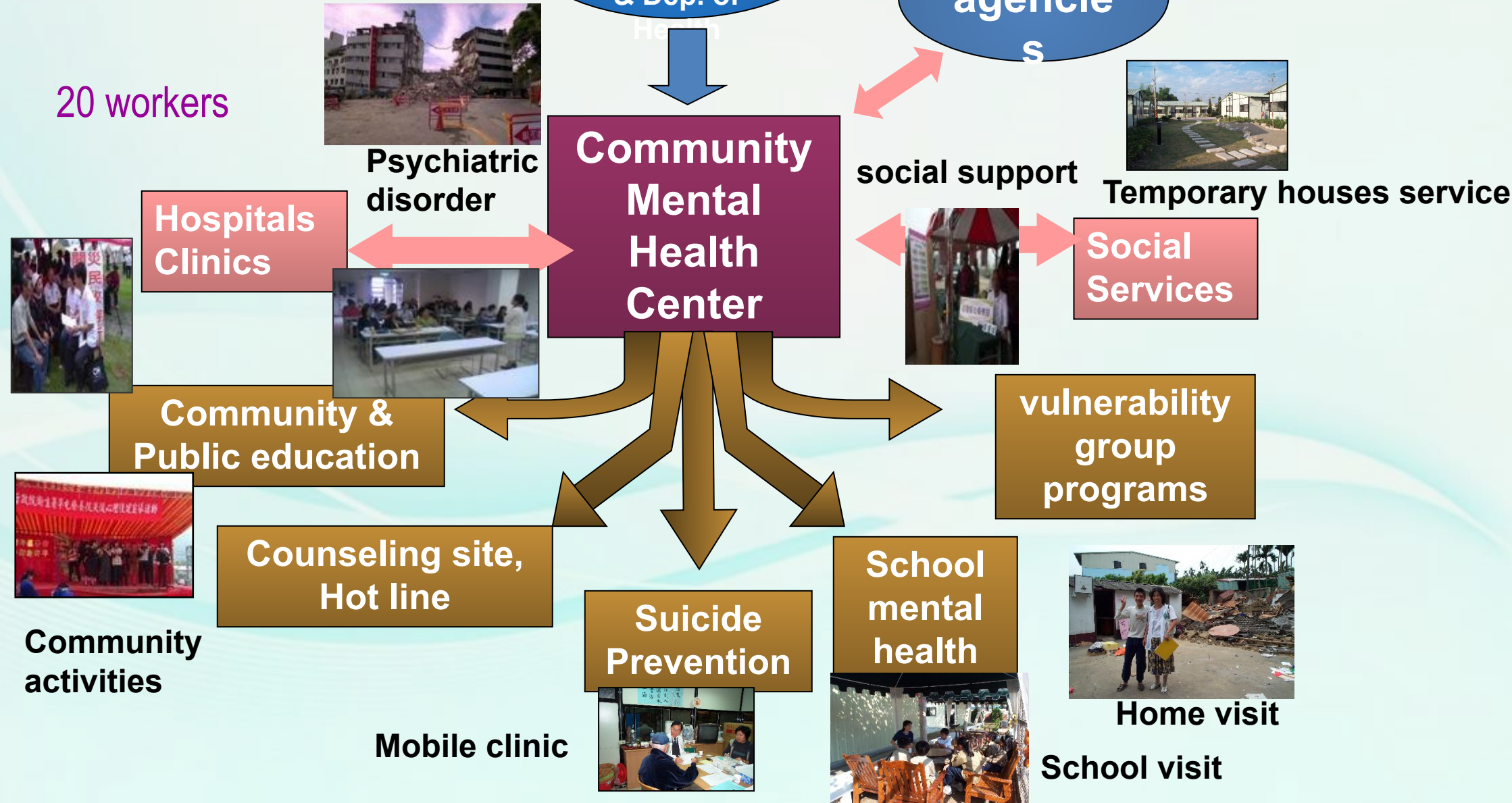
Phase 2 (2021-2024)

Augment resources and manpower for systemic deficiencies such as psychiatric health and domestic violence.

Phase 1 (2018-2020)

Focus on system integration and resource deployment, such as deployment of social welfare service centers, or integration of protective service with high-risk family services.

Working Model



Four social safety strategies

1. Establish a **widely distributed network of social welfare service centers**, and integrate social services with welfare programs
2. Integrate sexual and domestic violence response services with assistance for high-risk households
3. Combine **suicide-prevention services** with psychiatric care for offenders
4. Integrate the service resources of multiple ministries and agencies

Five major tasks of phase 2

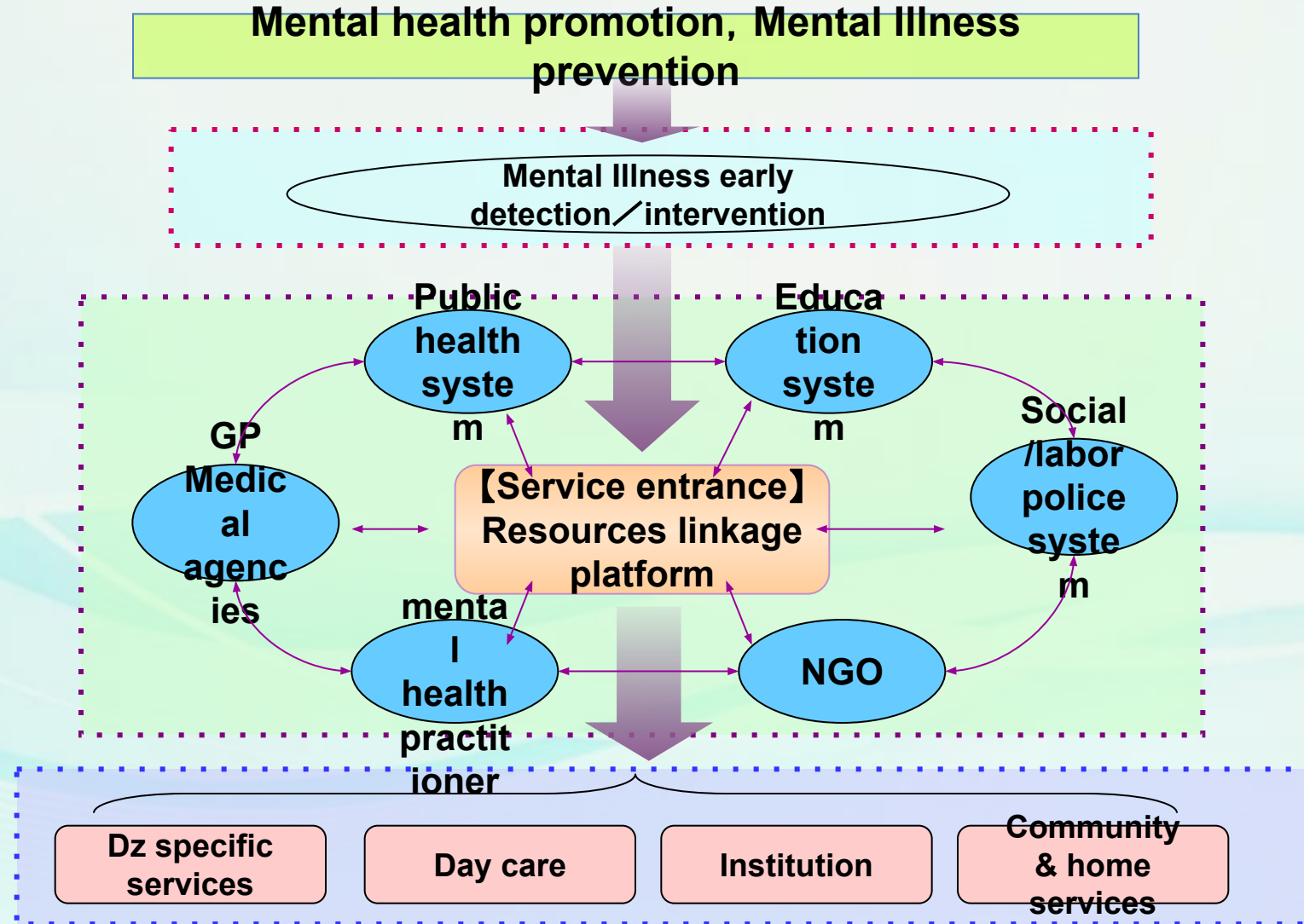
1. Establish **community mental health centers** and **cooperative-model service stations** for people with mental disorders.
2. Establish **forensic psychiatric wards** and hospitals, and strengthen forensic psychiatric medical services.
3. Strengthen **collaborative services across systems**, across professional fields, and between public and private sectors.
4. Establish more **social services** and integrated child protection and medical centers
5. Create more **senior staff positions**, promote manpower advancement, and encourage long-term commitments to professional positions.

WHO Mental Health Pyramid



A proposal for mental health delivery system in Taiwan

(2008-2020)

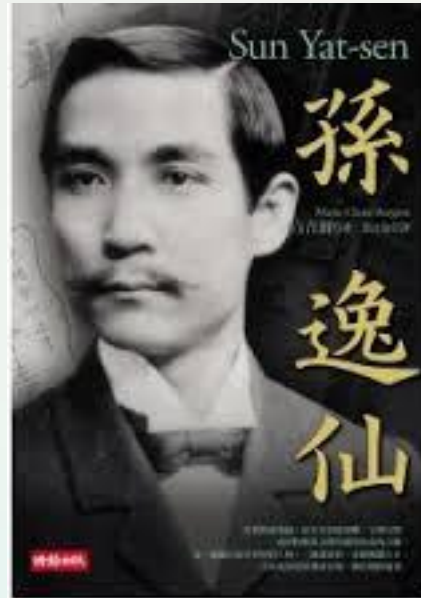


II. Methodology

- An integrated comparative history and narrative approach is adopted as the methodology.
- Both qualitative descriptions and quantitative data are assimilated into a prospective story line wherein Heart Rate variation (HRV) and digital technology applications are incorporated.



May Fourth Movement



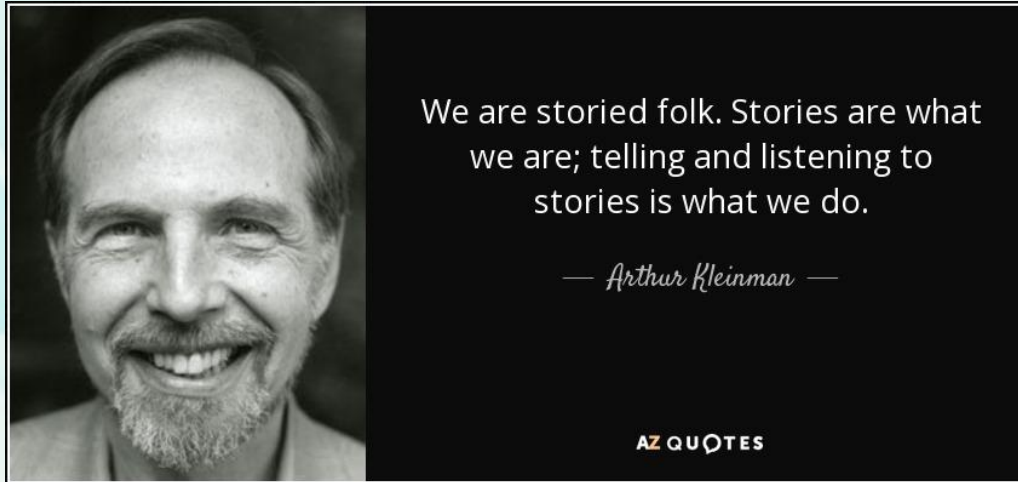
The PUMC

‘whatever Western medical science may have to offer China, it will be of little avail to the Chinese People until it is taken over by them and become a part of the national life.’

John Davison Rockefeller Jr.

With the astonishing number and scale of medical disputes in these two Asian Confucian contexts, trust between patients and physicians is becoming an urgent issue; Taiwan and China are heirs to both the first republic in Asia created through Dr. Sun Yatsen’s leadership, as well as the medical ethos promoted by the Rockefellers’ establishment of the Peking Union Medical College (PUMC).

Theory and historical background: lessons from Arthur Kleinman & Byron Good



According to Good et al., medical humanitarianism is 'a rapidly changing field, which actively (engages) in debates regarding the ethics of intervention, program effectiveness, and the relevance of social science research to the field.'

The art of medicine is all about how we may endure together in various clinical and social contexts.



Endurance as ‘core culture wisdom’

Supplemented with narrative medicine methods, we find that PCOR (patient center outcome research) taps into a broad-based stakeholder community—especially patients, caregivers, and their clinicians—to generate topics for research, help institutions prioritize those topics, select projects for funding, and ensure patients’ involvement in the design of research projects.

This PCOR approach offers the ideal paradigm for bridging academic research and clinical practice. Tapping into Kleinman’s ‘core culture wisdom,’ it may also prove revealing for efforts aimed at harmonizing Asian and Western values, forging a new sense of medical professionalism.

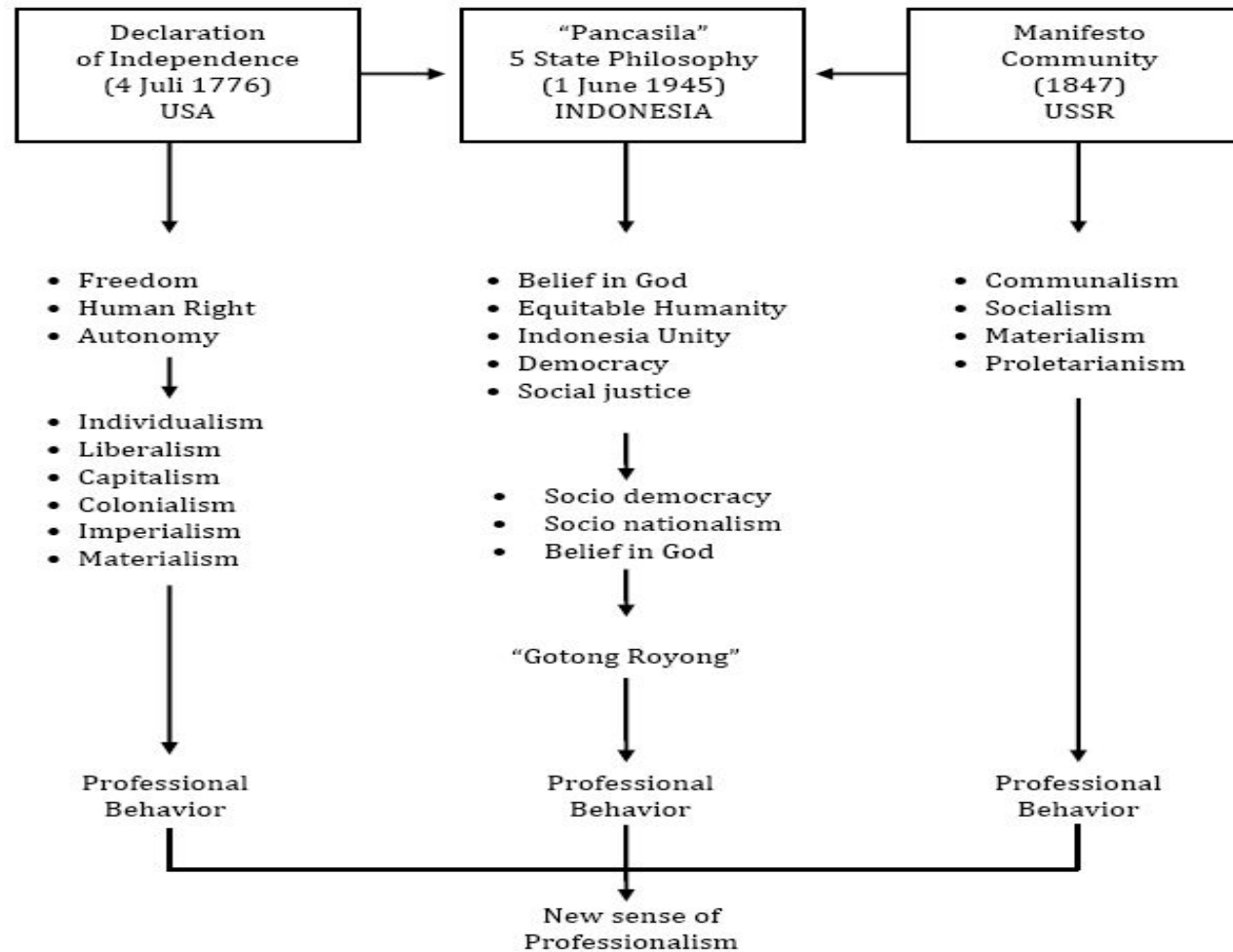


Fig. 3. The way of USA – INDONESIA – USSR Bioethics' principles related to political and social philosophy, background.

- The Western
- Literature Public Sphere □ political Public Sphere
- Gentlemen politics □ Party Politics □ Interest Politics

US Professionalism

Flexor Reports □ AMA as Interest politics □

Organized Medicine □ Medicalization

Critiques □ Medical Humanities □ Bioethics

Foundations of Medical Professionalism in Taiwan

Early Medical Missionary



③ PUMC and heritages from modern China



③ Cultural movements & Modernization under Japan



③ Medical Missionary After World War II



③ Influences of American Medicine



③ Medical leaders in democratic movements



The US & Taiwan

- The intellectual movement of medical-humanities is a new harmonization between communitarianism-oriented and individualism-oriented schemas relating to the public identities of American physicians.
- The achievement of medical education reform through the addition of medical humanities in Taiwan can be seen as reconciliation between centralized-state-oriented and decentralized-civil society-oriented cultural schemas.

Since 1986

7 nuclear psychiatric hospitals

42 Children wounded
in Ying-Qiao Elementary School
sulphuric acid attack—March 30,
1984 3:30PM

<http://mypaper.pchome.com.tw/kuan0416/post/1311831056>



DOH Tao-Yuan PH (North)



Chia-Nan
PH (South)

Kaohsiung Municipal Kai-Syuan
PH (Ksohsiung & Pingtung)



Taipei Veterans General
Hospital Yuli Branch (East)



Four killed, 21 wounded in Taipei
subway knife attack--PUBLISHED ON
MAY 21, 2014 7:03 PM

<http://www.straitstimes.com/news/asia/east-asia/story/three-killed-25-wounded-taiwan-subway-knife-attack-20140521#sthash.nTG0cIL.dpuf>

Main tasks for Nuclear Psychiatric Hospitals

- Suicide prevention
- Regional network coordination and connection
- Education and training of professionals
- Prevention and treatment of drug abuse, domestic violence and sexual assault
- Promote and guide compulsory community treatment services
- Establish an emergency medical contact center
- Establish a disaster mental health service system
- Counseling mental health institutions in the region

Actively build community mental health centers and diversified community support resources

Incentives
subsidize
patient diversity
support services

(第20條第1項第7、8款、第23
條、第24條、第25條)

Build community mental
health centers according
to the population, and
assign professionals to
provide individual
management.

(第27條)

Improve supporting
measures for the
return of mental
patients to the
community

(第32條、第46條、第47條、第48條)

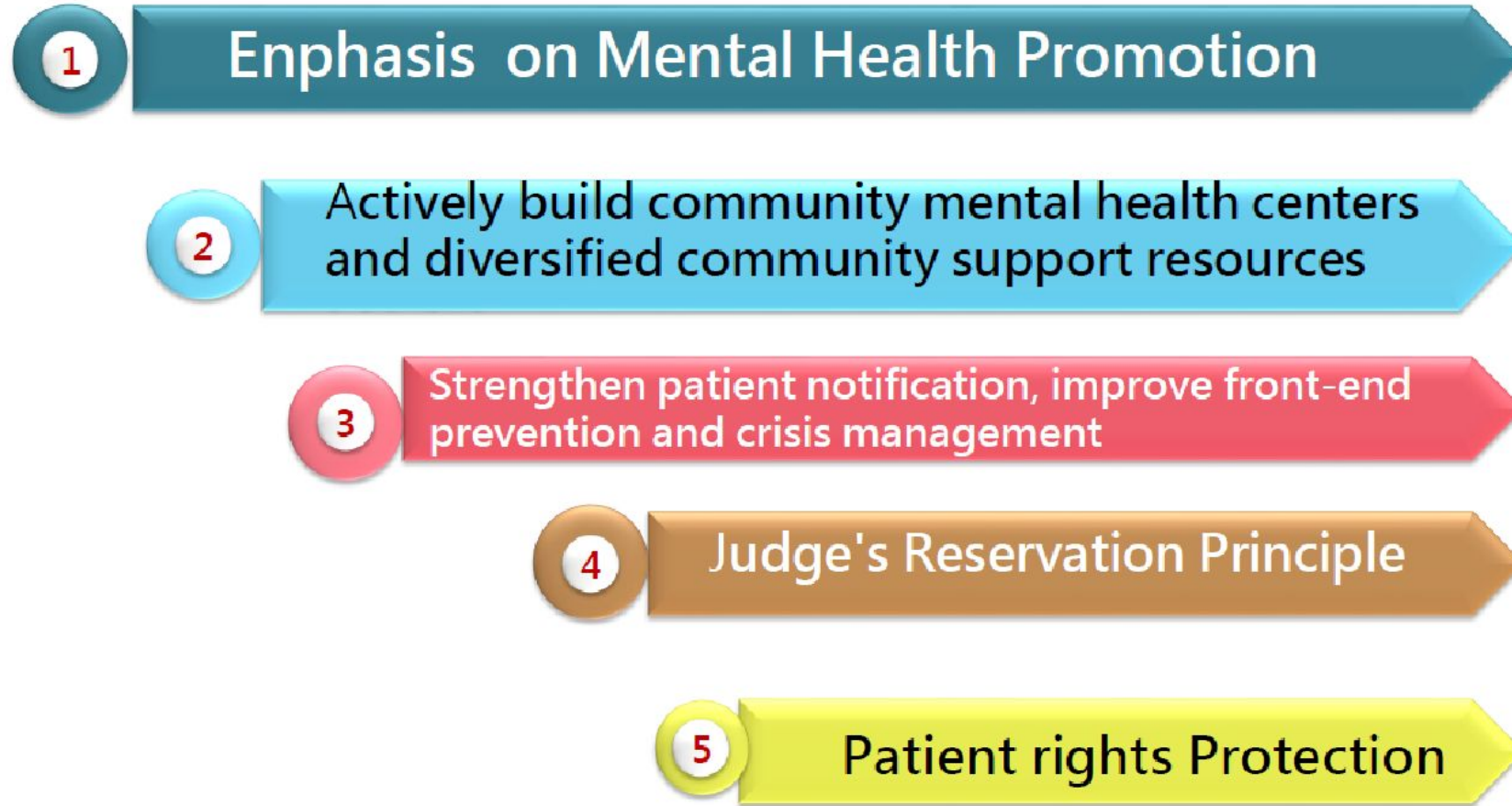
Intensive addiction
case management, life
reconstruction

(第21條第2項)

Amendment of Taiwan Mental Health Act-2022

- The Ministry of Health and Welfare established the Mental Health Act (MHA) of Taiwan in 1990
 - 1) Promoting mental well-being
 - 2) Delivering mental health treatment
 - 3) Supporting patients and their families.
- Amended in 2000, 2002, 2007, 2020, 2022
- The necessity of **posttreatment procedures, providing assistance for the patient's family**, and encouraging **community-based rehabilitation**.

Amendment of Mental Health Act has passed in 2022



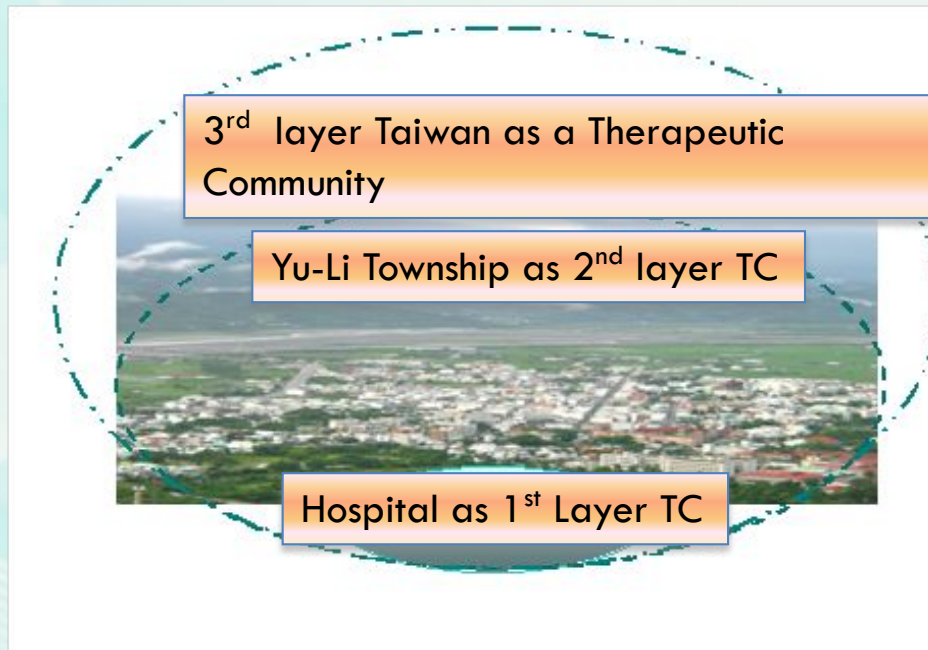
- ✓ Increase the proportion of mental health services
- ✓ Improve the front-end prevention and case management of mental patients to strengthen the medical and community-based support system.

III. Findings I

community engagements

- Mental health in primary here is contextualized through various community rehab and outreach-service(support) programs of leading psychiatric centers, non-profit organizations led by community minded mental health professionals and non-professional groups supported by Taiwan mental health care system.

The Yu-Li Therapeutic community model as the most recent reform movement



Three Layer Model of Therapeutic Community—Yuli Model



I. Continuous Psychiatric & Medical Services

- Not only the continuity of care but also the integration of psychiatric and medical services are neglected in community
- In Yuli Veterans Hospital, continuous psychiatric and medical care is integrated under the same administrative roof to minimize the problems with **referral and** the barriers associated with **distance and transportation**

2. Intensive Case Management

- Not only the inner world but also the **social network** of the patients are disrupted by the disorder
- We apply the principles of intensive case management through **multidisciplinary team**
- **Case management** not only keep patients clinically stable, but also work as **social ties** between the patients and the community
- Through case management, the patients can develop their **social connections** gradually and gain support from the **social network** at last

3. Persistent Vocational Rehabilitation

Four stages in the program:

1. Occupational Therapy
2. Hospital-based work training
3. Community-based work training
4. Job placement and training



4. Long-Term Residential Program

- Only a thin line between family **care** and family **control**, between **permissiveness** and **indifference**
- **Conflicts** happen on daily basis between the adult patients and their families when they live together
- **Distance** and **space** can buffer the conflict
- The adult patients have to learn how to live with people other than their families in the community
- Stable **group** housing program with continuous discipline and support help build up personal and social skills



HEALTHY ASIA
健康亞洲股份有限公司

4. Long-Term Residential Program

- **High quality accommodation**
- **Vocational focus**
- **Empowerment and recovery-oriented**
- **Integration with the community**
- **Multidiscipline service team**
- Now there are **96** patients in the supported residential program



At the moment we help **54** people with severe and persistent mental illnesses **move from the supported residential program to live independently** in Yuli Town. They have regular jobs and also join community rehabilitation programs.



Highlights of Primary Care



1. Care Giver Support Group



2. Psychiatric Outreach Services

The Beitou Model of Care for Patients & Families with Mental illness

In Beitou , through community outreach, we have helped many patients with mental illness who cannot seek medical treatment stably.

At the same time, through caregiver groups, caregivers are provided with a map of recovery mutually.



Care Giver Support Group

- regular meeting every month
- Provide information through social software.



Tsao-Tun psychiatric center



Emergency Psychiatry in Communities in Taiwan



No 24/7 Consultation Line



No Guidelines for Escorting



No Emergency Operation Center



Develop clinical guidelines and policies for early recognition and intervention

Development of a brief self-report questionnaire for screening putative pre-psychotic states

Chih-Chiang Lin^a, Yun-Jing Tzou^b, Chun-Hsiu Chen^b, Yen-Niao Chiu^c, Yi-Ling Chien^d, Ming H. Hsieh^e, Chih-Min Jia^f, Tsung-jung Huang^g, Hai-Guo Hwu^{h,g}

^a Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^b Institute of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^c Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^d Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^e Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^f Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^g Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^h Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

ⁱ Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^j Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^k Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^l Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^m Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

ⁿ Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^o Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^p Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^q Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^r Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^s Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^t Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^u Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^v Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^w Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^x Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^y Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^z Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{aa} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{ab} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{ac} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{ad} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{ae} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{af} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{ag} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{ah} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{ai} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

^{aj} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

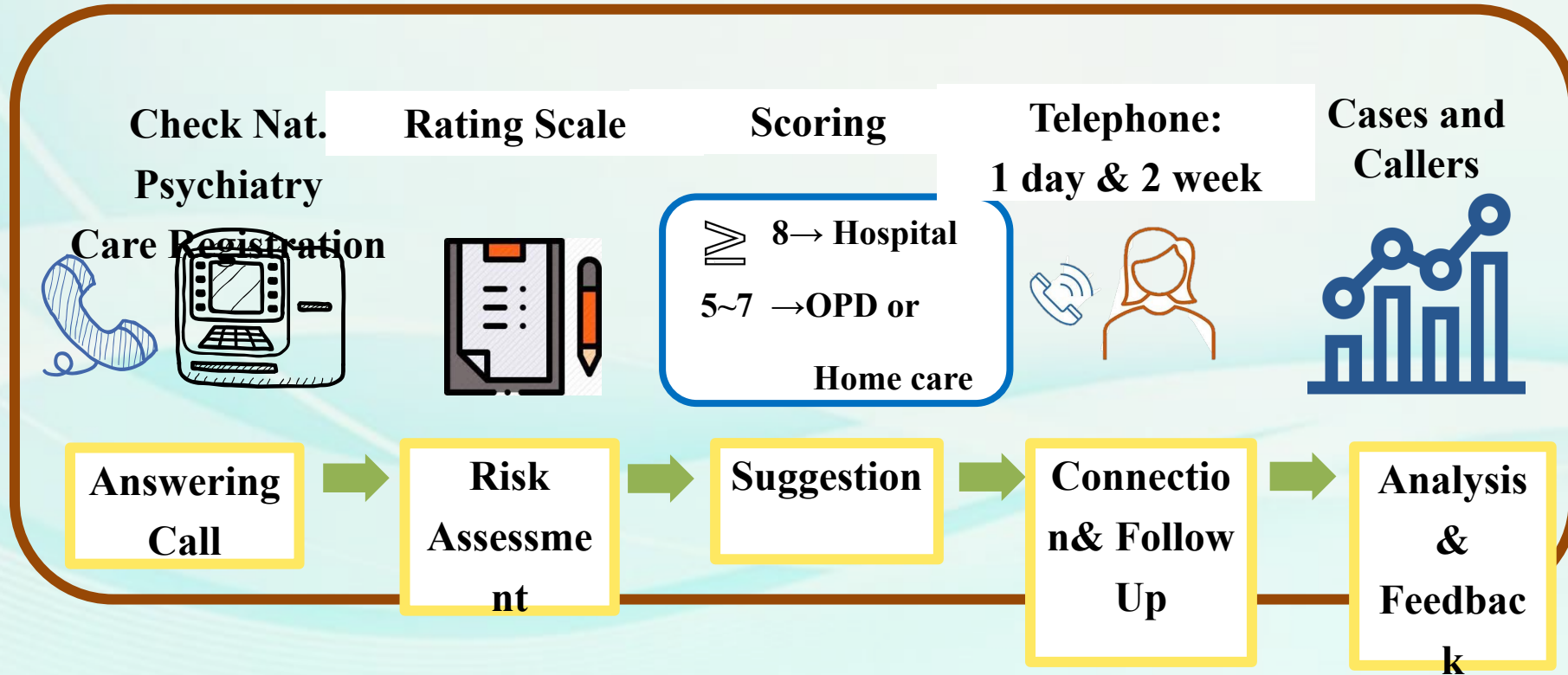
^{ak} Department of Psychiatry, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

Outreach
Psychological
Survey,
Consultation and
Therapy

Essential Elements of Call Center

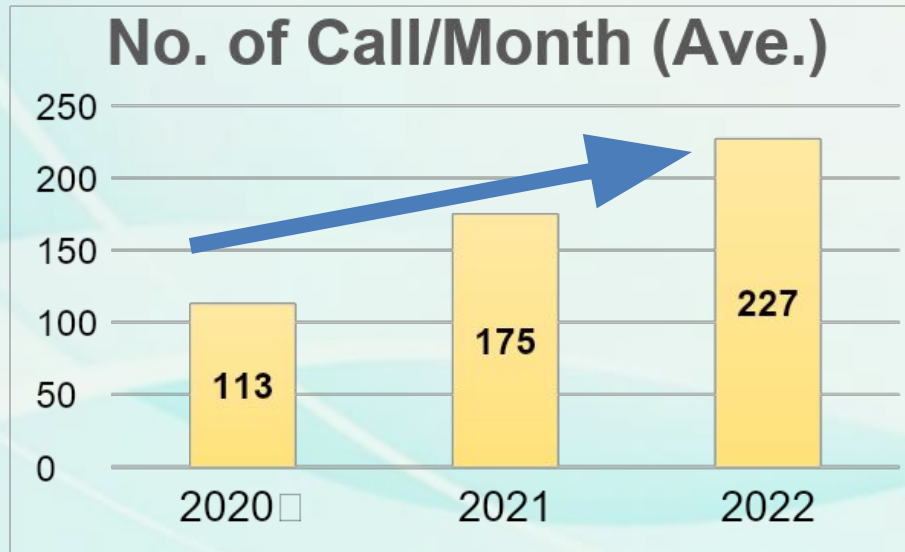


Telephone Triage & Connection





Service Users Increasing and highly satisfied



Satisfaction
n
94%~96%

Callers	Percentage
Common People	54%
Police	24%
Fire-fighting	11%
Public Health Nurses	5%
Social Workers	4%
Others	1%

Community Engagements during the COVID epidemic in Taiwan

Nanjichang Community Center in Zhongzheng District

將檔案儲存至 Adobe 雲端儲存空間 並從多個裝置存取 (Shift+Ctrl+W)

One-and-Only Entry & Control



- User-friendly posters;
- Entry Control;
- Strict Rule on Hand-Washing with soap & Temperature Measurement



顯示下一頁 (向右箭頭)

Promote Self-Sanitization



- Free & Unlimited Supply of Diluted Bleach for residents of 51,524 household;
- Disinfection Campaign every other week by volunteers to ensure clean environment.

Disinfection for Public Area & Household



- Daily Disinfection of Furniture & Equipment;
- Donate Hypochlorous Acid Water for Household Disinfection



Home Quarantine & Catering Service



- Community kitchen provide free meals to doors by volunteers for home quantiners
- On holidays, food banks provide simple groceries.



Public Outreach for Epidemic Prevention

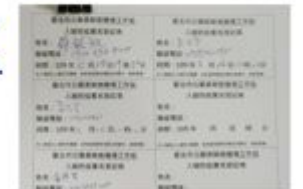


- Community education on COVID to avoid unnecessary panic;
- Prevent & stop fake news and the spread of rumors.

Trailing with Legal-Name Tele-Device



- Monitoring ID pathways with AI devices for cloud records.
- Hard-copy fill-out records where necessary



Service provided by Healthy Asia: Smart Circular Gym Equipment in Nanjichang





- **Strong sense of community to stand united and prevent wide-spread epidemic and to build consensus for collective mutual-help actions without undue panicking;**
- **Public-Private Partnership for policy implementation & minimizing policy mis-steps.**

AI-based Indicator Generator of Heart Rate Variability Analysis

Collecting data by HRV devices



Measured parameters and derived indicators

SDNN	LF	LF%	HF	LF/HF
52.7 (1.67)	658.2 (2.12)	50.8 (0.79)	611.9 (3.29)	1.1 (0.64)

RR Spread

28%(30%)

HR	Vitality Age
75 BPM	Younger than peers

Depression

Smooth

Hopeless

Hopeful

Taking the example of the Teenage Suicide Prevention Program funded by the Ministry of Science and Technology in the Republic of China (Taiwan) in 2022, we collected heart rate variability data from 600 adolescents aged 13 to 18. Using this software tool, we constructed parameter models (SDNN, LF, HF, LF/HF, etc.) for each age group and calculated the corresponding medians. We then compared these results with the data obtained from relevant questionnaires to generate three correlated indicators (depression, anxiety, hopelessness).

The values in parentheses represent the multiples obtained by comparing the measured parameters with the medians.

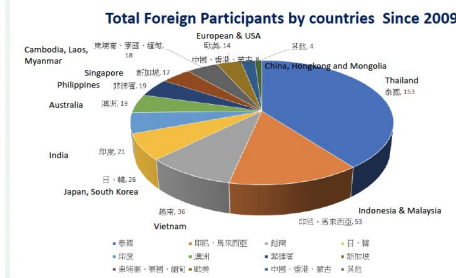
System backend – formular derived by AI

(New) Median & Formula

Cumulative stress	-1.62	$-0.18 * \text{Math.Log}(\text{LFHF}, 10) + (-0.46 * \text{Math.Log}(\text{LF}, 10)) + (-0.06 * \text{Math.Log}(\text{LF}, 10)) + (-0.05 * \text{Math.Log}(\text{VLF}, 10))$
Long term stress	-2955.58	$-3.73 * \text{meanRR} + (-0.04 * \text{LF}) + -0.06 * \text{HF} + 0.02 * \text{LFHF}$
Digest function	-2955.58	$0.06 * \text{LF} + 0.8 * \text{HF}$
Sleep quality	-1.62	$-0.18 * \text{Math.Log}(\text{LFHF}, 10) + (-0.46 * \text{Math.Log}(\text{LF}, 10)) + (-0.06 * \text{Math.Log}(\text{LF}, 10)) + (-0.05 * \text{Math.Log}(\text{VLF}, 10))$
Sleep deepness	-2955.58	$-3.73 * \text{meanRR} + (-0.04 * \text{LF}) + -0.06 * \text{HF} + 0.02 * \text{LFHF}$
Dream quality	-2955.58	$0.06 * \text{LF} + 0.8 * \text{HF}$

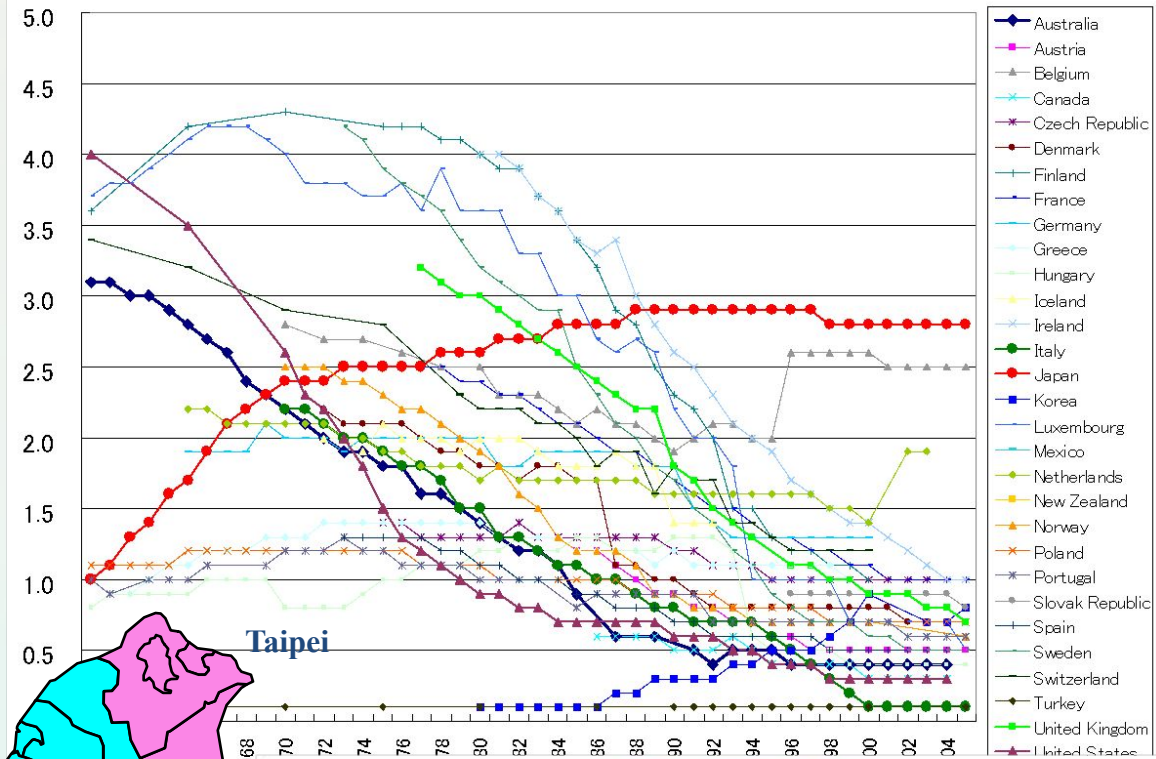
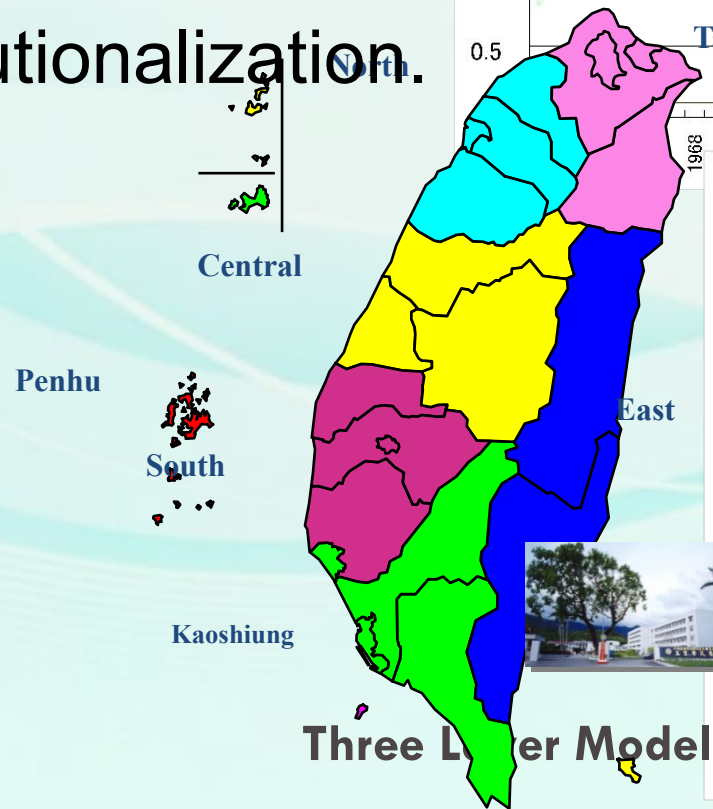
- Such unique features related to Taiwan mental health in primary care have significantly contributed a part in providing ordinary people mental health supports during the past pandemic years, are going to develop much comprehensive supports in primary care setting to address either recovery or prevention (early screening) needs, and, finally, pave a way to digital innovation as well as transformation for much decentralizing and comprehensive solutions matching community mental health demands.

IV. Findings II



- In past decades, we also get strong positive feedbacks along the line while we are hosting or joining various Southeast Asian mental health workshops or conference, especially from Thailand DMH.

BALANCING
those oppositional
binary extremes
between
institutionalization &
deinstitutionalization.



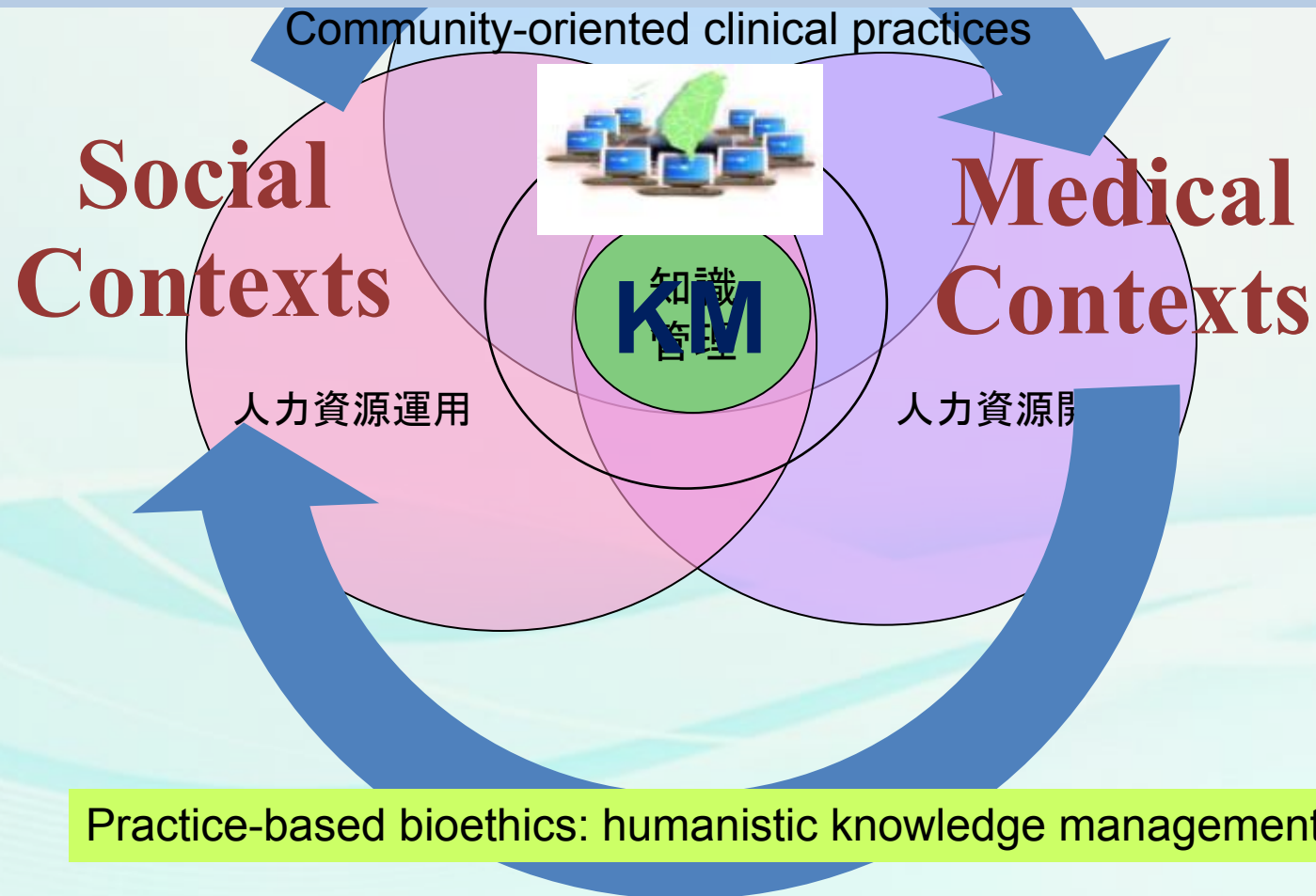
3rd layer Taiwan as a Therapeutic Community

Yu-Li Township as 2nd layer TC

Hospital as 1st Layer TC

Three Layer Model of Therapeutic Community—Yuli Model

The distinctions between social accountabilities and social responsibilities are made to situate professional reasoning in the fabrics of forever changing social contexts, especially with rise of genomic medicine and information technology.



Clinical Ethics



Research ethics



Professional ethics



Sustainable ethics

Date

Venue

10.30

10.31

11.1

11.2

11.3

11.4

11.5

11.6

11.7

11.8-11.10

I

II

III

IV

V

Therapeutic Community Model

Rehabilitation Shop

Victory Gate Station

Community Mental Health Center

Tribal Village & Holding Center

PRCP

Smart

Supp

TC-III 全省性（患者原生）社區

3rd layer Taiwan as a Therapeutic Community

TC-II 玉里鎮社區

Yu-Li Township as 2nd layer TC

TC-I 醫院社區化

Hospital as 1st Layer TC

PRCP

Pacific Rim College of Psychiatrists

Scientific Meeting

Mental Health in a Dynamic Region: Creating Changes through Partnership

第17屆亞太太平洋精神醫學學術研討會

Nov 3-5, 2016

Kaohsiung, Taiwan

高雄 高雄

www.prcp2016.org

高雄榮民總醫院

Kaohsiung Veterans General Hospital

CHINA

Taiwan

Philippine Sea

Tai-chung

Yun-lin

Yun-lin

Yun-lin

Taichung Veterans General Hospital

TCVGH

臺中榮民總醫院

4. victory

ing workshop

Building the Collaborative Research Platform and Professional Training Workshop for Community Mental Health in Southeast Asia

2006

2006

3rd

Workshop on

2009.11.3 - 11.12

Workshop on

Workshop on Mental Health System Development (Since 2009)



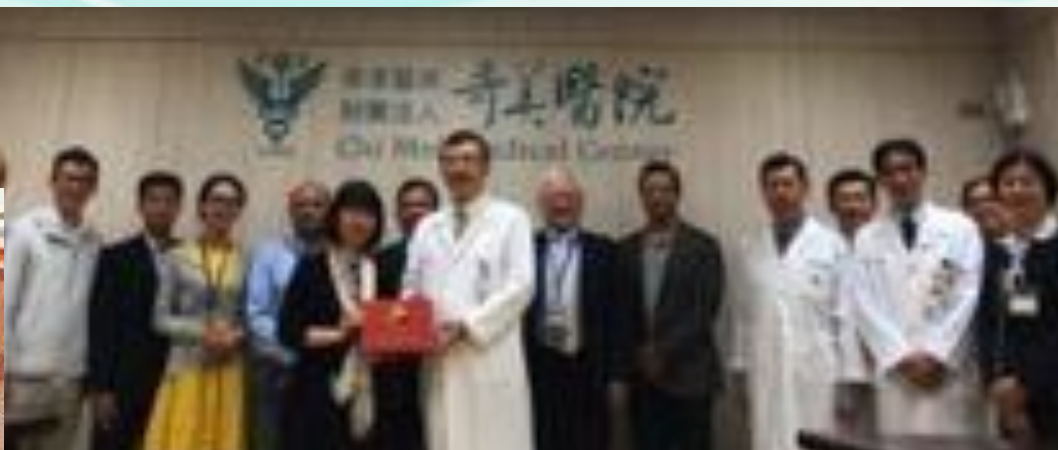


2017 November 19-November

24

Begins with Co-host Training Workshops for Smart Technology and Community Mental Health in Southeast Asia

- Medical Informatics Development in South Asia: Current Situations and Prospective Visions
- Sharing Strategies for International IT Collaborations
- Establish and Transform the HIS System and Related IT Infrastructure with International Collaborations
- Collaborations on IT safety and Ethical Governance
- Field Trip to Victory Home, Pingtung Christian Hospital, Kaohsiung Chang Gung Memorial Hospital, Chimei Medical Center
- Community Mental Health Workshop & Opening Ceremony of Art Exhibition by Children



Applications of Smart Tech Workshop with leading mental hospitals in Thailand



Join Medical Expo in Phenom Penh

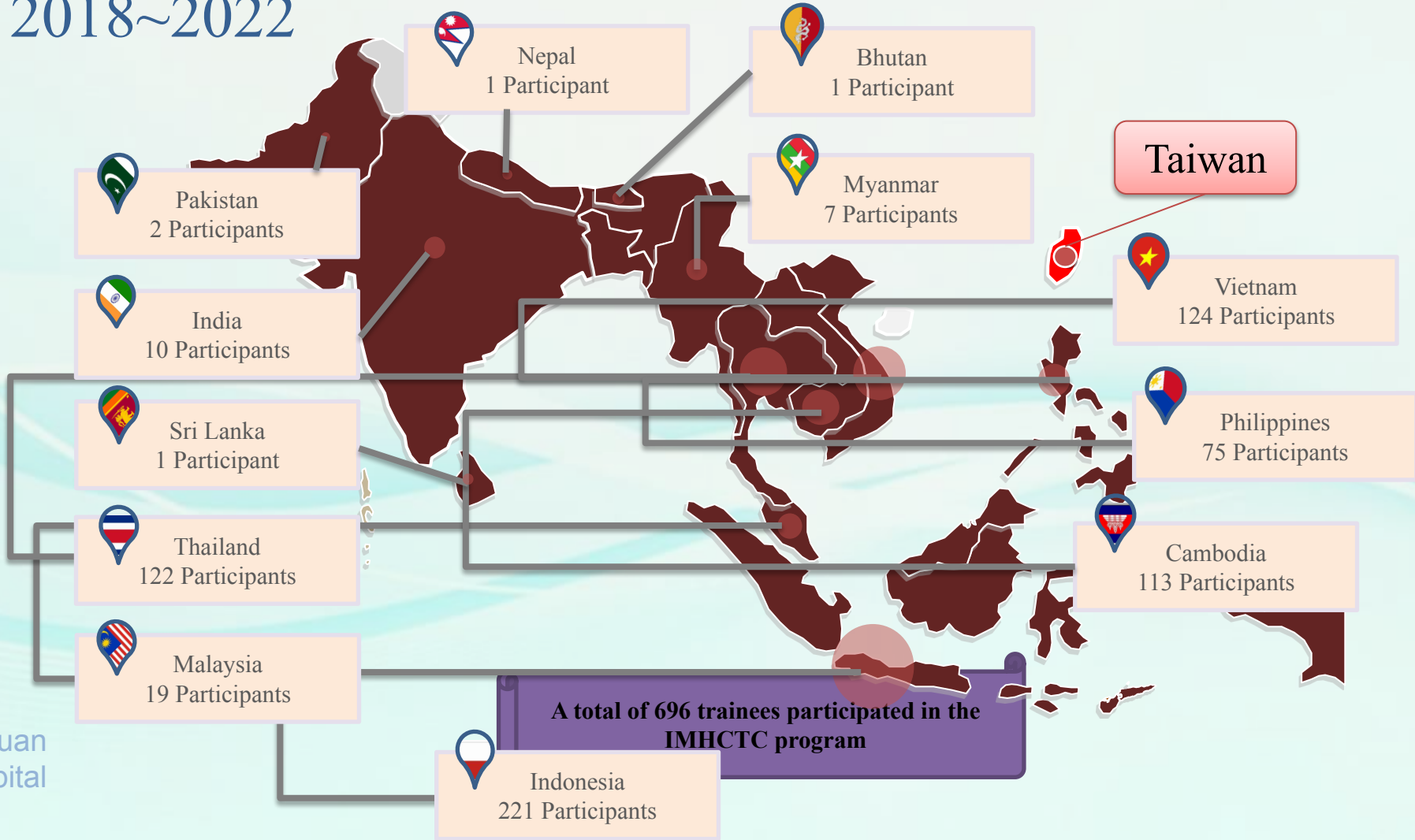


International Mental Health Cooperation and Training Center (IMHCTC)

Participants of IMHCTC 2018~2022



Kaohsiung Municipal Kai-Syuan
Psychiatric Hospital



COMMUNICATION

51

International Mental Health
Training Center Taiwan
Conference
on November 13, 2019

2019



International Mental Health
Training Center Taiwan Conference
on November 11, 2020

2020



International Mental Health
Training Center Taiwan
Conference
on November 10, 2021

2021

International Mental Health
Training Center Taiwan
Conference
on November 14, 2018

2018



The 6th
International Mental Health
Cooperation and Training
Center Conference
expected on

November 1, 2023
Coming soon

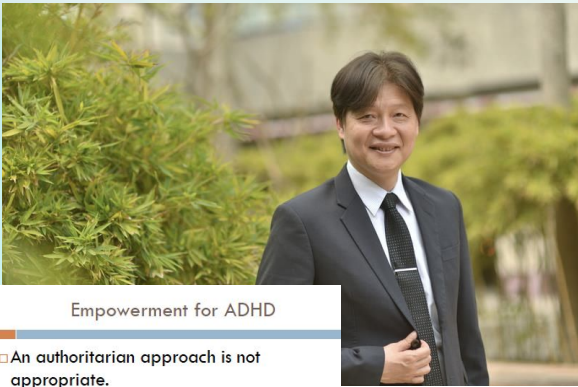


International Mental Health
Cooperation and Training
Center Conference
on November 9, 2022

2022

V. Conclusions

- The Share Action Model, proposed by Prof. Vincent Chen, along with professional missions on community empowerment as well as task shift has become the new objective for service oriented digital technology innovations.
- Where there are needs, there are possible solutions.
- Policy is certainly not a self-sufficient terrain; rather, it should serve as a medium/facilitator to earn people's hearts, to nurture human sensitivities, to mobilize societal resources and to enrich the diverse identities of communal lives.



ADHD children have to be motivated in their own ways; hence, supportive strategies are crucial for empowering those kids, along with help from medical professionals.

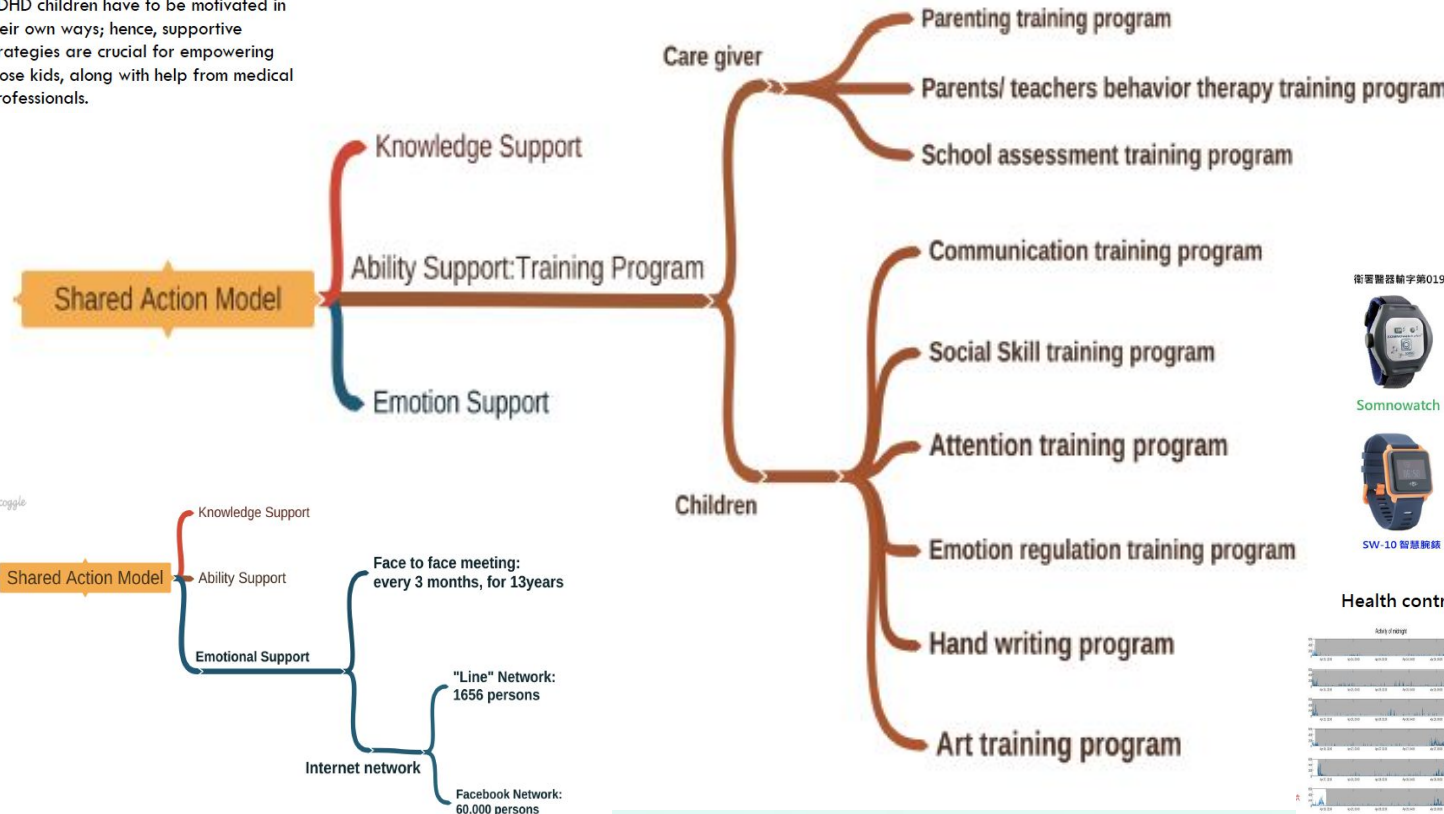


Goals of digital mental health

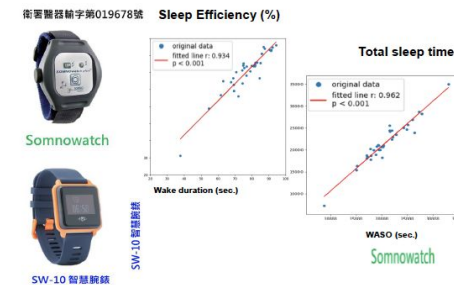
1. To lower the threshold for accessing mental health support
2. To provide subjective and objective assessment
3. To provide continuous care

MentalWe Cloud Meetings

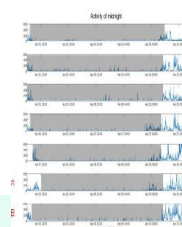
- Designed by MentalWe company and Dr. Chen in Taiwan
- Similar to ZOOM, Webex, Google Meet
- High standard of information security (HIPPA + self-developed security technique)
- Special on-line technique back up team
- Satisfaction survey > 90% ranking "good" by 5000 users
- For videoconference and telepsychiatry service



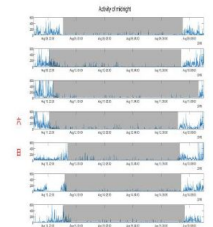
Validity of Actiwatch



Health control

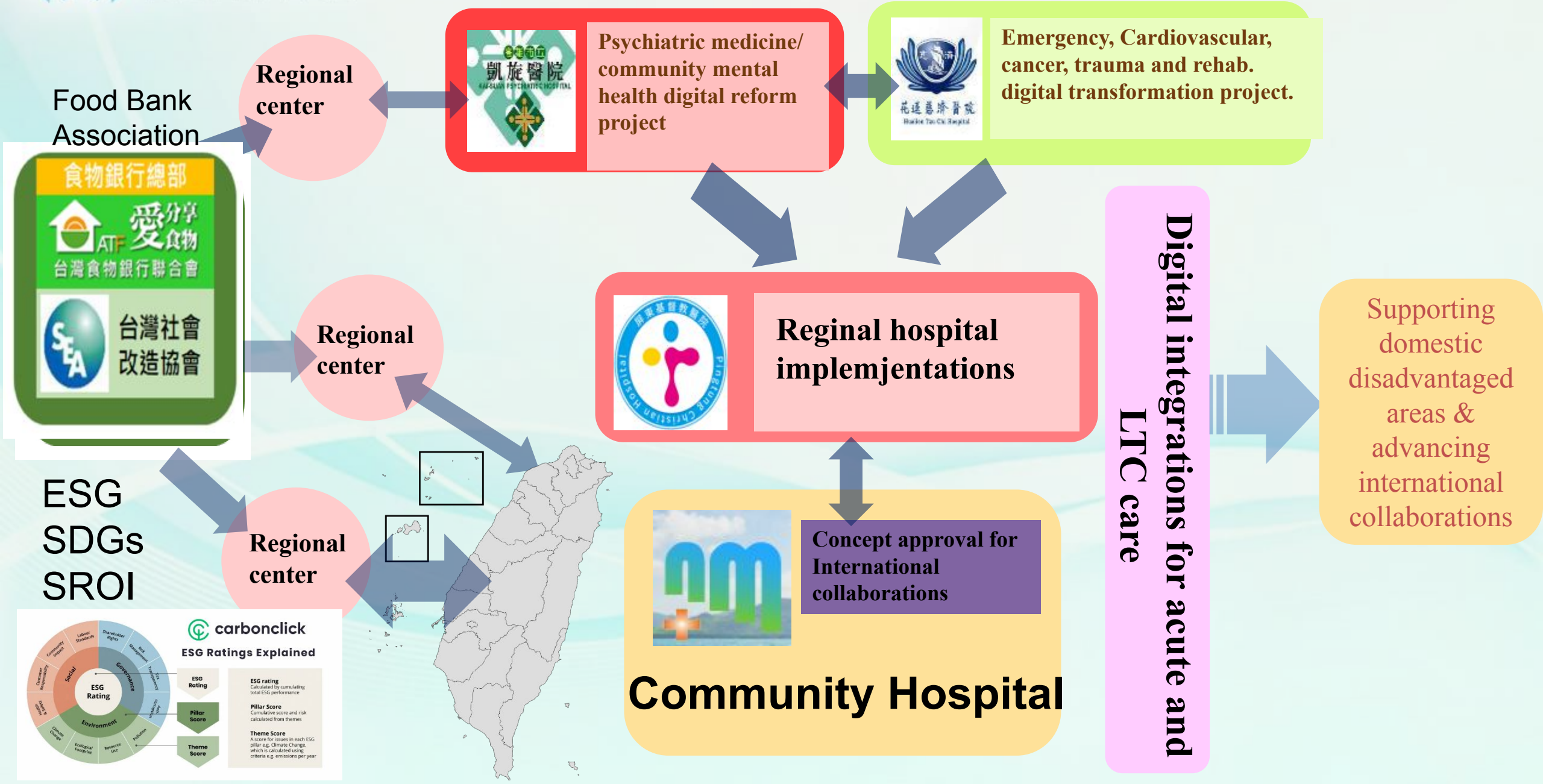


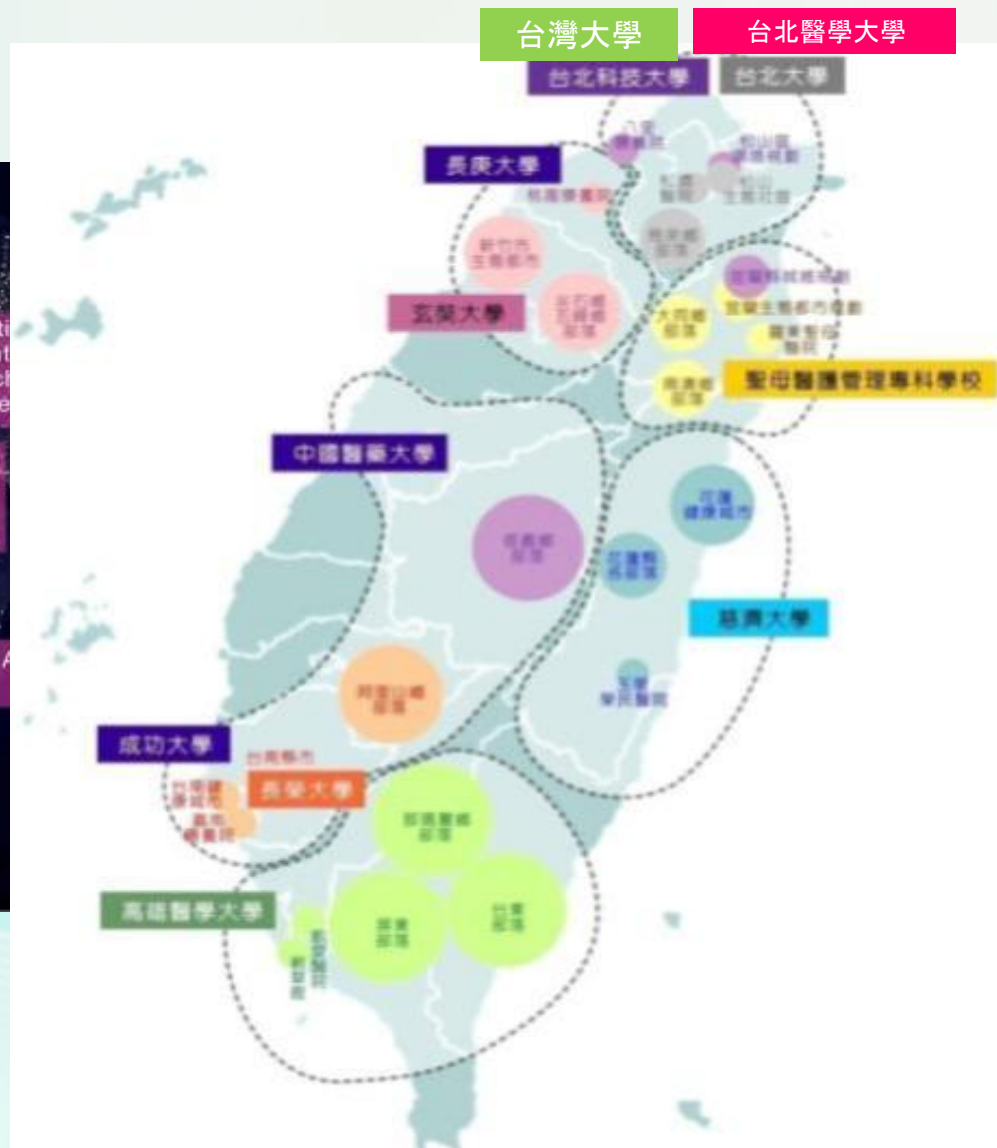
ADHD without medication



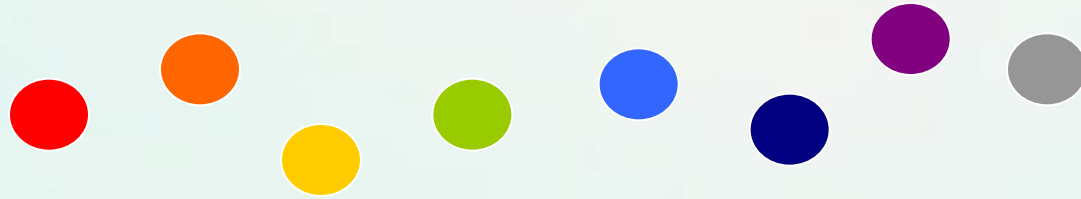
Application

- Supervision for care givers in 6 child placement agencies in rural areas .
- School consultation for some adolescent with ADHD and suicide attempt





Thank you for your attentions



Comments and Questions Are Welcome!!