



The hidden cost

Unveiling the economic and social burden of mental health in Asia Pacific

Market snapshots



Asia Pacific market snapshots



Australia



Summary

Mental healthcare-related policies are focusing on areas like workforce development, prevention and research as part of the broader effort to strengthen the mental health system.

Australia is meeting the internationally recommended standard of psychiatrists per 100,000 population.

Ongoing efforts could focus on increasing investment in mental healthcare to at least 10 percent of total health expenditure (currently at 6.8 percent).

42.9%

of people aged 16-85 years old experienced mental health conditions at some point in their life

47.1%

of diagnosed cases seek treatment

2,865.4

per 100,000 DALYs* lost due to mental health conditions

11.0%

Proportion of total DALYs

* Disability-adjusted life years (DALYs) where 1 DALY signifies the loss of one year of full health as per WHO

Financing and health expenditure

Government mental health expenditure

Total healthcare expenditure **6.8%**

United for Global Mental Health's goal (International benchmark)

10%

Patients receiving subsidized treatment



2.7 million

Average out of pocket costs

52% of private psychiatric treatment cost



Human resources**

No. of psychiatrists per 100,000

Total no. of psychiatrists

16.0

World Psychiatric Association (International benchmark)

10.0

No. of psychologists



126.9

per 100,000 population

** Figures below reflect both urban and rural areas. However, access remains a challenge in rural regions where human resources are not distributed equitably

Service level

No. of mental health beds***

37.6 per 100,000 population



National Library of Medicine (International benchmark)

60

Optimal

30

Minimal

Median waiting time

>16

weeks for individuals to see a psychiatrist

12-24

weeks for most individuals to see a psychologist

Resources and support available for caregivers

- 24/7 carer helpline
- Subsidized mental healthcare services under revised Better Access Initiative
- Financial incentive
- Flexible workplace arrangement

*** Mental health beds as per OECD figures include mental health beds in general hospitals, mental health hospitals, and in community residential facilities

Government policy and initiatives

National Mental Health and Suicide Prevention Plan (2021)

This plan outlines the Australian Government's commitment to mental health and suicide prevention. Backed by a US\$2.3 billion investment in the 2021-2022 Budget, the plan focuses on five areas: Prevention and early intervention, suicide prevention, treatment, supporting the vulnerable, and workforce and governance.

National Mental Health Research Strategy (2022)

This strategy guides funding decisions, fosters collaboration among researchers and those with lived experience and informs future government policy through five guiding principles: Strengthening mental health research, driving impact, supporting lived experience, adopting a whole-of-community approach and growing the research workforce.

National Mental Health Workforce Strategy (2022-2032)

This strategy aims to address the challenges in attracting, training and retaining practitioners to meet Australia's mental health service needs in the coming decade.

Current barriers



Barrier 1: Populations in rural and remote areas are disproportionately affected by mental health inequity

There is a significant resource inequity between metropolitan, rural and remote areas. Most major cities have an average of 16 psychiatrists per 100,000 population, but in regional and remote areas, there are considerably fewer with certain remote areas having fewer than 1 psychiatrist per 100,000 population.²⁰³ Service provision is 2.7 times lower in remote areas and 5.6 times lower in very remote areas, despite the prevalence of mental health conditions remaining similar to that in metropolitan areas.²⁰⁴ Health inequity disproportionately impacts the First Nations people, especially populations that reside in remote areas. The First Nations people may also perceive mental health and well-being differently due to cultural and linguistic differences, while the lack of culturally appropriate care discourages individuals from seeking help.²⁰⁵



Barrier 2: Public mental health expenditure primarily focuses on treatment rather than prevention

Government funding in mental health is primarily invested in treatment rather than prevention. However, the burden of mental health conditions continues to deteriorate despite the continued nominal increase in budget allocation for mental health treatments.²⁰⁶ This has resulted in poor mental health outcomes manifesting in reduced productivity and rising social costs in aged care, public housing and education.²⁰⁷ Prevention programs are effective in improving mental health outcomes across all age groups,²⁰⁸ however, it's estimated that only one percent of the total mental health budget is allocated to prevention efforts.²⁰⁹



Barrier 3: Ongoing mental health workforce shortage prevents access to timely care and current working conditions discourage new professionals from entering the field

The current capacity of the mental health workforce is inadequate to meet the growing demand for services. In 2024, psychiatrists met only 56 percent of demand.²¹⁰ As a result, there is a delay in accessing timely care where two out of three patients face wait times of over 12 weeks to access treatment.²¹¹ Talent retention and attraction continue to be a challenge. In New South Wales, 30 percent of psychiatrists are considering leaving the profession within the next five years and 43 percent plan to retire within the next decade. These challenges are likely to intensify as mental health conditions continue to rise.²¹² Attracting new talent is difficult due to the stigma associated with the field, as well as limited career progression and training opportunities, staff burnout and low salaries.^{213 214 215}



In Australia, most of the funding for mental health goes towards treatment for people who are unwell ... even with so much funding allocated, the root cause will not be addressed ... as society will constantly be exposed to people becoming unwell because of the lack of prevention and early intervention. Already, there is a lack of resources available, therefore when more people get sick, access to mental health will become under even more pressure."

Patient Advocacy Group Representative
Mental health non-profit organization in Australia

Future opportunities



Opportunity 1: Enhance culturally appropriate care by increasing First Nations representation in the workforce serving the remote and rural communities

Providing culturally appropriate care is a crucial factor in improving access for the rural population, including the First Nations community. The National Mental Health Workforce Strategy 2022–2032 includes initiatives such as training programs and placement opportunities in regional and rural areas to encourage students, particularly those of First Nations identity, to pursue education and practice within these communities. Furthermore, telehealth is being introduced in remote areas including through Aboriginal Community Controlled Health facilities. Early success is seen in using digital treatment applications to support Indigenous Australians with anxiety and depression.²¹⁶



Opportunity 2: Increase public sector health expenditure on preventative efforts to improve mental health and economic outcomes

Increasing government health expenditure on mental health preventive measures can significantly improve the mental well-being of the population. The Australian Psychological Society recommends allocating 5 percent of the mental health budget to prevention initiatives and appointing a National Preventive Mental Health Office to lead these efforts.²¹⁷ The Federal Government has also been providing school-based mental health promotion and preventive parenting programs.²¹⁸ School teachers are being trained to effectively support the mental health and well-being of Australian students.²¹⁹ Preventative efforts can yield cost savings. In a study conducted by the National Mental Health Commission, the cost-effectiveness of universal school-based psychological interventions for students in Years 6 to 12 was assessed. The study revealed economic and health benefits with a return of US\$1.19 for every US\$1 invested over 10 years, along with 10,604 fewer depression cases and 3.8 million additional depression-free days.²²⁰



Opportunity 3: Expand the number of trained mental healthcare professionals and upskill the workforce in using digital tools to augment their capacity and efficiency in the provision of care

Future workforce planning can be informed by mental health demand projections in both metropolitan and remote areas. The National Mental Health Workforce Strategy²²¹ aims to offer clearer career progression and advancement opportunities, training options and mentorship at all career stages to support talent attraction and retention. US\$76.5 million has been invested to create new postgraduate psychology positions, internships and subsidized supervisor training opportunities.²²²

Mental healthcare professionals are being trained to utilize digital tools and telehealth to better serve populations in rural areas. Tools such as digital scheduling systems and automated billing systems can reduce administrative overhead to improve clinical operational efficiency. As part of the National Mental Health Workforce Strategy, the government plans to explore investment opportunities in technology to enhance interoperability. Digital tools are supported by Australia's Medicare Benefits Schedule, which reimburses mental health-related telehealth consultations.²²³



Australia faces significant mental health challenges, particularly in rural and remote areas where resource inequity and workforce shortages are prevalent. Increasing investment in preventative measures and enhancing culturally appropriate care, especially for First Nations communities, are key opportunities to improve mental health outcomes.

Tim Plenderith
Partner – Healthcare and Life Sciences, KPMG Australia

Chinese mainland



Summary

Chinese mainland's mental health system has been making progress. Recent policies aim to strengthen community rehabilitation services and expand mental health support for students, reflecting the government's commitment to improve mental health outcomes.

Government expenditure on mental health is 1.2 percent, which is significantly below the recommended 10 percent.

An additional 6.4 psychiatrists per 100,000 population are required to meet international standards.

16.6%

of population experienced mental health conditions at some point in their life

9.5%-50%

of diagnosed cases seek treatment

1,631.3

per 100,000 DALYs* lost due to mental health conditions

5.8%

Proportion of total DALYs

* Disability-adjusted life years (DALYs) where 1 DALY signifies the loss of one year of full health as per WHO

Financing and health expenditure

Government mental health expenditure

1.2% Total healthcare expenditure

United for Global Mental Health's goal (International benchmark)

10%

Patients receiving subsidized treatment

51.2

million in patient visits / year

3.3

million outpatient visits / year

Average out of pocket costs

~30%

of total fees for inpatient treatments

>50%

of total fees for outpatient treatments

Human resources**

No. of psychiatrists per 100,000

3.6 Total no. of psychiatrists

World Psychiatric Association (International benchmark)

10.0

No. of psychologists



24.8

per 100,000 population

** Figures below reflect both urban and rural areas. However, access remains a challenge in rural regions where human resources are not distributed equitably

Service level

No. of mental health beds***

54.7 per 100,000 population



National Library of Medicine (International benchmark)

60 Optimal

30 Minimal

Median waiting time

2-24

weeks for a subsidized appointment with psychologist

There is no waiting list to see the psychiatrist - slots to for the following week become available one week in advance. Some patients may not be able to secure an appointment.

Resources and support available for caregivers

- **Grant subsidies** to carers of patients with serious mental health conditions
- **Education for family** including accident prevention, mental health condition knowledge, nursing education

*** Calculated as per psychiatric beds in China's National Statistical Book 2022

Government policy and initiatives

The 14th Five Year Plan for National Economic and Social Development and the Outline of Vision Goals for 2035 (2021)

This plan focuses on strengthening the public health system, including improving the mental health service system, children's mental health education and community-based mechanisms. Key priorities include integrating essential social services such as employment and enhancing psychological assistance and crisis intervention frameworks.

Notice on Carrying out "Jingkang" (mental disorder rehabilitation) Integration Action (2022)

This program aims to develop a community rehabilitation service system over three years. Key initiatives include streamlining the referral mechanism for community rehabilitation and expanding the capacity for community rehabilitation services.

The National Health Plan of the 14th Five Year Plan (2022)

Formulated in accordance with 2021's 14th Five Year Plan policy and Health Chinese mainland 2030 Plan. The plan aims to enhance mental health services by improving interventions for depression, common mental health conditions and psychological and behavioral problems.

Current barriers



Barrier 1: Limited public sector investment to support the adoption of digital mental health innovation

The adoption of innovative, digital mental health treatments is limited in the Chinese market owing to limited support from public sector investment. Innovative therapeutic modalities for mental health, including the use of artificial intelligence and virtual reality, are emerging globally. However, their entry into the Chinese market is often paused at the research stage due to insufficient reimbursement billing codes for clinical applications. Some early efforts are being made to include mental health digital therapies in the reimbursement scope of medical insurance.^{224 225} Reimbursement is a key enabler for digital mental health innovation adoption as it offers revenue certainty which helps to mitigate the risks associated with healthtech innovation, thus accelerating development.²²⁶



Barrier 2: Geographical disparities in mental health resource distribution

High-quality medical resources and talent are concentrated in metropolitan areas in the eastern part of Chinese mainland, resulting in geographical disparities in resource distribution. There is a noticeable disparity between the number of psychiatric beds per unit of land area in the western region compared to the central and eastern regions. In 2020, 350 counties (12.31 percent) had no mental health facilities and 883 counties (31.05 percent) had no psychiatric beds. These counties are mainly located in the mid-western regions of Chinese mainland. The number of psychiatric beds, psychiatrists and registered nurses per unit of land area in the western region was also four times lower than in the central region and seven to eleven times lower than in the eastern region.²²⁷ Furthermore, the quality of treatment varies across the market. A study in rural Hunan found that primary healthcare providers had limited experience in diagnosing and prescribing psychotropic medications for treating depression.²²⁸



Barrier 3: Care discontinuity is observed as mental health patients transition from inpatient to outpatient settings after discharge from hospitals

Care discontinuity is evident in mental health patients transitioning from inpatient to outpatient settings, impacting the quality of rehabilitative care and recovery. The current health system design is heavily focused on inpatient care, with limited community-based outpatient facilities for regular follow-up appointments and management of less complex conditions after patients are discharged from hospitals. Insufficient rehabilitative support for mental health patients to manage care in outpatient settings can impact the speed and quality of recovery.



Geographical disparities in mental health resources across Chinese mainland, particularly in western and rural areas, significantly limit access to essential care and treatment. An overreliance on inpatient services, coupled with insufficient community-based follow-up, disrupts the continuity of recovery. To enhance outcomes, it is critical to promote equitable resource allocation and bolster outpatient support systems, ensuring sustainable and effective mental health treatment for all."

Frank Mei
Partner – KPMG China

Future opportunities



Opportunity 1: Increase public sector investment to support digital mental health adoption

Currently, fewer than 5 percent of healthtech ventures in APAC relate to digital mental health, which represents less than 4 percent of healthtech investment funding. The adoption of digital mental health innovations can be enabled by redesigning public reimbursement pathways (to be complemented by favorable regulatory approval pathways) and by elevating the benefits of a strong technology footprint in digital mental health to attract local and overseas investment. Moreover, the health ministry has mandated internet-based medical services to be given “full pay” to diagnose and treat patients and telemedicine platforms, such as Ping An Good Doctor and Tencent Trusted Doctors, are being partially or wholly subsidized by the public sector to provide consultations.²²⁹



Opportunity 2: Improve equity in medical resource distribution amongst regions by re-shaping the healthcare ecosystem and building partnerships between medical institutions to share resources

Assess the mental health system to allocate resources equitably across treatment, diagnosis, rehabilitation and mental health promotion, instead of concentrating on specific areas. The National Health Plan of the 14th Five Year Plan encourages top mental health institutions to expand their outreach and deliver mental health services to remote counties, towns and districts through digital platforms. Promote the use of internet-based health services and online training conducted through live streams, including the WeChat official account, Tencent Meeting and MOOCs.²³⁰ Additionally, partnerships between national mental health centers in major cities like Shanghai, Changsha, Beijing, Jiangsu and Gansu facilitate the pooling and sharing of high-quality resources jointly funded by local and state governments to enhance technical capabilities and deliver training. Regional psychiatric centers also help advocate for patients' needs within their local jurisdictions.



Opportunity 3: Implement a hospital day center model to help patients manage mental health conditions and receive care in outpatient settings

A hospital day center model can facilitate a smoother transition for individuals with mental health conditions from inpatient to community settings. This model involves setting up local medical stations that individuals can visit regularly to receive support in developing self-care skills and monitor their rehabilitation progress. While establishing and operating a hospital day center in Chinese mainland will require significant investment — each center would need a level of psychiatrist, nursing, social workers and psychotherapist staffing — this could become feasible if hospitals collaborate and pool resources. Furthermore, innovation (such as in digital health, digital therapeutics, medical devices, pharmaceuticals) could be integrated across the care continuum from prevention, diagnosis and treatment through to monitoring in order to reduce re-hospitalization rates. At the same time, education about these digital and treatment innovations should be provided to both patients and healthcare providers to support treatment adherence as patients transition into community care.

Hong Kong SAR



Summary

Mental health is a focus in the government's annual policy address, which includes health system improvements, better access to care, early intervention initiatives and promotion efforts in education and workplace settings.

Government expenditure on mental health (3.5 percent of total health expenditure) is below the international standard at 10 percent.

The number of psychiatrists also falls short of the international benchmark of 10 psychiatrists per 100,000

Additional 20 percent increase in the number of mental health beds per 100,000 population can meet the optimal ratio.

14.3%

of population experienced mental health conditions at some point in their life

<30%

of diagnosed common mental health conditions seek treatment

Financing and health expenditure

Government mental health expenditure

3.5% Total healthcare expenditure

United for Global Mental Health's goal (International benchmark) **10%**

Patients receiving subsidized treatment (visits/year)

305,700

inpatient and outpatient patients /year for services provided by the Hospital Authority

Average out of pocket costs

4% **11%**

for inpatient psychiatric care for specialist outpatient attendance

Human resources

No. of psychiatrists per 100,000

Total no. of psychiatrists **7.6**

World Psychiatric Association (International benchmark) **10.0**

No. of psychologists



8.2 per 100,000 population

Service level

No. of mental health beds*

50.1 per 100,000 population

National Library of Medicine (International benchmark) **60** **30**
Optimal Minimal

Median waiting time

<1 week for urgent cases

2-4 weeks for semi-urgent cases

21-77 weeks for stable cases

Resources and support available for caregivers

- 24/7 designated hotline for carer support
- Information gateway for carers (www.carers.hk)
- Community support for patients allowing caregivers to take a break (e.g. respite services)

* Calculated using "mentally ill beds" statistics available

Government policy and initiatives

The Chief Executive's 2022 Policy Address

This policy address aims to improve community mental wellness through initiatives such as strengthening mental health support for students, promoting mental health, improving services at Integrated Community Centres for Mental Wellness, expanding community psychiatric services and establishing a mental health hotline for assistance and referrals.

The Chief Executive's 2023 Policy Address

This policy address focuses on prevention, early detection and timely access to treatment and rehabilitation. It includes initiatives that increase the ratio of case managers to patients to reduce waiting time, encourage early mental health assessments in the community and launch a "Mental Health Literacy" resource kit for primary and secondary schools.

The Chief Executive's 2024 Policy Address

This policy address improves mental health services and promotion by adopting a coordinated medical, educational and social approach. Some of the initiatives include the development of a stepped-care model, ongoing promotion of mental health awareness at the workplace and in schools and establishing of transition support service teams for individuals recovering from mental health conditions.

Current barriers



Barrier 1: Workforce shortage results in long wait times and inadequate care for complex cases

Hong Kong SAR grapples with mental health workforce shortage, with only 7.6 psychiatrists and 8.2 clinical psychologists per 100,000 people, falling well below the OECD averages of 17.5 and 53, respectively.²³¹ At the same time, the attrition rate for psychiatrists is rising, reaching 6.4 percent in 2022–23, up from 4.1 percent in 2020–21, owing to factors such as low salaries, a growing backlog of cases and the heavy administrative burden.²³²

Mental health workforce shortage results in long wait times for care, with the Hospital Authority reporting average waiting times of 14 to 64 weeks for stable cases, but areas like the New Territories East Hospital have wait times of up to 100 weeks. A government-funded psychiatric appointment for a psychosis patient was on average 5.6 minutes in duration which is insufficient to thoroughly assess and address complex mental health cases.²³³



Barrier 2: Limited information on where and how to access mental healthcare and services

Information on how to access mental healthcare is limited. A 2022 survey conducted by Mind HK showed that 49.4 percent of respondents expressed “uncertainty about where to seek help” as a main barrier to care access.²³⁴ An interview with a patient advocacy group revealed that many people were not using available community-based services as they did not know these services existed. For example, the ICCMW offers free counseling, but usage remains low due to limited public awareness and challenges in finding relevant information on government websites.



Barrier 3: Caregivers receive limited social and financial support for their caregiving duties

Reports indicate that caregivers are not receiving sufficient support,²³⁵ which could exacerbate the financial and physical strain they experience as the number of mental health cases in Hong Kong SAR continues to rise. There is a lack of community services, such as respite care, that offer caregivers temporary relief from their caregiving duties. The Mental Health Initiatives Funding Scheme²³⁶ supports mental health-related projects run by the private sector, but these are one-time grants rather than ongoing funding for projects focused on caregiver support. Additionally, an interview with a key opinion leader revealed that although caregivers may receive some financial assistance from social welfare, the associated stigma discourages them from advocating for themselves.



It depends on whether caregivers and patients can overcome the stigma. In the case of rare diseases, parents are often willing to speak out to secure necessary resources. However, for mental health, a significant barrier exists, as individuals are hesitant to voice their needs for additional support due to the stigma surrounding mental health.”

Dr. Chung Wai Sau, Dicky

Honorary Consultant in Psychiatry, Gleneagles Hospital Hong Kong

Future opportunities



Opportunity 1: Expand mental health workforce capacity by adopting digital and treatment innovation

To increase manpower availability, the government is recruiting more overseas-trained and foreign physicians while expanding local graduate clinical psychology programs. In 2023, the government expedited work permit approvals for foreign professionals to practice in mental health professions.²³⁷ The University of Hong Kong SAR is enrolling two cohorts of clinical psychology students annually, rather than just one.

The government is also implementing a “stepped-care” model within the healthcare system to enhance resource allocation. The model enables allied professionals like teachers, social workers and healthcare workers to manage less severe cases, leaving medical specialists to focus on more intense mental health needs.²³⁸ The current workforce can also be supported with digital tools like AI assistants and telehealth integration. Public insurance can also cover telehealth mental health services, as evidenced by examples such as BetterHelp²³⁹ and Talkspace²⁴⁰ in the United States which have demonstrated early success in augmenting the capacity of health professionals. AI-powered chatbots, such as Woebot Health²⁴¹ could automate simple, process-based initial assessments, freeing up time for physicians to focus on complex cases.

Additionally, integrating digital and treatment innovation (such as digital health, digital therapeutics, medical devices, pharmaceuticals) across the care continuum from prevention, diagnosis and treatment through to monitoring can help lower hospitalization rates. For instance, The Hong Kong Association of Psychosocial Rehabilitation convened an expert panel to examine challenges in schizophrenia management. Among its recommendations was a shift toward second-generation LAI antipsychotics over first-generation antipsychotic treatment that may enhance clinical outcomes by lowering relapse and hospitalization rates, ultimately easing pressure on healthcare workforce capacity.²⁴²



Opportunity 2: Improve access to and awareness of mental health resources by centralizing information on a single platform and engaging the community through proactive outreach

Creating a centralized platform for information sharing can enhance resource accessibility and utilization. Ideally designed as a government-owned and managed platform, the service would consolidate available mental health resources and provide clear guidance on services that can greatly benefit residents. One example is the “Shall We Talk” initiative, developed by the Advisory Committee on Mental Health and the Department of Health, which promotes mental well-being and improves public mental health literacy. The initiative includes a one-stop website (shallwetalk.hk) with detailed service information.²⁴³ Additionally, a 24-hour Mental Health Support Hotline was launched in 2023, connecting callers to appropriate mental health services based on their needs.²⁴⁴ Active community outreach can increase the use of these mental health resources. A community outreach team could visit residential centers to connect with individuals. This approach would raise awareness of local mental health services and ensure people receive timely care.



Opportunity 3: Offer more caregiver support in the community and workplace settings

Conducting a caregiver needs assessment would serve to identify focus areas of social and financial support. In 2020, the Labor and Welfare Bureau commissioned a study to assess the needs of caregivers looking after elderly persons and individuals with disabilities in Hong Kong SAR.²⁴⁵ A similar study is recommended to be conducted to better understand the needs of caregivers supporting individuals with mental health conditions to guide future policies and social support systems development. As mental health education and awareness campaigns in schools and workplaces²⁴⁶ continue to reduce stigma, they also lay the foundation to foster the development of PAGs, which play a key role in advocating for policy changes that support ongoing investment in mental wellness. Furthermore, the existing Mental Health Workplace Charter, which recognizes employers that implement action items from a designated list, could include carer-friendly policies, such as flexible work schedules, as part of its recognition criteria.

Japan



Summary

Mental health policies in Japan emphasize early detection, community-based care and provision of mental health training.

Japan exceeds the minimum number of psychiatrists as well as the international benchmark for the optimal number of psychiatric beds per 100,000 population.

The government can look to increase its overall mental health expenditure by 1.2 percent to be in line with the recommended benchmark.

24.0%

of population experienced mental health conditions at some point in their life

<30%

of diagnosed cases seek treatment

1,759.1

per 100,000 DALYs¹ lost due to mental health conditions

5.7%

Proportion of total DALYs

* Disability-adjusted life years (DALYs) where 1 DALY signifies the loss of one year of full health as per WHO

Financing and health expenditure

Government mental health expenditure

Total healthcare expenditure **8.8%**

United for Global Mental Health's goal (International benchmark) **10%**

Patients receiving subsidized treatment

~0.3

million inpatient patients

~5.9

million outpatient patients

Average out of pocket costs

30%

of total fees for inpatient treatment

10%-30%

of total fees for outpatient treatment

Human resources**

No. of psychiatrists per 100,000

Total no. of psychiatrists **13.3**

World Psychiatric Association (International benchmark) **10.0**

No. of psychologists



55.8

per 100,000 population

** Figures below reflect both urban and rural areas. However, access remains a challenge in rural regions where human resources are not distributed equitably

Service level

No. of mental health beds***

245.3 per 100,000 population

National Library of Medicine (International benchmark) **60** **30**
Optimal Minimal

Median waiting time

4-8

weeks for a subsidized appointment with psychiatrist

Resources and support available for caregivers

Services providing caregivers a break

- Psychiatric day care
- Home-visit nursing service
- Home help service where patients are provided physical care and living assistance

*** Mental health beds as per OECD figures include mental health beds in general hospitals, mental health hospitals, and in community residential facilities

Government policy and initiatives

Mental Health Supporter Training Project (2021)

This project fosters a culture where individuals with mental health conditions can live without discrimination or prejudice while promoting learning and strategies for the early detection and support of mental health conditions:

Community-based integrated care system for mental disorders (2023)

The integrated care system provides consultation support for community mental health and welfare for persons with disabilities, provision of psychiatric care and support for families of people with mental disorders. The system also fosters collaboration across different medical institutions and nursing homes, social support for patients (housing and employment support).

Revised Mental Health and Welfare Act (2024)

This act revised the maximum duration of hospitalization for medical protection to six months.

Current barriers



Barrier 1: Entrenched stigma surrounding mental health discourages individuals from seeking care

Stigma surrounding mental health remains a barrier to individuals seeking care in Japan. A 2024 survey conducted by My Sherpa, a company providing online counseling services, revealed that more than half of respondents in Japan avoided counseling due to fear of judgment or being labeled with a diagnosis.²⁴⁷ Stakeholder consultations have similarly noted that stigma towards schizophrenia has not diminished deep-seated prejudices that link the condition to a history of hospitalization. In Japan, the hospitalization rate for schizophrenia remains high and occupied more than half of all psychiatric hospital beds in 2019. This ongoing dependence on hospitalization contributes to the persistent stigma associated with the disorder.



Barrier 2: Limited national insurance coverage prevents individuals from seeking counseling treatment

The lack of national insurance coverage for counselling services creates a financial barrier deterring individuals from accessing care. A 2023 OECD survey conducted in Japan revealed that 55 percent of respondents felt the need for counseling, but only 6 percent pursued it.²⁴⁸ Around 52.7 percent of respondents expressed cost as the second most significant barrier.²⁴⁹ Counseling is not covered by Japan's National Health Insurance, so individuals must pay out of pocket and costs can accumulate quickly as psychiatric disorders often require ongoing treatment.



Barrier 3: Slow pace of deinstitutionalization and delayed transition of care strain the health system

Japan has a high reliance on inpatient psychiatric care, with the highest number of mental health beds per 100,000 people (245.3) in the world, significantly higher than the OECD average (153.7).²⁵⁰ The government is transitioning to a more community-based mental healthcare system but progress has been slow.²⁵¹ Around 60 percent of all patients hospitalized have been staying for more than a year. Delayed Transition of Care (DTC), in which patients who are deemed medically fit for discharge yet remain in hospital beds for non-medical reasons, creates significant financial strain on the healthcare system and community services.

Future opportunities



Opportunity 1: Reduce stigma through continuous education and transitioning care to community-based settings

Entrenched cultural and social stigma can be reduced through continuous education and transitioning care provision away from institutional settings. In 2022, Japan introduced the "Prevention and recovery from mental illness" module into the school curriculum for the first time in nearly 40 years. This aims to enhance understanding and awareness of mental health among young people.²⁵² Additionally, there are ongoing efforts to move mental healthcare to community-based environments that are less stigmatizing. The Mental Health 2020 Proposals for Tomorrow revealed that receiving treatment for mild conditions from a family doctor would make it easier to seek help.²⁵³ As more mental health centers are established in the community, raising public awareness on how to access these services will be crucial.



Opportunity 2: Ease the evaluation criteria to fund more mental health-related services

Stringent reimbursement criteria for mental health treatment in Japan currently limit public health insurance coverage for mental health services. Changing the medical fee reimbursement system to include mental health conditions under the diagnosis-related group scheme would allow more services to be reimbursed by the government. United Kingdom's Mental Health Clustering payment system, for example, provides reimbursement policies for service providers to receive fixed daily payments based on predefined fees for each diagnosis group or cluster.²⁵⁴ ²⁵⁵ Additionally, Japan can learn from the United Kingdom's "Improving Access to Psychological Therapies" program, which offers free, evidence-based psychological treatments for individuals experiencing anxiety, depression and other common mental health conditions.



Opportunity 3: Reduce delayed transition of care

Future funding could be directed towards hospital-based initiatives and policy and system-level initiatives to reduce DTC. Hospital-based initiatives such as the nurse-led discharges implemented in the United Kingdom and United States, can enable nurses to facilitate discharges based on a predetermined list of clinical criteria which could result in a significant reduction in the rate of DTC.²⁵⁶ Consideration can also be given to system-level initiatives, such as the transitional care programs implemented in Canada, the United Kingdom, the United States and Europe, which focus on having interdisciplinary teams to provide time-bound care that promotes patient recovery, restores independence and acts as the interface between acute care services and home.



In recent years, the understanding of mental illnesses has deepened due to awareness activities by national and local governments, pharmaceutical companies, and other organizations. However, the stigma has not been completely eliminated. Therefore, it is necessary to continuously implement approaches to deepen the understanding of mental illnesses, such as incorporating programs to enhance mental health education into school curriculum."

Hideto Yuda
Partner, KPMG in Japan

Singapore



Summary

Singapore has a mental health office and its mental health-related policies emphasize improving mental health and mental health literacy, and creating a comprehensive system for accessible care.

Singapore is dedicating more than the suggested 10 percent of total health expenditure to mental healthcare. However, the market could benefit from doubling its number of psychiatrists (from 5 to 10) per 100,000 population to meet the international benchmark.

14.3%

of population experienced mental health conditions at some point in their life

21.4%-80.4%

of diagnosed cases seek treatment

1,767.9

per 100,000 DALYs¹ lost due to mental health conditions

9.3%

Proportion of total DALYs

* Disability-adjusted life years (DALYs) where 1 DALY signifies the loss of one year of full health as per WHO

Financing and health expenditure

Government mental health expenditure

3.0%

Of total healthcare expenditure here will make more sense. Please do this for every market snapshot.

United for Global Mental Health's goal (International benchmark)

10%

Patients receiving subsidized treatment

6,900 inpatient patients/year

60,000 outpatient patients/year

Average out of pocket costs

>20% of inpatient treatment bills

>25% of polyclinics and public specialist outpatient clinics bill

Human resources

No. of psychiatrists per 100,000

Total no. of psychiatrists **5.0**

World Psychiatric Association (International benchmark)

10.0

No. of psychologists



11.8

per 100,000 population

Service level

No. of mental health beds**

41.9 per 100,000 population



National Library of Medicine (International benchmark)

60

30

Optimal

Minimal

Median waiting time

6.7 weeks for an appointment with a psychiatrist in a public hospital

5.1 weeks for a subsidized appointment with psychologist

Resources and support available for caregivers

- Social support from Agency for Integrated Care (outreach teams, online support group)

** Mental health beds as per OECD figures include mental health beds in general hospitals, mental health hospitals, and in community residential facilities. Singapore's figure applies across all three facilities

Government policy and initiatives

"It's OKAY to Reach out" campaign (2021)

This campaign aims to raise awareness and mental health literacy in Singapore by equipping individuals with the right set of skills to manage their own mental health and seek timely support when feeling overwhelmed.

National Mental Health Strategy (2023)

This strategy aims to establish a mental health system that provides accessible, high-quality clinical care and creates a supportive community and society. Priority areas include increasing the mental health service capacity, strengthening capabilities for early detection and intervention and improving the mental health well-being of the workforce.

National Mental Health Office (2024)

The mental health office will facilitate multi-stakeholder consultation and initiatives related to improving mental health wellness. The office will be fully established in 2025, comprising officers from various ministries, including the Ministry of Social and Family Development and the Ministry of Education.

Current barriers



Barrier 1: The high cost of mental health treatment is a barrier to accessing quality care

High cost of mental health treatment continues to be a barrier to care access. A subsidized initial consultation at the Institute of Mental Health ranges from approximately US\$22 to US\$52 per session,²⁵⁷ while monthly medication costs for some antidepressants exceed US\$74.²⁵⁸ Medisave covers up to US\$370 annually for non-complex conditions and US\$518 for complex chronic conditions,²⁵⁹ but these limits can be quickly used up. Some treatments, like Electroconvulsive Therapy for patients unresponsive to medication or with severe psychiatric conditions are not subsidized and cost patients approximately US\$355²⁶⁰ per session. This results in a total cost of US\$2,130 to US\$4,260 for treating depression (6 to 12 sessions) and US\$3,196 to US\$6,391 for schizophrenia (9 to 18 sessions), posing a significant financial burden.²⁶¹



Barrier 2: Rising demand continues to put pressure on the limited availability of mental healthcare professionals and infrastructure

Mental healthcare is often seen as the responsibility of health professionals such as psychiatrists when it could be better addressed as a system-wide issue. However, there are insufficient mental healthcare professionals to meet the increasing demand — 5.0 psychiatrists per 100,000 population.²⁶² Existing psychiatric beds in specialized mental health facilities are at full capacity. At the Institute of Mental Health, nearly all 2,000 beds are reported to be occupied, with half occupied by long-term patients.²⁶³



Barrier 3: Entrenched stigma surrounding mental health hinders timely intervention and care

Stigma surrounding mental health continues to be a major barrier to timely intervention and care. A 2023 Channel News Asia survey showed that 66 percent of respondents expressed concern about the stigma surrounding mental health which discouraged them from seeking help.²⁶⁴ Individuals with mental health conditions may also face structural discrimination which limits access to equal employment opportunities and resources. A recent survey by the Ministry of Manpower found that mental health status is a common basis for discrimination during job searches and the rate of discrimination increased from 2.9 percent in 2021 to 5 percent in 2022.



Only when citizens within major markets in APAC have fair and equitable access to treatment, will mental health condition be truly manageable."

Peter Liddell
Head of Life Sciences, KPMG Asia Pacific

Future opportunities



Opportunity 1: Adopt alternative payment mechanisms to fund mental health treatments

Lowering the cost of mental health services makes them more accessible to the public. In addition to using public health insurance to provide subsidized care, covering up to 80 percent of mental health services at public hospitals and polyclinics, the Ministry of Health Singapore can collaborate with private insurers to expand health coverage. Alternative funding models that pay based on patient needs can be effective too, such as the mental health payment-by-results system in the United Kingdom where doctors assign patients to a treatment cluster based on their condition, with each cluster having a different price or subsidy level.²⁶⁵



Opportunity 2: Increase capacity for care and strengthen the mental health workforce

Inpatient psychiatric wards and beds in public hospitals in Singapore are consistently at full capacity. The government can adopt a two-pronged approach — expanding hospital capacity to accommodate more patients while being selective about who qualifies for hospitalization. The government plans to build two psychiatric nursing home facilities and one psychiatric rehabilitation home by 2030. The Ministry of Health Singapore is also conducting industry consultation to develop community-focused care models, such as the Mobile Inpatient Care @ Home.²⁶⁶ Inspired by Canada's Patient's Medical Home model, the care model could integrate mental health and primary care, thus enabling patients with complex needs to access psychiatric care within their community.²⁶⁷ Furthermore, integrating digital and treatment innovation (e.g. digital health, digital therapeutics, medical devices, pharmaceuticals) across the continuum from prevention, diagnosis and treatment through to monitoring in community care settings can help reduce hospitalization rates.

Additionally, government initiatives can focus on minimizing delays in the transition of care. For instance, the United Kingdom and the United States have nurse-led discharge programs in which clinical criteria are used to expedite discharges, thus reducing delays in the transition of care.²⁶⁸ The mental health workforce capacity, moreover, can also be expanded through the use of allied health professionals to provide mental health services.²⁶⁹ The government should aim for at least 10 psychiatrists per 100,000 population — ideally 15.4 per 100,000 — in order to align with international benchmarks.²⁷⁰ Plans to increase the number of public psychiatrists from 204 to 260²⁷¹ by 2030 will raise the ratio slightly from 5.03 to 5.13, assuming private psychiatrists' numbers remain unchanged and considering population growth. With Singapore's population projected to reach 6.9 million by 2030, 690 psychiatrists will be needed to meet the recommended ratio and 1,062 for the optimal ratio.



Opportunity 3: Reduce stigma by improving health literacy and normalizing the topic in conversations

Stigma can be reduced through ongoing education and initiatives that normalize mental health in conversations. For example, Mental Health Education lessons embedded as part of Character and Citizenship Education are now included in school curricula to help young people recognize signs of mental health issues and support peers in need. Additionally, campaigns like the "Bell Let's Talk" in Canada encouraged conversations about mental health and subsequently funded about seven million people to gain access to mental health services.²⁷² In 2023, the Inter-agency Task Force on Mental Health and Well-being launched Singapore's new strategy to improve access to care and create a stigma-free environment for seeking help early.²⁷³ Mental health awareness campaigns and education could enable a more balanced focus on different mental health conditions, as schizophrenia is the least recognized.²⁷⁴

South Korea



Summary

Mental health policies in South Korea focus on enhancing care access, strengthening emergency response, reducing stigma and promoting social integration.

Areas that fall short of international benchmarks include government expenditure in mental health (3 percent vs recommended 10 percent) and the number of psychiatrists per 100,000 population (9 vs recommended 10, but this has increased from previous years).

33 percent increase in psychiatric beds per 100,000 population (from 45 to 60) can lift it up to optimal per international benchmark.

27.8%

of population experienced mental health conditions at some point in their life

4.5%

of diagnosed cases seek treatment

1,805.9

per 100,000 DALYs¹ lost due to mental health conditions

7.2%

Proportion of total DALYs

* Disability-adjusted life years (DALYs) where 1 DALY signifies the loss of one year of full health as per WHO

Financing and health expenditure

Government mental health expenditure

3.0% Total healthcare expenditure

United for Global Mental Health's goal (International benchmark) **10%**

Patients receiving subsidized treatment

0.1 million inpatient patients at mental health institution/year

2.5 million outpatient patients at mental health institution/year

Average out of pocket costs

~20% for inpatient treatment

5-20% for outpatient treatment

Human resources**

No. of psychiatrists per 100,000

Total no. of psychiatrists **9.0**

World Psychiatric Association (International benchmark) **10.0**

No. of psychologists



16.6 per 100,000 population

** Figures below reflect both urban and rural areas. However, access remains a challenge in rural regions where human resources are not distributed equitably

Service level

No. of mental health beds***

45.4 per 100,000 population

National Library of Medicine (International benchmark) **60** **30**
Optimal Minimal

Median waiting time

~4.4 weeks for a subsidized appointment with psychiatrist

<0.1 week for a subsidized appointment with psychologist

Resources and support available for caregivers

- Mental health education for family caregivers
- Weekly rehabilitation programs for patients – art therapy, exercise therapy
- Social adaptation training for patients

*** Mental health beds as per OECD figures include mental health beds in general hospitals, mental health hospitals and in community residential facilities. Korea's figure applies to mental health hospital beds

Government policy and initiatives

Second Comprehensive Mental Health Welfare Plan 2021–2025 (2021)

This plan has six focus areas including mental health promotion, improvement of mental health services and infrastructure and enhancement of community-based social integration. Initiatives include the development of workforce allocation guidelines, securing housing and employment opportunities for individuals with mental health conditions and promoting intergovernmental and public-private collaborations.

Transformative Plan for Mental Health Policy Innovation (2023)

This plan represents a shift of focus from prevention to recovery where psychological counselling can be provided to 1 million individuals by 2027 and reduce suicide rate by 50% within ten years. There are four key focus areas: establishing a system for routine mental care, reorganizing emergency response and treatment systems, innovating recovery-centered welfare services and improving awareness and policy governance for mental health.

Current barriers



Barrier 1: Individuals with mental health conditions experience discrimination due to cultural stigma

Individuals with mental illnesses continue to experience discrimination. If diagnosed with a mental illness, they may be subject to internal procedures that could lead to dismissal or termination, depending on the severity of the condition and its impact on job performance. Private health insurance disadvantages those with complex, hard-to-diagnose mental health conditions.²⁷⁵ This discrimination stems from deep-rooted cultural stigma. A 2024 National Mental Health Survey found that many people believe their friends would reject them because of mental health conditions.²⁷⁶ Additionally, 64.6 percent of respondents view individuals with mental health conditions as more dangerous, which reflects ongoing social stigma.²⁷⁷ The impact of stigma is evident in South Korea's position as having the highest suicide rate among OECD markets, with 25.2 suicides per 100,000 people in 2022.²⁷⁸ Mental health plays a major role in this crisis, underscoring the urgent need for focused efforts to improve mental wellness.



Barrier 2: Geographical disparities in mental health resource allocation create health inequity

There are significant geographical disparities in mental health resources between metropolitan and remote areas. Over 70 percent of mental healthcare professionals were reported to practice in metropolitan areas, while certain rural areas have fewer than one psychiatrist per 100,000 people.²⁷⁹ In addition, 46.8 percent of the rehabilitation centers are concentrated in metropolitan areas such as Seoul and Gyeonggi.²⁸⁰ This unequal access to resources is concerning in rural areas with large elderly populations, which have higher suicide rates linked to mental health conditions like depression.²⁸¹ Despite the increased need, rural areas receive far fewer resources, worsening the inequities in mental healthcare.



Barrier 3: Insufficient social and community-based services to support individuals with mental health conditions as they transition from hospital care to community care

Social and community-based services are needed to help patients with severe mental health conditions transition from hospital care to community care. These patients often still require ongoing follow-up and care under supervision in the community, such as schizophrenic patients receiving LAIs, to reduce the risk of treatment discontinuation. While mental health welfare centers in each district offer case management and daycare programs, these facilities are underfunded and understaffed. Case managers are often handling workloads two to four times the national average which limits their ability to provide rehabilitative care.²⁸² Additionally, despite the ongoing expansion of mental health rehabilitation facilities — 348 in 2018, 351 in 2022 and 359 in 2023 — there are still limitations to access to services like rehabilitation, education and employment support.^{283 284}



The number of inpatient beds has significantly decreased compared to the past ... hospitals are shutting down their inpatient wards and transitioning to outpatient-focused operations. As a result, patients with severe mental illnesses, such as schizophrenia, who require long-term hospitalization, are finding it increasingly difficult to access appropriate care. Upon discharge, these individuals often lack access to community housing or group homes. While such systems are more established in other countries, they remain underdeveloped in South Korea."

Dr. Woo Ri Moon

Psychiatrist, Gwacheon Seongmo Psychiatric Clinic

Future opportunities



Opportunity 1: Reduce discrimination and stigma around mental health by changing media portrayal and introducing laws that promote equal opportunities

Efforts have been made to reduce stigma surrounding mental health in South Korea. In April 2024, the Mental Illness Reporting Guidelines were introduced to minimize the portrayal of a causal link between mental health conditions and crime.²⁸⁵ In November 2024, the Ministry of Health aired the "Let's Face It" advertisement, which depicted everyday life from the viewpoints of individuals with mental health conditions and those close to them to clarify misunderstandings.²⁸⁶ South Korea is recommended to further adopt the WHO's key principles for reducing stigma: co-leadership, social contact and inclusive collaboration with individuals who have lived experience in anti-stigma efforts. For example, the motto "nothing about us without us" could advocate for the inclusion of people with mental health conditions in the development of policies and social programs.²⁸⁷

Future legislation can aim at making workplaces and communities more socially inclusive — for example, the introduction of employment laws like the United Kingdom's Equality Act to protect employees with mental health conditions by providing reasonable accommodation.²⁸⁸



Opportunity 2: Reduce geographical disparities by increasing mental health resources in rural areas

The South Korean government has boosted investment to address the geographical disparities in mental health resources and infrastructure between metropolitan and remote areas. The 2023 Innovation Plan deployed government-funded projects in regions with little to no mental rehabilitation infrastructure to help individuals receive community-based mental healthcare.²⁸⁹ Plans are underway to mandate the establishment of at least one facility per city or county and to increase capacity at existing facilities to accommodate 1.5 times more patients in rural areas. Additionally, community-based services, such as peer support programs, crisis shelters and outreach initiatives, are being expanded, particularly in regions without mental rehabilitation or welfare facilities.²⁹⁰

Investing in digital tools like telemedicine could further help leverage the existing workforce more efficiently to provide care in rural areas. In 2023, a three-month pilot study enabled telemedicine to be provided to selected patient groups, including those in remote regions.²⁹¹ Such initiatives could be expanded to include telepsychiatry in order to reach areas with few or no hospitals.



Opportunity 3: Invest in social and community-based services to assist individuals with mental health conditions in transitioning from hospitals to care closer to home

The South Korean government has actively executed mental health policies related to MDD and schizophrenia with multiple advisory processes already in place since 2023. The government should continue investment in expanding community and social services for people with mental health conditions. The 2023 Mental Health Innovation Plan aims to increase the number of rehabilitation facilities and improve recovery support programs at mental health welfare centers. Research is being conducted to determine the minimum number of facilities needed in each region based on local demographics and the prevalence of complex mental health cases, including budgetary requirements. The plan also includes various support services, such as:

- Caregiver support: Family counseling and education and family rest support.
- Employment support: Vocational training at rehabilitation facilities and peer support.
- Social support: Rehabilitation facilities will offer weekly activities, including exercise programs and art therapy, to aid in social reintegration.

Additionally, the Ministry of Health and Welfare will launch a pilot project to provide housing support to promote self-reliance and reintegrate individuals with mental health conditions into their communities.

Taiwan



Summary

Mental health policies in Taiwan focus on mental health promotion, provision of community support, prevention and treatment and legal, judicial and technological advancements.

The number of psychiatrists in Taiwan is close to international standards and the number of psychiatric beds per 100,000 population exceeds international standards.

However, future government investment in mental health should increase to at least 10 percent of total healthcare expenditure (currently at 2.5 percent).

25.0%

of population experienced mental health conditions at some point in their life

<30%

of diagnosed cases seek treatment

1,705.12

per 100,000 DALYs* lost due to mental health conditions

6.1%

Proportion of total DALYs

* Disability-adjusted life years (DALYs) where 1 DALY signifies the loss of one year of full health as per WHO

Financing and health expenditure

Government mental health expenditure

2.5% Total healthcare expenditure

United for Global Mental Health's goal (International benchmark)

10%

Patients receiving subsidized treatment

-0.1 million inpatient patients/year

-1.7 million outpatient patients/year

Average out of pocket costs

5-30% for inpatient treatment

0-20% for outpatient treatment

Human resources**

No. of psychiatrists per 100,000

Total no. of psychiatrists

9.3

World Psychiatric Association (International benchmark)

10.0

No. of psychologists



27.0

per 100,000 population

** Figures below reflect both urban and rural areas. However, access remains a challenge in rural regions where human resources are not distributed equitably

Service level

No. of mental health beds***

86.7 per 100,000 population



National Library of Medicine (International benchmark)

60

30

Optimal Minimal

Median waiting time

<1

week for a subsidized appointment with psychiatrist

4-6

weeks for a subsidized appointment with psychologist

Resources and support available for caregivers

- Family caregiver care hotline
- Long-term care family caregiver support networks
- Mental care and community rehabilitation resources

*** Figure includes number of beds in both psychiatric hospitals and acute hospitals

Government policy and initiatives

Amendment of the Mental Health Act (2022)

Key amendments are in areas such as mental health promotion and community support, prevention and crisis management and legal safeguards. Initiatives include establishment of community mental health centers, provision of community support resources, improvement in front-line prevention, establishment of crisis management mechanisms and making amendments to compulsory hospitalization to require judicial review.

Mental Health Support Program for young adults aged 15-45 (2024)

This program provides three free counselling sessions for young adults aged 15 to 45 in need of psychological support. This supports early intervention for at-risk individuals.

National Mental Health Resilience Program (2025-2030)

This plan includes six major strategies: Promoting comprehensive mental health initiatives, developing a continuous mental healthcare network, enhancing diverse addiction treatment capacities, improving treatment and counselling for perpetrators of domestic violence and sexual assault, establishing a sound judicial mental health treatment system and strengthening technology and digital mental health infrastructure.

Current barriers



Barrier 1: Current reimbursement policies may not be favorable to bring innovations to market

Current reimbursement policies slow down the approval process for bringing innovation to market. As of March 2023, the average time from drug submission to reimbursement was 505 days.²⁹² While the National Health Insurance introduced a parallel review process in January 2024 to accelerate approvals by allowing simultaneous reimbursement applications and FDA registration, its actual impact on reducing the review timeline from two years to one remains unproven.²⁹³ Delayed reimbursement from the National Health Insurance may deter psychiatrists from adopting the latest treatments, as cost remains a key factor in treatment decisions.²⁹⁴



Barrier 2: Caregivers have limited social and financial support, which is worsened by discrimination

Caregivers often face limited social and financial support, with many hesitant to seek help due to fears of discrimination. The responsibility of caring for patients with chronic mental health conditions often falls on family members, who are expected to provide emotional support and assist with daily activities while also managing their work and personal lives. A survey found that the key challenges caregivers face include understanding the illness, helping patients with employment or education, managing stress and financial hardships, as well as navigating available resources. Very few caregivers seek support, as seen in the low number of calls to the Ministry of Health's "Family Caregiver Care Consultation Hotline". Social workers suggest that caregivers may avoid seeking help due to fears of discrimination, which only intensifies their sense of isolation.²⁹⁵



Barrier 3: Entrenched stigma exacerbated by lack of education and the media's portrayal of mental health

Media can exacerbate stigma and social exclusion of individuals with mental health conditions. A 2021 study explored the psychological impact of media reporting on celebrity suicides, revealing that both low educational attainment and inappropriate media coverage played a role in discouraging individuals from seeking help.²⁹⁶ Stigma and social exclusion of people with mental health conditions are exacerbated by media coverage of random murders involving those with unstable mental health, leading to the belief that individuals with mental health conditions are dangerous.²⁹⁷



National health insurance offers universal coverage for both physical and mental health, but inadequate government funding hampers the adoption of novel and advanced medical technologies."

Jarret Su

Partner – Healthcare and Life Sciences, KPMG in Taiwan

Future opportunities



Opportunity 1: Re-evaluate policies and approval processes to facilitate the introduction of mental health innovation to market

In addition to introducing a parallel review process, the government can also implement other policies and initiatives such as conditional approval for new drugs. To assess the impact of these policies and initiatives, the American Chamber of Commerce in Taiwan has recommended that the government define clear performance indicators for their implementation and hold biannual reviews and discussions with industry stakeholders and patient groups after new policies take effect.²⁹⁸



Opportunity 2: Provide a targeted and broader range of support to caregivers

The government has been revising laws and policies to introduce initiatives aimed at providing more support services for caregivers. The 2022 legal amendments to the Mental Health Law enhanced community support and established mental health centers to:

- Strengthen discharge coordination and community prevention functions
- Provide caregivers with community resources to reduce their burden
- Improve continuity of care for patients.²⁹⁹

The government can consider future initiatives to offer tailored support based on each caregiver's needs. In the UK, a carer's assessment identifies the type of support caregivers require, such as help with household chores, training and access to well-being resources like exercise classes.



Opportunity 3: Inspire whole ecosystem collaboration to re-educate about mental health

Reducing the social stigma requires sustained, dedicated effort across the ecosystem and could include:

- Campaigns, such as the example set by UK's Time to Change campaign, which increased mental health knowledge in about 10 percent of people.
- Government intervention and legislation, such as Taiwan's Mental Health Act, which prohibits the use of discriminatory language or misleading content about mental health.³⁰⁰ ³⁰¹ Taiwan has also enacted a People with Disabilities Rights Protection Act.³⁰²
- Education to promote awareness. Taiwan's Ministry of Education subsidizes colleges and universities to implement the 2024 Campus Mental Health Promotion Plan which offers courses on mental health.³⁰³
- Re-education to improve mental health literacy (e.g. students take mental health adjustment leave to adjust their mental state during psychological discomfort).³⁰⁴

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