

衛生福利部補助辦理  
2019第二屆國際心理健康聯合倡議高峰會

2<sup>nd</sup> Global Summit  
for Mental Health Advocates, 2019

# 心理健康促進 國家優先議題

## PRIORITIZING MENTAL HEALTH PROMOTION

### 成果報告書 Report

社團法人中華心理衛生協會 製

# 衛生福利部補助國內辦理國際研討會 成果報告

年度：108 年

計畫名稱：2019 第二屆國際心理健康聯合倡議高峰會

大會主題：心理健康促進：國家優先議題

計畫重點：一、國際研討會 2 天

二、舉辦世界心理健康日記者會

三、會後參訪

單位：社團法人中華心理衛生協會

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日期：中華民國 108 年 11 月 6 日



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# 2019 第二屆國際心理健康聯合倡議高峰會

## 心理健康促進：國家優先議題

### 2<sup>nd</sup> Global Summit for Mental Health Advocates, 2019 Prioritizing Mental Health Promotion

#### 壹、計畫背景

「國際心理健康倡議聯盟」(Global Alliance for Mental Health Advocates, GAMHA)的成立，發展亞太心理健康交流網絡

2016 年在新加坡，許多東亞地區國家代表（包括台灣、香港、日本、新加坡、馬來西亞、泰國、印尼、菲律賓等）發起成立「國際心理健康倡議聯盟 (Global Alliance for Mental Health Advocates, GAMHA)」(以下簡稱 GAMHA)，希望亞太地區能發展區域性的交流與支持網絡，推展不全然以西方價值為主的亞洲心理健康取向。本會張珣理事長也在 2017 年接受該聯盟的邀請擔任顧問。發起單位之新加坡代表，首先在 2018 年主辦「第一屆國際心理健康聯合倡議高峰會」(1<sup>st</sup> Global Summit for Mental Health Advocates, 2018)<sup>1</sup>，GAMHA 成員的 18 國代表皆赴盛會，本會代表台灣於去年 10 月參與第一屆的高峰會，並於會中順利爭取到今年第二屆高峰會的主辦權。藉由舉辦第二屆高峰會，進行國際交流，提升本國能見度與國際貢獻，共同為提升全民心理健康進行探究與交流，以期促進各國民眾心理健康福祉。因而提出本計畫。

此計畫的特色，是連接東南亞各國在 2016 年新興成立的 GAMHA，以及資深的國際心理健康組織「世界心理衛生聯盟」(World Federation for Mental Health, WFMH)<sup>2</sup> 做為民間組織的連結，開放邀請其理事會成員出席。因為 WFMH 是國際上最資深的心理健康國際組織，於 1948 年成立。對我國最大幫助在於支持台灣參與國際心理健康的交流，並從 1999 年開始，幫助台灣以其會員身份參與或觀摩

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<sup>1</sup> 2018 年第一屆國際心理健康聯合倡議高峰會資訊詳見新加坡 Silver Ribbon 官網 <https://www.silverribbonsingapore.com/1stgsmha.html> 及中華心理衛生協會 <http://www.mhat.org.tw/node/834>

<sup>2</sup> 世界心理衛生聯盟官方網站 <https://wfmh.global/>

聯合國 UN、世界衛生組織 WHO、國際勞工組織 ILO 等的心理衛生相關會議，以及從 1999 年至今每年都持續協助參與婦女權益有關的聯合國婦女地位委員會 (UNCSW) 等，透過這次高峰會議的持續交流，可維持雙方情誼以及開拓台灣的國際能見度。本計畫透過 GAMHA 與 WFMH 二個代表性的組織，將邀請不同國家的政府官員與會，始能展開政府與民間在政策制定過程中的合作與督促。

### 因應世界心理健康趨勢及政府南向政策，台灣經驗不可缺席

世界衛生組織 (WHO) 在 2004 年提出「離開心理健康就不能稱之為健康」理念，2013 年也發出各國「健康融入政策」以及要求跨部會合作的心理健康行動計畫，因應此項政策，WHO 本身進行組織再造，美國、英國等國家亦然。我國組織再造，2013 年於衛生福利部成立「心理及口腔健康司」（以下簡稱心口司），成為主責全國心理健康業務的專責單位。心口司一至四科掌理心理健康業務<sup>3</sup>：第一科職掌心理健康促進政策及方案、心理健康網，以及自傷行為及自殺防治、災難心理衛生等；第二科職掌精神疾病防治；第三科職掌成癮防治，包含酒癮、藥癮、毒品等物質成癮防治；第四科職掌性侵害及家庭暴力等特殊處遇方案。心口司內各科的工作職掌也反映了衛生政策與社會福利兩大面向的整合。檢視台灣現況，近年教育改革和延緩及預防失能等社區化的長期照顧政策發展，對於校園心理健康和老人心理健康的影響甚鉅，也看到優質方案的運作能夠成為促進心理健康的新契機。我國精神醫療與照護措施已反映出我國精神障礙者權益的發展與時俱進，而如何能提升精障者在康復過程中的心理健康並發展精神障礙者同儕支持的勞動力(peer workforce)，翻轉烙印，啟動障礙者復原之旅，也是非常重要的當前趨勢。自 921 震災重建啟動國家防災機制，歷經 SARS、莫拉克風災等重大災難，台灣累積了心理各界團體參與經驗，讓災後重建的工程中心理復原和社區韌性的重要性被看見。至此，我國心理健康業務的組織職掌已經參採許多先進國家的政策和實行，本計畫特別爭取第二屆國際心理健康倡議者聯盟高峰會在台舉辦，為催化一個活絡的交流平台，讓台灣經驗的主體能夠在國際被看見。

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<sup>3</sup> 參考衛生福利部網站心理及口腔健康司。網址：<https://dep.mohw.gov.tw/DOMHAOH/cp-501-2379-107.html>



因應全球心理健康促進的趨勢，本計畫以「心理健康促進：國家優先議題」作為大會主題，為呈現台灣已有的心理健康政策，本計畫規劃以「校園心理健康有效策略」、「康復者復原之旅」、「災難心理健康」及「促進老人心理健康之最佳實踐」等四大主軸議題進行。校園心理健康及老人心理健康這兩個主軸，本計畫於會前10月4日辦理兩場次工作坊，讓與會者體驗兒童情緒療癒書目療法以及老人社區活動方案（笑笑功）；在康復者復原之旅這個主軸，則特別安排於會後10月7日會後參訪，帶領大會國際人士參觀台灣的康復精神復健園區，以及10月8日辦理一場同儕支持工作坊。

再者，我政府近年來積極發展南向政策，衛福部心口司目前的兩個南向計畫，「南向精神醫療與心理衛生訓練計畫」及「新南向搭橋計畫」，如何將我國已有的成果展現與國際，如何能彼此截長補短，或有政策討論，或增加新的南向夥伴，也是這次本會承接主辦的目的之一。

本會主辦第二屆高峰會將與政府的南向政策相互呼應，GAMHA 及世界心理衛生聯盟(World Federal Mental Health, 以下簡稱 WFMH)兩大心理健康聯盟代表及各國與會者，來自澳洲、加拿大、希臘、香港、印尼、日本、史瓦帝尼王國、澳門、馬來西亞、紐西蘭、巴基斯坦、菲律賓、葡萄牙、新加坡、南非、西班牙、泰國、英國、美國、越南等20個國家，其中9個屬於南向政策重點交流的國家。我們還邀請到新加坡的議員，以及泰國、印尼、馬來西亞心理衛生部門的政府官員參與大會，台灣支持心理健康的立法委員以及政府官員代表、國際非政組組織及國內團體代表等，一起與外賓進行論壇，這將會是高峰會的一大亮點。

WFMH的前任理事長（來自香港）、以及下屆理事長（來自南非）、WFMH駐聯合國代表（來自美國），與前任兩位理事（新加坡、巴基斯坦）也都出席本屆高峰會，加上台灣的兩位理事，這次也能展現我國推動心理健康於世界組織WFMH的不缺席。

**響應世界心理健康日，全球同步倡議**



由於 WFMH 發起每年十月十日為世界心理健康日(World Mental Health Day)<sup>4</sup>，喚起大家對心理健康重視，也獲 WHO 正式納入各年度重要心理健康行動<sup>5</sup>；衛福部也曾於<sup>6</sup>2015 年發布「世界心理健康日-『用愛守護，健康心幸福』記者會」，在國民心理健康網計畫的支持下，22 縣市每一年延續辦理。本計畫假辦理本次高峰會之際，十幾國代表與會，舉辦「10 月 10 日世界心理健康日」記者會，展現台灣倡議心理健康與國際同步。

## 貳、計畫執行成果

### 一、主辦 2019 第二屆國際心理健康聯合倡議高峰會

#### (一) 目的

持續 GAMHA 的成立目的，「國際心理健康聯合會高峰會」將建立以亞洲國家為主要成員的心理健康政策與方案，國家與民間組織的溝通與分享平臺，以促進全球心理健康的發展，增進人民的健康生活品質。

#### (二) 時間與地點

108 年 10 月 5 日至 6 日，假臺灣大學公共衛生學院  
(臺北市徐州路 17 號) 辦理

#### (三) 辦理單位

主辦單位：中華心理衛生協會、  
國際心理健康倡議聯盟  
(The Global Alliance for Mental Health Advocates, GAMHA)

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<sup>4</sup> 世界心理衛生聯盟(WFMH)之世界心理健康日(WMHD)官網資訊，參見 <https://wfmh.global/world-mental-health-day-2019/>

<sup>5</sup> 世界衛生組織(WHO)將世界心理健康日(WMHD)納入年度重要心理健康行動，參見 [https://www.who.int/mental\\_health/world-mental-health-day/en/](https://www.who.int/mental_health/world-mental-health-day/en/)

<sup>6</sup> 衛生福利部(心理及口腔健康司)，2015/10/22。世界心理健康日—「用愛守護，健康心幸福」記者會。參見 <https://www.mohw.gov.tw/cp-2649-19942-1.html>

合辦單位：社團法人臺灣職能治療師學會、  
國立台灣大學健康政策與管理研究所、  
國立空中大學、  
財團法人賑災基金會、  
高雄市立凱旋醫院

贊助單位：Lundbeck、衛生福利部、外交部、  
教育部國際與兩岸教育司、  
經濟部國際貿易局、  
台灣民主基金會

協辦單位：社團法人台北市康復之友協會、  
台灣諮商心理學會、  
中華民國臨床心理師公會全國聯合會、  
芯福里情緒教育推廣協會

(四) 與會人數：計來自 21 國（包含台灣），實際與會人士 387 人。  
與會者分析如下：

1. 國際人士 71 人：GAMHA 聯盟代表來自泰國與印尼的心理衛生部門官員，及來自新加坡、泰國、印尼、馬來西亞、菲律賓、澳洲、紐西蘭、巴基斯坦等屬於南向政策重點國家以及加拿大、英國、葡萄牙、日本、香港等的官方及民間團體代表，與來自 WFMH 的前任理事長（香港）、以及下屆理事長（南非）、WFMH 駐聯合國代表（美國），與前任兩位理事（新加坡、巴基斯坦）等 15 個國家，31 名代表；其他國際人士來自越南（也是新南向重點國家）、希臘、西班牙、史瓦帝尼王國、澳門等，40 人報名參與大會，合計來自 20 國家（其中新南向 9 個國家與會），共 71 名國際人士參與。
2. 國內與會人士 316 人：本次大會之主、合、協辦 17 個單位代表、政府官方代表、立法委員及講師、報告人等，小計 72 人；加上本次大會廣邀中央部會（衛福部、教育部、文化部、消防署）、縣市政府

(教育局暨學生諮商中心、衛生局暨社區心理衛生中心及其所屬所轄精神醫療機構、社會局等)、學校單位(輔導室、健康中心、相關系所)、民間機構(社區發展協會、康復之友協會等)、專業組織(臨床心理、心理諮商、社工、護理、職能治療、精神醫療、家庭醫學、緊急醫療等)等其他人員小計 244 人與會。

3. 其中，國內專家學者 47 人，國外專家學者 28 人，政府官員 46 人，大專院校教授 22 人，大專院校學生 56 人，產業界 154 人，其他 34 人；擔任大會演講者、主持人或報告人有 79 人(83 人次)，國內代表 52 人(55 人次)、國外代表 27(28 人次)。

#### (五) 大會議程活動

為使我國在心理健康促進的努力有在地實踐的經驗與來自 20 國的代表交流，本屆 GAMHA 大會活動(10 月 5-6 日兩日)以專題演講、關鍵論壇、工作坊、海報展示等方式進行，共舉辦：

- 1 場主題演講 (Keynote Speech)
- 5 場專題演講 (Plenary Speeches)
- 5 場關鍵論壇 (Forums)
- 13 場分組平行會議 (Parallel Sessions)
- 1 場倡議者聯盟之年度顧問會議(Advisory Panel Members Annual Meeting)
- 25 篇論文報告等

另舉辦相關會前、會後活動(另見於其它執行成果)：

- 會前工作坊 2 場次：10 月 4 日繪本情緒療癒工作坊、老人社區據點心理健康促進活動方案--笑笑功工作坊
- 會後工作坊 1 場次：10 月 8 日(精神障礙者)同儕支持工作工作坊

- 會後座談 1 場次：10 月 21 日 HIV 感染者與心理健康—台灣印尼 HIV 防治工作的性別與文化敏感度

議程內容以四大主軸議題規劃：

- 校園心理健康有效策略：兒童與青少年心理健康促進  
I. Effective School-based Mental Health Strategies
- 康復者復原之旅：困難、挑戰、與突破  
II. Journey of Rehabilitation: Difficulties, Challenges and Breakthrough
- 氣候變遷、災難與心理健康  
III. Strategies to Strengthen Mental Resilience in the Face of Climate Change and Disaster
- 促進老人心理健康之最佳實踐  
IV. Good Practices in Promoting Mental Health among Senior Citizens

以此四大主軸議題，比較各個國家在兒童與青少年心理健康、老年心理健康促進、災難與心理健康以及精神病患康復歷程心理健康的政策與最佳實踐經驗，分析如何透過民間組織、專業機構、以及政府協力推動心理健康，並彼此觀摩以為借鏡，更進一步將東方心理健康促進的模式與觀念向國際推展，以期對世界有所助益。

本次高峰會兩天議程：見下表。

## 2019 第二屆國際心理健康聯合倡議高峰會議程

### The 2<sup>nd</sup> Global Submit of Mental Health Advocates, 2019 Agenda

日期：2019 年 10 月 5-6 日

地點：台大公衛學院（台北市徐州路 17 號）

第一天	10 月 5 日（週六）
0800	報到
0900	表演~活力太極隊-康復者聯隊 Vitality Tai Chi
0913	貴賓及主辦單位致詞： 1. 本屆會議大會主席張珏教授、主辦單位中華心理衛生協會呂淑貞理事長（6'） 2. 國際心理健康倡議聯盟（GAMHA）介紹（5'） 發起代表：Prof. Fatimah Lateef, Member of Parliament, Singapore 3. Lundbeck 代表：Dr. Keira Joann Herr, Medical Director, South East Asia, Medical Affairs, Lundbeck Singapore Pte, Limited（5'） 4. 陳時中衛生福利部部長（5'） 5. 陳建仁副總統致詞（10'）
0950	大合照（致詞貴賓代表及全體）
1000 (30')	<b>Keynote Speech 特聘講座</b> <b>Topic: The World Health Organisation (WHO) and United Nations (UN) Goal Setting for Prioritizing Mental Health Promotion: Strategies for Country Level Implementation and the Role of International Non-Government Organizations (INGOs) and Non-Government Organizations in Advocating for Country Level Implementation</b> 題目：世界衛生組織和聯合國為優先促進心理健康制定的目標：國家層級實施以及國際非政府組織和非政府組織在其中扮演的角色 Speaker 發表者：Dr. Ingrid Daniels Director, Cape Mental Health, South Africa President-Elect, World Federation for Mental Health
1030	茶敘／海報展示
<b>校園心理健康有效策略</b> <b>I. Effective School-based Mental Health Strategies</b>	
1045 (30')	<b>Plenary Speech I 專題演講（一）</b> <b>Title: The Outcome and Impact of Whole School Mental Health Promotion in Australia</b> 題目：校園心理健康促進的成果與效益澳洲經驗 Speaker 發表者：Prof. Phillip Slee Professor, College of Education, Flinders University, South Australia Director of the Student Wellbeing & Prevention of Violence (SWAPv) Research Centre 南澳大利亞佛林德斯大學人類發展教授／學生心理健康與暴力預防研究中心主任
1115 (80')	<b>Forum I 關鍵論壇（一）</b> Chairman 主持人：郭乃文教授（中華民國臨床心理師公會全國聯合會理事長／國立成功大學行為醫學研究所） <b>Topic: Developing Mental Health School Policy</b> 主題：發展心理健康學校政策 Panelists 與談人： 1. 新加坡代表： Prof. Fatimah Lateef, Member of Parliament for Marine Parade GRC, Singapore

	<p><b>Title: Prioritizing Mental Health Promotion in Schools</b>  <b>題目：校園優先心理健康促進政策</b></p> <p>2. 加拿大代表：  Mr. Fardous Hosseiny, Director, Public Policy, Canadian Mental Health Association (CMHA)</p> <p><b>Title: A Paradigm Shift – Settings Based Approach to Mental Health Promotion</b></p> <p>3. 台灣代表：  Ms. Yi-Hua Lin, Legislator, Taiwan  林奕華立法委員（曾任台北市市議員、臺北市政府教育局局長及新北市政府教育局局長）</p> <p><b>Title: Policies and Implementation for Children and Youth Mental Health Development: Past and Future</b>  <b>題目：促進兒少心理健康發展之政策與實施：過去與未來</b></p>
1235	中午休息／海報展示
1250-1320 (30')	<p><b>Press Conference: World Mental Health Day 2019 世界心理健康日記者會</b>  <b>Prioritizing Mental Health Promotion: Tackling Suicide 超越自殺防治，心理健康優先</b>  Chair 主持人(10')：</p> <p>1. Prof. Chueh Chang, Summit Chair 大會主席張珣教授  2. Dr. Shu-Jen Lu, President, Mental Health Association in Taiwan 中華心理衛生協會呂淑貞理事長</p> <p>*與國際心理健康倡議聯盟(GAMHA)出席代表共同發表世界心理健康日宣言並合影</p> <p>Spokespersons 發言人(10')：</p> <p>1. Dr. Ingrid Daniels, President-Elect, World Federation for Mental Health (3')  世界心理衛生聯盟理事長、南非開普敦心理衛生中心主任  2. Prof. Fatimah Lateef, Member of Parliament, Singapore (3')  新加坡國會議會  Ms. Porsche Poh, Founder and Executive Director of Silver-Ribbon, Singapore  新加坡銀絲帶創辦者、常務理事</p> <p>3. Dr. Lih-Jong Shen, Director-General, Department of Mental &amp; Oral Health, Ministry of Health and Welfare, Taiwan (3')  中華民國衛生福利部心理及口腔健康司謹立中司長</p> <p>Discussion: Q&amp;A (10')</p>
<b>康復者復原之旅：困境、挑戰與突破</b> <b>II. Journey of Rehabilitation: Difficulties, Challenges and Break Through</b>	
1335 (30')	<p><b>Plenary Speech II 專題演講（二）</b></p> <p><b>Title: Reversal Mentally Distressed Conditions: Dilemma and Theoretical Breakthrough</b>  <b>題目：翻轉精神上的困境—理論和方法的突破</b>  Speaker 發表者：Yow-Hwei Hu 胡幼慧  Founder of the Phoenix Reborn Art Project, Taiwan  Associate Professor, National Yang-Ming University (1987–2003)  玄鳥站計畫創始人／前陽明大學副教授</p>
1405(20')	<p><b>Plenary Speech III 專題演講（三）</b></p> <p><b>Title: Dignity, Equality, and Self-reliance — Psychological Reconstruction in Supported Employment Service in Sheltered Workshops</b>  <b>題目：尊嚴平等，自立更生—談經營庇護工場就業服務之心理建設</b>  Speaker 發表者：Tian-Fu Liu 劉天富  President, Foundation of Employment of Mentally &amp; Physically Disabled  社團法人中華民國身心障礙者自立更生創業協會理事長</p>

1425 (80')	<p><b>Forum II 關鍵論壇 (二)</b>  Chairman 主持人：胡海國醫師 (臺大醫學院名譽教授)  <b>Topic: Experiences in Mental Health Promotion for People Living with Mental Illness</b>  <b>主題：康復者心理健康促進的各國經驗</b>  Panelists 與談人：  1. 台灣代表：  Sun Te-Li, Director, Concentric Circles Community Rehabilitation Center, Taiwan)  孫德利主任 (同心圓社區復健中心)  <b>Title: Follow the Season Start Living Recovery</b>  <b>題目：跟隨時令啟動復原生活</b>  2. 香港代表：  Deborah Wan Lai Yau, Past President, World Federation for Mental Health  <b>Title: Policy Formulation of Rehabilitation in Hong Kong on Mental Wellness</b>  <b>題目：香港心理健康康復之政策制定</b>  3. 澳洲代表：  Ms. Janet Meagher AM, Former Secretary, World Federation for Mental Health / Independent Advisory Council of National Disability Insurance Scheme (NDIS), Australia  <b>Title: Making Advocacy a Tool for Reform</b>  <b>題目：精神復健體系改革之鑰：發展同儕支持服務模式</b></p>		
1545	茶敘／海報展示		
1600	1A 101 Lecture Hall	1B 全球廳	1C 拱北講堂(R117)
平行會議 Parallel Sessions	<b>兒童與青少年心理健康促進 Mental Health Promotion for Children and Adolescents</b> <b>(中英同步)</b>	<b>康復者心理健康促進 Consumers and Caregivers Mental Health Promotion</b> <b>(中文場)</b>	<b>成癮與心理健康 Addiction and Mental Health</b> <b>(英文場)</b>
1600(80')	Chairman 主持人：宋維村醫師 (天主教若瑟醫療財團法人若瑟醫院) Speaker 報告人： 1. 馬來西亞代表： Ms. Yeow Gaik Choo (Clinical Psychologist, Positive2U Life Education Centre, Malaysia) <b>Title: A Journey of Life Exploration Derived from Dialogue ~ Explore the Current Situation of Life Education for Young Children</b> <b>題目：對話—探尋生命之旅：幼兒生命教育現況</b> 2. 新加坡代表： Poh Sow Chan Porsche (Executive Director, Silver Ribbon, Singapore) Phay Yan Deng (Clinical Executive, Silver Ribbon, Singapore)	Chairman 主持人：萬心蕊教授 (東吳大學社會工作學系副教授) <b>康復者敘說</b> 1. 康復之友 (一) 曾玉如護理師 Yu Zu Tseng (新北市康復之友協會 New Taipei City Association for Mental Ill Nurse) 2. 康復之友 (二) 胡幼慧 Yow-Hwei Hu (玄鳥站計畫創始人 Founder of the Phoenix Reborn Art Project, Taiwan /Associate Professor, National Yang-Ming University) <b>Title: From Cuckoo's Nest to Art Phoenix Station - A Transcending Life Story.</b> <b>題目：從「杜鵑窩」到「玄鳥站」—超越「專家」V.S「病患」的生命故</b>	Chairman 主持人：陳娟瑜教授 (國立陽明大學公共衛生研究所)*代張淑慧執行長 (國立臺灣大學中國信託慈善基金會兒少暨家庭研究中心) Speaker 報告人： 1. 李志恒 Jih-Heng Li (高雄醫學大學藥學系／前藥檢局局長 Professor, School of Pharmacy, Kaohsiung Medical University) <b>Title: Prevention and Treatment of Substance Addiction: Challenges and Strategies for the Multidisciplinary Issue</b> <b>題目：藥癮防治的跨領域議題：挑戰與因應策略</b> 2. 王智弘教授 Chih-Hung Wang



	<p><b>Title: Youths &amp; Students' Mental Health Initiatives Within/ Beyond Campus: The Singapore Story</b>  <b>題目：校園內／外青少年及學生心理健康倡議</b></p> <p>3. 台灣代表：  陳慧慈副秘書長  Huei-Tsyr Chen  社團法人臺灣芯福里情緒教育推廣協會研發部部長  Deputy Executive Director, Taiwan Happiness Village Emotion Education Association</p> <p><b>Title: An Authentic Social and Emotional Learning Program for Elementary Schools and Its Implementation in Taiwan</b>  <b>題目：台灣原創的小學社交與情緒學習課程及實作</b></p>	<p><b>事</b></p> <p>3. Ms. Lily Wu  Peer Support Worker, Mental Health South Western Sydney Local Health District Liverpool Hospital</p> <p><b>Title: Living Library – Sharing the Journey with Community Stories</b>  <b>題目：真人圖書館—社區共讀康復之旅</b></p>	<p>國立彰化師範大學輔導與諮商學系教授兼本土諮商心理學研究發展中心主任／中華本土社會科學會理事長</p> <p>Professor, Dept. of Guidance and Counseling &amp; Director, Center for Indigenous Counseling Psychology, National Changhua University of Education / President, Chinese Indigenous Social Science Association</p> <p><b>Title: School Mental Health Strategy for Internet Addiction Prevention.</b>  <b>題目：網路成癮防治的學校機構心理健康策略</b></p> <p>3. 許福生 Fu-Seng Hsu (中央警察大學法律學系教授兼系主任 Director, Department of Law Central Police University)</p> <p><b>Title: On the treatment and prevention of drug users in Taiwan</b>  <b>題目：論台灣毒品施用者之處遇與防治</b></p>
<p>平行會議  Parallel Sessions</p>	<p><b>2A 韌性養成與成癮防制 Resilience and Addiction Prevention</b>  <b>(中英同步)</b></p>	<p><b>2B 社區心理健康 Community Mental Health</b>  <b>(英文場)</b></p>	<p><b>2C 青少年心理健康促進 Youth Mental Health Promotion</b>  <b>(英文場)</b></p>
<p>1720~1820 (60')</p>	<p>Chairman 主持人：陳宜民立委  Speaker 報告人：  1. 柯慧貞副校長 Huei-Chen Ko, Ph.D.  亞洲大學心理系／網路成癮防治中心,  Vice President, Asia University / Chair Professor, Dept. of Psychology &amp; Center for Internet Addiction Prevention and Treatment, Asia University</p> <p><b>Title: The Effectiveness of the Therapeutic Residential Camp in Problematic</b></p>	<p>Chairman 主持人：張鳳航教授 (臺北醫學大學傷害防治學研究所)  Speaker 報告人：  1. 泰國代表：  Mrs. Suchada Sakornsatian (Senior Consultant, Srithanya Hospital, Thailand)</p> <p><b>Title: Neuro Balance Program for Autistic Persons</b>  <b>題目：自閉症患者神經平衡方案</b></p> <p>2. 菲律賓代表：  Dr. Tan Cho Chiong (Psychiatrist, Institute of</p>	<p>Chairman 主持人：丘彥南醫師 (臺大醫院精神醫學部主治醫師)  Speaker 報告人：  1. 嚴祥鸞教授  Shang Luan Yan  實踐大學社會工作學系／中華心理衛生協會監事  Professor, Social Work, Shih Chien University/Board Member, Mental Health Association in Taiwan</p> <p><b>Title: Diversity: Teen Pregnancy Prevention</b></p>

	<p><b>Smartphone Use And Gaming Among Teenagers</b>  <b>題目：戒網癮親子營隊對青少年問題性智慧型手機和遊戲使用的介入成效</b></p> <p>2. 柯志鴻主任 Chih-Hung Ko          高雄市立小港醫院精神科主任／高雄醫學大學附設醫院精神科主治醫師          Director, Dept. of Psychiatry, Siaogang Municipal Hospital, KMU / Dept. of Psychiatry, KMU Hospital  <b>Title: The Role of Resilience in Gaming Disorder</b>  <b>題目：韌性在遊戲成癮防治的角色</b></p>	<p>Medicine, Far Eastern University Nicanor Reyes Medical Foundation, Philippines)  <b>Title: A Holistic Community Programs for Psychosocial Rehabilitation of Drug Addicts.</b>  <b>題目：為藥癮者心理社會發展之康復提供全面性社區方案</b></p>	<p><b>Program – Gender Equality in Health.</b>  <b>題目：多元觀點：未成年懷孕的性別健康預防方案</b></p> <p>2. 張菊惠副理事長 Chu-Hui Chang          中華心理衛生協會副理事長 Vice President, Mental Health Association in Taiwan  <b>Title: The Practice of Mental Health Literacy Program in Schools</b>  <b>題目：以閱讀為媒介—心理健康融入校園實作經驗</b></p>
1900～	貴賓晚宴		

**第二天** **10月6日(週日)**

0900	<p>心運動~笑笑功 林玉華老師</p>
<p><b>災難心理健康－強化心理復原及社區韌性</b></p> <p><b>III. Strategies to Strengthen Mental Resilience in the Face of Climate Change and Disaster</b></p>	
0910 (80')	<p><b>Forum III 關鍵論壇 (三)</b>          Chairman 主持人：謝臥龍教授／主任 (高雄師範大學教學發展中心)  <b>Topic: Development of Disaster Mental Health Policy</b>  <b>主題：歷經災難如何安定國家心理健康：訂定災難心理健康政策</b>          Panelists 與談人：</p> <p>1. 泰國代表：          Dr. Samai Sirithongthaworn, Deputy Director, Department of Mental Health, Ministry of Public Health, Thailand  <b>Title: Mental Health Crisis System in Thailand</b>  <b>題目：泰國心理健康危機處理系統</b></p> <p>2. 印尼代表          Dr. Prianto Djatmiko, Director, Adult Mental Health Division, Ministry of Health, Indonesia)  <b>Title: Mental Health and Psychosocial Support Policy in Indonesia</b>  <b>題目：印尼心理健康與心理社會支持政策</b></p> <p>3. 台灣代表：          Lih-Jong Shen, MD.MHS., Director-General, Department of Mental &amp; Oral Health, Ministry of Health and Welfare, Taiwan          謔立中司長 (中華民國衛生福利部心理及口腔健康司)  <b>Title: Disaster Mental Health Services in Taiwan</b>  <b>題目：臺灣的災難心理健康服務</b></p> <p>Commentary 回應人：          Ms. Nancy Wallace          Founder, UN NGO Committee of Mental Health / UN main Representative, World Federation for</p>

	Mental Health, USA
1030	茶敘／海報展示
1045(60')	<p><b>Forum IV 關鍵論壇（四）</b> Chairman 主持人：陳正宗醫師（高雄市立凱旋醫院前院長） <b>Topic: Community Resilience Models ~ Taiwan's Experiences</b> 主題：社區韌性的展現模式：透過社區協力，集體面對與轉化 Panelists 與談人：</p> <p>1. 駱慧文教授（高雄醫學大學）&amp; 謝依娜（台北醫學大學醫學人文研究所） H.W. Angela Lo<sup>1</sup> &amp; Ierna Shieh<sup>2</sup> <sup>1</sup>Associate Professor, Department of Medicine, Kaohsiung Medical University <sup>2</sup>Graduate Student, Institute of Medical Humanities, Taipei Medical University <b>Title: Medical University Constructing Community Mental Health and Smart Living Strategies after the Kaohsiung Gas Explosion Disaster</b> 題目：高雄氣爆災後心理健康與智慧生活社區營造方略</p> <p>2. 陳世聰校長（屏東縣長榮百合國小）&amp; 蕭媽勤（屏東縣地磨兒民族實驗小學教師） Shih-Tsung Chen<sup>1</sup> &amp; Yenchin Hsiao<sup>2</sup> <sup>1</sup>Principal, Pingtung County Evergreen Lily Elementary School <sup>2</sup>Teacher, Pingtung County Timur Elementary School <b>Title: Educational Idea and Practice of Newly Established Experimental School in the Post-Disaster Village</b> 題目：災後遷村部落新設實驗學校的教育理念與實踐</p>
<p>促進老人心理健康之最佳實踐 <b>IV. Good Practices in Promoting Mental Health among Senior Citizens</b></p>	
1145 (30')	<p><b>Plenary Speech IV 專題演講（四）</b> Chairman 主持人：歐陽文貞副院長（衛生福利部嘉南療養院） <b>Title: Hong Kong Mental Health Service Since 1945---Advocating, Promoting and Making It Happen</b> 題目：跨越七十載：香港老人精神衛生服務一倡議、推動與實現 Speaker 發表者：Siu-Wah Li, M.D 李兆華醫師 Consult, Department of General Adult Psychiatry, Castle Peak Hospital, Hong Kong/Immediate Past President, Hong Kong Psychogeriatric Association. 香港青山醫院成人精神科醫師／香港老年精神科學會前主席</p>
1215	中午休息／海報展示
1315 (80')	<p><b>Forum V 關鍵論壇（五） Mental Health Promotion for the Senior 老人心理健康促進</b> Chairman 主持人：劉嘉年教授（國立空中大學圖書館館長、生活科學系副教授／中華心理衛生協會常務理事） Panelists 與談人：</p> <p>1. 美國代表： Frederick M Jacobsen<sup>1</sup>&amp; Lillian Comas-Díaz<sup>2</sup> <sup>1</sup>MD, MPH, DLFAPA, Transcultural Mental Health Institute, George Washington University School of Medicine <sup>2</sup>PhD, Transcultural Mental Health Institute, George Washington University school of Medicine, USA) <b>Title: Cross-Cultural Aspects of Aging and Mental Health in the U.S</b> 題目：跨文化面向高齡心理健康</p> <p>2. 台灣代表： Ph.D. Shu-Jen Lu, President of Mental Health Association in Taiwan</p>

	呂淑貞 (中華心理衛生協會理事長) <b>Title: The Mental Health Outcomes of Intervention programs in Prevention Care and Prolong Disability for Elderly in Taiwan.</b> <b>題目：預防或延緩失能對老人心理健康之影響</b> Commentary 回應人： Dr. Tsuyoshi Akiyama Vice President, Japanese Society for the Elimination of Barriers to Mental Health Japan			
1435 (10')	換場休息 Short Break			
平行會議	3A 101 Lecture Hall	3B 全球廳	3C 211 會議室	3D 215 會議室
Parallel Sessions	<b>災難與心理健康</b> <b>Disaster and Mental Health</b> <b>(中英同步)</b>	<b>老人心理健康促進</b> <b>Mental Health Promotion for the Senior</b> <b>(英文場)</b>	<b>氣候變遷與心理健康</b> <b>Climate Change and Mental Health</b> <b>(英文場)</b>	<b>落實校園心理健康方案</b> <b>Implementing Mental Health in School</b> <b>(英文場)</b>
1445 (80')	Chairman 主持人：陳淑惠教授 (國立臺灣大學心理學系暨研究所教授) Speaker 報告人： 1. 巴基斯坦代表：Unaiza Niaz (Professor, Dow University of Health Sciences, Karachi Pakistan) <b>Title: Promoting Resilience in Disasters-Focus on Women's Mental Health</b> <b>題目：促進災難復原力—重視婦女心理健康</b> 2. 印尼代表：Chrisna Mayangsari (Psychiatrist, Bekasi Government Hospital; University of Indonesia) <b>Title: The Role of Psychiatrists in Improving Mental Resilience after Natural Disasters in Indonesia</b>	Chairman 主持人：陳雅美教授 (國立臺灣大學公共衛生學院健康政策與管理研究所) Speaker 報告人： 1. 劉士銘、譚如萍 (長照幸福養心站諮商心理師) *代李玉嬋 (國立臺北護理健康大學生死與健康心理諮商系教授/台北市諮商心理師公會理事長) <b>Title: The Program of Promoting Elders Well-being on Mental Health BMI Indicator: Befriending-Mindfulness-Identity</b> <b>題目：老人心理健康 BMI 幸福指標之服務介入方案:友善、正念、認同</b> 2. 謝佳容 Chia-Jung Hsieh (國立臺北護理健康大學護理系副教授/社團法人中華心理衛生協會常務理事 Assoc.	Chairman 主持人：魯中興主任 (敦仁醫院臨床心理科/中華心理衛生協會監事) Speaker 報告人： 1. Ms. Nancy Wallace Founder, UN NGO Committee of Mental Health / UN main Representative, World Federation for Mental Health, USA <b>Title: Climate Change and Mental Health</b> <b>題目：氣候變遷與心理健康</b> 2. 顏采如、張珏、周才忠、胡鈞涵/中華心理衛生協會 Cai-RuGan <sup>1,2</sup> , Chueh Chang <sup>2</sup> , Tsai-Chung Chou <sup>2</sup> , Chun-Han Hu <sup>2,1</sup> , Griffith University Centre for Environment and Population Health, Queensland, Australia	Chairman 主持人：田秀蘭教授 (國立臺灣師範大學教育心理與輔導學系教授兼副學務長、學輔中心主任) Speaker 報告人： 1. Phillip Slee Professor, College of Education, Flinders University, South Australia/Director of the Student Wellbeing & Prevention of Violence (SWAPv) Research Centre <b>Title: The PEACE Pack: Antbullying Wellbeing Program</b> <b>題目：PEACE Pack：澳洲友善校園反霸凌計畫</b> 2. Suraiya Syed Mohamed <sup>1</sup> & Vanitha Subramaniam <sup>2</sup> <sup>1</sup> Director, Health Education Division, Ministry of Health Malaysia

	<p>題目：印尼精神科醫師在天災後促進民眾心理韌性的角色</p> <p>3. 台灣代表： 賴甫誌 Fu-Chih Lai (台北醫學大學護理學院副教授 Assoc. Professor, College of Nursing, Taipei Medical University / Vice Chair, Disaster Nursing Committee, Taiwan Nurses Association) <b>Title: Psychological Interventions for Frontline Disaster Rescuers in Taiwan: Reflections from Disasters in Two Decades</b> 題目：台灣對前線災難救護者的心理介入措施：二十年來的災難反思</p>	<p>Professor, Dept. of Nursing, National Taipei University of Nursing and Health Sciences / Executive Director, Mental Health Association in Taiwan) <b>Title: Promoting and Protecting Elderly Mental Health through Evidence-Based Intervention Program</b> 題目：促進與保護老人心理健康的實證介入方案</p> <p>3. 岳修平 Hsiu-Ping Yueh<sup>1</sup>、林維真 Weijane Lin<sup>2</sup> &amp; 黃滄瑩 Ching-Yin Huang<sup>3</sup> <sup>1</sup>國立臺灣大學心理學系、生物產業傳播暨發展學系教授 Professor, Department of Psychology and the Department of Bio-Industry Communication and Development, National Taiwan University <sup>2</sup>國立臺灣大學圖書資訊學系副教授 Associate Professor, Department of Library and Information Science, National Taiwan University <sup>3</sup>國立臺灣大學圖書資訊學研究所博士生 Doctoral Student, Graduate Institute of Library and Information</p>	<p><sup>2</sup>Mental Health Association in Taiwan <b>Title: Linking Mental Health Promotion and School Disaster Preparedness Program</b> 題目：心理健康促進融入備災教育中</p> <p>3. 林耀盛 Yaw-Sheng Lin (國立臺灣大學心理學系暨研究所教授 Professor, Department of Psychology, National Taiwan University) <b>Title: Facing the Psychological Suffering Experience: Existential Choice and Ontological Security for the Natural Disaster Survivors</b> 題目：直面受苦：天然災害存活者的心理受苦經驗與存有上的抉擇</p>	<p><sup>2</sup>Health Education Division, Ministry of Health Malaysia <b>Title: PEARL-National Mental Health Intervention to Enhance Resilience Level among Malaysian School Children</b> 題目：PEARL—馬來西亞國家心理健康介入計畫，提升學童心理韌性</p>
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		<p>Science, National Taiwan University</p> <p><b>Title:</b></p> <p><b>Gerontechnology: How Technology Improves Older Persons' Quality of Life</b></p> <p>題目：高齡科技與生活品質促進</p>		
1605	茶敘／海報展示			
平行會議	4A 101 Lecture Hall	4B 全球廳	4C 拱北講堂(R117)	4D 215 會議室
Parallel Sessions	<p>災難與心理健康 Disaster and Mental Health (中英同步)</p>	<p>老人心理健康促進與長期照護 Mental Health Promotion and Long-term Care (英文場)</p>	<p>倡議者聯盟顧問年會 Advisory Panel Members Annual Meeting (限受邀出席)</p>	<p>社區心理健康 Community Mental Health (英文場)</p>
1620 (60')	<p>Chairman 主持人：張愛倩 (執行長亞安管理顧問有限公司) Speaker 報告人： 1. Cheryl Tyiska (Former Deputy Director of NOVA, National Organization for Victim Assistance, USA) <b>Title: Amplify Our Impact: Creating Partnerships to Prepare for and Respond to Disasters</b> 題目：擴增影響力：建立備災與災難因應的夥伴關係 2. 陳淑惠 Sue-Huei Chen (國立臺灣大學心理學系暨研究所教授 Professor, Dept. of Psychology, National Taiwan University) <b>Title: Taking a pathway to</b></p>	<p>Chairman 主持人：謝佳容 (國立臺北護理健康大學護理系副教授／社團法人中華心理衛生協會常務理事) Speaker 報告人： 1. 林依瑩 Puyat Doris Lin (弘道老人基金會董事／前台中市副市長 Board Trustee, Hondao Senior Citizen Foundation / Former Deputy Mayor, Taichung City Government) 陳孝平 Michael S. Chen (亞洲大學健康產業管理學系兼任特聘教授 Adjunct Distinguished Professor, Department of Healthcare Administration, Asia University) <b>Title : Find a place for mental health</b></p>	<p>倡議者聯盟(GAMHA)顧問年會 GAMHA Advisory Panel Members Annual Meeting</p>	<p>Chairman 主持人：姜義村教授 (國立臺灣師範大學特殊教育系教授兼系主任/所長) Speaker 報告人： 1. 郭乃文 Nai-Wen Guo 中華民國臨床心理師公會全國聯合會理事長/國立成功大學行為醫學研究所教授 President, Association of Taiwan Clinical Psychologists /Professor, Institute of Behavioral Medicine, NCKU <b>Title: Positive Neuropsychological Intervention and Mental health-School, Community, Occupation.</b> 題目：運用腦心智科學來進行心理健康的實務作為一校園、社區、職場 2. Dr. Sima Barmania</p>

	<p><b>trauma-resilience society: From the 1999 Chi-chi earthquake to current disaster and trauma psychology work in Taiwan</b>  <b>題目：邁向創傷韌性的社會：從1999 集集大地震到當前臺灣災難和創傷心理學工作</b></p>	<p><b>service in Long term Care: experience sharing with practical cases</b>  <b>題目：心理健康導入長照服務實例分享</b></p> <p>2. 徐慧娟教授 Hui-Chuan Hsu (臺北醫學大學公共衛生學系教授  Professor, School of Public Health, Taipei Medical University)  <b>Title: Mental Health Promotion for Older Adults: Micro and Macro Strategies</b>  <b>題目：老年心理健康促進：微觀與鉅觀策略</b></p>		<p>University College London, Institute of Education  <b>Title: Potatoes for Peace: a peace education initiative for children-peace from a public health perspective</b>  <b>題目：Potatoes for Peace—以公共衛生觀點提出兒童和平教育倡議</b></p>
1720	下屆高峰會移交儀式／大會回顧剪影			
1730	賦歸			



## （六）大會主要執行成果

### 在籌備階段，積極連結國內、外相關單位資源

本計畫在籌備階段，成功連結國內 17 個政府與民間團體主協辦、贊助本次大會；此次心理健康高峰會國際盛事也獲得總統府重視，由陳副總統建仁出席大會開幕，並致詞表示

### 在執行階段，與兩大心理衛生國際組織密切交流

在執行階段，與國際心理健康倡議者聯盟（以下簡稱 GAMHA）及世界心理衛生聯盟（以下簡稱 WFMH）兩大國際心理衛生非政府組織密切交流，考量台灣心理健康政策推展的現況，經與各國主要代表研商後，訂定本次大會四大主軸，並依此分組進行議事規劃及邀請，公開徵求論文。在大會議事組積極溝通和邀請之下，各國代表來台參與大會，或受邀擔任大會講者、發表報告的意願很高，顯示本次大會規劃的議題方向初步獲得回響。

**大會辦理階段：**由兩天議程內容呈現，以心理健康促進優先，檢視各國兒少、老人、康復者及災難的議題或場域心理健康政策實行現況

本次兩天大會的議程中，共辦理 23 場次活動，包含大會演講、主題演講、關鍵論壇和平行會議，由 52 為台灣代表及 27 位外國代表擔任主講人、主持人、報告人；另有 25 篇論文投稿通過大會徵選發表（1 篇口頭發表、24 篇海報發表）。依照四大主軸議題之主題演講、論壇、平行會議、論文等，各場次小結及主要重點分別如下列（詳見成果報告附件一、大會會議記錄）。

#### ● 主軸一、校園心理健康有效策略：兒童與青少年心理健康促進

##### I. Effective School-based Mental Health Strategies

在兒童與青少年心理健康這個主軸，有 1 場專題演講、1 場論壇，以及 4 場平行會議等活動，共有 19 位國內外講者或報告者；以及 7 篇大會徵求論文（1 篇為口頭發表）。

綜合各場次的發表與討論議題，有以下要點或共識。

1. 為使兒童青少年的心理健康促進能夠根植於校園，心理健康教育或意義內容接近的生命教育、社會情緒教育等，越早開始越好（對孩子來說，永遠不會太早，是父母和教育者的觀念必須更新、跟上，對孩子心理健康需求必須能覺察且重視），而且持續在各個年齡層推進，依照孩子的需要發展出適性、適齡的教學媒材、有效的教育介入方案，以循序漸進培養兒童青少年的心理識能和心理韌性。
2. 促進兒童青少年心理健康能全面改善學生在校表現、人際關係及親子關係等，且有效預防校園暴力。各國有許多創意的方案交流：台灣推展的心閱讀（兒童情緒療癒書目療法）、社會情緒教育、生命教育、澳洲 PEACE、MindMatters、KidsMatter、Be You 等中長期計畫、加拿大的 Thrival Kits 方案、馬來西亞的 PEARLs、英國的 POTATO 計畫等各種方案，呈現多元價值和文化敏感度的需求差異。
3. 誰適合在學校做心理健康促進方案？教師、輔導教師、心理師、臨床心理師、精神科醫師、學校社工？還是家長？社區人士？社群媒體有沒有責任？有心理健康專業人力實際投入校園各種心理健康服務非常重要，但卻不應僅限於此。新加坡多年的倡議和教育經驗指出，心理健康方案需要多方夥伴的參與與串聯，包含政府、心理專家學者、個人/社區/家庭、非營利組織(NGOs)、社福機構(VWOs)、媒體等機構；以加拿大的經驗來說，當前已經有一個典範的轉移：從場所為主的介入，轉移到促進兒童和青少年心理健康，不管孩子在學校、在家庭或在社區、在醫院，孩子是主體，有效的服務方案需要不同人力、共享資源，並且都以促進孩子心理健康為目標來協力合作，把每一個孩子都帶上來。
4. 投資兒童青少年心理健康等於投資國家的未來；政府需要在兒少心理健康促進上有明確的人力、經費、方案規劃和承諾，特別在衛生部門與教育部門政策的合作，但不限於衛生或教育部門。
5. 兒少主軸的 9 篇論文的題目探討關於：以遊戲治療反思歷程促進學生學習成效、情緒教育融入學校輔導處遇、在特殊教育學校建構正向行為支

持三級預防架構、國高中生對校園心理健康資源的應用和憂鬱情緒調查、母親產後心理健康狀況與子女憂鬱情緒的關係、香港在校園推廣社交情緒學習等研究，可以看到國、內外研究者和實務工作者對校園以及兒童、青少年心理健康促進的努力與投入。

## ● 主軸二、康復者復原之旅：困難、挑戰、與突破

### II. Journey of Rehabilitation: Difficulties, Challenges and Breakthrough

在康復之旅這個主軸，有 2 場專題演講、1 場論壇，以及 4 場平行會議等場次，也有 19 位國、內外講者或報告者；以及 8 篇大會徵求論文以海報發表。

綜合各場次的發表與討論議題，有以下要點或共識。

1. 接受精神疾病患者的生病角色，對人生悲苦共感的深刻體悟，可啟動當事人復原。而要啟動這個復原機制，即使仍在治療之中的患者也可透過璞真創作來探索自我轉化的契機（以胡幼慧老師創辦玄鳥站為例，透過直覺式的創作，誠實無偽的直視內在的痛苦並得以抒發、重新檢視轉化、超越的可能，潛藏天賦怦然出現，因病久受困迫的心靈狀態得以瞬間提升）。台灣各大精神醫療院所或復健機構有長期發展藝術治療甚至創作工坊的經驗，又有表達性藝術治療蓬勃發展提供的養分，加上政府鼓勵文創特色產業的催化，由多面客觀的判斷，台灣的康復者藉由藝術表達或創作來自助、助人，這一方面應大有可為。
2. 身心障礙者的就業現況有許多非必然的隱形障礙，使得障礙者只能從事似乎被「保障」的工作，卻也是一種社會制度和 unhealthy 的心態共犯的「邊緣」化，讓障礙者長期以來無法培養真正的工作能力、發揮勞動力。劉天富理事長以一個障礙者的身分，由心理建設的角度來談障礙者自立更生創業的經驗，給大眾看待身心障礙者一個全新的觀念和形象，一份障礙者擁有尊嚴的事業。這讓我們知道，障礙者的就業絕不能忽略其心理健康（不能發展實現自己的能力，不能有生產力的工作，不能對社群有貢獻，

也就是心理不健康)；而且這個創業經驗的成功有賴於創業者發揮其企劃能力、對就業市場和商機的敏銳度、連結資源行動力，以及創業計畫成功的產學訓用合一。這些也是主講者雖有看的見的身體孱弱和障礙，也能享有個人心理健康，發揮超越個人能力的實證。

3. 超越創傷、翻轉烙印、啟動復原：如大會開場揭示的心理健康促進亮點，本次大會的與會者及講者、報告人之中有來自美國、澳洲、紐西蘭、香港等地的康復者，也是同儕工作者（是經過訓練認證，可以提供心理健康諮詢或教育、服務的專家）、心理健康的倡議者，這為康復者指引未來。不只是他們報告的內容，是他們由精神疾病患者重新出發的專業生涯角色更引起關注。由此檢視，我國現行身心障礙者職業重建體系中的各種服務，都尚未有發展同儕勞動力的前瞻性，卻也是值得心理健康、精神復健和勞動部門、教育部門積極研商現階段可行的同儕支持方案，以及中長期計畫開發、建立我國精神障礙者同儕工作的教育訓練認證制度。
4. Lily Wu 帶來社區共讀康復之旅：真人圖書館這個澳洲政府與社區合作行動方案帶來很多啟發。康復者以一個同儕工作者 come-out，對病友來說，是一個希望和標竿，對大眾來說，更是肩負社會教育和行動倡議的使命。
5. 康復之旅這個主軸的 8 篇論文主題包含：「精神障礙者自立生活營隊」量化評估研究、一位護理師經歷職場暴力傷害到康復的歷程、慢性思覺失調症者使用手機及網路初步質性調查、影響毒品緩起訴戒癮治療成效之相關因子、臺灣原住民的自我悲愴、拒酒自我效能與酒精依賴程度之相關研究、精神居家照護家屬負荷之現況初探、跑向康復(馬拉松運動與康復)、社會取向觀點：我在康復之家的社工實踐、把生活找回來—演慈康復之家的生活取向服務模式等，不同的論文顯示在機構、社區各場域，以及生活自立、貢獻社會等個人動機層面至社會關係層面之復原的有利或有害因素、支持性復原的環境或條件、如何建構有效服務等等，有非常多面實務的報導、解析。

## ● 主軸三、氣候變遷、災難與心理健康

### III. Strategies to Strengthen Mental Resilience in the Face of Climate Change and Disaster

在災難心理健康這個主軸，有 2 場論壇，以及 3 場平行會議等場次，有 20 位國、內外講者或報告者；以及 3 篇大會徵求論文以海報發表。

綜合各場次的發表與討論議題，有以下要點或共識。

1. 泰國、印尼和台灣在近 10-20 年內都經歷到數個重大災難（震災、風災、海嘯、森林大火，以及 SARS 恐慌、氣爆、塵爆等），因而(1)建立了一些災難應變機制，例如：台灣的 921 生活重建計畫及整合了健康照顧、公共衛生和心理建康服務、泰國的心理建康與危機評估團隊(MCATT)，甚至是(2)組織改造，例如：2004 年泰國成立心理建康司、2008 印尼成立國家災難管理局 BNPB、我國 2013 成立心口司，和(3)立法，例如：2007 年印尼通過災難管理法等。可以肯定的是，我們經歷了災難（付出重大代價之後），都有一些成長和建設，也一定還有很多不足，需要互相學習或合作。
2. 既然「防災才是最好的救災對策」，「預備好」總是必須要比災難更早來到。例如：泰國官員提出的 2P2R 觀念，即與我國防災、備災、救災與復原的災難政策相符。而怎樣才算是預備好？政府應該承擔甚麼責任？國家災難心理健康政策的層面應包含從個人與家庭（健康生活、培養心理韌性）、到社區（發展社區韌性），從醫療服務體系，到志工與專業人力體系的合作，從災難現場的協調溝通規範，到訂定國家層級的災難應變系統，甚至是發展跨國合作的機制和資源。

盤點我國現況，由災難心理衛生工作，心理危機應變與緊急動員計畫，發展出全民心理健康服務；也建置了相對應的災難心理衛生（志工、專業）人力庫，訂定服務模式標準，研發防災應變的訓練、教材，並進行研究，制定評量指標，台灣已成功發展出本土化的 PFA，有災後遷村、城鄉不同的社區介入計畫（如高雄氣爆後中長期的介入與評估），也如國際災難工作經驗的建議，也成立了信託的基金（賑災基金會），從 1999 算為我國災

難心理衛生元年，20年來我們已經有不少建設，但如何才能說，我們是預備好，面對各種的災變？

或許，我們至少準備好：**(1)向災變學習**，不只是我們遭逢災變才學習，能夠長期的與鄰近各國緊急救援計畫合作，也可以向（他國的）災難學習，特別是當今災難議題也全球化，需要爭取和國際救援組織正式合作的機會，才能看到不同規模的資源和動員力，例如：美國的 CAN 災難管理協助網絡、全美急難救助志工組織 NVOAD，甚至向 InterAction 國際人道救援組織等；**(2)日常的準備**，在個人層面，亦即是將心理健康促進融入生活中的每一件事；在國家心理健康政策層面，則是從特定受災的對象，擴及到全民，從災難應變到心理健康促進，也就是全民防災、備災之道。

3. 「到底還有誰受創？她／他們是如何受創？」（我們的社會似乎還是傾向於只追問，這是誰的錯？人是誰殺的？）對於防災工作中受災者的需求和救災人員的需求，必須要具備性別、文化和心理健康的敏感度，例如：2004 南亞海嘯 22 萬死傷人數，印尼占了超過 3/4 人口，其中有部分是伊斯蘭信仰婦女逃難受限，或死傷者遺族第二波（自殺）傷亡；台鐵事故後機長自殺；原鄉部落遷村、氣爆後社區介入；巴基斯坦婦女相對於男性缺少求生技能等。救災者也可能成為受難者（第二次遇到相同的災難心理壓力的變化、人力不及負荷、救災過於疲勞、目睹災難現場、服務替代性創傷等因素，發展為 PTSD 甚至自殺等），若因為缺少敏感度而未能及時預防或教育、協助，而培養相關人員和民眾的性別與文化敏感度需要長期投入的訓練和社會改變，也需要有政府的參與。（一起活下來，大家活得更好，是不是更重要？）
4. 「創傷沒有將我擊倒，將使我更堅強？」這不只是個人意志和信念，而是基於實證基礎，若能提供緊急應變人員**創傷知情服務**將可提高醫護人員的心理健康需求的敏感度，以即時提供支持，預防創傷後壓力症候群惡化、慢性化而導致身心疾病。也可以用林耀盛老師提出的**助人者（亦適用於救災者）的 TEST 任務**來回應：**(1) 理論(T)**：通過人本主義方法而不是理論化人的本質，承認痛苦經驗的不可簡化性和個人獨特性。**(2)倫理學(E)**：對痛苦經歷的獨特理解在治療關係中展開，而非關於精神疾病的普遍知識

系統。(3)社會(S)：應對受難者需要 具備社會責任感和文化敏感度。(4)技術(T)：治療實踐不僅是簡單的治療規範化的判斷，更主要的是倫理問題化的技術，需要個體對自身進行轉化（和約束）。此外，倖存者的心理成長轉化是重要的經驗，透過和臨床工作者的相遇，從中能夠幫助我們瞭解到如何幫助他人，他們的經歷也可能成為我們今後幫助災區民眾的試金石，這就是災難倖存者能夠發揮同儕支持的功能，是救災及陪伴重建的團隊工作中不可缺少的角色。

5. 災難心理健康的 3 篇論文主題是：遭遇飛安事件的飛航服務人員其復原力之個案研究、文化復振與災後重建：以台灣高雄小林村為例、消防人員的逃生門—消防人員的身心健康與創傷知情之倡議與探討。

這三篇論文作者提出的觀點可供作相關災難心理健康工作省思：在飛安事件中，飛安服務人員的職責常是被大眾、媒體檢視和究責的焦點，也是容易在事件中受創的對象，其復原的歷程也需要可以持續獲得相當的協助和支持；醫護人員要具備敏感度，才能提供創傷知情照護來守護消防人員或緊急救護人員的身心健康；還有經歷莫拉克重大風災的小林村，在地理環境不可逆的變遷之後，其災後重建中的社群歸屬、文化認同都是促進經歷災難者心理健康不能忽略的要素。

#### ● 主軸四、促進老人心理健康之最佳實踐

#### IV. Good Practices in Promoting Mental Health among Senior Citizens

在老人心理健康促進這個主軸，有 1 場專題演講、1 場論壇，以及 3 場平行會議等場次，有 15 位國、內外講者或報告者；以及 7 篇大會徵求論文以海報發表。

綜合各場次的發表與討論議題，有以下要點或共識。

1. 缺少對老人心理健康或心理問題的早期的覺察（負面新聞、羞於表達感受、孤立、賀爾蒙變化、衰弱、認知功能退化等），給予必要的協助，將導致



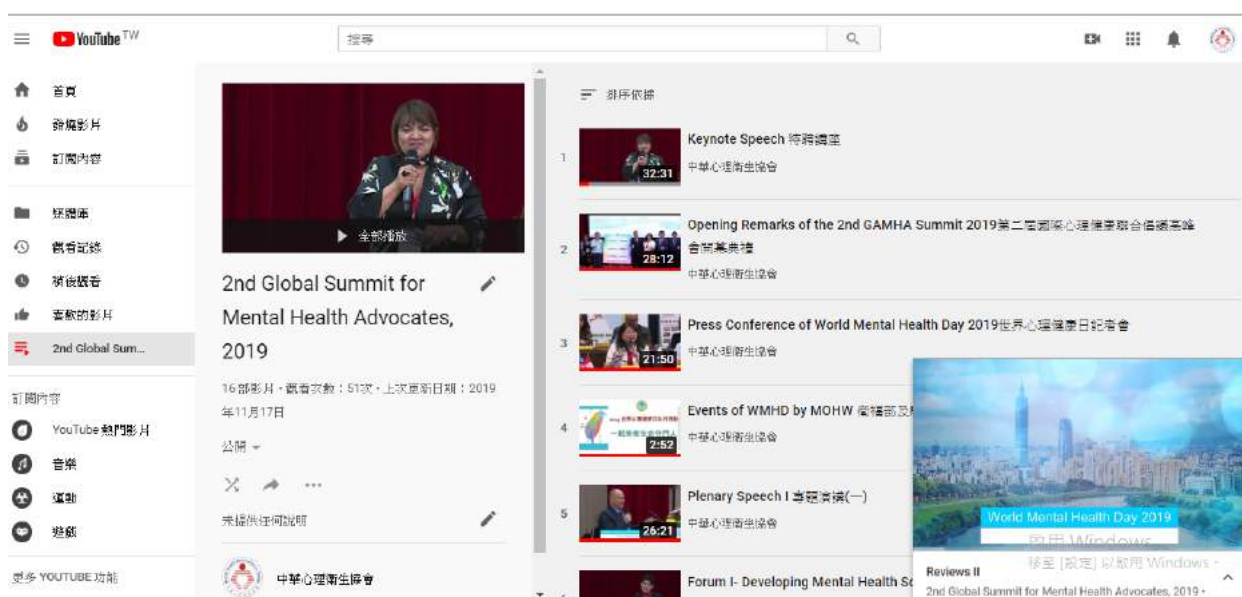
失能惡化或發展為憂鬱、自殺等更為嚴重的問題，問題可能是多面向的，介入服務也需要因應多樣化的需求；我國長照計畫中，推廣的社區據點服務方案也是以預防及延緩失能為目標，已發展各具社區特色的活動模組（結合老歌、舞蹈、運動、本土化的笑笑功等）及評量指標（例如：老人心理健康的社群關係、正念感受與自我認同 B.M.I 指標），介入方案內容經過驗證具有促進身心健康的實證效果。

2. 高齡化社會，我國及各國的老人的身心健康服務、長照需求都會越來越大，且青壯人口減少，國家稅收及政府人力及財務更緊縮，長照中心服務、高成本的醫療服務將越來越不足以負擔，但更不能忽略前端的預防介入，需要有更多受訓練的人力，在社區中提供多元的服務，甚至鼓勵發展長者自我照顧、照顧者自助、互助、助人的方案，例如：非藥物、非醫療的活動替代方案，強化社區鄰里親善支持網絡、結合自然、食、農、園藝、動物輔助等綠色照護等，都是更低成本，效益更廣，可以更普及，更多面向的提供身心健康促進服務。
3. 需要特別研發跨世代的身心健康促進方案，若單以老人為對象的服務成效將受限（也是一種社交隔離），老人需要伴侶、同儕，也需要跨世代友善的社群關係，特別是孤老、獨居者，需要發展兒老、青老之間有意義的連結，成為資深公民、社會資產，繼續對所屬的社群有貢獻，以減低失落悲傷衝擊，減低失落的悲傷衝擊，建立人生意義和希望感等；也要特別關注低社經地位的老人，提出對策，以消除健康不平等。這需要福利政策與教育、職場、住宅（青老合宜住宅、合宿方案），運用科技（開發適合長者的健康管理、社交軟體 app）等等城市治理的各個機關政策協調溝通，與民間團體及企業技術合作，建設高齡友善城市。
4. 老人心理健康促進這個主軸有 8 篇大會論文，主題有：全球經濟危機前後老人憂鬱與社經不平等變化、人生故事於安養老人的正向心理影響、中高齡照顧服務員身心健康調查及健康促進介入探討之研究、50 歲以上民眾對退休及老年預備之需求現況調查、活躍老化：優勢心理論結合社會參與之行動方案應用於台灣高齡者、搖滾爺奶：以一個社會創新行動方案探研究生產性老化在台灣的多元可能，以及長照機構照顧服務員對老人性

健康的看法等等，呈現老人身心健康多元化的需求（社經地位差異、退休準備、憂鬱、性需求）和各種行動（理財、情緒、人生故事、新創）的可能。

有關各場次活動內容，詳見大會會議記錄及活動照片集錦（本計畫成果報告附件一、附件二）

本會並將大會主要演講、論壇等後製為 16 部影片，上載於本會 youtube 頻道，建置播放清單<sup>7</sup>，供各國代表瀏覽。



中華心理衛生協會 youtube 頻道已建置“2nd Global Summit for Mental Health Advocates, 2019”播放清單，已上載 16 部大會演講、論壇、記者會等主軸活動影片。

連結網址 <https://www.youtube.com/playlist?list=PLV-12WtSbV71VwneVRp8BPH5by5ArP7IT>

## 二、召開世界心理健康日記者會

### （一）世界心理健康日簡介

1. 世界心理衛生聯盟(World Federation for Mental Health, WFMH)係 1948 年為因應 1946 年新成立聯合國的需要，在和平協作方面需要

<sup>7</sup> 本會 youtube 頻道已建置“2nd Global Summit for Mental Health Advocates, 2019”播放清單，共有 16 支大會演講、論壇、記者會等主軸活動影片。連結網址 <https://www.youtube.com/playlist?list=PLV-12WtSbV71VwneVRp8BPH5by5ArP7IT>

非營利組織的國際社團，一起來倡議、監督、行動，追求世界和平而設，是心理衛生界最早成立的國際組織，也是聯合國的諮詢團體之一。中華心理衛生協會從 1955 年在台復會後，即加入 WFMH 作會員。

2. 1992 年由前美國總統卡特夫人，看到心理健康不被重視，特別提出「世界心理健康日」(World mental health Day, WMHD)，作為打破對精神疾病的迷失，與促進心理健康，每年都有不同主題或針對不同對象。得到全球重視，WHO 也將 10 月 10 日世界心理健康日融入其行事曆作為其固定的節日。
3. 中華心理衛生協會自 1995 年開始，正式持續回應 WFMH 世界心理健康日每年的主題，舉辦活動與記者會。也結合政府單位，我國衛福部在 2013 年在推動「心理健康網」時，也要求各縣市響應世界心理健康日，並進行心理健康促進方案。

(二) 召開時間：2019 年 10 月 5 日中午 12：50-13：20 高峰會議第一天

(三) 召開地點：臺灣大學公共衛生學院大樓 101 講堂。

(四) 受邀出席者：

1. 台灣代表：包含衛福部、台北市政府、新北市政府等政府代表、立法委員及民間團體代表等。
2. 各國代表：呈現各國推動世界心理健康日運動之概況，並以帶來各國海報、文宣呈現。
3. 相關記者媒體採訪。
4. 歡迎高峰會國內、外與會人員參與。

(五) 記者會流程：

時間	流程
12:50-13:00 (10')	主持人： 心理健康行動聯盟召集人、世界心理衛生聯盟 (WFMH) 理事張珪

	<p>中華心理衛生協會理事長、世界心理衛生聯盟 (WFMH) 亞太地區副主席呂淑貞</p> <p>★主持人開場~台灣心理健康行動聯盟倡議近期行動</p> <p>★與「國際心理健康倡議聯盟」(The Global Alliance for Mental Health Advocates, GAMHA)各國代表共同發表世界心理健康日宣言並合影：</p> <p style="text-align: center;"><b>「超越自殺防治，啟動心理健康促進法」</b> (我國應有心理健康促進法／心理健康基本法)</p> <p style="text-align: center;"><b>Beyond Suicide Prevention, Initiating Mental Health Promotion Act</b></p>
13:00-13:10 (10')	<p>心理健康促進，超越自殺防治--全球、亞太地區與台灣經驗出席代表：</p> <ol style="list-style-type: none"> <li>1. WFMH 理事長、南非開普敦心理衛生中心主任 Dr. Ingrid Daniels</li> <li>2. GAMHA 代表暨發起人、新加坡國會議員 Prof. Fatimah Lateef 新加坡銀絲帶創辦者、常務理事 Ms. Poh Sow Chan Porsche</li> <li>3. 衛生福利部心理及口腔健康司謹立中司長 心理健康日溫馨短片</li> </ol>
13:10-13:20 (10')	媒體提問與交流

(六) 執行成果：

1. 收集 WFMH 和 WHO 及各國代表 2019 年世界心理健康日宣導媒材

今年 2019 年世界心理健康日的主題是「心理健康促進與自殺防治」，自殺防治這個議題由國際心理健康組織 (WFMH 和 GAMHA) 倡議還是第一次提出，代表大家已覺察與了解「自殺」是一個全球公共衛生問題，且其對策不應設限於精神醫療，限於疾病或健康行為層面的防治策略，也需要促進心理健康的領域和其他社會組織和專業學門一起行動，需要有更多的對話。它更需要國家衛生當局特別關注，因為他們有責任制定政策和方案，制定預防自殺和促進公眾心理健康的策略。印刷和視聽傳播媒體以及社交媒體的作用

同樣重要，因為它們的參與既可以產生積極影響，也可以產生消極影響，具體取決於它們如何解決這一問題。

為此，本計畫特別整理 WFMH 和 WHO 針對 2019 年心理健康日官網上專頁推出相關的媒材供各國參採：WFMH 心理健康日的最新 CF 宣導強調增強(to empower)外展工作能力以觸及有心理健康需求的民眾，教育媒體及政策決定者(to educate)共同肩負支持民眾心理健康的責任，督促政治家投資(to invest)心理健康以對國家產生長期正面的效益，以及創造無歧視、支持的社會環境(to create a stigma-free communities)<sup>8</sup>；WHO 心理衛生和藥物濫用司司長 Devora Kestel 博士特別在世界心理健康日前夕錄製影片強調，學校、職場、醫療院所、緊急救助人員等要一起協力拯救生命。<sup>9</sup>

出席本次大會及記者會之各國代表帶來當地心理健康相關文宣相當豐富，有成果展示或大眾宣導海報、小手冊、折頁、小禮物宣導品等，約 30 項，各有數分至數十份，展示於會場並贈予與會者。

相關文宣樣品詳見計畫成果報告附件三。

## 2. 邀請與會各國代表分享各地世界心理健康日宣導現況

出席本次記者會之各國代表來自澳洲、加拿大、香港、印尼、馬來西亞、紐西蘭、巴基斯坦、菲律賓、葡萄牙、新加坡、南非、泰國、英國、美國，以及我國政府與團體代表，媒體記者等，共 15 國代表，約 50 人與會。

- (1) 南非代表 Ingrid Daniels (現任 WFMH 主席，南非開普敦心理衛生中心主任)：因為全球各地有許多人正因為心理疾病、心理困擾(心理不健康)而喪失生命；而且，情緒創傷所造成的心理疾病和亞健康已經造成許多人潛力

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<sup>8</sup> WFMH 有關於 2019 年世界心理健康日倡議主題，包含主席的話、WHO 司長發言、CF 宣導片、各國倡議現況等，詳見其官網專頁 <https://wfmh.global/announcing-the-wmhd-2019-theme/>

<sup>9</sup> WHO 公關室發表心理衛生及物質濫用司司長 Devora Kestel 博士心理健康日發言短片於 WHO 官方 youtube 頻道 [https://youtu.be/v0EV\\_6UPZmA](https://youtu.be/v0EV_6UPZmA)；WHO 在官網專頁發布配合 2019 世界心理健康日主題 <https://www.who.int/news-room/events/detail/2019/10/10/default-calendar/world-mental-health-day-2019-focus-on-suicide-prevention> 發表各界如何協力預防自殺拯救生命的動畫短片 CF，針對校園(校長、教師)、職場(雇主和員工)、緊急救助人員及基層醫療照顧的醫護人員等，如何覺察需求，提供協助。  
<https://www.who.int/health-topics/suicide/campaign-materials-animations>



減低或喪失，這種損失更是難以估計的。今年世界心理健康日從自殺防治議題出發，是一個一個好的開始，我們要設立一個安全網來拯救生命，也要更重視心理健康促進的工作。

- (2) 新加坡 Fatimah Lateef (國會議員也是 GAMHA 國際聯盟發起人、急診醫學專科教授) 受到文化、宗教、社會制度和社會決定因素等等影響，心理疾病被視為禁忌和避諱討論的話題，這讓心理健康問題被隱形了，一面，真正的盛行率、發生率被低估；另一面也成為求助的攔阻，因而失去機會，沒有辦法預防心理困擾造成進一步的損傷。新加坡和台灣的議員、立委能夠在國會和政治場合談心理健康議題就是很好的示範，可以凸顯問題的重要性。藉著每一年響應世界心理健康日的活動，可以是很好的提醒，提醒大家重視心理健康，預防心理疾病造成的損失，這對國家來說，並不是太高的成本 (例如：新加坡有一個 “wheels on love” 機車送愛到精神療養院的活動)，卻可以帶動國家社會持續的改變。
- (3) 巴基斯坦代表 Unaiza Niaz (Dow 健康科學大學教授)：特別指出自殺防治的宣導不能忽略婦女，在巴基斯坦，婦女一直都是脆弱族群。
- (4) 泰國代表 Suchada Sakornsatian：分享 “Crazy Run” (心理健康馬拉松)，邀請藝人參與，有超過 5000 人參加。政府和團體響應世界心理健康日，如果能夠有合適的代言人，將能影響更多的人，這樣，讓心理健康成為大家都關心的事、重要的事，才能實現全民心理健康 (mental health for all)。
- (5) 馬來西亞代表 Suraiya Syed Mohamed (衛生部健康教育司司長)：馬來西亞衛生部門的官方代表和從事實務工作多年的臨床心理師，分享她們 “Let’s talk, Minda Sihat” 活動，重申很多國家的預算仍然著重在精神疾病治療，希望藉由國際接軌的力量，讓我們的國家都能發展、落實心理健康初級預防和促進的政策。
- (6) 美國代表 Deborah Maguire (WFMH 總部秘書)：第一次來台灣，對台灣各界的響應留下深刻印象。分享自 WFMH 心理健康日推動以來，2019 又有新的一步，世界心理健康日 16 種語言、各種形式媒材、Logo 設計，也希望收到各地推動剪影，提供互相鼓勵與學習，增加同步倡導的效益。

### 3. 台灣代表呈現我國推展的創意和特色

台灣今年適逢自殺防治法通過並施行（中華民國 108 年 6 月 19 日總統華總一義字第 10800062181 號令制定公布全文 19 條；並自公布日施行），在響應今年的世界心理健康日同步倡議主題上，顯得別具意義。

- (1) 衛福部心口司也特別綜整 22 縣市推行心理健康日成果，製作成短片，在記者會上放映，向各國與會人士顯示台灣在心理健康日全球同步的倡議上，從中央到地方政府，持續、普遍的展開行動且發揮創意、具有多元特色。

我國在這方面已有不少成果，特別衛生福利部自 2013 年起「心理健康網」計畫已經將每年推動世界心理健康日（月）工作列為各縣市政府地方特色和亮點。在記者會中，心理與口腔健康司特別將台灣中央到各縣市政府近年響應世界心理健康日，結合世界自殺防治日並推展心理健康月的成果，製作為溫馨小短片，加上配樂的快樂感染力，讓與會來賓印象深刻，也看見台灣從中央到地方，各縣市政府團隊，結合社區資源、地方特色的努力。

- (2) 李麗芬委員提出，關切國家心理健康必須從小做起，兒童健康成長，當然必須心理也健康；李委員以超過 20 年與婦女團體、民間團體的工作經驗進到國會，更深切體會國家政策決定了孩子的未來，而政府施政也必須和民間團體互動和合作。林奕華委員在大會的報告中也提出，連結校園、社區和家庭的心理健康，全民的心理健康，需要更完整的法規和政策來支持，國家要更重視上游的問題，要重視預防，和心理健康促進。台灣近期社會事件看到社交網站上出現自殺危機，必須結合警力提前做好自殺防治。整個社會制度、法規、政策都要更重視預防和促進的工作才是心理健康的議題真正有利的「投資」。

所以，本次假 GAMHA 高峰會之際主辦這場記者會特別有其意義。不只在國內倡議，也讓更多國家看到台灣的現況和行動力。

### 4. 媒體露出



如前所述，本次記者會假 GAMHA 高峰會之際辦理，為使台灣推行心理健康現況展露於國際；此次出席大會與記者會的媒體也相當踴躍，來自平面媒體、電視台等記者、新聞節目製作小組人員達 20 名以上，但可能受限於會場以全英文進行，國內採訪媒體露出並不理想。已追蹤之國內媒體露出包含：

20191005 中央廣播電台（蕭照平）心理健康峰會揭幕 陳建仁盼與新南向國家建立新夥伴關係（圖文：副總統陳建仁 5 日出席 2019 年「第 2 屆國際心理健康聯合倡議高峰會」）<https://www.rti.org.tw/news/view/id/2036828>

20191005 中國時報（林周義）超越自殺防治 專家籲推心理健康促進法（圖文：中華心理衛生協會今舉辦 2019 年「第二屆國際心理健康聯合倡議高峰會」）<https://www.chinatimes.com/realtimenews/20191005002523-260405?chdtv>

20191005 青年日報（郭曉蓓）副總統：強化社區心理衛生工作 提升民眾心理健康素質 <https://www.ydn.com.tw/News/355283>

20191005 PC home 個人新聞台綜覽台灣新聞網（嵐天）2019 世界心理健康日—超越自殺防治，心理健康優先！  
<http://mypaper.pchome.com.tw/qilan2012/post/1379758985>

20191006 自由時報（吳亮儀）提升心理健康 3 年補實 283 社工  
<https://news.ltn.com.tw/news/life/paper/1322898>

20191006 太平洋電子報（蘇庭暉、王大偉）2019 年世界心理健康日記者會  
[http://www.pacificnews.com/index.php?option=com\\_content&view=article&id=11649:-2019&catid=44:2012-06-27-14-38-22&Itemid=106](http://www.pacificnews.com/index.php?option=com_content&view=article&id=11649:-2019&catid=44:2012-06-27-14-38-22&Itemid=106)

20191025 中國時報（林周義）專家籲推心理健康促進法 心口司 12 月 21 日前須回應 <https://www.chinatimes.com/realtimenews/20191025002037-260405?chdtv>

其它：

中國都會網路報／捷運報／時報

陳靜敏、李麗芬、尤美女、柯志恩等立委官方臉書  
 本會 youtube 頻道影片及粉專貼文  
 (記者會影片亦收錄於本計畫 **成果報告資料光碟**)



15 國心理健康高峰會嘉賓於記者會中發表 2019 年世界心理健康日宣言：

**超越自殺防治，心理健康優先，啟動心理健康促進法**

Beyond suicide prevention, Prioritizing mental health promotion,  
 Initiation Mental Health Promotion Act



**Beyond**  
**Suicide Prevention**  
**Initiating**  
**Mental Health**  
**Promotion Act**

### 三、會後參訪

延續大會主軸，也特別設計會後參訪活動，明瞭我國在精障康復的努力，並帶領外賓與社區互動。參訪三總北投分院精神醫療服務及其精障者經營之庇護商店。

### 四、其它執行成果

本計畫另舉辦相關會前、會後活動，計有：會前工作坊 2 場次、會後工作坊 1 場次以及會後座談會 1 場次。

#### (一) 會前工作坊 2 場次：

- 10 月 4 日繪本情緒療癒工作坊
- 10 月 4 日老人社區據點心理健康促進活動方案--笑笑功工作坊

此二場次的活動在大會會場台大公衛學院教室舉辦，以小團體方式進行，於大會前提前抵達的外賓參加者在愉快又新鮮活潑的體驗活動中，了解台灣推行兒少及老人心理健康促進方案的創意：

1. 運用書目療法，推廣校園親師生心悅讀，讓心理韌性根植於校園；
2. 本土化的社區活動方案—笑笑功，經過多年、多處的推廣，得到社區老人的喜愛、推薦，並已發展為長照社區據點的活動模組，對於提升老人生理動力、正向情緒、社會連結等方面具有實證效果。

#### (二) 會後工作坊 1 場次：

- 10 月 8 日（精神障礙者）同儕支持工作工作坊

本次大會來自 20 國嘉賓之中有聯盟團體代表、政府代表、專家學者，以及來自紐西蘭、澳洲、美國等國家的康復者。其中，來自澳洲的 Ms. Janet Meagher AM & Ms. Lily Wu 兩位康復之友與會，她們二位多年致力於同儕工作的推展，且 Ms. Janet Meagher AM 過去曾任世界心理衛生聯盟秘書，現為

澳洲國家身心障礙保險計畫的諮詢顧問，經驗豐富；Ms. Lily Wu 則為現任雪梨利物浦地區醫院同儕工作者。

假 GAMHA 高峰會辦理之際，本會與台北市康復之友協會、台灣職能治療學會等合作，並由台灣社區精神復健發展協會協辦，緊接在大會參訪之後在 10 月 8 日下午 2 時至 5 時於台北市康復之友協會新北市慈芳關懷中心（位於新北市土城區）辦理一場半日工作坊，特邀請 Janet Meagher AM & Ms. Lily Wu 辦理「同儕支持 (Peer Work)」工作坊，分享自身康復歷程及多年在社區連結、倡議的工作經驗，並邀請台灣的康復者與工作夥伴一同對話交流；會中亦有專業人員協助翻譯。

本場次工作坊於 11 月底大會最後一波宣傳才擬定，出乎意外的報名非常踴躍，得到台北市、新北市精障會所及各縣市社區復健中心、康家住民等熱烈回響，因場次空間有限，僅受理 80 名報名，而 10 月 8 日當日實到人數達 104 人。



（上圖）2019 年 10 月 8 日由 Janet Meagher 與 Lily Wu 共同帶領之同儕工作坊



簡述 Janet Meagher AM & Ms. Lily Wu 兩位同儕工作者在工作坊中與我國康復者的主要互動，小結如下：

1. Janet Meagher AM 與 Lily Wu 兩位康復者的故事，令參與者望而生羨：Janet 是一位康復者，畢生致力於與精神疾患共存，而與此同時，也培養出康復者無法取代的專業角色，成為國家心理健康政策諮詢顧問，並獲澳洲政府國家勳章的成員勳章( Member of the order of Australia 簡稱 AM )，相當於為澳洲有卓越貢獻的榮譽國民；Lily Wu (武勤宜) 是一為中國移民，因移居它鄉、懷孕生子等壓力及文化衝擊飽受憂鬱之苦，又因語言受限求助無門，並在工作上求職受挫，經歷康復之後，受訓成為一名合格的政府衛生教育者、輔導員以及具有康復者身分的同儕工作者，幫助罹患精神疾病者恢復健康，特別是來自多元文化背景的人開始新的生活，現在以同儕工作者的身分在利物浦醫院工作，是服務團隊的正式成員。她的故事也列在澳洲多元文化心理衛生報告之中，Lily Wu 也曾成為政府衛生雜誌的封面人物(雪梨西南健康區”South West THRIVE”，2019 年 8 月刊)。
2. 兩位康復者的罹病經驗，在康復之後，經過正式訓練和認證，成為受政府和專業認同的專業人士，能夠提供專業服務，在專業的團隊中成為不可或缺的一員，兩位都成為心理健康的積極倡議者。
3. 同儕工作者的專業角色要被病患、專業團隊和政府認可，需要由國家發展出一套有公信力的教育訓練和認證制度，相當於國家證照的制度。
4. 開發同儕工作的勞動力和就業市場，需要與教育訓練認證制度並行的是長期的社會倡議行動，才能改變民眾觀念，翻轉社會烙印。



圖（左）2017 年 Janet Meagher AM 獲得國家心理衛生獎，於節目受訪  
圖（右）2018 年 Janet Meagher AM 主編的專書《澳洲同儕工作》<sup>10</sup>



圖（左）Lily Wu 為政府月刊” South West THRIVE”（2019 年 8 月）封面人物  
圖（中）（右）Lily Wu 獲得國家認證的證照，是一名心理健康同儕工作者

<sup>10</sup>下列為 Janet Meagher AM 所編著的同儕工作專書，以及澳洲新南威爾斯、昆士蘭政府發展之同儕支持工作的雇主手冊、工作架構、工作報告等。

- Meagher, J., Stratford, A., Jackson, F., Jayakody, E., & Fong, T. (Eds.). (2018). Peer work in Australia: A new future for mental health. Sydney: RichmondPRA and Mind Australia.
- Peer Work Hub. (2016). The Peer Workforce Planning Toolkit – an employer’s guide to implementing and developing a peer workforce. Gladesville NSW: Mental Health Commission of New South Wales. Visiting the website: <http://peerworkhub.com.au/> or <https://nswmentalhealthcommission.com.au/>
- Queensland Health. (October 2019). Queensland Health Mental Health Framework Peer Workforce Support & Development 2019. Brisbane: Mental Health Alcohol and Other Drugs Branch, Department of Health, the State of Queensland (Queensland Health). Visiting the website: <https://www.health.qld.gov.au/>
- Byrne, L. Roennfeldt, H. and O’Shea, P. (June 2017). Identifying barriers to change: The lived experience worker as a valued member of the mental health team: Final Report. Brisbane: Queensland Government; 2017. More materials about peer workforce, visit the Queensland Mental Health Commission, website <https://www.qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce>

會後座談 1 場次：

- 10 月 21 日 HIV 感染者與心理健康—台灣印尼 HIV 防治工作的性別與文化敏感度

有鑑於在大會與會者之中有來自印尼國際學生、官員和澳洲訪台學者，在物質成癮的心理健康議題上，對於台灣 HIV 及性病防治成效卓著非常有興趣，由本會特別安排於 10 月 21 日中午舉辦一場座談會。



(圖) 2019 年 10 月 21 日 HIV 感染者與心理健康座談會





(圖下) 2019 年 10 月 21 日 HIV 感染者與心理健康座談會會後合影

本次座談會出席者有：澳洲 Griff 大學國際學生 Dicky Budiman (印尼籍)、Connie Gan CR (馬來西亞籍)、台北醫學大學國際學生 Okki Dhona、疾管署防疫醫師詹珮君、台灣同志諮詢協會主任杜思誠、臺灣露德協會社工陳政隆、台灣也思服務學習協會吳宗泰、臺灣紅絲帶基金會及本會前理事長張珏、專員胡鈞涵等台灣代表。本次座談會討論交流要點如下：

1. 臺灣在性病防治上已經建立非常好的個案管理及治療方案的配套，加上近年減害計畫也在減少藥癮者 HIV 感染人數上，成效卓著。其中，個案管理師的工作需要具備心理健康的敏感度，以主動提供或轉介心理諮詢等相關服務，或者提供個管服務及醫療團隊的本身即有心理健康專業服務人員。這些工作都是跨部門（疾管署與心理健康司）、跨政府與民間團體的合作方案。心理健康需求也是需要從前端篩檢的工作就不能忽視，例如：針對性行為感染者、垂直感染的母嬰、共用針具者、潛在的空窗期感染者等特殊高危群體，有正確的風險覺知、健康／不健康行為的衛生教育資訊



之中就應當融入心理健康教育，以增加當事人的自我保護，並能順利接受有效的治療方案。

2. 台灣現況仍存在對 HIV 感染者的道德烙印或歧視，但是在個人性行為的道德規範的價值層面。而印尼的情況大不相同！在印尼治療方案只供給給男性感染者。在回教教義下，女性身體仍是被男性主宰的社會物化的，女性是性行為的接受者，（女性沒有身體自主權，因為主權屬於擁有她的男性），若是從事性交易而感染，更是道德淪喪，社會不容（家屬也是因蒙羞而對女性感染者置之不理），在這種狀況下，女性感染者是直接被放棄的，國家治療資源存在著完全偏倚男性的性別不平等。因此，來自印尼的國際學生，也是臨床醫師，未來在返國後可能擔任印尼衛生部門官員，對於 HIV／愛滋防治政策上，必須從根本上有性別差異需求和心理健康的敏感度，才能有效防治 HIV 感染，達到國民的健康平等。

## 參、計畫執行效益

依據本計畫主要工作事項，本計畫執行成果達到以下三項效益：

- 一、藉由成功辦理第二屆 GAMHA 大會，營造台灣各界參與心理衛生國際事務的平台：
  - （一）國、內外各界人士參與踴躍：本屆大會實際出席與會人數 387 人，來自 21 國（包含台灣，也包含 9 個新南向國家），超過計畫預定人數（300 人），達 129%；也超越第一屆新加坡主辦的大會（來自 14 個國家，268 人）。
  - （二）展現心理健康議題多元文化樣貌：本次大會來自 21 國的參與者以我國現有的方案四大議程主軸，建構民眾、康復者、學者以及專業人士的廣泛交流，各場次皆有台灣與各國代表的經驗交流與對話，兩天大會的講者、主持人和報告者達 79 人（83 人次），其中台灣代表 52 人（55 人次），國外代表 27 人（28 人）。

次），依照議程主題規劃內容能夠聚焦，也能展現多元文化多樣性。（詳細內容參見附件一、大會會議記錄）

- （三）彙集亞太地區及國際心理健康最前線資訊：大會講者提供兒少、老人、康復者及災難心理健康等四大主軸議題之 36 篇摘要、43 個主題簡報，以及 25 篇論文摘要；並依照四大主軸議題綜整為報告者和與會者共識或值得參採的要點（前文大會主要執行成果），可供未來進一步政策對話或學術、實務交流。
- （四）收集各國心理健康日及心理健康資訊文宣、海報、紀念品等約 30 項（各約數分至數十份），並於大會中展示、贈送參與者；獲贈澳洲同儕支持工作最新出版專書等。
- （五）將大會主要演講、論壇等後製為 16 部影片，上載於本會 youtube 帳號，建立播放清單，供各國代表瀏覽。

上述大會演講摘要、簡報、論文等詳見附件光碟片；心理健康文宣品樣式參見附件三；大會影片連結詳見前文註 7。

我國作為第二屆 GAMHA 主辦國，本次大會具體實踐新南向政策。產出對於心理健康政策與最佳實踐的經驗輸出，促進人才交流。

- 二、於大會中召開 2019 世界心理健康日記者會，15 國代表出席並發言響應，展現台灣從中央到 22 縣市推動心理健康日的積極活躍，並與全球同步倡議，收集 WFMH 與 WHO 有關世界心理健康日倡議的媒材。

（心理健康日線上媒材詳見前文註 8、註 9）

- 三、延續大會成功的量能，辦理參訪、會後工作坊，連結國內、外相關議題的研究者與倡議者，催化、激勵我國心理健康的行動實踐。例如：大會交流促成澳洲校園心理健康促進方案(KidsMatter, MindMatter, Be You!)、加拿大心理健康促進工作典範轉移等與我國後續研究及服務合作的可能；藉由澳洲（及紐西蘭、香港、加拿大、美國等）精神障礙同儕工作者的培訓制度、就業現況等經驗交流，為未來研擬我國開發同儕工作勞動力，政府與民間如何合作的行動方向等提供參照。

## 肆、經費預算與執行

### 一、申請補助經費

本計畫獲貴部 108 年 5 月 16 日衛部心字第 1081761784 號函核定補助新台幣 49 萬元整，包含：場地租金、印刷費、文具紙張、專家出席費、國內專家交通費、國內專家住宿費、國外來賓日支費、口譯費、會議餐飲費、臨時人員費、雜支等。

### 二、實際經費收支明細

(已核章之經費收支明細表正本，另列於附件三)

實際收支明細表										
受補(捐)助對象:社團法人中華心理衛生協會										
活動名稱:2019 第二屆國際心理健康聯合倡議高峰會—心理健康促進：國家優先議題										
全案收入明細										
各分攤機關名稱 (含自籌款)	預算金額	實際金額	備註							
衛生福利部	\$490,000	\$490,000								
經濟部國際貿易局	\$72,270	\$66,270								
教育部	\$50,000	\$49,204								
賑災基金會	\$200,000	\$200,000								
民主基金會	\$50,000	\$50,000								
和安行	\$25,000	\$25,000								
Lundbeck	\$944,700	\$944,700								
自籌	\$237,847	\$244,643								
合計	\$2,069,817	\$2,069,817								
全案支出明細										
支出項目	預算金額	實際金額	補(捐)助計畫經費分攤情形							
			衛生福利部補(捐)助金額	經濟部國際貿易局	教育部	賑災基金會	民主基金會	和安行	Lundbeck	自籌金額
同步翻譯設備租金費	169,800	169,800	-	36,270	-	83,530	50,000	-	-	-
口譯費	88,600	88,600	23,000	-	-	65,600	-	-	-	-
餐飲費	280,000	277,684	10,000	5,785	-	-	-	-	249,930	11,969

會場佈置費用	59,000	59,715	-	-	-	-	-	-	59,715	-
場地租借費	149,000	140,550	<b>20,000</b>	-	-	-	-	-	120,550	-
交誼及表演節目費用	37,500	37,351	-	-	-	-	-	-	37,351	-
印刷費	100,000	101,042	<b>27,580</b>	4,673	-	-	-	-	68,789	-
郵電費	28,000	28,924	-	-	-	-	-	-	20,186	8,738
文宣廣告費	14,500	14,400	-	-	-	-	-	-	14,400	-
臨時人員費用	460,000	463,299	<b>185,212</b>	-	-	50,870	-	-	89,867	137,350
文具紙張	17,500	17,480	<b>10,330</b>	-	-	-	-	-	6,505	645
翻譯費	38,000	38,000	-	-	-	-	-	-	38,000	-
外賓機票與食宿費	350,000	360,394	-	1,642	49,204	-	-	-	225,600	83,948
外賓日支費	120,000	118,403	<b>93,403</b>	-	-	-	-	25,000	-	-
國內住宿費	12,000	12,000	<b>12,000</b>	-	-	-	-	-	-	-
專家出席費	72,000	72,196	<b>72,196</b>	-	-	-	-	-	-	-
雜項支出	5,000	5,575	<b>2,279</b>	-	-	-	-	-	1,503	1,793
交通費	65,000	64,404	<b>34,000</b>	17,900	-	-	-	-	12,304	200
合計	2,065,900	2,069,817	<b>490,000</b>	66,270	49,204	200,000	50,000	25,000	944,700	244,643

### 三、 其他經費說明：

為支持公益消費，本計畫贈予大會與會者紀念品向衛福部八里療養院訂製小陶藝作品 300 分 (36,000 元)；向新北市板橋區心智障礙者家長總會訂製大會餐盒 (27,100 元)；向台北市康復之友協會孫媽媽工作坊訂製外賓參訪餐盒 (4,085 元)，合計 67,185 元 (約佔大會總支出 3.25%)，顯示本會以公益採購，實際表現對身心障礙者就業的支持。

## 伍、結論與建議

此次會議有來自國內、外研究學者、專家、政府代表與民意代表（政策決定者）、國際非政府組織、民間團體代表、實務工作者以及研究生等參與共襄盛舉，藉由大會及系列的活動圓滿成功，拓展了與會人員對於各國心理健康促進的政策、方案實施、研究現況和未來發展的眼界，並提升台灣能見度。

### 本計畫總體效益包含：

- 一、藉主辦第二屆 GAMHA 高峰會，成功營造台灣各界心理衛生國際事務參與平台：我國作為第二屆 GAMHA 主辦國，本次大會參與踴躍，與會人士來自 21 國（包含 9 個新南向國家），387 人，超越第一屆新加坡主辦的大會，具體實踐新南向政策；會議內容以我國現有的方案作為主軸，國內外講者、主持人、報告者達 79 人（台灣 52 人、國外代表 27 人），充分展現多元文化；彙集兒少、老人、康復者、災難四大主軸議題之 36 篇摘要、43 篇主題簡報、25 篇論文摘要，並綜整為共識或未來進行政策對話或學術、實務交流值得參採的要點；以及收集達 30 項各國心理健康日文宣、WFMH 與 WHO 有關世界心理健康日倡議的媒材、同儕支持工作專書等心理健康國際最前線資訊；本會並將大會主要演講、論壇等後製為 16 支影片，供各國代表瀏覽。此次主辦 GAMHA 大會成功，得以建構民眾、康復者、學者以及專業人士的廣泛交流，產出對於心理健康政策與最佳實踐的經驗輸出，促進人才交流。
- 二、假 GAMHA 大會之際召開 2019 世界心理健康日記者會，由 15 國代表出席並發言響應，展現台灣從中央到 22 縣市推動心理健康日的積極活躍並與全球同步倡議。
- 三、延續大會成功的量能，催化、激勵我國心理健康的行動實踐。例如：澳洲校園心理健康促進與台灣合作的機會、加拿大心理健康促進工作典範的轉移、各國（澳洲及紐西蘭、香港、加拿大、美國等）精神障

礙者同儕支持工作的訓練制度、就業機會等經驗可作為我國發展同儕工作的參照。

## 參與者回饋

本次高峰會舉辦順利落幕，大會依照議程主軸進行，內容的豐富度、多元性與影響力都達到且超越本計畫原訂的目標與各界的期許，獲得參與者熱烈的響應（摘錄部分代表回饋）：

...Congratulate Prof Chang & her team from Mental Health Association in Taiwan on the successful launch of the 2nd Global Summit for Mental Health Advocates by Prof Chien-Jen Chen, Vice President, Taiwan. It is indeed a great platform to exchange ideas and network.  
（恭賀本會，獲陳副總統出面支持的成功倡議，此次大會辦理非常圓滿有意義）  
（這是一個交流意見與網絡資源的重要平台）

...You and your team had done your best in hosting wfmh dinner, the 2-day summit, press conference, banquet, and annual meeting. I couldn't ask for more as I could feel their passion and dedication.（工作團隊展現我前所未見的熱情與投入，助益良多又親善）

...Congratulate you on the success of this meaningful event. It is one of the best summits I have ever attended in my life（我至今參加過最佳的峰會之一）

--Porsche Poh（新加坡代表，第一屆 GAMHA 大會 CEO）

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Thank you for forwarding the pic. Great messages and a great congress 🏠🌻🌻 Thank you for a lovely evening and your generous hospitality. Much appreciated 🏠🌻🌻  
（用許多繽紛的表情貼圖感謝大會、大會傳遞的信息）（感謝晚宴熱情招待）

I am sitting at the airport in Dubai about to board my next flight home. Once again, many thanks for your generous hospitality and kindness. Congratulations on an excellent Congress 🏠🏠🌻🌻  
（已經到杜拜機場轉機，仍然心中感動澎湃，再次感謝，恭賀大會成功）

You are a fabulous host and I have had an amazing time! Thank you so very much for everything. I have never been treated so kind!♥♥Hugs!  
（感謝大會主席，感謝大會招待）（感謝在台灣經歷到的每一件事）  
（在台灣度過非常美好的時光）（從未受到如此親切厚待）

--Ingrid Daniels（WFMH 當選主席、大會主要講者）

Elizabeth and I are back in Adelaide after enjoying your wonderful conference and seeing a little of your country. Thank you again for organising such an uplifting conference and for all of your generous hospitality. (再次感謝籌辦大會如此優秀成功及慷慨招待)

I enjoyed a very productive meeting with Tony Lee and colleagues and we are looking to develop some collaborations. Lovely to meet you both today and thank you for the conversation and lunch. I think **there is a lot of joint interest in what we are doing.**

The link to **my Flinders centre for "student wellbeing & Prevention of Violence "** is <https://www.flinders.edu.au/student-wellbeing-prevention-violence>

The link to **my PEACE Pack website** is [www.caper.com.au](http://www.caper.com.au)

**Looking forward to continuing our conversation.**

(此行與李思賢教授餐敘會面成果豐碩，並洽談澳洲台灣未來研究合作)

--Phillip Slee (澳洲代表，大會主要演講者)

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**Fourth and lastly, a huge congratulations** to Prof Chang & her team from Mental Health Association in Taiwan on the successful launch of the 2nd Global Summit for Mental Health Advocates. You should all be very proud of the wonderful summit you hosted.

(四度恭賀，本會團隊辦理大會如此成功，主辦單位應該為此感到驕傲)

--Fardous Hosseiny (加拿大代表，爭取 2020 第三屆大會主辦者，大會主要講者)

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我第一次來台灣，對台灣各界對心理健康的響應留下深刻印象。自心理健康日推動以來，今年開始有新的 Logo，16 種語言，希望收到各地推動剪影，提供互相鼓勵與學習，讓結合推動能力增加效益。

-- Deborah Maguire (WFMH 美國代表，也是總部秘書)

Wonderful news. Thank you so much for all you do to spread the word. Miss you.

(關於台灣舉辦 WMHD 記者會響應並分享至聯盟群組，全球各地代表也得到鼓勵)

--Patt Franciosi (WFNMH 代表)

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We are leaving Taipei very early tomorrow morning and wanted to say a fond farewell to you.

You are a dear friend to me and I am so very appreciative of of your sensitivity and many kindnesses. I especially appreciated your initiative of **organising the Peer Work Workshop -it was a great opportunity to explain and provide information that might create some new thinking and initiatives...one day!**

(關於精神障礙者同儕工作的發展，借鏡澳洲經驗，與台灣合作未來行動的可能)

--Janet Meagher AM (澳洲代表，以同儕工作專家擔任政府諮詢顧問)

#### 其他與會人

大會每一場的活動都有來自各國的演講者和報告人，兩天之中，直接聽到各國心理健康的現況，也有機會提問，提出自己國家的現況……這是我參加過內容真正最國際化的會議，收穫非常多—(國際學生)



感謝兩天研討會豐富的内容安排，收獲許多!! —楊昕瑜（台灣）

非常感謝貴單位舉辦了這麼精彩的活動，在場演講中都獲益良多。  
也非常感謝所有評審老師的支持，讓我們有機會能夠做海報發表。

—徐菁蓮（台灣）

（香港粵語中文）我地又去左台灣出席由 The Global Alliance for Mental Health Alliance 同埋 中華心理衛生協會 Mental Health Association in Taiwan 舉辦既【第二屆國際心理健康聯合倡議高峰會】。作為其中一個分享單位，我地既題目係 — 以「善意溝通」在學校推廣社交情緒學習：以香港「感講」為案例。

此外，我地認識左黎自世界各地既學者、研究員、精神健康人員、教育工作者，了解世界各地既人如何一齊推動精神健康既相關工作。其中，澳洲既 Prof. Phillip Slee 分享左佢團隊研發同推廣 Anti-bullying program P.E.A.C.E. Pack 既過程，令我地獲益良多。此外，我地亦好開心再次聽到 芯福里情緒教育推廣協會 既陳教授分享，了解佢地最新既發展同經驗，好值得我地借鏡呢！<https://www.facebook.com/justfeel.hk/>

—JUST FEEL 感講（香港與會者）

由與會代表熱情的回饋，能夠獲得上一屆大會主辦者、下一屆大會主辦國的積極肯定，與 GAMHA 及 WFMH 兩大心理健康倡議團體、受邀講者、論文發表者、國內、外參與者等重要人士的多方面認同、鼓勵與回響，可見本次大會辦理相當成功。

## 檢討與建議

本計畫以非常有限的預算，有效執行計畫工作，成功辦理兩天大會、會中記者會、會後參訪及會前、會後工作坊等，皆獲得參與者肯定和熱烈回應。

（可謂性價比，CP 值，不成比例之高的超值計畫）。然，受預算限制，在籌備過程中大會核心執行工作人力非常有限，幾乎難以在籌備及舉辦現場各種突發狀況，所幸經過危機處理，調度大會志工團隊，積極和各單位、廠商進行多次努力協調，最後皆圓滿解決。

為了第二屆國際心理健康聯合倡議高峰會在台舉辦的成功經驗能夠延續，因此本會期望：

- 一、為維持辦理高峰會事務的核心人力，至少能有一位不間斷的專任人力。此次高峰會大會秘書處僅有一名六個月的專任人力，大會辦理非常成功，會後得到廣大回響和聯盟代表全面的肯定，身為主辦國必須趁勢而為，以準備下一年度議題提案時，我們人力卻顯不足，難以積極回應。對 GAMHA 及 WFMH 兩大心理衛生國際非政府組織的聯盟代表來說，台灣的確需要有一個常設的互動窗口，以在每一年會期中和會期前、後，都可以持續將特定議題的共識傳達給國內、國際的夥伴單位以和國際同步響應、採取行動。這樣必能深化國際參與對我國的影響。持續的行動，持續的進步，且持續的擴大、發展國際夥伴關係。
- 二、持續響應世界心理健康日，持續將新年度倡議的主題、資訊轉化為我國文化適切性的媒材，連結政府與民間團體倡議活動，轉達、呈現於 WFMH 及 WHO 社群網站。
- 三、延續大會成功的量能，催化、激勵我國心理健康的行動實踐。例如：大會交流促成澳洲校園心理健康促進方案(KidsMatter, MindMatter, Be You! PEACE 等方案)、加拿大心理健康促進工作典範轉移等與我國後續研究及服務合作的可能；藉由澳洲（及紐西蘭、香港、加拿大、美國等）精神障礙同儕工作者的培訓制度、就業現況等經驗交流，未來研擬我國政府與民間開發同儕工作勞動力的行動方向等。

藉此，台灣政府和民間團體各界能夠藉此更積極參與南向國家、亞太地區和全球的心理健​​康國際事務，促成一個台灣官方、民間都能暢通交流的平台，讓台灣在心理健康議題的施政和經驗與先進國家同步，且對特定議題的深耕，能持續發表在這個平台上，對其他國家發揮實質的影響，進一步建立台灣的領導力，獲得國際的認同。

期望持續此項國際參與，能夠為國內心理健康促進方案與政策注入新能量，也望貴部能夠持續支持此類國際性會議的舉辦或繼續與下一屆主辦國交流，不但能夠向外推廣台灣，亦能強化我國心理健康國際事務的參與。

2019 第二屆國際心理健康聯合倡議高峰會「心理健康促進：國家優先議題」

2nd Global Summit for Mental Health Advocates, 2019

“Prioritizing Mental Health Promotion”

計畫成果報告附件

附件一、大會會議記錄

附件二、活動照片集錦

附件三、世界心理健康日文宣樣品

其它附件：大會摘要、簡報、論文、照片原始檔案、海報等另存於成果報告附件光碟

## 附件一、大會會議記錄

2019 第二屆國際心理健康聯合倡議高峰會  
The 2<sup>nd</sup> Global Summit for Mental Health Advocates, 2019

心理健康促進：國家優先議題

### Prioritizing Mental Health Promotion

#### 會議記錄

會議日期：108 年 10 月 5 日至 6 日（週六～週日）

地點：臺灣大學公共衛生學院大樓（臺北市中正區徐州路 17 號）

#### ■ 會議議程涵蓋四大主題軸：

- I. Effective School-based Mental Health Strategies  
校園心理健康有效策略：兒童與青少年心理健康促進
- II. Journey of Rehabilitation: Difficulties, Challenges and Break Through  
康復者復原之旅：困境、挑戰與突破
- III. Strategies to Strengthen Mental Resilience in Face of Climate Change and Disaster  
災難心理健康－強化心理復原及社區韌性
- IV. Good Practices in Promoting Mental Health among Senior Citizens  
促進老人心理健康之最佳實踐

專業人員繼續教育學分（積分）：

本次會議由台灣精神醫學會（每日各 3.5 學分）、社團法人臺灣職能治療學會（28.8 積分認證，依實際出席情形核發）、社團法人臺灣諮商心理學會（28.8 積分認證，依實際出席情形核發）、中華民國臨床心理師公會全國聯合會（第一日 8.2 積分、第二日 7.8 積分）、中華民國醫務社會工作協會（64 積分認證，依實際出席情形核發）、社團法人台灣老年精神醫學會（2.5 學分）等繼續教育積分；社團法人中華民國精神衛生護理學會（第二日 6.2 積分，依實際出席情形核發）核予繼續教育積分認證。

## 一、大會系列活動：

### (一) 開幕式

時間：2019年10月5日（六）0900-0955

地點：101 講堂

貴賓及主辦單位致詞，本次大會主辦單位中華心理衛生協會呂淑貞理事長介紹貴賓：

1. 本屆會議大會主席張珪教授 (5')
2. 國際心理健康倡議聯盟 (GAMHA) 介紹 (5')  
發起代表：Prof. Fatimah Lateef, Member of Parliament, Singapore
3. Lundbeck 代表：Dr. Keira Joann Herr, Medical Manager, South East Asia, Medical Affairs, Lundbeck Singapore Pte, Limited (5')
4. **(臨時取消致詞)** 陳時中衛生福利部部長 (5')
5. **(臨時取消出席)** 張景森行政院政務委員兼財團法人賑災基金會董事長 (5')
6. 陳建仁副總統致詞 (10')

致詞貴賓及全體大合照

記錄者：張萌佳、林慧安



開場的台灣各社區代表 太極拳表演  
提倡規則的運動習慣，有助於維持身心靈健康



GAMHA 介紹



陳副總統蒞臨及大會主協辦單位各方代表，在大家的合作與熱誠下，今年順利在台灣舉辦第二屆國際心理健康倡議聯盟高峰會



**(二) 國際心理健康倡議者聯盟(GAMHA)顧問年會  
Advisory Panel Members Annual Meeting**

時間：2019年10月6日 1620-1720 平行會議 Parallel (限受邀出席)

地點：拱北講堂(R117)

記錄者：Porsche Poh, Executive Director, Silver Ribbon (Singapore)

**2nd Global Alliance for Mental Health Advocates Advisory Panel Annual Meeting 2019**

**6 Oct 2019, 4.40pm – 5.34pm,**

**College of Public Health, National Taiwan University, Taiwan**

**Meeting Minutes**

**Opening**

The 2nd Global Alliance for Mental Health Advocates Advisory Panel Meeting 2019 was called to order by Prof Chang Chueh, Chair of 2nd Global Summit for Mental Health Advocates 2019.

**Present**

- |   |             |  |
|---|-------------|--|
| 1 | Canada      | Mr Fardous Hossieny<br>Director, Public Policy,<br>Canadian Mental Health Association National   |
| 2 | Hong Kong   | Ms Deborah Wan<br>Past President,<br>World Federation for Mental Health  |
| 3 | Indonesia   | Dr Chrisna Mayangsari<br>Psychiatrist, Department of Psychiatry, University of<br>Indonesia,<br>Cipto Managunkusumo Hospital & Bekasi Government<br>Hospital |
| 4 | Japan       | Dr Tsuyoshi Akiyama<br>Vice President,<br>Japanese Society for the Elimination of Barriers to<br>Mental Health   |
| 5 | Malaysia    | Ms Yeow Gaik Choo<br>Clinical Psychologist,<br>Positive2U Sdn Bhd  |
| 6 | Pakistan    | Prof Unaiza Niaz<br>Past Vice President, Eastern Mediterranean Region,<br>World Federation for Mental Health   |
| 7 | Philippines | Dr Tan Cho Chiong  |

		Psychiatrist, Associate Professor, Dr Nicanor Reyes Medical Foundation, Far Eastern University
8	Singapore	Prof Fatimah Lateef Member of Parliament, Singapore, Senior Consultant, Dept of Emergency Medicine, Singapore General Hospital, Associate Professor, Duke NUS Graduate Medical School, Associate Professor, Yong Loo Lin School of Medicine, National University of Singapore
9	Taiwan	Prof Chang Chueh Former President, Mental Health Association Taiwan
10	Thailand	Mrs Suchada Sakornsatian Senior Consultant, Srithanya Hospital, Department of Mental Health, Ministry of Public Health
11	United States	Dr Lillian Comas-Diaz Medical Director, Transcultural Mental Health Institute, Clinical Professor, George Washington University, Dept of Psychiatry
12	United States	Prof Frederick Jacobsen Medical Director, Transcultural Mental Health Institute, Clinical Professor, George Washington University, School of Medicine
<b>Observers 1</b>	Indonesia	Dr Prianto Djatmiko Director, Adult Mental Health Division, Ministry of Health
2	Malaysia	Ms Suraiya Syed Mohamed Director, Health Education Division, Ministry of Health
3	Singapore	Mr Eric Wong Geylang Serai CCC
4	Singapore	Mr Phay Yan Deng Clinical Executive, Silver Ribbon (Singapore)
5	Taiwan	Prof Shu-Jen Lu President, Mental Health Association in Taiwan

6 Taiwan Assoc Prof Chia-Nien Liu (Christin)  
Executive Director, Mental Health Association in  
Taiwan

**Absent with Apology**

- 1 Argentina Ms Silvia Raggi  
President,  
Association Argentinia de Salud Mental (AASM)
- 2 Australia Ms Heidi Everett  
Mental Health Advocate
- 3 Australia Dr Wendy Laupu  
Adjunct Research Fellow/Registered Nurse, College of Healthcare Sciences,  
James Cook University/Queensland Health
- 4 France Mrs Emmanuelle Remond  
Board Member,  
National Union of Families and Friends of the Mentally Ill or/and Mentally  
Handicapped People
- 5 Greece Prof George Christodoulou  
Honorary President,  
Hellenic Psychiatric Association, Society of Preventive Psychiatry
- 6 New Zealand Ms Debbie Siau  
Activities Coordinator/Consumer Council Member,  
Oceania Healthcare, Counties Manukau Health
- 7 New Zealand Mr Andrew Lu  
Peer Support Specialist, RI International
- 8 Philippines Dr Rene Samaniego  
President, Philippines Psychiatric Association
- 9 Portugal Ms Filipa Palha  
Founding President,  
Encontrar+ Se – Associação Para A Promoção Da Saúde Mental,  
Association for the Promotion of Mental Health
- 10 South Africa Mrs Shona Sturgeon  
Executive Committee and Board Member,  
South African Federation for Mental Health
- 11 United Kingdom Prof Sir Graham Thornicroft  
Professor of Community Psychiatry,  
Centre for Global Mental Health &

Centre for Implementation Science Health Service and Population Research  
Dept,  
Institute of Psychiatry, Psychology and Neuroscience,  
King's College London

### **Welcome**

Both Prof Chang and Prof Fatimah greeted the GAMHA Advisory Panel members.

### **Sharing by Advisory Panel Members**

Prof Chang invited the GAMHA Advisory Panel members to share their work in their country.

### **Maria's message**

Porsche shared with the GAMHA Advisory Panel members a message from Maria of Lundbeck via WhatsApp received at 4.40pm as they were expecting her to join them at this meeting:-

- She and Isabelle had to leave for the airport, and
- She had a pre-meeting with Mr Fardous, received a flyer from him and was updated by him that the 3rd Global Summit for Mental Health Advocates would be a joint national congress with GAMHA.

### **1st Global Alliance for Mental Health Advocates Advisory Panel Annual Meeting 2018, 4 Oct 2018, Singapore**

Porsche shared photos of GAMHA Advisory Panel members taken at 1st Global Alliance for Mental Health Advocates Advisory Panel Meeting, which took place on 4 Oct 2018, 4.45pm – 6pm, at the Grassroots Club in Singapore.

### **2nd Global Summit for Mental Health Advocates 2019, 5 – 6 Oct 2019, Taiwan**

- Porsche shared some photos of GAMHA Advisory Panel members taken at this summit.
- Prof Fatimah expressed her heartfelt gratitude to Prof Chang and her team for their hospitality.
- Assoc Prof Chia-Nien Liu (Christin) updated that
  - o Those persons with mental health issues felt anxious while rehearsing for the welcoming performance, and
  - o Those small tokens found in goodie bags and lunchboxes were produced & prepared by persons with mental health issues.

### **3rd Global Summit for Mental Health Advocates 2020, 21 – 23 Sep 2020, Canada**

Mr Fardous delivered a presentation to the GAMHA Advisory Panel members on the 3rd Global Summit for Mental Health Advocates 2020.

### **Details**

Here are the details of the summit according to his presentation and the flyer he distributed:-

Event title Mental Health for All CMHA Mental National Conference 2010 and

### 3rd Global Summit for Mental Health Advocates

Theme Hope in the Age of Uncertainty

Venue Westin Harbour Castle, Toronto, Canada

Host Canadian Mental Health Association (CAMH)

Co-Host Global Alliance for Mental Health Advocates (GAMHA)

Arrangement for GAMHA Advisory Panel and Its Members

As Porsche shared that Maria's message was rather brief, she requested for Mr Fardous' confirmation on the following arrangement as the host of the 3rd Global Summit for Mental Health Advocates 2020:

1. Submission of proposal and estimated budget
2. Involvement of GAMHA Advisory Panel as speakers
3. Complimentary accommodation for GAMHA Advisory Panel members
4. Waiver of registration fee for GAMHA Advisory Panel members
5. Reservation of a slot on Introduction of GAMHA in the summit programme
6. Reservation of a slot for Handover Ceremony in the summit programme
7. Reservation of a room for GAMHA Advisory Panel annual meeting

Mr Fardous agreed to S/No 1 – 7 and commented that the duration of annual meeting should be extended from one hour to half day.

Involvement of GAMHA Advisory Members

Prof Frederick suggested to involve GAMHA Advisory Panel members in keynote addresses and/or plenary sessions instead of breakout sessions. And, Mr Fardous acknowledged.

### **4th Global Summit for Mental Health Advocates 2021**

As Malaysia and Indonesia have indicated their interest to host the 2021 summit, Porsche invited reps from both countries to comment.

Dr Prianto replied that mental health is a priority and he will discuss further with his team.

Ms Suraiya replied that she has to go through the Cabinet for approval and it will be easier if it is hosted by a NGO.

Porsche informed Dr Prianto and Ms Suraiya that she will forward them the application form to be o submitted before this yearend, and o processed on first-come, first-served basis.

Adjournment

Meeting was adjourned at 5.34pm by Prof Chang. The next annual meeting will be held at the 3rd Global Summit for Mental Health Advocates in Canada. Meeting agenda, date, time and location to be confirmed.

Minutes drafted by Porsche Poh, Executive Director, Silver Ribbon (Singapore)

## 二、大會演講

### Keynote Speech 特聘講座

**Topic: The World Health Organisation (WHO) and United Nations (UN) Goal Setting for Prioritizing Mental Health Promotion: Strategies for Country Level Implementation and the Role of International Non-Government Organizations (INGOs) and Non-Government Organizations in Advocating for Country Level Implementation**

**題目：世界衛生組織和聯合國為優先促進心理健康制定的目標：國家層級實施以及國際非政府組織和非政府組織在其中扮演的角色**

時間：2019年10月5日（六）1000-1030

地點：101講堂（中英同步）

**Speaker 發表者：Dr. Ingrid Daniels**

Director, Cape Mental Health, South Africa /President-Elect, World Federation for Mental Health  
南非開普敦心理衛生中心主任、世界心理衛生聯盟新當選理事長

記錄者：Aima, Evi Nurhidayati, QuyenThao Nguyen, Satriya, Wisnu Sadhana（北護國際學生，來自印尼）、張萌佳、林慧安（北醫傷防所在職專班）

重點摘要：

- The purpose of WFMH: making mental health a global priority, to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health, thus to realize mental health for all.
- We should put mental health on agenda; the evidence and data do not lie: more than 700 millions affected by mental, neurological and substance use disorders, accounting for 13% of the global burden of disease.(WHO,2012)
- From noise to voice => united we have power to change
- Since 2012, several countries started to devote to mental health.
- There is no health without mental health; no mental health, no true healthy.
- Mental health as EMPOWERMENT:
  - Empowerment 充權
  - Mainstreaming 普及化
  - Positive 積極
  - Optimistic 樂觀
  - Wholistic 全人
  - Enjoy life 珍惜
  - Resilience 抗逆

- Suicide is a serious issue in mental health, and every 40 seconds there is someone dies because of suicide
- Target in Mental health action plan is to lower the suicide rate to 10 %

INGOs and local NGOs had an important role for promotion of mental health and prevention of mental disorders, especially related to the helping people understanding the policy (WHO, 2002). They also facilitated for financial investments. NGOs, played a role to identify the needs and gaps to find the solutions to prevent and promote of mental health for all. Furthermore, NGO mostly played a role in advocacy to the stakeholder's; for the rights to community based-psychosocial interventions, advocate for inclusion in wider disability rights initiatives, implement programs/ actions to combat stigma, discrimination and human rights violations, partners in the development and implementation in promotion and prevention programs.

The scope of the program will included national and local media awareness campaigns, pre and post-natal mental health care, early childhood and parent-child mental health programs, reduction of harmful substance abuse, reduction and prevention of gender-based violence, adverse trauma including life events, school based mental health awareness prevention and intervention, mental health in the workplace and back to work programs, enhance self-help, support, and PSR groups for recovery, use of evidence-based traditional practices for promotion and prevention, social media for promotions and prevention messaging.

One of the options for implementation **mental health Global Action Program (mhGAP)** was the suicide prevention, which included some activities; identify at risk groups, promote responsible media reporting, and restrict access to the harmful substance.

**The implementation of for promotion and prevention in mental health actions needed to importantly include persons with the lived experience at the country and community level. Their voices need to be considered and recognized. They have the right to be heard, the right to ensure that their lived experiences and recommendations for improved mental health.** NGO had natural connection with the communities. They had certain depth and openness to get better mental health outcome.

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The speaker explain that World Health Organization (WHO) and United Nation (UN) have a program to prevent mental health disorder and to promote mental health. In the global context, around 450 million people suffer mental disorder and there are a treatment gap in mental health care. Response to the global mental health crisis, WHO and UN set a goal to reduce incidence of mental health disorder.

WHO mental health action plan (2013-2020), the objective is to strengthen effective leadership and governance for mental health to provide comprehensive, integrated implement strategies. There are three actions: 1. Multi-sectoral strategy that combine universal and targeted interventions-promoting mental health and preventing mental disorders extends across all sectors and government department. 2. Broad



strategies for reducing stigmatization and discrimination and human rights violations. 3. Suicide prevention-develop and implement comprehensive national strategies for the prevention of suicide, with special attention to vulnerable groups identified.

The targets of mental health action plan 2013-2020: 1. 80% of WHO member states will have developed or update their policies/plan for mental health by 2020 in line with international human rights instrument. 2. 50% of WHO member states will have developed or updated their law for mental health. 3. 20% increases in service coverage for severe mental disorder. 4. 80% of WHO member states will have at least two functioning mental health promotion and prevention programs. To reach the target WHO, UN and government cannot work alone, they should to collaborate not only with government but also work together with Non-government organization. Why NGOs have an important role, because NGOs have a natural connect with the communities and understand people needs. NGOs can provide depth and openness to engage for the best mental health care outcomes. NGOs can play a valuable role of lifestyle modification, beside that they can stimulating and coordinating structured interaction between healthcare users and provider.

NGOs have an important role for mental health promotion and prevention:

1. Lobbying and advocating 2. Advocate for the rights to community based psychological intervention. 3. Advocate for inclusion in wider disability rights initiatives. 4. Implement programs/actions to combat stigma, discrimination and human rights violations. 5. Partner in the development and implementation in promotion and prevention programs. Option for implementation through: media campaigns, maternal and child care, and others. The focus is on suicide prevention. Nowadays, number of suicide increasing, every 40 second someone dies by suicide. WHO, UN, Government and NGOs have a target 10% reduction in rate of suicide per 100.000 in countries.

**WHO current action plan as their response for the mental health issues: 1. Implementation of mhGAP at country level. 2. Working closely with civil society including with people with lived experience. 3. Facilitated financial investment in mental health.**

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In doing so, holding governments and all roll-players are accountable and responsive. NGOs, in partnership with persons with the lived experience, are central to identifying needs and gaps and, to provide creative solutions to prevent and promote of mental health for all. Roles of NGO in implementing strategies for promotion and prevention in mental health are stakeholder's advocacy and lobbying; advocate for the rights to community based-psychosocial interventions, advocate for inclusion in wider disability rights initiatives, implement programs/ actions to combat stigma, discrimination and human rights violations, partners in the development and implementation in promotion and prevention programs. Options for implementation at country level will be national and local media awareness campaigns, ante and post-natal mental health care, early childhood and parent-child mental health programs, reduction of harmful substance abuse, reduction and prevention of gender-based violence, adverse trauma including

life events, school based mental health awareness prevention and intervention, mental health in the workplace and back to work programs, enhance self-help, support, and PSR groups for recovery, use of evidence-based traditional practices for promotion and prevention, social media for promotions and prevention messaging. The aim is to equip our society with an understanding of what mental health entails and why it is important to be cognizant of it.

Functions that civil society organization paly in ensuring healthier populations include: 1. Empowering people living with mental health condition to gain control of their health; 2. Controlling and changing the terms of the discourse by shaping the words and phrases used when speaking about mental ill health; 3. Shaping the research and training in mental health; 4. Direct lobbying to convince elected officials to approve pilot projects providing direct services to persons with the conditions; 5. Attempts at changing laws and policies that violates the right to appropriate care through a combination of legal challenges and lobbying.

Over the past decades there have been numerous World Health Assembly Resolutions, which have been related to prevention and promotion in mental health. These Resolutions urged Member States to take steps to prevent mental illness and promote mental health and have provided information and guidance to implement suitable strategies and interventions which are context sensitive. However, the slow pace of implementation has been the major barrier to upscaling mental health care. The implementation of these strategies however depends largely on political will, intersectoral collaboration with multiple partner coordinated efforts/ programs but most importantly include persons with the lived experience at the country and community level. Their voices need to be considered and recognized. They have the right to be heard, the right to ensure that their lived experiences and **recommendations for improved mental health care is translated into laws, policies and implementation strategies.**

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Strategies for mental health promotion are related to improving the quality of life and potential for health rather than the amelioration of symptoms and deficits. The implementation of these strategies however depends largely on intersectoral collaboration with coordinated efforts and programmes which include persons with the lived experience at country and community levels. The presentation will highlight some of these strategies and identify the critical role played by INGOs and local NGOs in translating recommendations from resolutions to effective programmes for promotion of mental health and prevention of mental disorders. In so doing, holding governments and all role-players accountable and responsive.

“Leaving no one behind” is an aspiration of the UN Sustainable Development Goals (SDGs). The SDGs incorporate a strong focus on the inclusion, eradication of poverty, promoting good health and well-being, identifying the need for quality education, decent work and economic growth, gender equality, peace and justice, participation, empowerment and human rights of all citizens of the world including persons with psychosocial and intellectual disabilities, globally. Basically removing many of the social

determinant of mental illness to achieve mental well-being.

討論與回應：

In Indonesia the initiative to improve quality of care & promote rights of people with mental health conditions & psychosocial, intellectual & cognitive disabilities is not optimal yet. Providing sustainable mental health services in humanitarian setting requires longer term development funding, encouraging local leadership & government sensitization and engagement, and should foster links to the community. It is important The health policy makers should doing advocacy for reform or change to support mental health in the community and health care system.

結論或建議事項：

All in all, International organizations (INGOs) and NGOs have a significant role in promoting and preventing mental health disorder. For this reason, both organizations should **empower people who lives with a mental health condition, shaping research and training in mental health, lobbying and advocating, voices their need to improve mental health care.**

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As stated by Martin Luther King “We are confronted with the fierce urgency of now There is such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action”.

### 三、 四大主軸專題演講、關鍵論壇及平行會議

#### I. Effective School-based Mental Health Strategies

##### 校園心理健康有效策略

#### Plenary Speech I 專題演講（一）

**Title: The Outcome and Impact of Whole School Mental Health Promotion in Australia**

**題目：校園心理健康促進的成果與效益澳洲經驗**

時間：2019 年 10 月 5 日（六）1045-1115 (30’)

地點：101 講堂（中英同步）

Speaker 發表者：**Prof. Phillip Slee**

Professor, College of Education, Flinders University, South Australia /

Director of the Student Wellbeing & Prevention of Violence (SWAPv) Research Centre

南澳大利亞佛林德斯大學人類發展教授／學生心理健康與暴力預防研究中心主任

記錄者：Aima, QuyenThao Nguyen, Satriya, Wisnu Sadhana（北護國際學生，來自印尼）、

陳嘉哲（北醫傷防所在職專班）

重點摘要：

澳洲學生暴力防治和身心健康促進計畫(SWAPv)關注學生跟青少年的身心健康，讓他們可以發聲。學生的身心健康包含需要有正向的狀態，持續成長發展。健康的心理狀態，可以影響一個人在工作家庭或是社區上整體的表現。

SWAPv 計畫的目標:以學校為場域解決心理健康的議題。提升學生心理健康，則成績等等各方面都會有所成長(政府、健康部門了解,讓他們可以支持)。

KidsMatter 2006-2007

MindMatters, 2007-2009

KidsMatter Primary, 2010-2012

Early Childhood, 2013-

最新計畫 Be You! from birth to 18 young people. 2019 則是跨越了不同的教育機構，從出生到 18 歲的兒少的心理健康都包含在內。此計畫在學校做研究評估。在 3000 所小學、2000 所中學做評估。如何做評估呢? 專案經理教導老師做評估，透過問卷，跟父母老師做訪談，方案的信度等等。評估教學的成效。有訪談學生、老師等等聽他們的建議跟聲音。兩年的期間收集資料，每六個月更新收集資料。當老師有資源來幫助他們做心理的支持評估，學童的心理問題減少了，增加了老師跟學童的關係是雙響成長的。學生的成績也進步了!

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We usually do not get full understanding about mental health. What is mental health? “Mental health is not simply the absence of mental disorder or illness, but also includes a positive state of well-being” (WHO, 2004). In term of relationship between mental health and the individual, mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2001). Speaker, Prof. Phillip Slee introduce two programs named Be You and KidsMatter.

Be You is a national mental health initiative for educators which aims to promote and protect positive mental health in children and young people in every early learning service and school in Australia. It is a single, integrated national initiative to promote mental health from the early years to 18, led by Beyond Blue, in partnership with Early Childhood Australia and headspace. Be You’s vision is to build an education system in which every learning community is positive, inclusive and resilient – where every child, young person, staff member and family can achieve their best possible mental health. Be You is for all Australian educators across early learning, primary and secondary school settings (including pre-service educators). By ‘educators’, Be You refers to anyone who works with children and young people in early learning settings, primary and secondary schools. Be You committed to supporting the mental health and wellbeing of children and young people from the early years to 18. Be You offers a range of online, evidence-based tools, resources and professional learning aimed at improving the skills and knowledge of educators to support mental health and wellbeing in children and young people. Be You implements a flexible, whole learning community approach. At the heart of Be You is a content framework that provides educators and leaders with a structure for both Professional Learning, and the actions which early learning services and schools can take to implement a whole learning community approach to children and young people’s mental health and wellbeing. An adventure has begun with the launch of Be You – the National Education Initiative – starting a new chapter in mental health promotion.

KidsMatter is a mental health and wellbeing initiative for children. This is an Australian mental health and wellbeing initiative set in primary schools and early childhood education and care services. The KidsMatter website provides a range of fact and tip sheets for families with practical suggestions about ways to support positive mental health and wellbeing outcomes for children. KidsMatter Early Childhood works with early childhood education and care services to support the mental health and wellbeing of young children, their families and early childhood educators using a promotion, prevention and early intervention framework. KidsMatter Early Childhood has a wide range of information sheets about children's mental health and wellbeing for families and early childhood education and care staff.

Conclusions of the two programs evaluations are that they have a positive impact on child-care centers, schools, teachers, parents, and children; including following significance: 1. Reduction in children's mental health problems, 2. Improvements in staff knowledge to assist children with mental health difficulties, 3. Improvements in educators' relationships with children, 4. Changes in students' knowledge about mental health.

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The program in Australia is Mind matters and kid matters. The program itself is initiated from the government of Australia, since the mental health has been a significant priority in there. The program focuses on adolescent which named "mind matters", then followed with early childhood which named "kids matter early childhood". The series of junior high school and primary school mental health programs focused on mental health promotion, prevention and early intervention. The speaker discuss about the Australian Governments focus on mental health of young people and illustrate this focus by describing in some detail a national evaluation that my research team at Flinders University undertook. In 2013, Kids Matter formed a team to develop and produce a toolkit to strengthen the implementation and engagement of Kids Matter primary schools with significant improvement which operated by beyou.edu or beyond blue. Development of the toolkit involved consultation with key stakeholders and that informed the contents of the toolkit.

Kids Matter is a national action in early childhood mental health promotion, prevention, and early intervention initiative specifically developed for early childhood services. It will involve the people who have a significant influence on young children's lives - parents, families, caregivers, child care professionals, teachers, and community agencies - in making a positive difference for young children's mental health during this important developmental period. Kids Matter uses a risk and protective framework to focus on four components where early childhood services can strengthen the protective factors for children's mental health and minimise the risk factors. These four areas make up the core content of Kids Matter, the first is creating a sense of community, and then developing children's social and emotional skills, the third following program will working with parents and carers to helping children who are experiencing mental health difficulties.

The Activity of the Kids Matter Primary trial in 100 schools across Australia over a 2 year period involved a whole-school systemic approach that was guided by a conceptual framework, an implementation process, and provision of additional resources. The intervention was designed to support and involve all members of the school community, including school leadership, teachers, parents and students. The purposes of this developing program were, first to improving mental health and wellbeing

of the students, second is to reducing mental health problems among students, and last but not least achieving greater support for students experiencing mental health problems.

This program was developed from the concept that centered to the positive school community, social and emotional learning for students, parenting support and education and early intervention for students experiencing mental health difficulties. The program the evaluated after 2 years that showed if teachers could effectively positively impact the mental health of children significantly improving the mental health of children while strengthening the protective factors supporting their wellbeing. Finally in 2019, the Federal Government of Australia is consolidating the approach to mental health and the focus of this latest initiative.

討論與回應：NA

結論或建議事項：

Mental health awareness is an important issue for all educators, who are often the first line of defense for all students as my reflections. This kind of topic is highly nutritious for my country, Indonesia. We have to learn how the mental health awareness is finally becoming an important part of a school's function and education. for the future, i want to contribute in developing this kind of program to increase the importance of mental health awareness in the school and engaging the teacher and family as the resources to be the powerful support system.

### Forum I 關鍵論壇（一）

#### Topic: Developing Mental Health School Policy

#### 主題：發展心理健康學校政策

時間：2019年10月5日（六）1115-1235（80'）

地點：101 講堂（中英同步）

Chairman 主持人：郭乃文教授

（中華民國臨床心理師公會全國聯合會理事長/國立成功大學行為醫學研究所）

Panelists 與談人：

1. 新加坡代表 **Prof. Fatimah Lateef** (Member of Parliament for Marine Parade GRC, Singapore)  
**Title: Prioritizing Mental Health Promotion in Schools**  
**題目：校園心理健康促進優先**
2. 加拿大代表 **Mr. Fardous Hosseiny** (Director, Public Policy, Canadian Mental Health Association (CMHA))  
**Title: A Paradigm Shift – Settings Based Approach to Mental Health Promotion.**  
**題目：典範轉移—從以場所為本，到心理健康促進**
3. 台灣代表 **Ms. Yi-Hua Lin**, Legislator, Taiwan  
林奕華立法委員（曾任台北市市議員、臺北市政府教育局局長及新北市政府教育局局長）  
**Title: Policies and Implementation for Children and Youth Mental Health Development: Past and Future**

題目：促進兒少心理健康發展之政策與實施：過去與未來

記錄者：Aima, Evi Nurhidayati, QuyenThao Nguyen, Satriya, Wisnu Sadhana

(北護國際學生，來自印尼)

重點摘要：

In this session, three speakers already explain about application of policy in schools and effect it to children in mental health aspect.

1. Prioritizing Mental Health Promotion in Schools

Prof. Fatimah Lateef (Member of Parliament for Marine Parade GRC, Singapore)

**“Good relationships do not just protect our bodies, but also protect our brain”**

Mental health issues are not confined to adults. Mental disorders threaten stability and order, and media coverage exacerbates this situation by uniformly equating mental illness with violence. As a result, stigma is rampant, spurring family silence, outright discrimination, a lack of parity for mental health care coverage, and social isolation.

The stigma affects personal well-being, economic productivity, and public health, fueling a vicious cycle of lowered expectations, deep shame, and hopelessness. Researchers have called for regular and compulsory education on mental health for youths, in the wake of a study that found a large proportion of this group having misconceptions of mental illness. “Crazy”, “weird”, “scary”, “stupid” and “dangerous” were among the words that came to mind then the respondents heard the term “mental illness”. Half of 1000 youth surveyed who aged between 14 and 18 had used negative words to describe mental diseases.

The teenagers may also lack social support if they find mental illness to be an embarrassing or taboo topic. There is room for improving mental health knowledge and reducing stigma among youths — possibly with the help of campaigns targeted towards youth that are age- and culture-appropriate. Educational programs could be in the form of talks by someone who has a mental condition and should be run regularly or as part of the school curriculum, rather than ad-hoc events, to ensure a sustainable impact.

There is a need to create an awareness, also public education, especially talks to the mother and parents. Prioritizing mental health promotion in school needs to involve the teacher, parents, and student.

In the discussion session, there is a question from the audience asked how to handle the stigma. The speaker answered that to handle the stigma, we need to have three approaches, included: knowledge-correct ignorance, attitude-correct prejudices, and behavior-correct discrimination.

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Prof. Fatimah Lateef addressed the mental health in youth and children. Mental disorders threaten stability and order, and media coverage exacerbates this situation by uniformly equating mental illness with violence. As a result, stigma is rampant, spurring family silence, outright discrimination, a lack of



parity for mental health care coverage, and social isolation. The pain of mental illness is searing enough, but the added layer of stigma affects personal well-being, economic productivity, and public health, fueling a vicious cycle of lowered expectations, deep shame, and hopelessness. Researchers have called for regular and compulsory education on mental health for youths, in the wake of a study that found a large proportion of this group having misconceptions of mental illness. “Crazy”, “weird”, “scary”, “stupid” and “dangerous” were among the words that came to mind then the respondents heard the term “mental illness”. Half of 1000 youth surveyed who aged between 14 and 18 had used negative words to describe mental diseases. This is of concern as fear of stigma is thought to play a key role in the large treatment gap found in the adult population, and this could also present as an issue in the youth population. Besides avoiding treatment, youths may also lack social support if they find mental illness to be an embarrassing or taboo topic. There is room for improving mental health knowledge and reducing stigma among youths — possibly with the help of campaigns targeted towards youth that are age- and culture-appropriate. Educational programs could be in the form of talks by someone who has a mental condition and should be run regularly or as part of the school curriculum, rather than ad-hoc events, to ensure a sustainable impact. There should also be greater emphasis on developing the education aspects of awareness campaigns, and their long-term outcomes must be measured and reviewed.

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The first material was delivered by my professor Fatimah Latief, she gave a speech about prioritizing mental health promotion in Schools. Mental health is fundamental to the good health and quality of life. Mental health promotion strives to find and enhance factors and processes that protect mental health and reduce the risky factors. Mental health promotion can improve people's survival skills and ability to feel empathy and, consequently, protect their mental health and improve their ability to support other members of their community with mental health problems. The promotion of mental health not only addresses mental health of individuals but also the children, school age in particular. There are a significant multitude of presentations in the paediatric and juvenile population, amongst teens and adolescents. Therefore, institutions and nations should preferably have a targeted approach to handling and managing these. Just as in adults, community and even school-based programmes are very important.

At the school or institution levels, it may need to approach mental health wellness through, Create the awareness and student and educator education, doing promotional campaigns and seminars with students, educators, stakeholders, including parents and families of students and establishing Resources sharing platforms. The other following programs are make a training of school counsellors, parent volunteers, SOP for handling Mental health issues that may arise or surface in school. The doing cooperation with NGOs, the community around the school, national level organization and programmes Ensuring the school and institution has such a masterplan is critical so as to make early diagnosis, have an early recognition capability (of those manifesting symptoms and signs of mental illnesses) from amongst the students and also staff.

## 2. A Paradigm Shift – Settings Based Approach to Mental Health Promotion

Mr. Fardous Hosseiny (Director, Public Policy, Canadian Mental Health Association (CMHA))

Mental health promotion programs and efforts emerge conceptually from longstanding intervention that aim to improve overall health population, including suicide prevention and the prevention of problematic substance use, and practically from a need for coordinated and organized programs to supplement individualized services and crisis prevention. Mental Health Promotion Strategy that contains formal policy and a clear mandate, including quality standards for the development, administration and implementation of mental health promotion programs, and the development of a mental health based analysis that will, on a prospective and retrospective basis, encourage consideration of the mental health implications of all federal policies and programs.

Mental health promotion has been provided in the school, home and community, and workplace. The Thrival Kits was a product to promote mental health in Canada.

Thrival Kits™ was developed in 2017-18 through a partnership between CMHA and the Manitoba Advocate for Children and Youth in collaboration with Manitoba teachers. Thrival Kits™ are personal and classroom resource containers that include a variety of materials and activities designed to encourage simple, yet effective, mental health promotion strategies aimed at students in grades 4-6. Thrival Kits™ incorporate evidence-based mental health promotion practices such as personal reflection, mindfulness meditation, stress reduction and coping strategies, and interpersonal skills development.

Children are introduced to six themes that feature a variety of mental health promotion activities led by their classroom teacher. The activities are done throughout the course of a school year and are designed to help children incorporate effective coping strategies into their daily lives, strengthen their self-esteem and sense of identity, and build greater empathy and understanding of one another.

Thrival Kits™ activities are evidence-based, everyday strategies that promote positive mental health practices. These activities can be customized to best suit individual classroom needs, cultural backgrounds of youth participants, and the skill-levels of teachers. The six themes that guide the activities of the Thrival Kits™ are:

- Understanding the importance of mental health promotion
- Celebrating your gifts, talents and strengths
- Empowering yourself with knowledge of your human rights
- Feeling Grateful for the Present and Planting Dreams for the Future
- Respecting yourself and others
- Living mindfully

Classroom Thrival Kits™ include all the materials, lesson plans, and activity instructions that the classroom teacher requires to facilitate each of the mental health promotion activities. Lesson plans and activity instructions are available on-line, accessible by teachers to use in audio and videotaped formats. Teachers can select the format that works best for them and their classrooms.

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Mr. Fardous Hosseiny addressed review of academic literature, national and international public policy, toolkits and guiding documents on mental health promotion. Mental health promotion offers social and economic return on investment and represents a promising landscape that demands greater investments to support its cohesion. It is crucial to revive and implement a national level Mental Health Promotion Strategy that contains formal policy and a clear mandate, including quality standards for the development, administration and implementation of mental health promotion programs, and the development of a mental health based analysis that will, on a prospective and retrospective basis, encourage consideration of the mental health implications of all federal policies and programs. In the short term, strengthen the evidence base for mental health promotion-based policy making by supporting research that draws on economic analysis and program evaluation. In the medium to long-term, boost research funding to support the collection and analysis of epidemiological and economic data to identify key priorities for mental health promotion programming.

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Mr. Fardous Hosseiny addressed review of academic literature, national and international public policy, toolkits and guiding documents on mental health promotion. Mental health promotion offers social and economic return on investment and represents a promising landscape that demands greater investments to support its cohesion. It is crucial to revive and implement a national level Mental Health Promotion Strategy that contains formal policy and a clear mandate, including quality standards for the development, administration and implementation of mental health promotion programs, and the development of a mental health based analysis that will, on a prospective and retrospective basis, encourage consideration of the mental health implications of all federal policies and programs. In the short term, strengthen the evidence base for mental health promotion-based policy making by supporting research that draws on economic analysis and program evaluation. In the medium to long-term, boost research funding to support the collection and analysis of epidemiological and economic data to identify key priorities for mental health promotion programming.

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The second presenter is Mr. Fardous Hosseiny. He presented about a paradigm shift, the settings was based approach to mental health promotion. He describe that mental health promotion is premised on dual continuum model, that mental health and mental illness belong to two separate but correlated dimension among populations. By strenthen with the policy, mental health promotion takes proactive approach, focusing in early and continious development of positive mental health. He makes 6 recomendations which consist of : revive and implement a national level mental health promotion, strengthen the evidence base for mental health promotion based policy making by supporting research, government support funded, replicate, scale and make sustainable population based programs, enhance the impact of mental health promotion in canada, and increase social spending to promote social

inclusion, freedom from violence and discrimination.

### 3. The Implementation of Children and Adolescents Mental Health Promotion Policy: Past and Future

Panelist: Ms. Yi-Hua Lin, Legislator, Taiwan

It was a need for promoting mental health in schools. Taiwan has begun the program to promote mental health at school since 1997 until 2019, the health promoting school's initiative started from 2002. The program involved the school social workers and psychologist. In 2004, Ministry of Education and the Health Promotion Administration under the Ministry of Health and Welfare has been working with local governments and representatives from teachers and parents' groups to sign and promote Health-promoting School Program since 2004. In 2010, the Taipei Student Guidance and Counseling Center has been established. In 2015, the child health research center has been established. The highlight construction for the program was in the 3 times; 2014 for community organization, 2015-2016 for the parent engagement, and 2019 for launching the strategic model for school based program.

The program focused on mental health courses and mental health literacy in schools; promoting depression prevention education for early discovery and early intervention and treatment; better awareness of and knowledge about mental illness; de-stigmatization of the disorders; continuance of the program for onsite school social workers and psychologists while ensuring vacancies of full-time teacher-counselors are filled; support for the professional resources and various services. Some challenges in promoting mental health in school were; (1) lack integration, (2) long-term stigma, and (3) shortage of full time teacher. counselors.

In the discussion session, there are three questions; (1) How to help parent to prepare mental health education? (2) How the resource collaborated in prevention program? and (3) How to apply the mental health education to curriculum. The panelist explained that it was a need to involve parents in this program, because parents were the most persons who thought the solution for their kids got problem related to the mental health. Another important thing that should be done is how to create public awareness to make people not taboo to talk about the mental health. The school principals and counselor should have time to talk openly about the children mental health. In Taiwan, they already have blue print related to the mental health to prepare resources need in this program. To apply the mental health to the school curriculum, it needs collaboration between related institution to analyze the possibility for applying.

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Mental health promotion in school is a need, school is the best place to support positive child development on a population scale, the reason is teacher can reduce the mental health disorder since in early childhood. At school, children will learn many things including socialization, how to manage emotion and anxiety, prevent bullying, depression and suicide, and parenting skill training.

The speaker also talks about how they construct a programs: in 2004 for community organization, 2015-

2016 for the parents engagement and 2019 launch the strategic model for school based program. In promoting mental health at school, they face some challenges like lack of integration, long-term stigma and shortage of full time teacher and counselor.

To improve consciousness and understanding about mental health issues in the community, by 2016 they produce a lot of mental health education material, such as 1) mental Health Educational Resources for Furthering the Healthy Development of Infants and Young Children in the 0-6 Age Range, 2) Thematic Materials for Mental Health Education in Elementary Schools and Junior High Schools, 3) Mental Health Education Resources for School teachers. Besides that, they set off cross-ministerial integration and collaboration for mental health promotion, focus on mental health courses and well-implemented evaluation of mental health literacy in schools; promoting depression prevention education for early discovery and early intervention and treatment; better awareness of and knowledge about mental illness; destigmatization of the disorders; continuance of the program for onsite school social workers and psychologists while ensuring vacancies of full-time teacher-counselors are filled; support for the professional resources and various services.

The speakers explain that they always evaluate their program to increase and strengthen mental health program. Besides that, its need to shared mental model care, a community of practice in mental health, thought leadership, and engagement of everyone and every party concerned.

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Ms. Yi-Hua Lin addressed measures for overall improvement of Taiwanese students' mental health. In order to enhance awareness and understanding of mental health issues among the general public, in 2016 a large number of mental health education materials were produced, including the "Mental Health Educational Resources for Furthering the Healthy Development of Infants and Young Children in the 0-6 Age Range," "Thematic Materials for Mental Health Education in Elementary Schools and Junior High Schools," "Mental Health Education Resources for Schoolteachers". Other policies and programs consist of cross-ministerial integration for joint promotion of mental health in a system of collaboration; stronger focus on mental health courses and well-implemented evaluation of mental health literacy in schools; promoting depression prevention education for early discovery and early intervention and treatment; better awareness of and knowledge about mental illness; de-stigmatization of the disorders; continuance of the program for onsite school social workers and psychologists while ensuring vacancies of full-time teacher-counselors are filled; support for the professional resources and various services.

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The third speaker is ms Yi-Hua, Lin, she brings the title about policies and implementation for children and youth mental development: past and future. She introduce the mental health promotion in Taiwan which the program start in 1997 and in 2019 the program now evolve to constructing and developing a strategic model for school-based curriculum for health promoting school. There were a needs for promoting mental health at school due to: educational policies and measures lack of guidelines and

practical approaches to ensure primary prevention in mental health, its hard to evaluate mental health literacy built through twelve year basic education, and there is lack of mental health course. The approach of mental health focuses on screening and counselling guidance but lacks of primary prevention. At the end of her presentation, she mention about the challenges in promoting mental health at school, that's are of the lack of integrated cross ministerial policies, long term stigma of mental illness and shortage of full teacher counselors in schools.

討論與回應：

There are three questions from audience in the discussion session:

1) How to help parent to prepare mental health education? The speaker explained that it was a need to involve parents in this program, because parents were the most persons who thought the solution for their kids got problem related to the mental health. Another important thing that should be done is how to create public awareness to make people not taboo to talk about the mental health, parents who have children with mental health disorder did not afraid to talk or speak out their children condition and ask for help.

2) How the resource collaborated in prevention program? The school principals and counselor should have time to speak out about the children mental health. In Taiwan, they have blue print related to the mental health to prepare resources need in this program.

3) How to apply the mental health education to curriculum? And since when the mental health promotion in school began? To apply the mental health to the school curriculum, it needs collaboration between related institution to analyze the possibility for applying mental health education. The mental health promotion start from a long time ago, but they did not have legal funding, so they cannot run the program. The speakers explain that they always evaluate their program to increase and strengthen mental health program. Besides that, its need to shared mental model care, a community of practice in mental health, thought leadership, and engagement of everyone and every party concerned.

In Indonesia, the mental health was not being concerned at school. Mostly, every school has school health center to care about the physical care, and the other one was counseling center, for the students who create some troubles at the school. Generally, we did not put mental health education in curriculum. Only health school in the higher education will included it in the curriculum. Since the mental health problem increased, it will be a good chance to collaborate between Ministry of Health and Ministry of Education to try to develop or at least initiate the mental health education in to curriculum of the school.

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As the nurse we need to going back at school where the students can be exposure with mental health issues such as bullying, negative rivalry and they will really ask for help. As my reflection in these 3 speaks, i think its not just important, but crucially needed on building the curriculum of mental health promotion at the school. I hope the policy maker in Indonesia can see the real need of this kind curriculum to build and integrate with our country school based curriculum.

結論或建議事項：

It can be conclude that, mental health promotion in early childhood education can reduce mental health disorder. Besides that, mental health promotion at school can enhance the community (teacher, parent, stakeholder) realize that mental health disorder need to be prevented.

## 平行會議 Parallel Sessions 1A

### 兒童與青少年心理健康促進

## Mental Health Promotion for Children and Adolescents

時間：2019年10月5日（六）1600-1720(80')

地點：101 Lecture Hall (中英同步)

Chairman 主持人：宋維村醫師（天主教若瑟醫療財團法人若瑟醫院）

Speaker 報告人：

1. 馬來西亞代表：

**Ms. Yeow Gaik Choo**

(Clinical Psychologist, Positive2U Life Education Centre, Malaysia)

**Title: A Journey of Life Exploration Derived from Dialogue ~ Explore the Current Situation of Life Education for Young Children**

**題目：對話—探尋生命之旅：幼兒生命教育現況**

2. 新加坡代表：

**Poh Sow Chan Porsche**

(Executive Director, Silver Ribbon, Singapore)

**Phay Yan Deng**

(Clinical Executive, Silver Ribbon, Singapore)

**Title: Youths & Students' Mental Health Initiatives Within/ Beyond Campus: The Singapore Story**

**題目：校園內／外青少年及學生心理健康倡議**

3. 台灣代表：

**陳慧慈 Huei-Tsyr Chen**

Managing Director, Taiwan Happiness Village Emotion Education Association

社團法人臺灣芯福里情緒教育推廣協會研發部部長

**Title: An Authentic Social and Emotional Learning Program for Elementary Schools and Its Implementation in Taiwan**

**題目：台灣原創的小學社交與情緒學習課程及實作**

記錄者：QuyenThao Nguyen（北護國際學生，來自印尼）、張萌佳（北醫學生）



重點摘要：

1. 馬來西亞代表：A Journey of Life Exploration Derived from Dialogue – Explore the Current Situation of Life Education for Young Children

- Mental health issues increased among the young generation
- Importance of life education
- Life education allows everyone to discover their inner strength

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Ms. Yeow Gaik Choo shared her program called Life Education for Young Children. Actually, this is part of program called The Ultimate Care for All Life-from small to adults to the elderly, provided by Positive2U life education center. The vision of this program is to co-create a healthy and harmony global village. She believes that initiate the energy of the seed of heart, nurture leaders with positive growth. This program provides ultimate care for all life from small to adults to the elderly. 4 core values are identified include stability, practicality, calmness, understanding life. She emphasizes the definition of “oneness”. That is integrating caregivers and life as one, integrating learning and life as one, and integrating life and death as one. In the life education program, everyone has chance to discover their inner strength.

2. 新加坡代表：Youths and Students’ Mental Health Initiatives Within/Beyond Campus: The Singapore Story

- Silver Ribbon is a global symbol to promote positive mental health
- Silver ribbon movements currently available in Singapore, Japan, Mexico, India, UK
- Stigma is the main barrier to seeking help for mental health
- Some initiatives for mental health promotion in Singapore include Silver Ribbon Singapore Youth Chapter, Internship Programme, School Mental Health Projects, as well as Mental Health Portal of Cambridge University Malaysia and Singapore (CUMSA)

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The second presentation addressed mental health in Singapore. According to findings from the Singapore Mental health studies in 2016, 1 in 7 people, approximately 13.9% in Singapore has experienced a mental illness in their lifetime. The most common mental health issues in Singapore are depression (1 in 16), alcohol abuse (1 in 24), obsessive compulsive disorder (1 in 28). 1 out of 4, about 78.4% NOT seeking help. Stigma is one if the biggest barriers to help seeking. Mr. Poh Sow Chan Porsche pointed out the reason why Youths & Students’ Mental Health Initiatives are established. One of the reasons is the underlying potential of youths to make a change. Moreover, youths shape the culture and norms of tomorrow. Many youths have the heart and passion to contribute but lack the platform as well as opportunity to do that. SRS Youth Chapter is an initiative by the Silver Ribbon Singapore, led by a group of passionate youths who aim to engage like-minded young people to make a difference and contribute

to our society. Their vision is to raise awareness and combat mental health stigma by involving passion young mental health advocates to promote positivity toward mental health issues through innovative and exciting avenues. SRS school mental health projects offer assistance to students who are working on projects that promote mental health awareness. Common types of school mental health projects include interviews, collaterals sponsorship, fundraising events, and school mental wellness week events.

### 3. 台灣代表：An Authentic Social and Emotional Learning Program for Elementary Schools and Its Implementation in Taiwan

-New mission for Peitou Association from 2001, which is to promote social and emotional learning, previously known as “EQ education”

-The Taiwan Happiness Village Emotion Education Association (THVEEA) was established in 2013.

-Some of the effective program elements include sequenced, active, focused and explicit (SAFE)

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The final presentation was exciting that the presenter Mr. Huei-Tsyr Chen, Managing Director of Taiwan Happiness Village Emotion Education Association revealed the reason why he got himself involved in mental health from an engineer position. That was because he found a new mission for Peitou Association from year 2001: Promoting the EQ education (now known as social and emotional learning, SEL). The main strategy of SEL is that students, parents and teachers learn everything together. The curriculum is developed differently for different grades and getting support by Chen-Yung Education Foundation. The programs for grade 1-2 including 4 volumes will be completed in 2020. These programs focus on emotional competence (emotional recognition, understanding, labelling, expression and regulation), interpersonal competence (empathy, friendship skills, conflict resolution), problem-solving, self-discipline. Elements making the program effective are that it connected and coordinated set of activities to foster skills development, creating active forms of learning to help students, emphasizing developing personal and social skills, and targeting specific social and emotional skills. Other factors for efficacy of SEL consist whole classroom (whole school is better), program with SAFE elements, involvement of parents and teachers, a part of regular class, and opportunities to practice under guidance of teachers and parents.

#### 討論與回應：

Content of Life Education in Malaysia, as well as difficulties faced when running it, method of assessment and outcome measures

-Life education is applied to various levels of society, such as corporates, schools, and the community

-Initially started in adults, but it was found that the earlier one begins life education, the better. Hence it was expanded all the way to preschool students

-Life education contents vary with age. For example, in organizations, people are asked about the definition of life, while primary school students have weekly classes on life education. Secondary school

students learn through group activities

結論或建議事項：

Programs in Malaysia and Taiwan can be merged together, to incorporate life education and social emotional learning.

**平行會議 Parallel Sessions 2C**  
**青少年心理健康促進**  
**Youth Mental Health Promotion**

時間：2019年10月5日（六）1720-1820(60')

地點：拱北講堂（英文場）

Chairman 主持人：丘彥南醫師（臺大醫院精神醫學部主治醫師）

Speaker 報告人：

1. 嚴祥鸞教授 **Prof. Shang Luan Yan**

實踐大學社會工作學系／中華心理衛生協會監事 Professor, Social Work, Shih Chien University/Board Member, Mental Health Association in Taiwan

**Title: Diversity: Teen Pregnancy Prevention Program – Gender Equality in Health.**

**題目：多元觀點：未成年懷孕的性別健康預防方案**

2. 張菊惠副理事長 **Dr. Chu-Hui Chang**

中華心理衛生協會副理事長 Vice President, Mental Health Association in Taiwan

**Title: The Practice of Mental Health Literacy Program in Schools**

**題目：以閱讀為媒介—心理健康融入校園實作經驗**

記錄者：Aima（北護國際學生，來自印尼）

重點摘要：

**1. Title: Diversity: Teen Pregnancy Prevention Program – Gender Equality in Health.**

Shang Luan Yan

Professor, Social Work, Shih Chien University/Board Member, Mental Health Association in Taiwan

There is a common agreement said that boy usually talked to their girlfriend, if the girlfriend loves him, let's do it, and I will be with you. In the fact, although the girl has done it for him, he will leave this girl. One of the effort to prevent early fatherhood in the teenager is by involving the boy in the teen pregnancy prevention program. The other effort that has been don was about encouraging the teen couple to use the contraceptive in their relationship. Gender role constructs were in family, school, media, and culture. Media played a major role to influence people regarding to this issue. Media campaign also tried encouraging teen boys to abstain of sex and use contraceptive if they were sexually active.

In Taiwan, especially in Taipei, there are 137 cases of teen pregnancy in 2014. The speakers tried to do

the diversity models on building healthy identity for rural girls. New Taipei, was a city that look like rural area in Taipei. In this program, the author tried to raise about justice and equality by involving both, boys and girl, in teen pregnancy program. The reasons why boys should be involved in this program was because to be pregnant, there are need two of them, girl and boy. The other reason is although the boys or male cannot be pregnant, it doesn't mean they can be irresponsible. The other important reason was to make boys respect to their partners.

In this program, the speakers involved girls, boys, and parents. The group divided into male student group, female student group, and parents' student group. Collaboration is crucial and critical in building gender equality. By this program, the speaker tried to encourage boys and girl thought about personal responsibility and building healthy relationship. In building healthy relationship, the speaker encourages boys and girl to "recognize, accept, and love yourself". By doing that, they will have the healthy relationship and will help to decrease the number of teen pregnancy in Taiwan.

In this session, I asked about how was the parent's role to control pregnancy in Taiwan?

The speaker answered actually the term "control" wasn't easy thing to do by parents since each of teenager have their own freedom to manage their life. We cannot fully control of them since they can individual learn about everything form the internet, from their phone. So, the most thing that we did was about advising to keep health relationship with their couple and bring them more about the future of their life which they need to responsible for it by their self.

In Indonesia, there is also increasing number of teen pregnancy. By the globalization influence and de-acculturation of the culture, many teenagers have the culture issue value change to keep "the free sex" as a "taboo" thing in the community. The Ministry of health collaborated with the Bureau of Health, and also department of health, through top to the bottom (National to regional level) encouraged the healthcare attendance to promote the teen-pregnancy prevention program used the mass and social media. It is still a low number of participation of the boys to join this kind of the program. It will be good in the future to involve the boys to this program then we will build the gender equality to prevent the teen pregnancy.

## **2. Title: The Practice of Mental Health Literacy Program in Schools**

Chu-Hui Chang

Vice President, Mental Health Association in Taiwan

In this session, the speaker talked about the effort that has been done with the Mental Health Association in Taiwan to introduce mental health in school. The program focused on raising the mental health literacy for the kids in the school. The speaker used a "book therapy" to conduct a reading supportive intervention in elementary schools.

One of the example is about introducing resilience to the kids. Based on the American Psychological Association, there are several roads to the resilience, included; (1) make connection-accept help and

support, (2) Avoiding seeing crisis as insurmountable problems-flexibility, (3) Accept the changes is a part of living, (4) Take decisive actions-face challenges, (5) Nurture a positive of yourself-positive self, (6) Moving toward your realistic goals, (7) looking for opportunities to self-recovery, (8) Keeping things in a perspective and in context, (9) Maintaining a hopeful outlook on life, and (10) taking care of yourself. In this program, the speaker and team tried to make children learned resilience by putting them in “a role” from the book, such as a role to put them felt alike when they losing the game or when they are losing the peer. There are several books talked about resiliency issues included; (1) self-identity, (2) disorders, (3) emotion management, (4) loss/trauma, (5) peer relationship, and (6) family relationship. Not only about the resilience, the association tried to promote mental health literacy through the books with some issues that the children usually faced in their life. By doing this program, the association hoped that the children can be familiar with the part of mental health since early age.

討論與回應：

In this session, there are 2 questions. First question was about how do the teachers empower the students to read that kind of book? The speaker answer that reading the book was included in the curriculum at the elementary school. So, it will be easier for the teacher to encourage the speakers to encourage reading for the students. The second question was from me to ask how did the association teach the parents to choose the right books to read by their children? The answer was there are 3 criteria for the parents to choose the books for their kids. The first criteria, the book should have the similarity with the real situation to identify the same situation. The second, the book should clarify the process of the events happen, and the last was the book should have something to be learnt by the kids from the experience story that has been written.

結論或建議事項：

This session really inspires me to help the kids in Indonesia to have a mental health education through the easy way without taking a long time for the parents to be involved on it. **One thing that should be started to influence the school policy about it was, the analysis of health literacy in the elementary schools in Indonesia.** Since the rate of literacy in general in Indonesia is still low. The other things that can be did was analyzing the available resources for mental health literacy for the kids in Elementary schools. After gathering the data about it, then making a plan to further program that will be available to be did at school related to the health literacy. The other important thing after that is prepare for the Indonesian mental health literacy books for kids to make easy understanding for the kids to learn about the mental health.

平行會議 **Parallel Sessions 3D**  
落實校園心理健康方案  
**Implementing Mental Health in School**

時間：2019 年 10 月 6 日（日）1445-1605 (80’)

地點：215 會議室（英文場）

Chairman 主持人：田秀蘭教授

（國立臺灣師範大學教育心理與輔導學系教授兼副學務長、學輔中心主任）

Speaker 報告人：

### 1. Prof. Phillip Slee

Professor, College of Education, Flinders University, South Australia/Director of the Student Wellbeing & Prevention of Violence (SWAPv) Research Centre

**Title: The PEACE Pack: Antibullying Wellbeing Program**

**題目：PEACE 友善校園反霸凌計畫**

### 2. Suraiya Syed Mohamed<sup>1</sup> & Vanitha Subramaniam<sup>2</sup>

<sup>1</sup>Director, Health Education Division, Ministry of Health Malaysia

<sup>2</sup>Health Education Division, Ministry of Health Malaysia

**Title: PEARL- National Mental Health Intervention to Enhance Resilience Level among Malaysian School Children.**

**題目：PEARL 馬來西亞國家心理健康介入—提升學童心理韌性**

記錄者：Satriya（北護國際學生，來自印尼）

重點摘要：

#### 1. The PEACE pack: Antibullying Wellbeing Program

(by: Professor Phillip Slee)

The purpose of the P.E.A.C.E. Pack is to promote student wellbeing through reducing bullying through school-based strategies. The P.E.A.C.E. Pack provides a stand-alone systemic framework for schools to provide a safe learning and play environment for students. The P.E.A.C.E. Pack costs \$350 (plus \$10 postage and handling). The P.E.A.C.E. pack comprises a 35-page booklet and 12 practical classroom focused fact sheets including ideas for lesson plans. The booklet contains: \* Information about the nature and effects of bullying in Australian and overseas schools \* Details of the outcomes of intervention programs implemented in schools \* A resource list and resources that can be copied for use in seminars, school meetings and conferences The worksheets provide: \* Ideas for policy and grievance procedures \* Examples of lesson plans addressing the issues of bullying \* Details of interventions with bullies and victims \* Ideas for involving parents in anti-bullying programs ; The program is particularly directed at teachers, school counsellors and school administrators interested in implementing or reviewing anti-bullying programs in their classroom or school. It could also be used in conjunction with associated resources by social welfare workers who are delivering programs in schools and communities. The

P.E.A.C.E. Pack also provides specific bullying information in regards to youth with special needs. The P.E.A.C.E. Pack is based on systems theory and constructivism, and is subsequently appropriate for school administrators, counsellors, teachers, parents and students. It is particularly directed at teachers, school counsellors and school administrators interested in implementing or reviewing anti-bullying programs in their classroom or school. It could also be used in conjunction with associated resources by social welfare workers who are delivering programs in schools and communities. The P.E.A.C.E. Pack provides particular information regarding bullying in relation to children with special needs. The P.E.A.C.E. process, through which schools can promote wellbeing through adequately addressing school bullying and violence, is as follows: P - Preparation: preparation and consideration of the nature of bullying E - Education: education and understanding of the issues A - Action: action taken and strategies developed to reduce bullying C - Coping: coping strategies for staff, students and parents E - Evaluation: evaluation, review and celebration of the program

## **2. PEARL-National Mental Health Intervention to Enhance Resilience Level Among Malaysian School Children**

(by: Suraya Syed Mohamed and Vanitha Subramaniam)

In 2018, the composition of children under 18 years is 29.0 per cent, that is 9.4 million children out of 32.4 million population. The number of male children (4.85 million) is more than female (4.55 million). Meanwhile, the composition of children under-5 years is 8.0 per cent (2.6 million) of the total population in Malaysia. The number of male and female children is 1.34 million and 1.26 million persons respectively. The highest percentage of children under 18 years which is 42.9 per cent of the total population in the state (90.4 thousand). This is followed by Kelantan (36.2%) and Terengganu (36.1%). Meanwhile, Pulau Pinang recorded the smallest percentage of 23.7 per cent. In terms of number, children under 18 years are the highest in Selangor with 1.8 million, followed by Sabah (1.2 million) and Johor (1.1 million). In 2017, enrolment in government and government-aided school were 4,888.6 thousand, dropped 45 thousand from 2016. The decreased was attributed largely by the decline of 28.2 thousand in lower secondary and 15.0 thousands in upper secondary as against 2016. Concurrently, primary enrolment also decreased 5.2 thousand to 2,678.6 thousand as compared to previous year. The enrolment in private kindergarten, private primary school and private secondary school increased in 2017 which recorded 364.0, 38.5 and 113.8 thousand respectively.

With this amount of data, it is very clear that intensive programs need to be carried out to increase children's excitement while in school. PEARLS activity is emphasized more on religious activities while at school and mutually support one another because it is in accordance with the culture and culture of the community in Malaysia. PEARLS continue to show positive results in Malaysian school children in Malaysia. PEARLS has been implemented with Malaysia communities.



討論與回應：

結論或建議事項：

## II. Journey of Rehabilitation: Difficulties, Challenges and Break Through 康復者復原之旅：困境、挑戰與突破

### Plenary Speech II 專題演講（二）

#### Title: Reversal Mentally Distressed Conditions: Dilemma and Theoretical Breakthrough

#### 題目：翻轉精神上的困境—理論和方法的突破

時間：2019年10月5日 1335-1405 (30')

地點：101 lecture hall (中英同步)

Speaker 發表者：Yow-Hwei Hu 胡幼慧

Founder of the Phoenix Reborn Art Project, Taiwan /

Associate Professor, National Yang-Ming University (1987–2003)

玄鳥站計畫創始人／前陽明大學副教授

記錄者：Aima, Evi Nurhidayati, Quyen Thao Nguyen (北護國際學生，來自印尼)、

陳竽辰 (北醫傷防所在職專班)

#### 重點摘要：

講者曾任教於國立陽明大學衛生福利研究所，也是研究生經典讀物「質性研究理論、方法及本土女性研究實例」的作者胡幼慧副教授，透過理論，與自身成為精神科病患的體驗，闡述身份轉換的衝擊，並分享她如何透過藝術創作與精神病患以及自己對話，最終找到內心的光亮，找回心靈的平衡。

從公共衛生教育學者，身處社會精英階層，到病患的身份轉變，胡幼慧看見了醫學限制以及病友的孤立無助。她時常自問人世間的痛苦所為何來？越是對他們苦痛或自然界的無常敏感的人，遭受的痛苦越大、越是無法可解。當某個時間點來臨，她決定自我放逐，走入病患身份，在所有對外和資源都關閉時，重新省視自己內心。除卻在畫作中重新訂立自己的形象，找回感恩、富足，她也到精神病院擔任志工，以自己的經驗作為媒介，引導院民透過繪畫符號與外界溝通互動。她認為院民們的創作，每一張都有屬於創作者自己的詮釋，不需其他人來評論，只要體會、欣賞。

胡幼慧將藝術帶入療養場域，鼓勵院民們的創作與自我覺察，也透過出版文宣、舉行展覽等活動讓大眾更有機會接近與理解長期被污名化的這個群體。藝術的救贖，不只體現在胡幼慧的自身，更讓她以此幫助了不少精神病患，最終找到內心的光亮，找回心靈的平衡。

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In this session, the speaker has expertise on the sociologist and advocate for mental health. The author has been swinging between two roles in advocating mental health. In one side, she took a role as a mentally distressed person. In another side, she acted as a crusader for mental health. She was a founder

of academy of authentic art and science Taiwan, also founder of the Phoenix Reborn Art Project, Taiwan. Since mental health related to the cultural, political, and economical issues, the speaker addressed that mental health was important to be concerned. Mental distress for her was complicated that seem to have “no way out”. Some questions raise in herself to ask who is actually suffer or not suffering for mental illness, how to determine people has or no such kind of mental illness. Furthermore, she asks to herself is it possible for someone judge their self that they are normal person even have a mental health. This questions finally being a reasons to take a role as “mental illness” person, and wished to face the internal and external pain including and its challenges in order to find an alternative way out, no matter how difficult it might be.

Phoenix is the mystical bird of rebirth and renewal. A symbol of rising from the ashes and starting again. This piece is dedicated to all of you who have lost, and then picked yourself up again to keep going. She learned self-healing technique about 20 years and try to transform the suffer into life-giving gifts (Such as wisdom, beauty, and gratitude), then try to influence the public by this transformation. So, people with mentally illness will be influenced to have a positive thinking that what happened with them were gifts in their life. The Phoenix Project can be that overturning power that provides much needed recognition and changes to the body of norms in mental health practice.

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The speaker explain about her experience developing a project regarding promoting and preventing mental health. The speaker is a sociologist and advocate for mental health, nowadays, she is exiting in advocating mental health and she has two roles as a mentally distresses person and as crusader for mental health. She also the founder of academy of authentic art and science Taiwan and the Phoenix art Project Taiwan. When she presented her topic, she showed some of the work made by mental illness people in her presentation slides. She also tells us the story behind the paintings made by these people.

In her view people who suffer mental distress seem like no way out for them. She ask her self who is actually suffer or not suffering mental illness, and how to recognize people who really suffering mental illness and not. She also ask herself is there are any possibility for someone who suffer mental illness judge their self as a normal person. Her question lead her to take a role as ‘mental illness’ person, she hope to face internal and external pain, and challenges herself to find a way out even it has difficulty, So she sacrifice herself to make an experiment to answer her questions.

She also mention about her project ‘Phoenix art’, Phoenix describe as a mystical bird of rebirth and renewal, a symbol of rising from the ashes and starting again. The symbol can energize the people with mental illness to have a new energy, when they lost then they can rise up their self and keep going. The founder Phoenix project’s is to empower people with mental illness, people with mental illness will create art like painting or drawing to reflect their self. So painting is one of the therapy for them, painting as a way to express their feelings. So they will draw differently in each time, depend on their feeling, and encourage their brave to express their feeling, not only kept their feeling. She learned self-healing

technique for about 20 years and transform people who suffer into living-gifts (wisdom, beauty and gratitude), she try to influence the community. Her goal is to empower people who have mental illness to have a positive thinking in their self, that their condition is a gift, they should be gratitude.

討論與回應：

Indonesia has so many artists with their own specialities. It was a big chance to developed the art product to mental health also combined by the specific cultural aspects to promote mental health through the art. The opportunity to develop this kind of program is Indonesia was big since Indonesia has many art museums which will be visited by the community. Unfortunately, mentally ill person usually did not have right to go out freely to that kind of museum. It might be promoted through the online, as the alternative. The other strength for developing this program, Indonesian culture actually promote to keep mental health through the value and beliefs which has been practice in Indonesia.

結論或建議事項：

跳脫身份限制重新回歸內心，並藉著幫助他人回饋社會，終究才是尋回內心光亮的唯一解法。It can be conclude that, her works inspiring the people in the community to be aware with mental illness. People with mental illness cannot be kept by her family or their self, but they should find a way to solve their difficulty, and the people around them should be aware with. If the community have a lot of way to solve mental illness, it can improve the quality of life people who suffer mental illness. Her project reflected that there are many ways to deal with mental illness, therapy of mental illness not only medicalize, but people can use their body, mind and soul to healing their mental illness. People should have mental illness awareness to help each other.

### **Plenary Speech III 專題演講（三）**

**Title: Dignity, Equality, and Self-reliance--**

**Psychological Reconstruction in Supported Employment Service in Sheltered Workshops**

**題目：尊嚴平等，自立更生—談經營庇護工場就業服務之心理建設**

時間：2019 年 10 月 5 日（六）1405-1425(20')

地點：101 lecture hall（中英同步）

Speaker 發表者：**Tian-Fu Liu** 劉天富

President, Foundation of Employment of Mentally & Physically Disabled

社團法人中華民國身心障礙者自立更生創業協會理事長

記錄者：Aima, Evi Nurhidayati, Quyen Thao Nguyen, Satriya（北護國際學生，來自印尼）、

陳竽辰（北醫傷防所在職專班）

重點摘要：

台北市身心障礙者自立更生創業協會理事長劉天富，本身是一位重度身障人士。他曾做過一

般障礙者常做的工作，包括街頭賣抹布、面紙等，但深覺這樣的工作其實埋沒了許多身心障礙者的才能與能力，障礙者除了這種工作，應該還有很多其他的機會。在他的觀念中「身體上的障礙不是真的障礙，心理觀念上的障礙才是真正的障礙」，因此他決定站出來成立協會，用以幫助更多身心障礙朋友擁有屬於自己的事業。

劉天富觀察許多的障礙者，發覺有四個共通特色：身/心缺陷、學歷普遍偏低、缺乏工作經驗與人際歷練、主觀意識強甚至有所偏差。這四點普遍使大部分身心障礙者難以融入一般的工作環境，或是反覆遭到資遣，從而形成惡性循環。目前社會上有許多庇護工場，能作為專業能力形成以及心理素質修煉的一個橋樑，但最後的目標，仍是希望障礙者回歸一般職場。在這部分，劉天富一直在尋求和知名企業組織結盟，創造永續職場的型態。如此一來企業組織可以增進企業形象、身心障礙者可以學習專業技能，同時還能創造職場讓訓、用合一，同時也能給大眾看待身心障礙者一個全新的觀念和形象。民國 96 年，神腦國際的手機維修專業部門與協會合作，培訓、僱用身心障礙朋友，是協會一大進展。

劉天富說，唯有自己認為自己尊嚴、平等，才能讓他人真正支持和接受，真正達到心靈健康，回饋社會的目標。

討論與回應：無

結論或建議事項：唯有自己認為自己尊嚴、平等，才能讓他人真正支持和接受，真正達到心靈健康，回饋社會的目標。

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The speaker was a disabled person, who inspired other disabled persons in Taiwan. The important thing that he wants to raise were about the dignity, equality, and self-reliance to reconstruct psychological side of disabled person. He was a president of foundation that focused on the employment for mentally and physically disabled person. The objective of the foundation was offering employment-based training to create job opportunities for the disabled and giving back to society by highlighting stories of disabled people as valuable cases to life education.

In creating job opportunities, the foundation work with business who share their system expertise and knowhow to train disabled people to have professional skill, support their psychological reconstruction, provide job matching service, or establish sheltered workshops to offer and manage diverse job placement. In motivating the other disabled person, the foundation published a magazine which contain some stories of disabled persons who struggles again difficulties in their life. Also, the magazine tried to explain the soft power and contribution of NGOs in Taiwan to support their foundation in promoting social good and the value of life education. This magazine was free on charge and distributed to the privileged people, such as disabled persons, then they can sell it on the street or online.

The foundation also has established the Senao International Mobile Phone Repair Sheltered Workshop for job placement. The foundation also found a breakthrough in addressing the challenges in sheltered workshops' traditional model, tapped into business's system of expertise and know how. In improving quality of human resource, the foundation also tried to improve the ability in various job competencies,

such as organization operation and management of human resource. The foundation also has been created various brand images and partnership models for business strategic alliance.

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The speaker so inspiring, he has disability and have a great work to stimulate other disable people. Physically handicapped people have limitation, but within their limitations they can empower themselves to benefit many people. They can do anything that normal people can do, if we facilitated them and give opportunity. Develop and increase their ability to do something. The most important things are raise their dignity, equity, and self-reliance to strengthen mental and physic of disable people. The foundation set goals, the first goal is offering employmentbased training as a way of creating job opportunities for the disabled, the second goal is giving back to society by highlighting stories of disabled people as valuable cases to life education. The foundation set some methods to create job opportunity, the first method work with businesses who share their systems of expertise and knowhow to train disabled people on professional skills, support disabled psychological reconstruction, provide job matching service, or establish sheltered workshops to offer and manage diverse job placement. Second, publish life issue, a magazine that promotes social good and the value of life education by featuring stories about disabled people's struggles against difficulties as well as the soft power and contribution of NPOs in Taiwan. Third, give free copies of life issue to less privileged people, such as the disabled, so that they can sell magazine on the street or online, by being involved in this cultural work, they generate income while promoting cultural participation and life education to the society. Besides that, NGOs in Taiwan also have a contribution to support the foundation to promote social good and the value of life education for disabled people.

The foundation successfully established the Senao International Mobile Phone Repair Sheltered Workshop for job placement. But they also found the challenges in addressing challenges in sheltered workshop traditional operation model; tapped into business system of expertise and know how, strengthen various job competencies such as organization operation and management, of disabled people in sheltered employment; created various brand images and partnership models for business strategic alliance.

The speaker also highlighted that disabled people's need for psychological reconstruction that requires deeply-rooted core values, power for perseverance, tactful empathy, sense of responsibility to face up to stress, activeness to proceed without hesitation. The foundation also need strategic alliance that will fulfills their corporate social responsibilities, creates a prosocial-good image, reduces their operating costs, establishes relationships of co-opetition and complementariness.

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The sheltered employment service for people with disabilities is one of the employment models which promotes and establish sheltered workshops and provides sheltered employment services for people with disabilities who are willing to work but have insufficient skills. People with disabilities who cannot enter

the competitive employment market or sheltered employment over the short term will be provided training in the sheltered workshops. This program purpose was combining government and social resources to build a perfect sheltered employment mechanism in order to provide employment opportunities for people with disabilities and to protect their labor rights and interests. Method of program were: 1. People with disabilities who need sheltered employment but have insufficient work skills are the evaluated by vocational counseling units after being referred by employment reconstruction service window of the local government. Those who meet the requirements will be assigned to suitable sheltered workshops to work if they pass the evaluation conducted by the workshop concerned. Those who fail in the evaluation will be transferred by such window to receive services from other suitable units. 2. People with disabilities in sheltered employment shall be entitled to the Labor insurance and National Health Insurance, and their salaries shall be settled by the sheltered workshop and shall not be subject to the basic wage limit. The concluded labor contract shall be reported to the local labor competent authority for approval and reference. 3. The sheltered workshop shall, according to business needs, set up supervisors, professional or operational personnel to provide on-site assistance and counseling. The qualifications and appointment of professional staff shall be carried out according to the regulations prescribed in the Guidelines governing the appointment and cultivation of professional personnel of occupational reconstruction service for people with disabilities. 4. Sheltered workshop provides sheltered support, employment transition and relevant services for people with disabilities who need shelter. The facilities in such workshops provide an accessible environment in accordance with the needs of the people concerned. 5. Sheltered Workplace trainees: the occupational reconstruction case administrator shall recommend and introduce people with disabilities who want to work but lack employability and cannot enter the competitive employment market or sheltered employment in the short term to enter a sheltered workshop to learn. The administrator will also provide them with relevant services including sheltered workshop learning adoption, job skills training, employment transition and resource assistance.

#### 討論與回應：

In Indonesia, there is still lack of concern to promote psychological reconstruction for mental illness and disabled person. We have some institutions which focused on it but it was just a small amount and cannot covered for widely disabled population in Indonesia. Recently, there is a business company which encourage the disabled person to have their opportunity to have the same dignity to work as the normal people. We need a concern from Ministry of Social and Welfare to collaborate more by the NGO or other business company to improve the dignity for mental illness and disabled person in Indonesia since we knew that only limited budget from the government to concern for this privileged society.

Audience ask him how the foundation put them to work and how to ? The speaker explain that the foundation have some cooperation, networking with other businesses to give disabled people job, and



the foundation give them training to enhance their skills, so the businesses satisfy with their work. Besides that, the foundation never stop to promote and build partnership with NGOs to establish their program and always innovate their program.

結論或建議事項：

All in all, disabled people have their rights to develop their ability. The foundation, NGOs, should facilitate them so they can live independently and be useful for themselves and others.

This program is very useful. Persons with disabilities in particular will feel valued as a whole human being. it's important that every country pay attention to this aspect. because every citizen must have the same rights and opportunities in self-actualization in their respective environments.

Finally, the speaker mentioned that to reconstruct psychological side of mental illness and disabled person, we needed to use the empathy, sense to handle the stress, and activeness to proceed without hesitation.

## Forum II 關鍵論壇 (二)

**Topic: Experiences in Mental Health Promotion for People Living with Mental Illness**

**主題：康復者心理健康促進的各國經驗**

時間：2019 年 10 月 5 日 (六) 1425-1545 (80')

地點：101 lecture hall (中英同步)

Chairman 主持人：胡海國醫師 (臺大醫學院名譽教授)

Panelists 與談人：

1. 紐西蘭代表：因病臨時取消行程

**Andrew Lu** (Peer Support Specialist, RI International, New Zealand)

**Title: Recovery and Beyond**

**題目：復原與超越**

2. 台灣代表：

**Sun Te-Li** (Director, Concentric Circles Community Rehabilitation Center, Taiwan)

孫德利主任 (同心圓社區復健中心)

**Title: Follow the Season Start Living Recovery**

**題目：跟隨時令啟動復原生活**

3. 香港代表：

**Deborah Wan Lai Yau** (Past President, World Federation for Mental Health)

**Title: Policy Formulation of Rehabilitation in Hong Kong on Mental Wellness**

**題目：香港心理健康康復之政策制定**

4. 澳洲代表：

Ms. Janet Meagher AM (Former Secretary, World Federation for Mental Health / Independent Advisory Council of National Disability Insurance Scheme (NDIS), Australia)

**Title: Making Advocacy a Tool for Reform.**

**題目：精神復健體系改革之鑰——發展同儕支持者服務模式**

記錄者：Aima, Evi Nurhidayati (北護國際學生，來自印尼)

重點摘要：

1. Follow the Season Start Living Recovery

Sun Te-Li (Director, Concentric Circles Community Rehabilitation Center, Taiwan)

In this session, the speaker shared about how to improve mental health through bringing people close to the nature. People are given opportunities to have live experiences day-by day tasks such as getting food ingredients from markets or vegetable gardens, preparing and cooking meals, eating, and cleaning up. The activities according to seasons and changes in surroundings.

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The speaker explain that his community center help people to manage their mental illness. Their center give rehabilitation and give opportunity for people to try to work and feel a sensation of achievement and feel new life experiences in a day-by-day tasks for example getting food from market/garden, preparing and cooking meals, eating, and cleaning up. These activity help people transformed from people who depend on other people and cannot take care of themselves become someone who can engaged in housework, fulfilling their potential function and finding their place. The center have a lot of work for rehabilitation, their work depend to seasons and changes in surroundings. The activity for examples before lunar year they make traditional savory and sweet rice cakes, in April they pickle crunchy plums, and others seasons they have others activities. They create a lot of activity to help people release their stress.

2. Policy Formulation of Rehabilitation in Hong Kong on Mental Wellness

Deborah Wan Lai Yau (Past President, World Federation for Mental Health)

Hongkong has a rehabilitation program plan (RPP) according to the policy 2017 which is set up and review by the rehabilitation advisory commitee. The program was set on the short, medium, and long-term program. The stages of review were include: first, is scoping stage; second, is formulation of recomendation stage; and the last is consensus building stage. Nowadays, the RPP focused on the gerontechnology.

The purpose of RPP is to develop the capabilities Persons With Disabilities (PWD), to create barries free environment and with a view to ensure PWD can participate in full and enjoy equal opportunities with regard to their personal life and personal growth. The mission of the program is to providing quality rehabilitation services to service users, working with the team to achieve the prime service and promote

mental health to the public.

The specific topics in RPP were; accessibility, employment support, mental wellness, special needs, and disability inclusive culture. The 3 main areas of mental wellness, were on early identification/early time referral, which are need to strengthen primary mental health services and shorten the waiting time of patients with common mental disorder (including depression) for public health services. The second is Recovery and social integration, which were need to enhance support for the community carrers, to regulate mental health program, build the family support resource center. The last but not least is promoting public education on mental health, which were by synchronize service profiles of individuals between government and non government organizations.

The main problem faced by the government was the waiting line time was too long, around 7 weeks. They are still trying to improve it. The interest question come in the discussion, the audience asked about it, then how to handle the situation after the chaos happened in Hong Kong? The speaker answered that they are still trying to improve the service, because tsunami for mental health people will increase after 2 months.

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Speaker from Hongkong explain, in Hongkong they have rehabilitation program ‘Rehabilitation Program Plan (RPP)’. In Hongkong estimated to have 147.300 persons with mental illness/mood disorder, 10.200 autism, 17.700 specific learning difficulties, 12.800 attention deficit/hyperactive disorder. RPP has three stages of review, first stage scoping, second formulation of recommendation, third consensus building. The purpose of RPP to develop the capabilities of persons with disabilities, guiding principle, exploring cross sectoral collaboration. RPP also has five specific topics include accessibility, employment support, mental wellness, special needs, disability inclusive culture. Hongkong applies good practice of mental health such as promoting public education on mental health and MINDSET College support by four NGOs. Mindset college is an educational platform which provides diversified recovery-focused training and courses on mental health and self-management. The speaker explain that in Hongkong waiting list to get mental illness treatment for about 70 weeks. Hongkong RPP still in progress and expected to be completed at the end of 2019.

### 3. Making Advocacy a Tool for Reform

Ms. Janet Meagher AM (Former Secretary, World Federation for Mental Health / Independent Advisory Council of National Disability Insurance Scheme (NDIS), Australia)

Advocacy is the mechanism we use to empower, firstly ourselves, then others we assist.

Five major changes were identified in advocacy building which were, **change needs to be radical, change must include consumers, change must identify and support consumers’ leaders, collaboration and cooperation at all levels aand all groups and consumers to be involved in**

**preparing and giving lecture.** Consumers must know about “their valued place in society” and “their right”. Knowledge is power.

In conclusion, that the families, organizations and government can work together towards “Making Advocacy a tool for reform” by the look at types of advocacy in particular situations, how to doing empowerment and defining the role of recovery in a consumer life to make them better able to cope, as more productive.

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The third speaker from Australia talk about advocacy in mental health, advocacy is about rights because consumers should be informed of their valued place in society and of their rights. Consumer need to be educated, so they have enough knowledge to empower themselves, helpful to fellows, confident, better able to cope and productive member of society. Advocacy is the mechanism use to empower ourselves hopefully can assist or befriend to others. Advocacy is stages of reform, before recognized it should passes three stages: ridiculed, opposed and self-evident.

討論與回應：

“Follow the Season Start Living Recovery” program will be a good solution for improving mental health in Indonesia since there were available natural resources and communities who can contribute with this program. People in the urban city can skip for a while to the rural city to get more fresh air and improvement of mental health by engaging the activities to close to the nature in the village. The urban and sub-urban government can further plan about this program to help people to improve their mental health.

In this session, I asked to the speaker about the length of the program establishment, what’s the challenge, and is there any differentiated between urban and non-urban citizen about the program, and how to maintain the program. The program has been established about 5 years, and it was struggling. Nowadays, we faced some challenges, such as short of land to be used, and different lived experienced between provider and consumers. Overall, the activity was not different for urban or non-urban people, because the aim of the program was improving mental health using the nature.

Question from audience, is there any different activities between people who live in the urban and rural area when people want to join the rehabilitation? the speaker explain that the program in the community depend on the seasons not depend on the people come from, because every people can join with this center to try and enjoy their activities programs, so people can choose which program they interest to try. And this program is not limited only for people with mental disorder, but every people can join with this center. Because one of their goal is to prevent people suffering mental disorder/illness. Even normal people can join the program activities to reduce their stress and feel relax.

結論或建議事項：

平行會議 Parallel Sessions 1B  
**Consumers and Caregivers Mental Health Promotion**  
**康復者心理健康促進**

時間：2019年10月5日（六）1600-1720(80')

地點：全球廳（中文場）

Chairman 主持人：萬心蕊教授（東吳大學社會工作學系副教授）

**康復者敘說**

1. 曾玉如護理師 **Yu Zu Tseng**

（新北市康復之友協會 New Taipei City Association for Mental Ill Nurse）

2. 胡幼慧 **Yow-Hwei Hu**

（玄鳥站計畫創始人 Founder of the Phoenix Reborn Art Project, Taiwan /Associate Professor, National Yang-Ming University）

**Title: From Cuckoo's Nest to Art Phoenix Station - A Transcending Life Story**

**題目：從「杜鵑窩」到「玄鳥站」—超越「專家」V.S「病患」的生命故事**

3. **Ms. Lily Wu**

Peer Support Worker, Mental Health South Western Sydney Local Health District Liverpool Hospital

**Title: Living Library – Sharing the Journey with Community Stories**

**題目：真人圖書館—社區共讀康復之旅**

記錄者：NA

重點摘要：

討論與回應：

結論或建議事項：

平行會議 Parallel Sessions 1C  
**Addiction and Mental Health**  
**成癮與心理健康**

時間：2019年10月5日（六）1600-1720(80')

地點：拱北講堂(R117)（英文場）

Chairman 主持人：張淑慧執行長

（國立臺灣大學中國信託慈善基金會兒少暨家庭研究中心）

Speaker 報告人：

1. 李志恒 **Jih-Heng Li**

(高雄醫學大學藥學系／前藥檢局局長 Professor, School of Pharmacy, Kaohsiung Medical University)

**Title: Prevention and Treatment of Substance Addiction: Challenges and Strategies for the Multidisciplinary Issue**

**題目：藥癮防治的跨領域議題：挑戰與因應策略**

2. 王智弘教授 **Chih-Hung Wang**

國立彰化師範大學輔導與諮商學系教授兼本土諮商心理學研究發展中心主任／中華本土社會科學會理事長

Professor, Dept. of Guidance and Counseling & Director, Center for Indigenous Counseling Psychology, National Changhua University of Education/President, Chinese Indigenous Social Science Association

**Title: School Mental Health Strategy for Internet Addiction Prevention.**

**題目：網路成癮防治的學校機構心理健康策略**

3. 許福生 **Fu-Seng Hsu** (中央警察大學法律學系教授兼系主任 Director, Department of Law Central Police University)

**Title: On the treatment and prevention of drug users in Taiwan**

**題目：論台灣毒品施用者之處遇與防治**

記錄者：NA

重點摘要：

討論與回應：

結論或建議事項：

平行會議 Parallel Sessions 1C

**Resilience and Addiction Prevention**

**韌性養成與成癮防制**

時間：2019年10月5日(六) 1720-1820(60')

地點：101講堂(中英同步)

Chairman 主持人：陳宜民立委

Speaker 報告人：

1. 柯慧貞副校長 **Huei-Chen Ko, Ph.D.**

亞洲大學心理系/網路成癮防治中心,

Vice President, Asia University / Chair Professor, Dept. of Psychology & Center for Internet Addiction Prevention and Treatment, Asia University

**Title: The Effectiveness of the Therapeutic Residential Camp in Problematic Smartphone Use**

## and Gaming Among Teenagers

題目：戒網癮親子營隊對青少年問題性智慧型手機和遊戲使用的介入成效

### 2. 柯志鴻主任 Chih-Hung Ko

高雄市立小港醫院精神科主任/高雄醫學大學附設醫院精神科主治醫師

Director, Dept. of Psychiatry, Siaogang Municipal Hospital, KMU / Dept. of Psychiatry, KMU Hospital

**Title: The Role of Resilience in Gaming Disorder**

題目：韌性在遊戲成癮防治的角色

記錄者：Evi Nurhidayati（北護國際學生，來自印尼）

重點摘要：

The first speaker explain the growing problems associated with internet and smartphone addicted. Gaming and smartphone overuse is become a prevalent and serious problem for adolescent. The prevalence for at-risk smartphone addiction in Taiwan increasing every year. They conduct research to solve smartphone and gaming addiction, they conduct intervention study to overcome the problem. The objective of the study to develop the first therapeutic residential camp for teenagers in Taiwan; abstinence from internet, smartphone, gaming, but gaining high senses of belonging, mastery, pleasure, meaningful; to evaluate its effectiveness in problematic smartphone use and gaming among teenagers.

Not only conduct study, they also learn how the intervention from other countries. The study about therapeutic residential camp, they set some activities in the camp such as cognitive behavioral therapy, frontal lobe training, outdoor exercise and activities, individual and group counseling. After two years intervention, the result showed that there are a big increases, they no longer experience smartphone and gaming addiction and their parents satisfy with the residential camp. Besides that the result provides the first empirical evidence to demonstrate the high effectiveness of TRC for problematic smartphone use or gaming in teenagers. The speaker also explain the limitation of their study need to add self-report measures, to use app monitoring smartphone usage time. And for further study need to examine the long-term effectiveness of this model with larger participants populations and in gaming or social networking site users and systematically investigate comparative effects with the other intervention models.

The second speaker talk about the resilience in internet gaming. Online gaming can cause someone die, for example they found mysterious death of live-streaming gamer after gaming marathons for 20 hours in 2017. The speaker explain that actually gaming not only have a negative effect, but a healthy gaming could enhance education, training, and skill development. The pattern of gaming is often persists in spite of awareness of increased risk of harm to the individual or to others. Personal resilience includes self-efficacy, emotional regulation, flexibility, humor self-regulation, personal wellbeing, motivation. Interested in and engaged in daily activity is the best way to promote resilience. There are some program resilience in prevention such as motivation promote a healthy interesting leisure activity; emotional



regulation to establish social interaction in school at high risk community to promote resilience; keep organization and self-regulation to promote thinking and organizing daily activity since childhood; daily exposure for risk group for monitoring and regulation, provide alternative experience and educating for gaming disorder.

討論與回應：

The question from audience, how the parents involvement to overcome their children gaming and smartphone addiction, I saw in your presentation slides showed that parents satisfy with the residential camp? The speaker explain that researcher involve parents in this study, the intervention not only for the children who addicted with gaming and smartphone, the researchers give a booster program for parenting training. The researchers evaluate the parenting training periodically every 2 months then 4 months and 8 months, and after the study finish the program not automatically stopped. But they still have a connection to monitoring the progress.

結論或建議事項：

## 平行會議 Parallel Sessions 2B

### Community Mental Health

#### 社區心理健康

時間：2019年10月5日（六）1720-1820(60')

地點：全球廳（英文場）

Chairman 主持人：張鳳航教授（臺北醫學大學傷害防治學研究所）

Speaker 報告人：

1. 泰國代表：

**Mrs. Suchada Sakornsatian**

(Senior Consultant, Srithanya Hospital, Thailand)

**Title: Neuro Balance Program for Autistic Persons**

**題目：自閉症患者神經平衡方案**

2. 菲律賓代表：

**Dr. Tan Cho Chiong**

(Psychiatrist, Institute of Medicine, Far Eastern University Nicanor Reyes Medical Foundation, Philippines)

**Title: A Holistic Community Programs for Psychosocial Rehabilitation of Drug Addicts.**

**題目：為藥癮者心理社會發展之康復提供全面性社區方案**

記錄者：張萌佳（北醫學生）

重點摘要：

## 1. 泰國代表：Neuro Balance Program for Autistic Persons

-Neuro balance refers to improving 3 key systems of the body, including neural network, biochemical system, and oxygen

-Brain Mapping

-Outside-In, Inside-Out model to increase the capacity of autistic people so that they reach the same level as normal people

-In a study, outside-in model uses an Autistic Treatment Evaluation Checklist, while the inside-out model uses brain mapping. Most of the subjects have improved in social skills through this model

## 2. 菲律賓代表：A Holistic Community Program for Psychosocial Rehabilitation of Drug Addicts

-Drugs can lead to lower productivity due to occupational diseases and injuries, higher health care costs, spread of infectious diseases, family breakdown, and so on

-Drug dens

-Drug dependence is a treatable chronic and relapsing condition that is often associated with mental health conditions

-Various initiatives have been implemented to reduce drug addiction and poverty.

-Policemen learn **“Tuina” and cupping for community services”?**

-Drug addicts learn “Tuina” as well as making of herbal medicine

-Education is a great way to help people get out of poverty but this can happen only in strong families

-The government alone cannot do the job of drug eradication. NGOs and citizens should take part in the fight against drug abuse.

討論與回應：

### 1) Most common drugs used in Philippines

-The most common drug used is amphetamine, followed by marijuana

### 2) For “Tuina” and cupping, were there any issues of possible risks being brought up?

-The full learning process of “Tuina” usually takes years. But for the drug addicts and needy people involved, they only learn the basics.

-Measures have also been taken to minimize risks.

### 3) Effectiveness of “outside-in” and “inside-out” models

-Both are motivating but “outside-in” is more effective. Together, they provide a balanced rehabilitation program.

結論或建議事項：

It takes the cooperation of everyone for mental health promotion.

### III. Strategies to Strengthen Mental Resilience in the Face of Climate Change and Disaster

災難心理健康－強化心理復原及社區韌性

#### Forum III 關鍵論壇 (三)

##### Title: Development of Disaster Mental Health Policy

題目：歷經災難如何安定國家心理健康：訂定災難心理健康政策

時間：2019 年 10 月 6 日 0910-1020 (80')

地點：101 lecture hall (中英同步)

Chairman 主持人：謝臥龍教授／主任 (高雄師範大學教學發展中心)

Panelists 與談人：

1. 泰國代表：

**Dr. Samai Sirithongthaworn**

(Deputy Director, Department of Mental Health, Ministry of Public Health, Thailand)

**Title: Mental Health Crisis System in Thailand**

題目：泰國心理健康危機處理系統

2. 印尼代表：

**Dr. Prianto Djatmiko**

(Director, Adult Mental Health Division, Ministry of Health, Indonesia)

**Title: Mental Health and Psychosocial Support Policy in Indonesia**

題目：印尼心理健康與心理社會支持政策

3. 台灣代表：

謹立中司長 (中華民國衛生福利部心理及口腔健康司)

**Dr. Lih-Jong Shen,**

(MD.MHS., Director-General, Department of Mental & Oral Health, Ministry of Health and Welfare, Taiwan)

**Title: Disaster Mental Health Services in Taiwan**

題目：台灣的災難心理健康服務

記錄者：Aima, Evi Nurhidayati, QuyenThao Nguyen, Satriya, Wisnu Sadhana (北護國際學生，來自印尼)、李秉融 (台大學生)

重點摘要：

泰國代表 (心理健康與危機處理系統)：

1. 由於泰國的地理和社會因素，災害發生頻仍，在 2004 的大海嘯造成大規模的傷亡，讓泰國當

局意識到災難處理的重要性，並創立災難心理健康危機處理系統，開啟了泰國災害新理健康處理的發展。

2.心理健康與危機評估團隊(MCATT) 在海嘯發生後開始運作，他們使用 2P2R 技術—預防(prevention)、預備(preparation)、反應(response)、復原(recovery)來應對災難心理健康的處理；同時，在危機發生時他們也使用 3L 技巧，連結(link)、傾聽(listen)、觀察(look)為個案心理急救、評估狀況。時至今日，當局也持續致力於落實災後心理健康。

Dr. Samai Sirithongthaworn. He delivered speech about the mental health crisis in Thailand. He inform that the huge problems in Thailand started to the Southernmost area (Pattani, Yala, Narathiwat, and some parts of Songkla) have faced continuous violence problems since 2001. Mental health services system is not well established due to a scarcity of mental health professionals in the affected area. Shortage of psychiatrists in the southern border province (Pattani, Yala, Narathiwat).

Thailand faced several disasters, included Tsunami in 2004, and Man-made disasters such as Armed Conflict in southernmost Thailand from 2004 until now. Mental health services system is not well established due to a scarcity of mental health professionals in the affected area. Shortage of psychiatrists in the southern border province (Pattani, Yala, Narathiwat). Mental health crisis assessment and treatment team (MCATT) was founded in 2011 after flooding across the Thailand, which resulted in a total 815 deaths and 13.6 million people affected.

The major roles of MCATT teams are to do Psychological First Aid (PFA) and rapid assessment of psychological impact, finding persons who have high risk to develop mental health problem for follow up (stress, depression, and suicidal idea) and establishing the referral system for mentally ill patients. **The 2P2R (Prevention, Preparedness, Response, and Recovery) concept** has been used for disaster risk reduction and build back better and safer.

印尼代表 (心理健康與心理健康政策)：

1.印尼因為地理(位處火環圈、板塊交界)和人文因素，造許多災害的發生，而在南亞大海嘯後災害心理健康意識萌芽，政府開始重視災害心理健康處理，推動多項相關法案、政策，並設立了災害管理署，專門負責災害相關業務。

2.雖然在災後發生時，許多 NGO 會前來幫忙，但在幫忙的過程中，也可能因不了解當地或沒有進行整合而造成傷害，因此當局也設立規定來規範 NGO 的協助；此外，當局致力於跨部門整合，像是與精神學會、心理健康護理學會、企業等合作，一同為災害心理健康付出心力。

Dr Prianto Djatmikois active as director of adult mental health division, Ministry of Health Indonesia. He give a speech about the mental Health and psychosocial support policy.

Indonesia was a disaster market due to located along the Pacific Ring of Fire and faces many natural threats including earthquakes, tsunamis, volcanic eruptions, flooding, and droughts. The country has experienced an average of 290 significant natural disasters annually over the last 30 years. The biggest disaster in Indonesia was 2004 Indian Ocean Tsunami which killed approximately 220,000 people across four countries, 167,000 in Indonesia alone, and cost an estimated \$10 billion in damages.

The disaster management that introduced by the Indonesian government in 2007 and in a year later, Indonesia created **the National Disaster Management Agency (Badan Nasional Penanggulangan Bencana, BNPB)**. The new shift led to the strengthening of the country's disaster management agency, and the addition of district branches and representatives for regional area. More work is needed at the local level as well as integration of disaster risk reduction in government departments. Under **Indonesia's 2007 Disaster Management law**, provincial and district administrations are mandated to head disaster management during a crisis. However, the BNPB and **the military** are prepared to step in when requested.

The disaster management not only focused for **the physical need, but also psycho-socio-spiritual needs**. In order to fulfill the human needs, the National Disaster Management Agency collaborated with every part of related such as **psychologist, psychiatric, spiritual expert, community leaders**, and etc to recover together after disaster.

#### 台灣代表（災難心理健康服務）：

- 1.在 1999(921 地震)前，台灣的災害心理健康處理發展不多，政府與志工團整合不佳。地震後，災害心理健康服務開始發展，在這其中，社區在心理健康中扮演關鍵性角色。
- 2.在災害處理中**政府需要做到垂直和橫向溝通**，且要能與學校合作並給予指導；同時，也要培訓災害心理健康人員，建立資料庫、人才認證的標準與工作指標，並將新的服務模式融入原先的模式中，如此一來才能在災害發生時，做出及時且有效的回應。
- 3.從近年的這些災難中看見需要努力的地方，像是**社區要發展出更強的韌性、NGO 與政府要做好溝通**，才有辦法在建立更好的應對能力。

Dr. Lih-Jong, Shen explains about the inception of Taiwan disaster mental health was in September 21<sup>st</sup> earthquake, 1999. Then executive yuan approved "**healthcare services and public health project-livelihood rebuilding initiative post disaster restoration**" on March 23<sup>rd</sup>, 2000.

The speaker then, explains about disaster mental health strategies, which are: 1.establishing mental health services system by optimizing disaster mental health system and organization and 2. formulating mental health response plan and mobilization plan. 3. Strengthening mental health services network and 4. Educating and training mental health professionals and developing mental health services models and standards. 5. Developing or revising mental health training materials of relevant professionals; 6. Incubating disaster mental health talents and to establish accreditation. 7. Establish disaster mental health manpower database, 8. Doing research in disaster mental health services. And last but not least 9. establishing performance measurement indexes for disaster mental health services.

#### 討論與回應：

發言者 1：看到演講中天災對人們的影響時十分讓人震驚，如今氣候變遷讓天災更常發生，而有些人因此有容易遭遇到天災，讓我們的災害處理系統面對更嚴酷的挑戰，我們該如何才能讓社會

做好防災準備？另外，南亞海嘯後的心理健康計畫可能太短，可能需要有更長期規劃，因為長期的心理健康是必須要被重視的。

印尼代表答：我們的災害處理部門人力資源不足，確實在長期規劃的部份不夠縝密，未來可能需要跨部會協調整合，才能讓心理健康做的更到位。

泰國代表答：泰國 2004 年後才成立心理健康司，心理健康的業務才發展，在未來也有許多努力空間。

台灣答代表：台灣的災害處理統在八仙塵爆讓現有的公衛系統面臨嚴峻挑戰，不過也讓大家重新評估目前的系統是否有足夠強度面對大型災難，同時也告訴我們需要更多資源來促進心理健康。

發言者 2：本身是消防義工，看到許多消防人員在處理災害後傷害了自身的心理健康，但卻沒又受到妥善處理，因此希望消防人員心理健康議題可以被大家重視，並期望未來能發展出更加完善的因應措施。

發言者 3：巴基斯坦同樣也遇到諸多災害，面對了向泰國、印尼、台灣一樣的問題，可以讓彼此互相學習。另外，在演講中並沒有聽到跟婦女有關心理健康議題，但婦女心理健康也相當重要不該被忽視。

#### 結論：

主持人：泰、印、台在近 10-20 年內都經歷到數個重大災難，因而建立了一些災難應變機制，甚至是組織改造和立法，在災害心理健康處理方面絕對還有不少進度空間，且需要更多資源，也因為也有問題、需求相似的部分，我們應該要在心理衛生的議題上有更多的合作，希望在未來有更多機會一起來處理災害心理健康問題，並期盼最終能促進全民的心理健康。

The reflection of these three speakers is we need to be aware with disaster itself, which is unpredictable, deadly and harmful. Disaster management take the prima role on avoiding the mental health disorder. By the other 2 speakers from Thailand and Taiwan, we can learn how they formulate health crisis team which will be take the main role if the disaster suddenly come and how the management of disaster should be formed. I think my country Indonesia need to strengthen the management and rebuild the disaster management which in accordance with WHO standard to doing preparedness for the natural disaster which is unpredictable in the future.

### Forum IV 關鍵論壇 (四)

**Title: Community Resilience Models ~ Taiwan's Experiences**  
**題目：社區韌性的展現模式：透過社區協力，集體面對與轉化**

時間：2019 年 10 月 6 日 (日) 1045-1145 (60')

地點：101 lecture hall (中英同步)

Chairman 主持人：陳正宗醫師 (高雄市立凱旋醫院前院長)

Panelists 與談人：

1. 駱慧文教授（高雄醫學大學）& 謝依娜（台北醫學大學醫學人文研究所）

**H.W. Angela Lo<sup>1</sup> & Ierna Shieh<sup>2</sup>**

<sup>1</sup>Associate Professor, Department of Medicine, Kaohsiung Medical University

<sup>2</sup>Graduate Student, Institute of Medical Humanities, Taipei Medical University

**Title: Medical University Constructing Community Mental Health and Smart Living Strategies after the Kaohsiung Gas Explosion Disaster**

**題目：高雄氣爆災後心理健康與智慧生活社區營造方略**

2. 陳世聰校長（屏東縣長榮百合國小）& 蕭媽勤（屏東縣地磨兒國小教師）

**Shih-Tsung Chen<sup>1</sup> & Yen-chin Hsiao<sup>2</sup>**

<sup>1</sup>Principal, Pingtung County Evergreen Lily Elementary School

<sup>2</sup>Teacher, Pingtung County Timur Elementary School

**Title: Educational Idea and Practice of Newly Established Experimental School in the Post-Disaster Village**

**題目：災後遷村部落新設實驗學校的教育理念與實踐**

記錄者：Aima, QuyenThao Nguyen, Satriya, Wisnu Sadhana（北護國際學生，來自印尼）、  
林宛萱（台大學生）

重點摘要：

**講者：駱慧文教授**

**題目：高雄氣爆災後心裡健康與智慧生活社區營造方略**

(1)研究緣起為高雄氣爆事件，氣體外洩發生爆炸意外，造成三條主要道路嚴重毀壞，爆炸氣焰破壞力極強也造成許多天人永隔的悲劇或身心創傷。而此研究為時三年的監測計畫，設計出實驗組（前鎮）與對照組（苓雅），希望能監控社區的韌性，並了解幸福指數的變化與復原能力。

(2)研究對象為石化氣爆區的婦女為主，包含高雄苓雅和前鎮區，研究指標諸如健康智慧生活、災難與醫學評估等等。

(3)此研究計畫運用許多途徑、方法，去幫助案主們走出陰霾，開啟新生活，例如：參與手工書製作、相簿回憶錄編排、拍攝紀錄片等方式去呈現災前災後的人生故事，透過社會互動去了解彼此的生命歷程；或是畫自畫像的活動，一邊看著鏡中自我，一邊畫出自己的模樣，去發現自己的特徵，去開發想在自己身上看到的特質，進行自我探索；抑或是創設開心農場與廚房，經由開墾、耕作、採收、烹飪等過程產生療癒的效果。

(4)研究結果比較了實驗組（前鎮）與對照組（苓雅）在身體與心理健康層面的測量指數之異

同。結果確實前鎮區的幸福指數大於苓雅。研究看到許多轉變，例如透過集體創作的方式，一起畫出氣爆發生的景象，從一開始的烏煙瘴氣轉變成復原後生氣盎然的模樣。在農場、廚房中與醫學院研究生的互動，建立關係、交流技術，在過程中充權與增能，重拾信心與定位。

(5)研究後期新增第三個行政區，莫拉克颱風的重災區高雄茂林，希望藉由相同的模式，去幫助當地居民走出天災的傷痛，舉辦許多活動，如雕塑、黏土工作坊等等促進認識自我。

(6)研究發現初期大多是自己參與活動，但到了第二年開始帶著家人親友一同參與療癒身心的活動。另外，成效儘管顯著，但仍有參與者存在創傷症候群的問題，因此也會納入其他計畫，嘗試去解決一些團隊看見待解決的問題。

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The speakers explained about how the community recovered from the Kaohsiung gas explosion disaster. The needs of the elderly and women are often neglected. In the process of recovery, everybody is easy to forget the lessons from recurring disasters or similar examples from other communities. They tend to ignore the efforts made towards disaster prevention/ reduction and may even ignore their health and mental states. However, this is indeed a force to recover from disasters and a method of tackling disaster prevention, especially regarding empowerment of the roles of the elderly and women in disaster prevention and education of healthy communities.

The speakers studied about the recovery process for along 4 years. The important finding showed the importance of providing a future for the roles of the elderly and women in disaster prevention and risk management. Therefore, the study proves that was a certain extent that disaster prevention, resilient mental states, recuperative and healthy smart-living are action modes that improves the mentality of communities to be resilient. Also, these action modes are key techniques in living smartly, preventing and reducing disasters as part of risk management.

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**講者：陳世聰校長、蕭媽勤老師**

**題目：災後遷村部落新設實驗學校的教育理念與實踐**

**重點摘要：**

- (1)莫拉克颱風的破壞，導致三個原住民部落必須集體遷村，包含大社村-排灣族、瑪家村-排灣族、好茶村-魯凱族，三者簡稱「大家好」，希望保留自己原有的傳統文化，再次與大家見面。
- (2)重新建校必須保留原住民族的文化儀式，同時也去促進一般學科的學習，也就是配合國家教育課綱、部落教育體系的整合，成為主要宗旨。
- (3)學校針對不同的學生設定不同目標，不忘學生的健康福祉，和原住民的知識體系（部落智慧）；針對不同年級也有各自的學習目標，例如：藝術、舞蹈、農耕、文化祭儀禮俗等等。
- (4)運用傳統的開學儀式，讓文化課所學實際運用在日常生活中。除了全國統一的課綱指定範圍、校內自己研發核心的文化課程，並請教部落耆老、領袖，討論想給孩子的核心價值為何，結論為「做中學」能達到最佳的成效，例如學生學習堆芋頭、製作甕窯，帶著學生體驗自己的文化、部落原始的祭儀。



(5)針對學科，老師帶領議題討論、延伸閱讀，透過自主學習的技巧來輔導學生學習，增加互動機會、每位同學都能是小老師。而文化課程，也能訓練能力，例如筆記彙集成文化小書、製作村落模型，練習當解說員來介紹行銷自己的家鄉。

(6)兒童假日市集促進參與社區服務，建立與社區的關係，提供孩子展現學習成果的舞台，而收益會用來幫助長者，或是成為學生自主學習方案的基金。

(7)與舊有（遷村前）部落建立連結，踏上返原部落（大社、好茶）的活動，帶著孩子重新追尋舊部落，那個曾經被災害衝擊、擊垮掩埋的原鄉，讓孩子們產生歸屬與連結。

There is an example of educational idea after disaster, which named Pingtung County Evergreen Lily elementary. The school was newly-built school after Morakot typhoon took place. The school is located in Majia farm which is surrounded by mountains. The fund in construction of school is solely sponsored by Chang Yung-Fa Foundation.

It has 483 permanent houses near the school belonging to three tribes, Dashe, Majia and Haocha. Due to the most ancient heritages of Paiwan and Rukai in these three tribes, the school is full of cultural atmosphere. In modern and traditional perspectives, Evergreen Lily strives to establish and develop a long-lasting educational model to meet the expectation of the tribes, parents and the public. Policies to run the school and methods to develop curriculum are formed on the basis of democratic participation. Moreover, the complete system of tribal knowledge is integrated into the mainstream curriculum. By means of recompiling textbooks, self-editing teaching materials, practicing activities in tribes and participating in services and cultural activities, children will understand the importance of individual roles, take their responsibilities and demonstrate their learning ability, personality as well as motivation.

討論與回應：

Q1：從研究嚴謹的角度來看，最重要的治療元素是哪一個？提供非常多可能，但是最關聯的元素是什麼呢？

A：本研究希望能創造共學習的環境，去了解居民面對什麼困難。我們知道預防災難和災難衝擊，是需要健康的身心，並養成習慣去打造生命的韌性和身心健康，因此用非常多的活動去增能促進其身心健康。另外，社會支持、連結也很重要，醫學院的研究生有許多健康相關知識，如要吃健康、多運動等等，而當地婦女有烹飪技巧，彼此可以互動學習成長，在此過程中也能增強復原力。

The important thing from the school was combination of tribal and full time teachers to teach the students. Also, the main point of learning was DNA (Democracy, Nationality, and Action + Instrument and Root). This DNA actually was really interesting, but due to the limited time, I can't understand well the component inside of DNA that they use for teaching the students at their school.

As the reflection of these 2 topic, i can learn how the disaster management should be and how the post disaster management should be. By these 2 speakers, i will conclude if the disaster can happen anytime and will make a massive detriment for the human and community that we need to prepared them. Due

to like in Indonesia, the management of disaster still premature, if the disaster comes, the usually made a thousands victim, such as the forrest burning in kalimantan that made the massive air pollution will made a phobia to the victim. In the other side of the victim, we may need to rebuild the program especially based on their needs and willingness. Health policy will still take a huge role for this challange in my country, which need to dig deep and study more, possibly from other country like Taiwan.

結論或建議事項：

- (1)或許可以加入音樂的元素，在研究中沒有看到音樂發揮成效。在他的經驗中音樂是療程中很重要的一環，就算彼此的對話可能沒有對上頻率，但音樂可以跨越文化、產生效果與幫助。
  - (2)使用宗教靈性之外，也可以試試看祈禱、祈願來獲得更多力量，產生一股感恩、一起變好的力量。
  - (3)讓研究生參與活動學習進入社區參與研究室很特別的方式，不僅能從過程中幫助災後婦女表達自我、產生正向社會連結，也能夠充實學生自身經驗，獲得雙贏。
- 要想讓學校在社區發揮最大效益、有力量，需要家長支持、社會網路支持，希望透過教育幫助學生成長茁壯，從做中學保有原住民文化。

### 平行會議 Parallel Sessions 3A

#### **Disaster and Mental Health**

#### **災難與心理健康**

時間：2019年10月6日（日）1445-1605 (80')

地點：101 Lecture Hall（中英同步）

Chairman 主持人：陳淑惠教授（國立臺灣大學心理學系）

Speaker 報告人：

1. 巴基斯坦代表：**Prof. Unaiza Niaz**

(Professor, Dow University of Health Sciences, Karachi Pakistan)

**Title: Promoting Resilience in Disasters-Focus on Women's Mental Health**

**題目：促進災難復原力—重視婦女心理健康**

2. 印尼代表：**Chrisna Mayangsari**

(Psychiatrist, Bekasi Government Hospital; University of Indonesia)

**Title: The Role of Psychiatrists in Improving Mental Resilience after Natural Disasters in Indonesia**

**題目：印尼精神科醫師在天災後促進民眾心理韌性的角色**

3. 台灣代表：賴甫誌 **Fu-Chih Lai**

(台北醫學大學護理學院副教授 Assoc. Professor, College of Nursing, Taipei Medical University /Vice Chair, Disaster Nursing Committee, Taiwan Nurses Association)

**Title: Psychological Interventions for Frontline Disaster Rescuers in Taiwan: Reflections from Disasters in Two Decades**

**題目：台灣對前線災難救護者的心理介入措施：二十年來的災難反思**

記錄者：Quyên Thao Nguyen（北護國際學生，來自印尼）、蔡蕙如（北醫在職專班）

重點摘要：

**1. 巴基斯坦代表：災難復原力-重視婦女心理健康**

目前很多人沒有願意站出來討論婦女生理健康的問題。很多議題都把重點放在老人與小孩，卻忽略女性。而女性在家庭是很重要的角色，這牽涉到不同的面向。在傳統觀念上，男性跟女性的關係是權力的關係，在災難是沒有講到的（在財力上也是），其中有很多性別相關議題。在中東國家是父權社會為主，如果發生災難，丈夫死了婦女就無法跟銀行借錢，會造成婦女的生存環境更艱難，導致許多女性就會被迫面臨到其他人的威脅，例如：以性交易來換取食物或是被施暴等或被迫結婚。很多時候在人道救援沒有注意到性別是很大的問題，但這不是說女性本身是很弱勢。這必須要去思考一下。尤其是文化上面的限制，在巴基斯坦的環境下，在發生災難時候，很多女性更不想去避難區，因為不想跟別人共用空間（例如衛浴或是休息），導致災後女性容易產生憂鬱。

除此之外，因為從小女性被教導的是靜態技能，導致野外自我生存的技能是被忽略的。所以當災難來臨時，女性自救技能會受限。野外生存技能並沒有從小學教育做起，女性又比男性難以獲得較高教育機會，只有在小學教育女性才有機會學習)。例如：2014年南亞大海嘯，死亡人數就是女性比男性多三倍，因為女性衣物上的限制導致女性不會泳游而喪命。還有跨性別者，往往有很多歧視及不平等對待，而且官方資料中也不會被記錄。總結來說，在災難中女性死亡是男性的七倍。

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The presenter addressed promoting resilience focusing on women. Why women? Even though women may live longer than men due to lower occupational risks, lower risks of cardiovascular diseases, protective effects of estrogen, low risk of testosterone toxicity..., women and girls generally tend to be the main victims of natural disasters. A few commonly recognized reasons for higher death tolls among women and girls include: cultural constraints on female mobility which hinder self-rescue, lack of skills such as swimming or tree climbing which are traditionally taught to males, less physical strength than males, in part due to biological differences, but in some countries, also due to the effects of prolonged nutritional deficiencies caused by less access to food than men and boys. There is also increased workload on women after disaster. At the same time, many women's workloads in term of caring for children, the infirm, the elderly and those with functional limitations or disabilities, rise at exactly the same time that traditional support networks may have been damaged. Understanding gender differences can save lives. There is considerable evidence that a lack of physical skills, such as the ability to climb tress or to swim, has been a major contributing factor to disaster fatalities among women. In India, up to

3 times as many women as men died in 2004 Tsunami, while in Indonesia this figure rose up to 4 times the number of male casualties. In cases where women had the ability to swim, the overall mortality rate was reduced by more than 60%. Teaching women and girls to swim when it is not traditional to do so has saved lives in flood-prone areas.

## 2. 印尼代表：印尼精神科醫師在天災後促進民眾心理健康

南亞大海嘯，對印尼是很嚴重的災害。印尼很多火山，也經常有淹水，經常有地震。心理師在災後的介入是很重要的。

印尼在全國是第四大人口的國家，地理位置在板塊的中間，每年有 8,000 人在天災中死亡。海嘯經常發生，有很多活火山。而天災造成的危機對人的影響？每一個人經歷災難重建正常生活都是需要時間的。也要看事件的嚴重度，也遭遇災難的人是否有經驗，是否有支援系統，還有本身的健康狀況等，以上都是面對災害的反應條件。精神科醫師可以降低災民的恐慌，不用把災後的情緒反應當成疾病去對待。在心理衛生的領域，我們要更有同理心。基本需求，心理急救 (Psychological First Aid, PFD)；任何人都可以學習去觀察、聆聽和連結，同時也要提供正向資訊。災後要觀察是否有創傷後症候群(Post-Traumatic Stress Disorder, PTSD)

2016 年針對學生的研究發現災後的問題：情緒失調、放空

Chrisna Mayangsari, a Psychiatrist from Indonesia discussed about the role of psychiatrists in improving mental resilience after natural disasters. She mentioned factors of reactions or coping include the nature & severity of the events, physical health, experience with previous distress events, support system, personal & family history of mental health problems, age, cultural background & traditions. The psychiatrists' role after disaster is unique and important which is to prevent panic, assist survivors & not to pathologies all emotional response to disaster, coordinate with local health & mental health departments, professional health & mental health groups, mental health consumer groups, faith-based groups, media Government & NGO. Clinical interventions are needed when symptomatology increase, impairs functioning, significant distress. Psychiatrists will assist people to recover from crisis, support people to feel safe, support people to feel calm, support people to feel hopeful, connected to social support, have a sense of self & community efficacy.

## 3. 台灣代表：台灣對前線救護者的心理介入措施

台灣近期的災難事件：

南澳大橋倒塌（不是意外故沒有納入這次紀錄？）

921、SARS、莫拉克風災、高雄氣爆、八仙粉塵爆炸…

心理介入主要針對災民，較少針對第一應變人員

消防、警察、醫護人員、志工…1999 年 921 開始心理介入，其實第一線救難者亦是受難者，使用藝術治療介入治療

SARS 也是另一個重點，治療人員變受難者，醫護人員之間不在互動，看到同仁死亡但不能協助，怕違反隔離法等，帶來很多心理壓力。被隔離在醫院，仍以病人在醫院，一樣要提供醫療服

務

莫拉克風災針對第一線救助者，國軍仍有 PTSD，因為自己無法救活災民等。

其實第二救難者一樣要接受心理介入

高雄氣爆發生時，救難者在爆炸後變成受難者，台灣政策沒有在災難救護者的身上，多事在癌症等病人身上。

八仙塵暴現場只有一名醫生，瞬間 400~500 名燒燙傷患者，消防人員及醫護人員是第一次遇見大量燒燙傷病患案件。在過去燒燙傷中心容量不足，無法收納如此大量患者，送入加護病房的醫護人員，平常不讓家屬進入病房，但在政策施壓下第一線醫護人員工作量加大。燒燙傷訓練即便馬上公布，但無法立即提供成效，在事件發生後出現大量離職潮，對當局處理表示抗議。

第一次未提供第一線救護者提供心理支持，第二次在遇上災害時，心理壓力又是另一個層次上的壓力。過去心理支持並未在第一時間實施在應變人員上。在救援前，應該先為人員做心理建設，但目前未有心理評估是否適合救災，尤其女性生理期在救災時的身心壓力更大。在救援後，例如消防員任務一結束時能立即睡著，其實就是反映出消防員是過勞的，為了救災任務嚴重睡眠不足。諸如此類，很多狀況若救災時未能立即介入，即使到復原階段進行補救介入也已經太遲，更何況多數都未能及時覺察到，連補救都沒有。

Fu-Chih Lai is Assoc. Professor, College of Nursing, Taipei Medical University /Vice Chair, Disaster Nursing Committee, Taiwan Nurses Association

He shared the topic “Psychological Interventions for Frontline Disaster Rescuers in Taiwan: Reflections from Disasters in Two Decades”. He emphasized that psychological first aid in disaster not so widely used, mostly used for disasters victims, for frontline rescuers mostly used in recovery phases, not frequently used for frontline rescuers before and during disasters. There is an example on SARS outbreak in 2003 that is those who rescue turn to be rescued! The frontline rescuers received the psychological effect from unknown disease, unprepared capability, unknown future, witness death of patients/colleagues, concern for legal punishment, psychological support, fear of being infected, consequence of being infected, endless care load.

討論與回應：

問題：針對消防員的支持，應該算是災難管理的一環。

如果災難更常發生時，如何應變？第二階段心理復原技術，是否可以減少醫療人員與社會工作人員的負擔？如果跨越醫療、心理治療，進入教育體系加入心理教育，是否可以減少醫療人員的負擔呢？

巴基斯坦：部分第一時間的工作是可以分工，像是記者、學生等非專業人員，接受訓練就可以在現場提供心理介入。另外，幽默能力是多數被忽略的重要能力。當事件發生時，罪惡感會讓人產生壓力，若創造較佳支持環境，讓居民了解事件不是報應，而是天災；告訴他們有這樣的知識（特別是受教育機會較少的女性）可以減少她們壓力。對於已有心理障礙的災民，既有藥物的取得也是一個問題。

台灣：72 小時黃金救援時間的工作守則，也希望尊重救災人員。另外，政府也宣導家裡應先設置急救包等防災教育。如果家裡有心理障礙人員，家屬也要需要更多心理知能。

**結論或建議事項：**

支持國軍警消等救難人員和醫護人員也是災難管理重要一環，即時加入心理健康教育，或者後續提供創傷知情服務等等支持性的服務，都是可以積極預防 PTSD 或緩和創傷事件影響的具體作法。

The presenter concluded that psychological assessment before disaster rescue. Professional, physiological & psychological readiness is the key to psychological effect of disaster rescue. Daily psychological & physiological assessment is necessary during disaster rescue. Longitudinal follow of psychological effect of disaster is essential to frontline rescuer. Psychological interventions in recovery phase should integrate those who rescue/ be rescue. And finally, psychological rehabilitation is needed for those frontline rescuers.

平行會議 Parallel Sessions 3C  
**Climate Change and Mental Health**  
氣候變遷與心理健康

時間：2019 年 10 月 6 日（日）1445-1605 (80')

地點：211 會議室（英文場）

Chairman 主持人：魯中興主任（敦仁醫院臨床心理科／中華心理衛生協會監事）

Speaker 報告人：

1. Ms. Nancy Wallace

Founder, UN NGO Committee of Mental Health / UN main Representative, World Federation for Mental Health, USA

**Title: Climate Change and Mental Health**

**題目：氣候變遷與心理健康**

2. 顏采如\*、張珏、周才忠、胡鈞涵／中華心理衛生協會

**Cai-RuGan**<sup>1,2</sup>Chueh Chang<sup>2</sup>, Tsai-Chung Chou<sup>2</sup>, Chun-Han Hu<sup>2</sup>,<sup>1</sup>Griffith University Centre for Environment and Population Health, Queensland, Australia

<sup>2</sup>Mental Health Association in Taiwan

**Title: Linking Mental Health Promotion and School Disaster Preparedness Program**

**題目：心理健康促進融入備災教育中**

3. 林耀盛 **Prof. Yaw-Sheng Lin**（國立臺灣大學心理學系暨研究所教授 Professor, Department of Psychology, National Taiwan University）

**Title: Facing the Psychological Suffering Experience: Existential Choice and Ontological Security for the Natural Disaster Survivors**

**題目：直面受苦：天然災害存活者的心理受苦經驗與存有上的抉擇**

記錄者：Evi Nurhidayati（北護國籍學生）、許馨丰（台大學生）

講者：Nancy Wallace

主題：Climate Change and Mental Health

重點摘要：

1. The speaker showed us a film talks about a hurricane happened in Bahama in USA. In the video, it presented many scenes after the hurricane, and many victims were interviewed to talk about what happened to their home, their family and their feelings. Many people's house became totally different compared to theirs before the hurricane, and many people lost a lot of money and even his family member. It was such a horrible thing that imaging our home, our family may disappear due to disasters, therefore we should take more notes on the climate changing and the more and more disaster due to it, especially that Taiwan is on the ring of fire.

2. More than 2500 events was held in 163 countries and more than four million people go on the street to ask governments face the crisis of climate change.

3. Climate change may change many aspects in our daily lives. Taking one of her friends as an example, she planned to take part in this conference entirely; however, due to the intolerable hot, she decided to go home after she finished her speech, although she planned to take part in the conference, meet and chat with her friends.

Besides changing our daily life, mental health is involved by the heat, too. Due to the surging 103 degrees in one American city in 2018, the emergency calls for psychiatric conditions increased about 40%.

4. There are about 400 disasters happen a year, they increase the risk of mental health disorders and stress. If people are repeated exposed in disasters, they are more likely to have severe mental health symptoms.

5. In 2050, there will be about 140,000,000 climate migrants, especially in Africa, South Asia and South America. Migrations and wars for competing precious resources may lead to more serious mental health problems. Low and middle income people will be influenced the most by the climate changes, since they have less resources.

6. To do something for the climate change and mental health, we need more researches, so speakers encouraged all the researchers to make their effort to the issue in their research area, and governments have to develop national policy and local policy, make sure all the needs and what is necessary but we haven't done yet are included. People should think about how to integrate mental health into everything.

7. There are some questions the speakers hoped us to think at the end of the speech. Are we prepared for the future life? Are we prepared to manage the repeated disasters? Do we have enough resources to manage it? Can we cooperate and share resources with other people and other countries for survival? Are we prepared to adapt the change of lifestyle in future?

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The first speaker explained that over 2.500 events held in over 163 countries on all seven continents, over 4 million people participated in the global climate strikes around the world and largest mass protest action on climate change in history. In this climate change it can affect mental health. the study result in 2018 showed that ‘climate change may amplify the society-wide mental health burden in the face of the acute environmental threats produced by warming in natural system. Given the vital role that sound mental health plays in personal, social and economic wellbeing-as well as in the ability to address pressing personal and social challenges’, their finding provide added evidence that climatic changes pose substantial risks to human system. The study also found that rising temperatures are linked to worse mental health, climate data and mental health status found that a 5 degree increase in average temperature results in nearly 2 million more individuals reporting mental health difficulties in just a one-month period. And when heat index surged above 103 degrees in one US city during the summer of 2018, emergency calls related to psychiatric conditions increased by 40%. There are some actions to address climate change and mental health including: support people’s capacity to adapt (acknowledgement, coping strategies, encourage people to change and adjust behaviors and lifestyle to reduce threats, risk and to protect themselves); need further research to increase our understanding; build-up of national and mental health structures; increase integration of mental health into public health system; advocate to support of the Sendai framework; training for mental health, health professionals about climate change and mental health, develop national and local policies, which integrate climate change and mental health; include communities, all individual equitably in all planning, preparedness program; increase allocation to climate change and mental health.

討論與回應：

Question 1: When I (the questioner) studied in United States, I saw many people not take climate change and global warming seriously, so do you have any advices or approaches to those people and to make them perceive?

Answer1: That’s a very hard question. Because those people may have more resource, money, technology and better way to solve changes from climate change. Although science was hard for most people to understand, we still have to work to educate people, but it is hard to change people.

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The question for this sessions:

1. How to engage others people to have a good behavior to make a good environment? The answer:



actually this is very hard work to influence people to be cared with environment and mental health issue. But we build a cooperation with them, we can do advocacy, try to encourage people involvement, educate people, increasing their understanding.

2. How to educate people after disaster, because they want just to stay in their origin they do not want to move to the safe area? The answer: we should pay attention in culture sensitivity, we can approach people to influence their thinking from this dimension. And give them education continuously.

結論與建議事項：

The speaker called for, “Advocacy reflects a deep commitment of individuals who come together to promote common goals and ideals and through their collaborative actions seek to create not just awareness but substantial change.”

**講者：顏采如 Cai-Ru Yan**

**主題：Linking Mental Health Promotion and School Disaster Preparedness Program**

重點摘要：

1. As Ms. Wallace said, we need to act, we need to prepare for climate change and disaster, but what can we do? We can focus on the following points.

First, we should focus on “How to” be-prepared.”

Second, what are the no-regret/ good enough strategies?

Third, everyday preparedness.

2. From a statistic data about climate risk index in 2018, Taiwan ranked seven. We couldn't know how frequent the disasters come and what destruction will be caused by disasters; therefore, we should maximize what we can do and do the best protection from every disaster. Took Tainan earthquake as an example, what took away lives was not the earthquake, but the buildings. Authority concerned made a survey after the earthquake, it revealed that there were 582 dangerous buildings and 102 structures were damaged in different degrees. When it came to mental health, there was a PTSD program including therapy and home visit, but what else could we do? What could we do for the next disaster? It was not a problem for Tainan, but a national and global problems we should face.

3. When people are asked about their go-to person when they need, most people thought about their family and friends; however, if we really encountered a disaster, who could help us in time is our neighbors, security guards and people around us. Therefore, it is important to keep good relationship with our neighbors and maintain close and kind relationships with the communities.

4. Besides preparation for the disaster, we should pay more attention to mental health. From the past experiences, many teachers didn't know how to explain concept of death to children when students in their class pass away. To solve this problem and promote mental health, explaining the concept by reading the proper stories to students may be a good way. Maybe we can hold some workshop to teach teachers some way to promote mental health and help them arrange related course to their teaching

plan.

5. Recently, an elementary school held a disaster preparedness program and invited both students and their parents taking part in the program together, it was a good way to promote mental health and parent-children relationship and learn correct disaster preparedness at the same time.

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The second speaker deliver about how to prepare a response-ability to anticipate when the disaster coming. They make an analogue for disaster, they analogue like make a pizza what is the ingredients need to be prepared. When disaster coming so the people will be ready. Shanghai declaration on promoting health in the 2030 agenda for sustainable development has been agreed The future of public health lies in cities (WHO, 2016) for the good governance is the crucial for health, cities and communities are critical settings for health and health literacy can empowers and drives equity. Nowadays, paradigm shifting regarding mental health on response to prevention/promotion, individual to setting-based, vulnerable to empowerment, short-term to long-term. The important message is remember to prepare, preparedness prepare for yesterday for the better future.

結論與建議事項：

Facing more and more disasters in future, we should cooperate to maximize what we can do to protect us to the best degrees, and mental health is more important, when we are sorrowful and need someone to share the emotion, we should know who are the go-to persons, and all the resources we have, and good relationship between we and our go-to persons is a good way to support mental health.

**講者：林耀盛 Yaw-Sheng Lin**

**主題：Facing the Psychological Suffering Experience: Existential Choice and Ontological Security for the Natural Disaster Survivors**

重點摘要：

1. Because of the frequent happens of natural disasters, such as such as “1999 Chi-Chi Earthquake in Taiwan”, “2004 South Asia Tsunami in Indonesia”, “2005 Hurricane Katrina in American”, “2008 Sichuan earthquake in China”, “2009 Typhoon Morakot in Taiwan”, 2010 earthquake in Haiti, and 2011 earthquake and related multiple disasters in Japan and so on, it is a big issue about how to help survivors in disasters release their pressure.
2. The disasters in future may be instant, such as earthquake, or they maybe chronic, such as warming, but almost all of them are hard to be predicted now, and the effect may be huge.
3. After Morakot Typhoon, some researchers used a posttraumatic growth model from Tedeschi and Calhoun to help the survivors. In the model, survivors must face some process, including challenges, rumination, self-disclosure, social support, reduction of emotional distress, and management of automatic rumination, and disengagement from goals, deliberate schemas change, narrative development enduring stress and finally posttraumatic growth. The process doesn't go step by step,

there many interactions in them.

4. Comparing earthquake survivors and flood survivors, due to earthquakes happened suddenly, most people couldn't do too much preparation in advance, and what they could do at the moment was to escape; for the flood survivors, though weather forecast was warning the heavy rainfalls, it was beyond their life experiences the typhoon hit their home seriously. They saw in person their houses disappeared in their eyes; they felt very powerless. The aftershock response and self-blame emotions of the flooding survivors were stronger than earthquake survivors.

5. After the disaster, some survivors began advising others in their social network about disaster prevention, for example how to get help and escape if the natural disasters happened again.

6. Restructuring was painful, but some people could complete the task more easily than others. For the flooding and earthquake survivors, they transformed the suffering experiences into sacrifice meanings and from the passive care receiver to active voluntary helper gradually.

7. For earthquake survivors in Taiwan, traditional norms and social expectation influenced them. For flood survivors, their spiritual beliefs from collective archetype and land-wisdom legacy are protective factors for them.

8. Survivors may try to return peace and normal life from some ways.

(1) Spiritual dimension to pray for holy power

(2) Reality task to help others

(3) Keep patience facing life change

(4) psychological well-being and home well-being

9. We the helpers need to pass four tasks in order to respond to calling from the suffering others. The abbreviation of these four tasks may be named as TEST.

(1) Theory (T): We need to theorize the nature of human being through the humanistic approach than natural attitude. It recognizes the ontological status of the suffering experience, its irreducibility and its personal uniqueness. Therefore, it is inherently human science oriented.

(2) Ethical (E): When encountering with the sufferers, the healing is happening at the first met. It is the ethical relationship that is not a system of universal knowledge about mental illness, but a singular understanding of the suffering experience unfolded in the healing relationship.

(3) Society (S): Social responsibility and cultural competencies are required when dealing with the sufferers. The traumatic event is otherwise than personal experience, and underscores that it is the ethical rather than the technical that is the touchstone for human existence.

(4) Technology (T): Therapeutic practice is more than simply the therapeutic normalizing judgments but primarily a technology of ethical problematization which requires individuals to transform (and discipline) themselves.

It (TEST) is a challenge to our very comprehension of what constitutes pathology about the life trauma and its belated effects to the value beliefs.

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The third speaker explain that in Taiwan so many disaster, people facing the psychological suffering. From his study the result showed that for the earthquake survivors are mainly Taiwanese, the traditional norms and social expectation influenced the people. For the flood survivors, they are indigenous identities the spiritual beliefs from the collective archetype and the land-wisdom legacy are the protective factors for them in front of the disaster. They found that the survivors whatever encountered earthquake or flood, they tried to return normal peace and quite life trough four sources: spiritually dimension to pray for the holy power, reality task to help others, keep patience facing the life change, psychological wellbeing and home well-becoming.

討論與回應：

Question1: I was touched by this research, it was very impressive that we can understand that there were many protective factors in the indigenous culture, and I have problem to integrate with our mental health training, would you give some example? How would you to solve this problem?

Answer1: It is important for the first question, culture sensitivity is important. I interviewed the natives and they said in their mother tongue and then translated for me, and we could understand their suffering experience.

Question2: We can learn from the research that after the disaster, when people stay in their country and they help each other, they will recover better, but there are some people try to leave their country, how would you give some findings and we can help them better, they will be separately over the country, and maybe we can provide some service for them?

Answer2: Because people move to other place change their lives totally, their mental health is totally different from they had been in their home. From my experience, sometimes, even the survivors rebuilt their house in other place, they said, "This is not my home, it is just a house, I want to go back my home." But going back to the original house was forbidden due to high risk; thus, the survivors may face some pressure when they rebuilt their house. Therefore, we tried to follow up their lives experience, when they moved to new environment.

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My question:

1. How the parents involvement to overcome their children gaming and smartphone addiction, I saw in your presentation slides showed that parents satisfy with the residential camp? (in the session SN-C day 1)

2. How the form of government attention to postpartum depression, as we know that in Indonesia the policy for PPD not established yet? (asked directly to the Indonesian speaker in the break session). His answer, department of health try to validate the PPD instrument and not finished yet, and the policy will be discussed in the future.

After I attend and join this conference, and listen to the speakers' presentation I just wonder that people talks and discuss a lot how to handle mental health issues in their own country, how they conduct research to give an evidence for the government, so they can advocate what steps to do next to anticipate the disaster and mental health issues. My mind imagine that my country is far behind, I feel that in my country Indonesia have a lot of limitation to overcome the mental health issues. Mental health still stigmatize in Indonesia in the community, when the people want to access the mental health services to find a help, other people will demean them. There are lack of education and promotion in mental health. Especially postpartum depression, Postpartum depression (PPD) is still neglected and being unrecognized mental disorder, because limited hospital and health care center provide the instrument to assess postpartum depression. Also, there was limited data in postpartum depression and mental health data in children under-five. For this reason, in my future study I will conduct a research about postpartum depression.

結論與建議事項：

Climate change and mental health are big issues. From previous experience we can know that survivors psychological growth transformation are important experience, their precious experience can help us to help others. Clinical encounter is the situation calling for the responsibility for the other. Even they are not in the situation now, their experience may be a new touchtone for us to help others in the disasters in future.

## 平行會議 Parallel Sessions 4A

### **Disaster and Mental Health**

#### 災難與心理健康

時間：1620-1720 (60')

地點：101 Lecture Hall (中英同步)

Chairman 主持人：張愛倩 (執行長亞安管理顧問有限公司)

Speaker 報告人：

#### 1. Cheryl Tyiska

(Former Deputy Director of NOVA, National Organization for Victim Assistance, USA)

**Title: Amplify Our Impact: Creating Partnerships to Prepare for and Respond to Disasters**

題目：擴增影響力：建立備災與災難因應的夥伴關係

#### 2. 陳淑惠 Prof. Sue-Huei Chen

(國立臺灣大學心理學系暨研究所教授 Professor, Dept. of Psychology, National Taiwan University)

**Title: Taking a pathway to trauma-resilience society: From the 1999 Chi-chi earthquake to current disaster and trauma psychology work in Taiwan**

**題目：邁向創傷韌性的社會：從 1999 集集大地震到當前臺灣災難和創傷心理學工作**

記錄者：Aima（北護國際學生，來自印尼）、許善茵（台大學生）

演講 1

講者：Cheryl Tyiska 擴增影響力，建立備災與災難因應的夥伴關係

重點摘要：

□技術救援很難被真正完善？！

1.組織間彼此信任不夠，且沒有開放有效的溝通，在這種情形下很難促使組織合作，會分散救援的資源。

2.志工本身可能為受害者。

3.非當地救助團可能導致另一種災難(志工從事救援之動機不純或是志工具具有精神疾病...)。

□各救災組織間必須開始合作！

1.災難會逐漸變成複合形式的，其影響範圍可能會擴大，因此組織間的有效合作會有較良好的應變能力，以對抗天災。

2.醫療基本建設並未真正完善，太過零散的組織結構會使災難下的心理救助更為窒礙難行。

□組織為何合作難以執行？

1.大部分體制推崇競爭。

2.資源有限。

□組織如何有效達成救援

1.不管用甚麼救援介入模式，執行徹底到位才是重點。

2.訓練社區人士(非專業人員)在必要時提供協助。

3.訓練及演練是必須的。

□有效的合作關係組織：

1.CAN =the Coordinated-Assistance Network for Disaster Management（災難管理）協作援助網絡

2.NVOAD=National Voluntary Organizations Active in Disaster 全美急難救助志工組織

3.InterAction, a united voice for global change 國際人道主義和平組織

During the disaster, every people wants to help the victims as soon as possible. Increasingly complex and enduring crises require organizations to work together. How to build trust between stranger to help in disaster? Partnership amplify our efforts to assist victims and survivors. In doing partnership, it required cooperation, communication, coordination, collaboration, and TRUST. By partnering, each of parts can share their mission in helping people and communities heal after disaster.

Partnering is challenging, but necessary. Many systems are not designed to encourage collaboration.

Many organizations lack of capacity to collaborate. Especially, lack of comprehensive mental health care coordination in general. There is a disagreement about who can and who should respond. The

different goals, different models of intervention, also dealing with government/non-profit/for profit sectors were happened in different organizations.

There are some factors that support partnerships; creating a safe space to work together, identifying and respecting the interests of multiple organizations, dedicating resources to the process, and developing regular communication mechanisms in advanced of disaster.

討論與回應：

Indonesia also has many organizations focused on the disaster management, but each of organizations will have different mission and different goal to be achieved during assist the victims and survivors in disaster. Charity, Politic, Popularity, and soon, can be the reasons of the organization in helping.

Regarding that, Disaster Management Association in Indonesia tried to build the partnership from the national level to the smallest part of regional level to do the emergency preparedness. The non-government organizations which join this partnership will have easier accessibility to provide helps during the disaster rather than the organizations who did not join it. This partnership also tried to minimize the opportunity for the informal organizations to make worse impact for the victim and survivors by giving the incorrect information related to the disaster.

結論與重要事項：

在現代，災難發生時的不可預估性和影響範圍越來越大，各個救援組織如何在此情形下進行真正有效的救援是一件必須被重視的事，而組織之間的良好合作關係是促成有效救援的最必須的因素。

演講 2

講者：陳淑惠

邁向創傷韌性的社會：從 1999 集集大地震到當前台灣災難和創傷心理學工作

重點摘要：

□ 921 集集大地震之後的觀察

1. 超過一半的受災者在地震之後明顯有創傷，例：許多受災者在屋子被檢查之後確認是安全的而且沒有損毀，也不敢進屋。有大概四成的受災者變得悲觀(符合國外預測)；也有一部份的受災者有心靈成長的表現。

2. 自殺率在在後 10 個月之內有明顯攀升，但之後有逐漸回復正常。

□ 受災者情緒樣本分析

1. 在性別和年紀兩種分類中，受災女性皆較受災男性容易受到創傷。

2. 在 PTSD(創生後壓力症候群)及 PTG(創傷後心靈成長)的人數組成中，皆是受災女性大於受災男性。

□ 如何協助執行災後心裡救助？

1. 災後初期，要先穩定受災者情緒，進行心理急救。此工作可以先由非專業但受過訓練者先進行協助，若是有更嚴重的情形才交由專業人士進行輔導，但同時也需要受災者的誠實配合。

2. 在災後，教導受災者如何正面面對災難是一件必要的事情，使其具備在心理上自我幫助的能力。
3. 在台灣，是先透過國外學者的幫助，才發展出台灣的 PFA。
4. 政府部門需有遠見，藉由人才的培育，PFA 才能有執行的機會。

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There are 921 earthquake impacts on Pu-Li Town and its neighborhood. 2494 persons has been dead in Taiwan, and 2100 persons were located in Taichung and Nantou County, the other 88 persons were in Taipei. 725 persons were seriously injured, 600 of them were located in Taichung and Nantou County. The 106,159 houses totally destroyed or partially damaged post the Chi-Chi earthquake. Post-earthquake evaluation on psychological or mental health in the people with high exposure showed the worse result than the low-exposure one. Post-earthquake evaluation on view of life showed that people with high exposure more pessimistic, and people with low exposure had more high optimistic. The earthquake impacted the adolescents 1-2 years after the Chi-chi earthquake (Wu, Chen, Weng, & Wu, 2008), but younger children are more affected and vulnerable (Chen, Lin, Tseng, Wu, 2002; Lin, Chen, Hung, & Tseng, 2005). The prevalence of PTSD in adults decreased over time. The suicide rate raised up to an additional 42.3% in the first 10 months after 921 earthquakes, then returned to baseline (Yang et al, 2005). The drug abuse rate also increased.

“Time heals all wounds”, “No Cross, No crown”

It has been long documented in ancient writings that suffering and distress can potentially yield positive changes. Post traumatic growth (PTG) has been noted in survivors of various natural and human-made traumatic events (Linley & Joseph, 2004). Taiwan placed the 4th rank in disaster risk around the world. Globally, 616 metropolitan cities, on evaluation of earthquake. Taipei, Tainan, Kaohsiung place at the top 10 risky cities.

Encounter of disasters is inevitable in life. Being impacted by disasters but not traumatized is surely possible. If traumatized, there will be difficulties, but also growth, to come. Early intervention could reduce the risk for psychological distress and diseases.

NTU psychosocial rehabilitation team went on the 2nd day post the 921 earthquake. Psychological health clinic in Tung-His for two years. PFA workshop by invited experts from the UCLA and then by the NTU team. PFA and SPR also did after Morakot Typhoon.

Services to improve mental health (IFRC, 2016; WHO-IASC, 2008):

1. Mental health care provided by mental health specialist (psychologist, psychiatric, etc).
2. Basic mental health care provided by public healthcare doctors, Basic emotional and practical supported by the community workers.
3. Activating Social Networks.
4. Communal traditional support
5. Supportive child-friendly spaces.



6. Advocacy for basic services that are safe, socially appropriate and protect dignity.

7. Localization of psychosocial services at the disaster site.

8. Promotion of psychological viewpoints of disaster and trauma and cultivation of professionals.

Professional Capacities-Building did through the research about psychological vulnerabilities; pre-disaster conditions (e.g, quality of life), exposure factors (e.g. injuries & deaths, loss of property), and objective & subjective sense of controllability, also the social vulnerability. Professional capacities building also did on the professional services by localization & empowerment, also foreign experience and expertise.

討論與回應：無

結論與重要事項：

921 集集大地震之後，受災者的心理狀態成為台灣必須被探討的問題。也因台灣地處於天災較多的地方，如何在未來也能有效面對相同問題也是需要被發展的政策。而在國外學者的協助下，也成功發展出台

灣的 PFA，同時也使台灣在執行天災受災者的心理救助時，有更完善的系統。

The goal of psychological intervention for collective disaster were; sense of safety, calming, efficacy, connectedness, and installing hope. Trauma resilient Society is a society that provides residents with the potential and capacity of psychological resistance to and recovery from, before, and after disaster.

#### IV. Good Practices in Promoting Mental Health among Senior Citizens 促進老人心理健康之最佳實踐

##### Plenary Speech IV 專題演講 (四)

##### Title: Hong Kong Mental Health Service Since 1945 -Advocating, Promoting and Making It Happen

##### 題目：跨越七十載：香港老人精神衛生服務—倡議、推動與實現

時間：2019年10月6日(日) 1145 (30')

地點：101 lecture hall (中英同步)

Chairman 主持人：歐陽文貞副院長(衛生福利部嘉南療養院)

Speaker 發表者：Siu-Wah Li, M.D 李兆華醫師

Consult, Department of General Adult Psychiatry, Castle Peak Hospital,

Hong Kong/Immediate Past President, Hong Kong Psychogeriatric Association.

香港青山醫院成人精神科醫師／香港老年精神科學會前主席

記錄者：Aima, Evi Nurhidayati, Quyen Thao Nguyen, Satriya (北護國際學生，來自印尼)、  
林宛萱(台大學生)

##### 重點摘要：

- (1)精神科發展，是以人為核心。社區精神醫療服務的形成是很多不同崗位的人所促成，包含倡議者、推動者、決策者、執行者，以及外在影響因素等。
- (2)介紹青山醫院的背景歷史與醫院設置，1961年正式開幕，位於偏遠需通勤的郊區，環境優雅、病房舒適，是典型的英國式，並設有庭院、花園等，走在心理健康服務的最前端。
- (3)當時的倡議者都曾遭受日軍的凌虐，成為戰俘或被逮捕，自身體會過嚴重的生心理創傷和打擊，但卻也加深了對此領域的重視與執著，相信心理健康是公共衛生不可或缺的一環。
- (4)決策者是當時的港都，目的是為了回復安定的社會。
- (5)執行者是葉寶明醫生，當時引進最先進心理治療方法，帶來睡眠治療、創新療法等等，被視為香港精神醫療的教父級人物
- (6)其他外在影響因素為時局的動盪，香港要應付大量傷患病人。
- (7)2003年香港，是老人自殺率最高的國家，透過不同領域的專家共同討論，以及社福組織的努力，再加上賽馬會將盈餘資助給計畫，讓其順利推動三年計畫-降低老人自殺率。
- (8)計畫核心概念為藉由預先得知自殺高危險群，例如100個老人之中誰是潛在的自殺人口群，再及早介入。偵測方式使用量表工具，有效率地得知心理健康狀況，任何醫師、社工師、護理師，或是社福機構較易接觸到老人者，運用工具即刻檢測。
- (9)若有量表分數有異狀(過高分)，立刻轉介至特別門診，7天內完成所有檢查、諮詢輔導程序，確定是短期的憂鬱傾向，或是高風險的自殺人口。
- (10)此計畫至今已執行15年的時間，政府也會撥款支持此計畫的施行。

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The historical development is considered essential because through history, the next generation of mental health services can appreciate the struggle of their predecessors, therefore, their nationalist sense also increases. By learning the history, they can use the history as a guidance for the future development of mental health services.

The historical explanation presented by the presenter is divided into several important figures in each aspect. the main figure in the field of advocate, promoter, decider and executor.

Advocator figure in Hongkong was Percy Selwyn-Clarke and Dr. Yeo Kok-Cheang. From 1937–1943, Selwyn-Clarke served as Hong Kong Director of Medical Services. In 1943, Advocate - Selwyn-Clarke went to the incoming Japanese military governor and secured permission to carry on as director of medical services, to work to preserve the lives and improve the health of thousands of prisoners of war, internees, and others by containing disease, improving sanitation, and working to prevent food-borne illnesses. Moreover, Dr. Yeo Kok-Cheang was the first Chinese Director of medical and health services in Hong Kong. Both of these figures are important figures in terms of advocacy and become important figures in the development of mental health service in Hongkong.

Advocate - Dr Chau Siknin and Mr. Gillespie become promotor figure in Hongkong. Both of them played big role during the war to make the mental health service promotion in Hongkong really successful. without these two figures, the advocator role before may not really worked to the next era.

Alexander Grantham in Hongkong was the decider in health mental service. Grantham was born on 15 March 1899 and was educated at Wellington, the Royal Military College, Sandhurst, and Pembroke College, Cambridge. He was gazette in the 18th Hussars in 1917 and joined the Colonial Administrative Service in Hong Kong in 1922. He was the Deputy Clerk of the Legislative Council of Hong Kong for a short period in 1933. In 1934, he was called to the Bar at the Inner Temple and attended the Imperial defense College later that year. Grantham became Colonial Secretary of Bermuda from 1935 to 1938, and of Jamaica from 1938 to 1941. He then served as Chief Secretary of Nigeria from 1941 to 1944 and as Governor of Fiji and High Commissioner for the Western Pacific from 1945 to 1947. Immediately after his tenure as High Commissioner ended, he became Governor of Hong Kong, until 1957. He opposed his predecessor, Sir Mark Young's proposal of expanding social services on the ground that the local Chinese population cared little about social welfare

Executor figure in health mental service in Hongkong was Dr. Yap Pow. The development of modern psychiatry in Hong Kong occurred during Dr. Yap, Pow. Until now, the development of Castle Peak Hospital and Yaumatei Psychiatric Center started from the time and effort of Dr. Yap, Pow. The purity of psychology after Dr. Yap becomes clearer and standardized.

討論與回應：

Q1：請問有成效？演講中沒有提到。

A：有的。做研究有成效，自殺率有顯著下降，因此政府才願意撥資金給我們。

From the presenter's explanation, we can learn that history is very important for future generations.

Through history, each generation can appreciate the hard work of the previous figures and be the basis for building enthusiasm in the future.

結論或建議事項：

精神醫療是發展社區心理健康工作初期非常重要的領域，精神科醫師的專業訓練與素養能夠早期界定心理健康／疾病問題（憂鬱傾向），早期覺察目標對象（高風險自殺人口），並提出有效介入或治療方案，也是心理健康促進工作中重要的一環。

### Forum V 關鍵論壇（五）

#### Mental Health Promotion for the Senior

#### 老人心理健康促進

時間：2019年10月6日（日）1315-1435 (80')

地點：101 lecture hall（中英同步）

Chairman 主持人：林綺雲教授（國立臺北護理健康大學生死與健康心理諮商系）

Panelists 與談人：

1. 美國代表- **Frederick M Jacobsen<sup>1</sup>& Lillian Comas-Díaz<sup>2</sup>**

<sup>1</sup>MD, MPH, DLFAPA, Transcultural Mental Health Institute, George Washington University School of Medicine

<sup>2</sup>PhD, Transcultural Mental Health Institute, George Washington University school of Medicine, USA)

**Title: Cross-Cultural Aspects of Aging and Mental Health in the U.S**

**題目：跨文化面向高齡心理健康**

2. 紐西蘭代表(因故臨時取消行程)

Ms. Debbie Siau (Activities Coordinator, Oceania Healthcare, New Zealand)

**Title: Empowering Active Living to Promote Wellness in Rest Home**

**題目：強化養護中心積極生活，促進身心安適**

3. 台灣代表-呂淑貞 **Ph.D. Shu-Jen Lu.**

（中華心理衛生協會理事長／長照服務計畫召集人, Preventive Intervention of Long-Term Care Services Project in Taiwan）

**Title: The Mental Health Outcomes of Intervention programs in Prevention Care and Prolong Disability for Elderly in Taiwan.**

## 題目：預防或延緩失能對老人心理健康之影響

Commentary 回應人：**Dr. Tsuyoshi Akiyama**

Vice President, Japanese Society for the Elimination of Barriers to Mental Health Japan

記錄者：Aima, Evi Nurhidayati, Quyen Thao Nguyen (北護國際學生，來自印尼)、

陳玟瑀 (台大學生)

重點摘要：

### 美國代表——**Frederick M Jacobsen & Lillian Comas-Díaz**

1. 現代社會充斥著假新聞與媒體暴力化現象，老年人族群常常是受到污名化的對象，特別是進入 21 世紀後，對於老年人的形容詞彙越來越負面。
2. 隨著科技的進步與發展，人人都在隨時隨地的上網滑手機，漸漸習慣於隱藏內心的感受，覺得說出口是羞恥與軟弱的表現，而這樣的現象也影響到了心理工作相關人員。根據美國的數據顯示，近年來的自殺比率增加了百分之五十。
3. 透過運動相關的活動如肌肉伸展、跳舞、慢跑等訓練，可以對海馬迴有正向的影響，並有效減緩及預防阿茲海默症。
4. 女性以及弱勢族群 (如 LGBTQ) 常因為社會眼光或傳統價值壓力而有所衝擊，講者認為女性與 LGBTQ 應對自己有更多的自我認同，且心理治療師也應改變並增進其本身對於性別議題的信念、認知與知識；我們每一個人都應該成為一股動能獲工具來讓大眾更注重性別相關議題。
5. 女性漸漸老化對身體的內分泌系統有許多影響，而運動以及友誼的聯繫可以對情緒有正面的改變，例如增加催產素的分泌或是再度啟動生長因子等，不僅可以使壽命增加 11~15%，也顯著地降低心血管疾病的罹患率。

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Frederick MD from Washington has explained the material about cross-cultural aspects of aging and mental health in the US. This speaker explained about the message about aging, where social isolation and disconnectedness are the main problems faced by the elderly. As the same with the other country, the big problem at this stage is the socioeconomic problem.

The elderly population thinks more about negative things than positive things. These negative thoughts will support the occurrence of dementia in old age. The results of other studies show that dancing can improve the memory of the elderly population. besides that, the elderly population of women is more likely to have a longer life than the elderly population of men in the US. this has to do with the influence of hormone and heart problems. In elderly, men the risk of suffering from heart disease and the toxic hormone estrogen triggers death faster. Good spirituality in the elderly population will make their anxiety and depression decrease. besides mindfulness and more frequent walking can improve mood and impact on longer life expectancy.

臺灣代表——**呂淑貞 Ph.D. Shu-Jen Lu**

1. 臺灣政府實施了十二週的預防及延緩失能計畫，希望能促進長者與他人的互動與聯繫，並且透過社區活動以及熟悉的台語歌謠結合相關運動、舞蹈等，來改善並增進長者的身體健康狀態。
2. 體重下降、動作趨緩、身體衰弱、憂鬱情緒等都是老化所帶來的影響，而這容易導致年長者不願出門參與相關計畫與活動，因此需要社區當地人員或是較活躍的長者相互鼓勵與推薦，來擴大能夠服務到的族群人數。
3. 此計畫有進行講師的訓練，讓講師到到個地區深入幫助長者，使長者不用到醫院裡就醫，能夠減緩醫務相關人員的壓力。
4. 地區的長照中心會接收許多醫院轉介過來的長者，且目前也越來越多專業人員陸續加入這項計畫。這半年來地區的長照中心開始透過長者衰弱程度的衡鑑評估，開放並鼓勵長者的家屬一起加入參與活動。

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The second presenter explain about the mental health outcomes of intervention programs in prevention care and prolong disability for elderly in Taiwan. They made a program to overcome the problem and create some activity to support the elderly. They provide a program which can improve the quality of life of elderly people in Taiwan such as cooking together, playing games, dancing, exercise and community-based activities. After implemented the program and they found a lot of advantages from this program activities, so the government give a big support. This program really affected the life expectancy and happiness to the elderly population in Taiwan.

#### 回應人——Dr. Tsuyoshi Akiyama

Dr. Tsuyoshi Akiyama 說到身為一為年長者，期待各國都需要對老人族群做一個整合性的照護計畫，讓這個不斷成長的族群在不久後的未來能夠受到最好的安排與照顧。

The commentary from Japan discussed more about how to eliminate barriers to mental health in Japan. the essence of the explanation by the third presenter were lack of information about access to services, the presence of other inconveniences, and difficulties in finding time, was also commonly reported as reasons for not seeking mental health care services. Structural barriers to seeking mental health care services, such as a lack of information about access to services, the presence of other inconveniences, and difficulties in finding time, were also commonly reported as reasons for not seeking mental health care services in his explanation. The Japanese government prioritizes providing education about mental health services to young generation. this activity is considered more effective. This explanation is supported by various studies conducted by researchers and government on an ongoing basis. they consider this activity very efficient and easier because of the support by developing information technology rapidly.

QA 時間

1.如何促進長者在運動與社交互動上的意願？

i. 期待政府推廣全國性的運動相關方案

ii. 藉由另類的創新思考方式，飼養寵物也能夠有效增加長者運動的機會，並且寵物所帶來的效益不僅可以減緩老化的程度，亦可以使得生活更加的豐富精彩，且寵物的陪伴也能給予長者心靈上的支持。

2. 請問呂淑貞教授，社區應該如何透過計畫和方案來促進老人的健康？遇到最大的困難點是什麼？

i. 在各個社區，每位年長者都會有不同的語言、體能、認知上的狀況，所以同一套方案並不能適應到每一個人身上，這是一個困難點之一。

ii. 透過大數據資料的分析，發現到方案裡的營養部分對於長者身心健康的提升是很重要的一環；然而，最能夠有效增進長者身體與心理的健康狀態的是運動、跳舞等肌肉與體能的活動。

3. 世界漸漸轉變為倒三角的社會狀態，未來可能將從老人照顧方案轉變為老人生活方案或是老人工作方案，那台灣應如何應對這樣少子化結合老化社會的狀況呢？日本與美國又在這方便做法？

i. 臺灣預計 2026 年會進入超高齡社會，除了繼續鼓勵年輕人提高生育之外，老年人的照護需要有同儕團體的支持，讓初老者能夠給予更年長者適切的照顧。

ii. 相關單位應該善用社會資源，如果沒有做好資源的連結，家屬會承受過大的負擔，因此需要想辦法支持初老者照顧更年長者。目前日本政府已經延後了退休年金的發放時間，藉此鼓勵初老年者繼續工作以延後退休的時間。

iii. 依據美國的文化年輕一輩不太可能在家照顧年長的父母親，若缺乏資金的連結，就會讓許多人陷入困境，目前已有許多人因罹患阿茲海默症而進入醫院治療。

iv. 在臺灣，老年人的自殺率逐漸地提高，目前是四個自殺者中就會有一位老年人，因此可以意識到老年人的心理健康亦是我們可不容緩的議題。

結語

每一個方案都各有利有弊，能夠透過這樣的一個會議平台來進行對談與交流，對於老化社會是有所貢獻與準備的。也期望藉由這樣的論壇能夠降低老年者的失能失智失護的現象，並且促進其心理健康的狀態。

It can be conclude that, creating a good and right programs in mental health services will help elderly people to increase their positive think how to face their rest of life to have a good quality of life.

平行會議 Parallel Sessions 3B

老人心理健康促進

**Mental Health Promotion for the Senior**

時間：2019 年 10 月 6 日（日）1445-1605 (80')

地點：全球廳（英文場）

Chairman 主持人：陳雅美教授（國立臺灣大學公共衛生學院健康政策與管理研究所）

Speaker 報告人：

1. 李玉嬋 **Prof. Yu-Chan Li**

(國立臺北護理健康大學生死與健康心理諮商系教授／台北市諮商心理師公會理事長  
Professor, Dept. of Thanatology and Health Psychology, NTUNHS/President, Taipei Counseling  
Psychologist Association)

**Title: The Program of Promoting Elders Well-being on Mental Health BMI Indicator: Befriends-  
Mindfulness-Identity**

**題目：老人心理健康 BMI 幸福指標之服務介入方案:友善、正念、認同**

2. 謝佳容 **Chia-Jung Hsieh**

(國立臺北護理健康大學護理系副教授／社團法人中華心理衛生協會常務理事  
Assoc. Professor, Dept. of Nursing, National Taipei University of Nursing and Health Sciences /  
Executive Director, Mental Health Association in Taiwan)

**Title: Promoting and Protecting Elderly Mental Health through Evidence-Based Intervention  
Program**

**題目：促進與保護老人心理健康的實證介入方案**

3. 岳修平 **Prof. Hsiu-Ping Yueh**<sup>1</sup>、林維真 **We-Jane Lin**<sup>2\*</sup> & 黃瀞瑩 **Ching-Yin Huang**<sup>3</sup>

<sup>1</sup> 國立臺灣大學心理學系、生物產業傳播暨發展學系教授 Professor, Department of Psychology  
and the Department of Bio-Industry Communication and Development, National Taiwan University

<sup>2</sup> 國立臺灣大學圖書資訊學系副教授 Associate Professor, Department of Library and Information  
Science, National Taiwan University

<sup>3</sup> 國立臺灣大學圖書資訊學研究所博士生 Doctoral Student, Graduate Institute of Library and  
Information Science, National Taiwan University

**Title: Gerontechnology: How Technology Improves Older Persons' Quality of Life**

**題目：高齡科技與生活品質促進**

記錄者：邱佳儀（北醫傷防所在職專班）

重點摘要：

- In 2018, there are over 330 million elderly people in Taiwan.
- More than 35% of elderly people have depression, and therefore higher risk of suicide.
- Goal of the program: develop Mental health B M I intervention for the seniors, in order to promote elderly mental health, self care skill, and positive well being.
- Mental health B M I indicators: **B**e-friends (interpersonal intimacy), **M**indfulness (peaceful emotion), **I**dentify (Self-identity)





- B M I can predict high risk of depression and low well-being (from 0-10 points); if each indicator (B, M, and I) >10, and a total of 20.5, it indicates good mental health, on the contrary, if < 20.5, then there is high risk of depression.
- Programs consisted of one single session (lasting for 1-1.5 hr), followed by 8 sessions applied to two communities [A: happiness long-term care community (younger, 65-74 y/o) and B: long-term care center, Banqiao Veterans Home (elder >75 y/o)].

單元	單元目標
認識心理健康 BMI	了解心理健康 BMI，相互獨立又相互影響的特質，兩者缺一不可
	認識人際支持的重要性，並了解熟識為其基礎，珍惜、經營與結交人際關係
	認識情緒管理與調節的重要，對自我身心狀態定心靜氣
	思考並認同自己的價值，設定目標與行動以創造更有意義的生活
	將心理健康 BMI 簡易自評方法，應用於日常養心行動中

主題	次題/單元	主要活動設計
心理健康 BMI 概論	1. 其他研究-認識心理健康 BMI	心理健康 BMI 小課堂
人際支持與關係	2. 我的人際關係	人際影響輪
	3. 經營緣分、維護、珍惜	角色扮演、四週人生
情緒管理與調節	4. 情緒、調節好心情	冥想、靜觀、覺察情緒
	5. 養生、情緒安心	穩定情緒的飲食清單
自我價值與意義	6. 我的生命意義	生命亮點牌
	7. 讓回憶活一生-生命故事點點講	一同設定生活目標清單
BMI 整合與心	8. 掌握 BMI-日常養心運動	團體回饋與鼓勵

- Results: Community A showed higher levels of BMI when compared to the community B, indicating that younger people’s mentally health is better.
- There were significant differences in the mental health between the early elders and the older elders.
- There were no differences in the demographic data, such as marriage, living situation or whether attending club or not. However, age and being employed showed significant differences.
- After self-management of mental health care, their mental health happiness of B M I got improved.

**重點摘要：** Evidence based of the Laugh Qigong, laughing in gerontology

- In Taiwan, depression among community-dwelling elderly in Taiwan accounts for 26-37.7%.
- Elderly who were living in long-care facilities showed to have higher rates → Lin et al, 2007 found that 81.8% of the residents have depression.
- Alternative and non-pharmacological treatments for the elderly, such as the use of laughter to elevate one’s mood was being studied. It is also known as “**Laughing Qigong Program**” (LQP) (Hsieh et al, 2014).
- LQP: interactive laughter program that combines the physical and physiological benefits of laughter with the mental benefits of Chinese qigong.
- The objective of the program was the improvement effect of mental health-promotion indicators

after intervention using the mental health promotion program (MHPG) for the elderly and to develop sustainable community programs.

- Gerontology: is defined as the study of laughter and it investigates the role of laughter in moderating stress. Laughter decreases levels of stress hormones and acts to buffer the effects of stress on the immune system,
- Research design involved a waiting list control group and random assignment to groups.
- Experimental group attended the “mental health promotion program” conducted by a trained LQ practitioner, twice a week, 10-90 mins each time, for a total of twelve sessions.
- Control group was conducted according to the usual daily activity.
- Measurements included Chinese version of resilience scale, BI of BADL, the face scale, and Kihon checklist.



週次	主題
第一週	身心健康你我他 伸筋鬆氣學放鬆
第二週	心情轉念有撇步 哈氣充電得能量
第三週	生命貴人心感動 自助助人有方法
第四週	家庭和諧心關係 開懷暢笑身歡喜
第五週	活力鄰里送陣行 滿山滿谷聲心開
第六週	課程回顧與分享 共創共好你和我

指導單位：衛福部  
主辦單位：中華心理衛生協會  
協辦單位：臺北護理健康大學護理系  
協辦單位：台灣笑話協會、社區發展中心  
策劃單位：笑話中心

- Results: The effects of MHPG showed statistic improvements on the psychological resilience (<0.05), short term emotional state (<0.05), Kihon checklist, and face scale after the intervention and when compared to the control group.

**重點摘要：**

- Gerontechnology definition: study of technology and aging for enduring good health, full social participation, and independent living through the entire life span.
- According to the global and regional trends in the population of ageing, Asia’s aging population is growing rapidly!
- On September 2019, the Natural Increase Rate of Taiwan became negative the first time in history!  
→ Our population is toward the negative growth.
- On 2018 (2 years earlier than the 2020 year expected), for the first time in history, there will be more people on the planet over 65 than under 5  
→ so Modern technology was developed with the understanding of the population aging.
- Among elderly people, 92.5% have used wireless or mobile internet; 58% have smart phones; and

19% have access to the internet everyday or almost everyday in the last 3 months.

- Taking in to account the ICF model and that 40% of the older adults live alone: female 17% and male 9% → digital APP was launched in order to improve care for the older people.
- Non-users think that technology is not too expensive, but too complicated.
- The essence of the information society is all about mental process.
- So, adopting ICTs to maintain social relationship and affect individual's satisfaction of life positively (QoL) are gerontechnology's goals.



討論與回應：

- 問:請問第一位演講者的八大主體,單元及活動設計包括那些?

答: 已放上 PPT.

- 問: 我性顏，沒有問題，只是想心得分享，學習是不怕年紀的，因為我年紀 60 幾開始讀博士，七年後的去年才在美國 John Hopkins 拿到了博士學位。我的研究論文是寫有關居住在七堵糖尿病病人的自我照顧，發現台灣長照是有在持續進步的，像我讀書前的體重是 76 公斤。在自我控制例如運動後，不但體重減輕，愉悅感也增加，自然就會笑了，加上社區的資源，這裡我要感謝運用休閒研究生帶我們社區老年人的運動，口碑做出來就越來越多人來參加，這些運動活動都讓他們更快樂，也同時可以預防跌倒，減少健保資源。所以我現在成為 volunteer 去幫他們達成社區的各項活動,發現他們的笑容是會傳染的。另外，也要感謝免費提供測血糖的血糖機等科技，可以讓老年人在不知道自己平時有血糖但一測就知道的情況下，自我監控的更好。希望將來可以往新科技方面發展新的 apps 或監控器,因為網購這種方式我到現在都不敢用因為老人被騙的機率實在是太高了！

結論或建議事項：

- Chairman: The first session tells us all about how happy the elderly people are?
- Chairman:I agree with the last sentences of the posters of the second session, which are:  
笑口常開，健康常在，一笑解千愁，再笑無煩憂，笑笑樂逍遙
- Chairman: Thanks to Dr. Yien. I am going to summarize, I think she demonstrated to us to be a great model of learning, but one important thing is that she reduced her weight through health programs.

Another important thing, is that she wanted to promote health to the elderly people. But an important future issue will be HOW can we promote not only the physical health but also the mental health to the elder people? Our topics also demonstrated how important the technology is going to be ongoing.

平行會議 Parallel Sessions 4B

老人心理健康促進與長期照護

**Mental Health Promotion and Long-term Care**

時間：2019 年 10 月 6 日（日）1620-1720 (60')

地點：全球廳（英文場）

Chairman 主持人：謝佳容教授 Chia-Jung Hsieh

Speaker 報告人：

1. 林依瑩 Puyat Doris Lin（弘道老人基金會董事／前台中市副市長 Board Trustee, Hondao Senior Citizen Foundation / Former Deputy Mayor, Taichung City Government）

陳孝平 Michael S. Chen（亞洲大學健康產業管理學系兼任特聘教授 Adjunct Distinguished Professor, Department of Healthcare Administration, Asia University）

**Title：Find a place for mental health service in Long term Care: experience sharing with practical cases**

**題目：心理健康導入長照服務實例分享**

2. 徐慧娟教授 Hui-Chuan Hsu（臺北醫學大學公共衛生學系教授 Professor, School of Public Health, Taipei Medical University）

**Title: Mental Health Promotion for Older Adults: Micro and Macro Strategies**

**題目：老年心理健康促進：微觀與鉅觀策略**

記錄者：NA

重點摘要：

討論與回應：

結論或建議事項：

平行會議 Parallel Sessions 4D

社區心理健康 Community Mental Health

時間：1620-1720 (60')

地點：215 會議室（英文場）

Chairman 主持人：姜義村教授（國立臺灣師範大學特殊教育系教授兼系主任/所長）

Speaker 報告人：

1. 郭乃文 Nai-Wen Guo

中華民國臨床心理師公會全國聯合會理事長/國立成功大學行為醫學研究所教授 President,  
Association of Taiwan Clinical Psychologists /Professor, Institute of Behavioral Medicine, NCKU

**Title: Positive Neuropsychological Intervention and Mental health- School, Community, Occupation.**

**題目：運用腦心智科學來進行心理健康的實務作為—校園、社區、職場**

2. Dr. Sima Barmania

University College London, Institute of Education

**Title: Potatoes for Peace: a peace education initiative for children-peace from a public health perspective**

**題目：Potatoes for Peace—以公共衛生觀點提出兒童和平教育倡議**

記錄者：NA

重點摘要：

討論與回應：

結論或建議事項：

#### 四、大會四大主軸議題徵求、評選通過之論文 (25 篇)

The 2 <sup>nd</sup> Global Summit for Mental Health Advocates, 2019 List of Accepted Paper Oct. 2019		
No.	Paper Title	Author
A1	The Transfer and Termination of Violence Social Learning from Generation to Generation: The Impact Attachment Trauma Made to Individual Personality	YANG, LI-FEN (National Chengchi University)
A2	A New Screening Mechanism for Internet Addiction Tendency: Modeling Analysis Orientation	Ming-Chi Tseng (National Dong Hwa University)
A3	The learning effects of college students by play therapy reflective process	Chu-Mei Lan (Chang Jung Christian University)
A4	The Situation about Local Emotional Education Course Integrated into School Counseling	TSAI YUCHUN (National Nanke International Senior High School)
A5	Constructing Tertiary Prevention Structure of Positive Behavior Support within Special Education Institute Action Research	Wu Ting Yuan and Cheng Pao Hui (Kaohsiung Municipal Kaohsiung School for Students with Disabilities)
A6	2018 Investigation on the application of mental health resources on campus and the status of depression in junior and senior high school students in 6 municipalities of Taiwan	Ya-Hsing Yeh, I-Chun Tai and Ming-Chieh Lin (JOHN TUNG FOUNDATION)
A7	An Authentic Social and Emotional Learning Program for Elementary Schools and Its Implementation in Taiwan	Li-Jung Yang, Sylvia Tai and Huei-Tsyr Chen (Taiwan Happiness Village Emotion Education Association)
A9	Maternal mental health trajectories during eight years postpartum and offspring depression: results from the Taiwan birth cohort study	Yi-Han Chang, Shu-Sen Chang (Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University); Tung-liang Chiang (Institute of Health Policy and Management, College of Public Health, National Taiwan University); Wei J. Chen (Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University)
A10	Promoting social-emotional learning in schools based on Compassionate Communication - A case study of JUST FEEL in Hong Kong	YANG SZE NGAI and Kwok Tsz Lok (JUST FEEL, Hong Kong)
B3	Dynamic in socio-economic inequalities of depression among older adults across the Financial Crisis: Finding from Taiwan	Chia-Nien Liu (Department of Living Science, National Open University); Chiao-Lee Chu (Department of Long Term Care, National Quemoy University)
B4	Life Story of Elders in the Elderly Center to Their Positive Mental Influences	Ya-Lie Ku (College of Nursing, Department of Nursing, Fooyin University); Jung-Li Ma, Chiu Ting Lin (Kaohsiung Renai Home attached to the Elderly Care Center)
B5	The study of physical and mental health survey and health promotion intervention of middle-aged and elder nursing aids	Hsu Yu Jung, Chen Hung Yi (Department of Social work, Meiho University); Lin Hsiu Pi (Department of Senior Citizen Services Management, Chia Nan University of Pharmacy and Science)
B6	Retirement planning and needs assessment of adults over 50 years of age in Taiwan	Ya-Hsing Yeh, I-Chun Tai and Ming-Chieh Lin (JOHN TUNG FOUNDATION)
B7	Active Aging: A Strengths-based and social participation project for senior in Taiwan	Hsin-Yu Yang (Department of Education, National Chengchi University)

B8	“Rock YeNai”: A Social Innovation Action Project to Explore how Productive Aging being Possible in Taiwan	Tsung Hsien Lin (Department of Education, National Chengchi University)
B9	Opinions toward the Aging Sexual Health from Nurse Aides in Long Term Care Facilities	Chen, Tsui-Fang (Department of Geriatric Health Promotion, Jen-Teh Junior College of Medicine, Nursing and Management); Chang, Chueh (Mental Health Association Taiwan; Graduate Institute of Health Policy and Management, College of Public Health, National Taiwan University)
C1	Effects of an Independent Living Camp Program for Taiwanese with Psychosocial Disability: Through the Experience of ‘Camp “We Can!”’	Fang-pei Chen (Department of Social Welfare, National Chung Cheng University); Min-Ling Wang (Social Work Department, Hsuan Chuang University); Hsi-Hua Teng (Taiwan Association for Psychosocial Rehabilitation)
C3	Recovery Process of a Nurse Following Workplace Violence	Cheih Wei Chen (National Taiwan University; National Taiwan University Hospital); Chueh Chang (Institute of Health Policy and Management, National Taiwan University)
C7	Relationship between mood symptoms, urological symptoms and multiple substance use among ketamine abusers in Taiwan	Chia-Hsiang Chan, Yang-Lin Lin and Yu-Chun Lin (Department of Addiction Psychiatry, Taoyuan Psychiatric Center)
C8	Why People with Chronic Schizophrenia Do Not Use Internet or Mobile Phones? A Preliminary Qualitative Study	Guang-Hsing Liu, Chien-Ru Lin and Yuan-Chi Chiu (Department of Psychiatry, China Medical University Hospital)
C9	Factors affecting the outcomes of mandatory treatment program among illicit drug offenders	Chiung-Yueh Fan, Li-Yen Chiu and Chia-Hsiang Chan (Taoyuan Psychiatric Center)
C10	The Relationships of Taiwanese Aborigines' Self-compassion, Alcohol Refusal Self-efficacy, and Alcohol Dependence Level	Yang-Lin Lin and Yi-Hsing Claire Chiu (Department of Applied Psychology, Hsuan Chuang University)
C11	The Caregiver Burden of Psychiatric Home Treatment Patients with Mental Illness: A Preliminary Study	Kuan-Chin Huang, Chao-Chun Tu and Su-Fen Cheng (Department of Nursing, Kaohsiung Veterans General Hospital)
C12	Running to Recovery of Mental Health	Lee Chia-Ying (Kaohsiung Veterans General Hospital)
C13	Perspectives on Social Approach: My Practice of Social Work in a Halfway House	Jed Lee (Yun Kai Social Work Office)
C14	Reclaiming Life—The Life-Oriented Service Model of the Yeantsy Supported Group Housing	Lo, Mei-Lin (Yeantsy Supported Group Housing)
D1	Case Study on Resilience for Air Traffic Service Personnel Experiencing Air Traffic safety Events in Taiwan	Hsu, Pei-Ting (Air Navigation and Weather Services, CAA, MOTC)
D2	To Recover from The Disaster with Ethnic Culture: The Case of The Xiaolin Village in Kaohsiung, Taiwan	Chang I-Chin (Graduate School of Human Science, Ritsumeikan University)
D3	The emergency exit for firefighters: the awareness and discussion of well-being and trauma-informed care for firefighters	Chin-Lien Natascha Hsu (Dance Movement Therapist and Volunteer Firefighter); Chun-Yu Wei (Firefighter and Paramedic)

2019 第二屆國際心理健康倡議者聯盟高峰會  
論文摘要投稿—被接受名單（25 篇） 2019 年 10 月

編號	論文題目	作者
A1	暴力的社會學習代間轉移與終止：關係創傷對個體性格的影響 -以政府強制親職教育兒虐案的工作省思為例	楊麗芬(國立政治大學)
A2	網路成癮傾向的新篩選機制：模型化分析取向	曾明基(國立東華大學)
A3	遊戲治療反思歷程促進大學生學習成效之研究	藍菊梅(長榮大學健康心理學系)
A4	本土化情緒教育課程融入學校輔導處遇實施現況	蔡俞鈞(國立南科國際時高級中學)
A5	建構正向行為支持三級預防架構在特殊教育學校之行動研究	吳汀原、鄭寶惠(高雄市長立高雄特殊教育學校)
A6	2018 年臺灣六都國、高中職學生對校園心理健康資源的應用及憂鬱情緒現況調查	葉雅馨、戴怡君、林明潔(財團法人董氏基金會)
A7	台灣原創的小學社交與情緒學習課程及實作	楊俐容、陳小慧、陳慧慈(社團法人臺灣芯福里情緒教育推廣協會)
A9	母親產後八年心理健康軌跡與子女憂鬱：台灣出生世代研究結果	張奕涵、張書森(國立臺灣大學公共衛生學院健康行為與社區科學研究所)、江東亮(國立臺灣大學公共衛生學院健康政策與管理研究所)、陳為堅(國立臺灣大學公共衛生學院流行病學與預防醫學研究所)
A10	以「善意溝通」在學校推廣社交情緒學習：以香港「感講」為案例	楊思毅、郭梓樂(JUST FEEL 感講, 香港)
B3	全球經濟危機前後老人憂鬱與社經不平等變化	劉嘉年(國立空中大學生活科學系)；朱僑麗(國立金門大學長期照護學系)
B4	人生故事於安養老人的正向心理影響	顧雅利(輔英科技大學護理學院護理系)；馬榮梨、林秋庭(財團法人仁愛之家慈愛養護所)
B5	中高齡照顧服務員身心健康調查及健康促進介入探討之研究	許玉容、陳宏義(美和科技大學社會工作系)；林秀碧(嘉南藥理大學老人服務事業管理系)
B6	50 歲以上民眾對退休及老年預備之需求現況調查	葉雅馨、戴怡君、林明潔(財團法人董氏基金會)
B7	活躍老化：優勢中心理論結合社會參與之行動方案應用於台灣高齡者	楊昕瑜(國立政治大學教育所心輔組)
B8	搖滾爺奶:以一個社會創新行動方案探究生產性老化在台灣的多元可能	林宗憲(國立政治大學教育所)



B9	長照機構照顧服務員對老人性健康的看法	陳翠芳(仁德醫護管理專科學校高齡健康促進科)；張珣(中華心理衛生協會；國立臺灣大學公共衛生學院健康政策與管理研究所)
C1	「精神障礙者自立生活營隊」量化評估研究	陳芳珮(國立中正大學社會福利學系)；王敏菱(玄奘大學社會工作學系)；滕西華(台灣社會心理復健協會)
C3	暴力之後，一位護理師經歷職場暴力傷害到康復的歷程	陳潔葳(國立臺灣大學公共衛生學院公共衛生碩士學位學程；臺大醫院)；張珣(國立臺灣大學健康政策與管理研究所)
C7	K 他命濫用者之情感症狀、泌尿道症狀與多重藥物濫用之相關性探討	詹佳祥、林楊林、林俞君(桃園療養院成癮治療科)
C8	為什麼慢性思覺失調症不使用手機及網路？初步質性調查	劉光興、林千茹、邱媛基(中國醫藥大學附設醫院精神醫學部)
C9	影響毒品緩起訴戒癮治療成效之相關因子	范瓊月、邱麗燕、詹佳祥(桃園療養院)
C10	臺灣原住民的自我悲愴、拒酒自我效能與酒精依賴程度之相關研究	林楊林、邱怡欣(玄奘大學應用心理學系)
C11	精神居家照護家屬負荷之現況初探	黃冠錦、涂沼君、鄭淑芬(高雄榮民總醫院)
C12	跑向康復	李佳盈(高雄榮民總醫院)
C13	社會取向觀點：我在康復之家的社工實踐	李介中(雲開社會工作師事務所)
C14	把生活找回來—演慈康復之家的生活取向服務模式	羅美麟(演慈康復之家)
D1	遭遇飛安事件的飛航服務人員其復原力之個案研究	許佩婷(交通部民航局飛航服務總臺)
D2	文化復振與災後重建：以台灣高雄小林村為例	張亦瑾(立命館大學人間科學研究科)
D3	消防人員的逃生門—消防人員的身心健康與創傷知情之倡議與探討	徐菁蓮(舞蹈動作治療師暨義勇消防救護志工)；魏郡昱(內政部消防署高雄港務消防隊)

## 五、 記者會會議記錄：2019 年世界心理健康日

中華心理衛生協會暨國際心理健康倡議聯盟

**2019 世界心理健康日記者會**

**2019 World Mental Health Day Press Conference**

**新聞稿**

**超越自殺防治，心理健康優先**

**Prioritizing Mental Health Promotion, Tackling Suicide**

時間：2019 年 10 月 5 日（六）中午 12 時 50 分

地點：台大公衛學院陳拱北講堂（台北市徐州路 17 號 117 室）

新聞聯絡人：張珏（大會主席）0939-213720

呂淑貞（理事長）0972-282176

### 假國際峰會，響應世界心理健康日

2019 年「第二屆國際心理健康聯合倡議高峰會」(2<sup>nd</sup> Global Summit for Mental Health Advocates, 2019) 在台辦理，中華心理衛生協會為本屆高峰會主辦單位，特別訂於大會期間（10 月 5 日中午 12:50-13:20）召開「世界心理健康日記者會」，響應今年呼籲的主題「心理健康促進與自殺防治」。

大會來自「國際心理健康倡議聯盟」(The Global Alliance for Mental Health Advocates, 簡稱 GAMHA) 及世界心理衛生聯盟(World Federation for Mental Health Promotion, 簡稱 WFMH) 新加坡、南非、馬來西亞、巴基斯坦、泰國、印尼、香港、日本、菲律賓、澳洲、紐西蘭、英國、加拿大、美國等 16 國代表與臺灣衛福部、各縣市政府與團體代表及尤美女、李麗芬、陳靜敏、林奕華、陳宜民等立委代表出席，並有陳建仁副總統親臨大會致詞，會見大會嘉賓，一同配戴世界心理健康日胸章，發表世界心理健康日宣言。



陳建仁副總統、衛福部陳時中部長出席心理健康高峰會（圖：中華心理衛生協會）

在台灣，十月十日的光輝的雙十國慶，國家的生日，而這一天也是「世界心理健康日」(World Mental Health Day)，由世界心理健康聯盟 WFMH 在 1992 年所發起，二十幾年來每一年在全球同步倡議關注兒童、婦女、職場、暴力、創傷、災難復原、高齡化社會、全球變遷與心理健康等種種議題。「這一天紀念的意義大於慶祝」，現任 WFMH 主席南非代表 Ingrid Daniels（也是南非開普敦心理衛生中心主任）如此說，因為全球各地有許多人正因為心理疾病、心理困擾（心理不健康）而喪失生命；而且，情緒創傷所造成的心理疾病和亞健康已經造成許多人潛力減低或喪失，這種損失更是難以估計的。今年從自殺防治議題出發，給全民的生命設立一個社會安全網，是一個好的開始，我們要更重視預防的工作。

新加坡國會議員 Fatimah Lateef，也是 GAMHA 國際聯盟發起人、急診醫學專科教授說，受到文化、宗教、社會制度和社會決定因素等等影響，心理疾病被視為禁忌和避諱討論的話題，這讓心理健康問題被隱形了，一面，真正的盛行率、發生率被低估；另一面也成為求助的攔阻，因而失去機會，沒有辦法預防心理困擾造成進一步的損傷。新加坡和台灣的議員、立委能夠在國會和政治場合談心理健康議題就是很好的示範，可以凸顯問題的重要性。藉著每一年響應世界心理健康日的活動，可以是很好的提醒，提醒大家重視心理健康，預防心理疾病造成的損失，這對國家來說，並不是太高的成本（例如：新加坡有一個“wheels on

love” 機車送愛到精神療養院的活動)，卻可以帶動國家社會持續的改變。

我國衛生福利部心理與口腔健康司特別將台灣中央到各縣市政府近年響應世界心理健康日，結合世界自殺防治日並推展心理健康月的成果，製作為溫馨小短片，加上配樂的快樂感染力，讓與會來賓印象深刻，也看見台灣從中央到地方，各縣市政府團隊，結合社區資源、地方特色的努力。林奕華委員在大會的報告中提出，連結校園、社區和家庭的心理健康，全民的心理健康，需要更完整的法規和政策來支持，國家要更重視上游的問題，要重視預防，和心理健康促進。台灣近期社會事件看到社交網站上出現自殺危機，必須結合警力提前做好自殺防治。整個社會制度、法規、政策都要更重視預防和促進的工作才是心理健康的議題真正有利的「投資」。李麗芬委員提出，關切國家心理健康必須從小做起，兒童健康成長，當然必須心理也健康；李委員以超過 20 年與婦女團體、民間團體的工作經驗進到國會，更深切體會國家政策決定了孩子的未來，而政府施政也必須和民間團體互動和合作。

其他國家，巴基斯坦的 Unaiza Niaz 代表特別陳明在巴基斯坦，婦女一直都是脆弱族群，自殺防治的宣導自然不能忽略婦女。泰國的代表 Suchada Sakornsatian 分享”Crazy Run”（心理健康馬拉松），邀請藝人參與，有超過 5000 人參加。政府和團體響應世界心理健康日，如果能夠有合適的代言人，將能影響更多的人，這樣，讓心理健康成為大家都關心的事、重要的事，才能實現全民心理健康

（mental health for all）。馬來西亞出席的有衛生部門的官方和從事實務工作多年的臨床心理師，衛生部健康教育司的 Suraiya Syed Mohamed 司長分享她們”Let’s talk, Minda Sihat” 活動，也重申雖然很多國家的預算仍然著重在精神疾病治療，希望藉由國際接軌的力量，讓我們的國家都能發展、落實心理健康初級預防的政策。

WFMH 美國代表（也是總部秘書）Deborah Maguire，第一次來台灣，對台灣各界的響應留下深刻印象。自心理健康日推動以來，今年開始有新的 Logo，16 種語言，希望收到各地推動剪影，提供互相鼓勵與學習，增加全球同步倡議的效益。





16 國心理健康高峰會嘉賓共同發出心理健康日宣言（圖：中華心理衛生協會）

## 2019 世界心理健康日宣言

「超越自殺防治，啟動心理健康促進法」  
 （我國應有心理健康促進法／心理健康基本法）

**Beyond Suicide Prevention,  
 Initiating Mental Health Promotion Act**



**Beyond  
 Suicide Prevention  
 Initiating  
 Mental Health  
 Promotion Act**

## 珍愛生命，不能等失去了才重視

「每一年全球自殺死亡人口 80 萬人」(也就是記者會 30 分鐘之內，已經有 46 人用自殺的方式結束生命)，這背後代表至少 20 倍於 80 萬的企圖自殺者，而在自殺行為發生之前，社會、心理、文化各種因素交錯的影響下，又是數百倍、數千倍的人正遭逢各種生活壓力，面對不同程度的情緒困擾，卻求助無門。世界衛生組織心理健康行動計畫 2013-2020 有一個目標，要在 2020 之前，降低各國自殺死亡率 10%；2030 永續發展目標 (SDGs) 也有與其相呼應的行動。但是，以台灣為例，觀察每一年度自殺人口及十大死因統計，自殺人口與比例似乎都看不到減低的趨勢。那到底自殺防治應該從哪裡做起呢？我們強調促進全民的心理健康是從根本防治自殺的方法；促進心理健康是國家重要的基礎建設。<sup>1</sup>

適逢 2019 年 6 月 19 日我國通過「自殺防治法」，為自殺防治工作立下新的里程碑，我們肯定全國自殺防治中心多年來守護台灣人生命持續不懈的努力和成果。然，生命誠可貴，我們不能等到(自殺、自殺死亡)事件發生，再提供協助(急救、住院、治療、諮詢、遺族關懷、危機應變、責任檢討等等)；危機處理總是要從預防做起，沒有心理健康就沒有健康 (There is no health without mental health)。所以，國家層級自殺防治政策的根本應是落實政府促進全民的心理健康 (mental health for all) 的施政。世界心理健康聯盟 (WFMH) 是在聯合國委員會具有諮詢地位的國際非政府組織，在 1992 年發起每年 10 月 10 日「世界心理健康日」，進行全球性、國家層級的長期倡議，20 幾年來每年全球同步倡議的議題包含婦女、兒童、高齡社會、全球變遷、職場、暴力、創傷、災難與心理健康等等，呼籲各國政府，應保護精神障礙者的權益，重視全民的心理健康，將心理健康融入各項政策 (mental health in all policy)。<sup>2</sup>

此次高峰會兩日的大會假國立臺灣大學公共衛生學院(台北市徐州路 17 號)辦理，陳建仁副總統、衛福部陳時中部長與各國官方代表、國際組織代表等嘉賓蒞臨；兩日會議內容涵蓋兒童與青少年、老人心理健康促進、精神障礙康復者復原之旅、災難心理復原等四大主軸，共 24 場次演講、論壇、平行會議等多元豐富，為深化台灣官方與國際心理衛生組織、亞太地區國家相互連結，大會免費開放給中央及地方政府代表參與。<sup>3</sup>

「國際心理健康倡議聯盟」(The Global Alliance for Mental Health Advocates, GAMHA) 是一個國際新興倡議團體，目前有 18 國成員，強調亞洲國家心理健康議題的特色，推展不全然以西方價值為主流之心理健康取向，積極催化發展亞太地區國家的交流與支持網絡，與政府(新)南向政策相呼應；中華心理衛生協會

<sup>1</sup> Preventing suicide: a community engagement toolkit. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO <https://apps.who.int/iris/bitstream/handle/10665/272860/9789241513791-eng.pdf>

<sup>2</sup> 欲關注追蹤相關議題，可以至 WFMH 官網及 WHO mental health 專區查閱歷年重要資訊，網址：<https://wfmh.global/> 及 [https://www.who.int/mental\\_health/en/](https://www.who.int/mental_health/en/)

<sup>3</sup> 有關「國際心理健康倡議聯盟」(The Global Alliance for Mental Health Advocates, 簡稱 GAMHA) 的發起及 2018 第一屆高峰會、2019 第二屆高峰會詳細資訊請見 [silverribbon\(Singapore\)](http://silverribbon(Singapore)) 及中華心理衛生協會大會官網。網址：<https://www.silverribbonsingapore.com/gamha.html> 與 <http://bit.ly/2xke2n6>

為 GAMHA 發起成員之一。

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(英文新聞稿，提供 GAMHA 與 WFNH 及與會各國代表)

Mental Health Association in Taiwan & Global Alliance for Mental Health Advocates

## 2019 World Mental Health Day Press Conference

### News release

Chairs:

張珺 Chueh Chang

Chair, 2<sup>nd</sup> Global Summit for Mental Health Advocates

Board Member, World Federation for Mental Health

Convener, Taiwan Action Alliance for Mental Health

呂淑貞 Shu-Jen Lu

President, Mental Health Association in Taiwan

Vice President of Asia Pacific, World Federation for Mental Health



**Beyond**  
**Suicide Prevention**  
**Initiating**  
**Mental Health**  
**Promotion Act**

## 2019 World Mental Health Day Declaration

### **Beyond Suicide Prevention, Initiating Mental Health Promotion Act**

While hosting the 2<sup>nd</sup> Global Summit for Mental Health Advocates 2019, the MHAT echoed the theme of 2019 World Mental Health Day –“Mental Health Promotion and Suicide Prevention” by holding the press conference on October 5<sup>th</sup>. Attendance from 15 countries mainly of the Global Alliance for Mental Health Advocates (GAMHA)<sup>4</sup> and World Federation for Mental Health (WFMH)<sup>5</sup>, including Australia, Canada, Denmark, Hong Kong, Indonesia, Malaysia, New Zealand, Pakistan, the Philippines, Singapore, South Africa, Taiwan, Thailand, the United Kingdom and the United States. These participants are governmental representatives, congressmen/women, and INGO delegates who gathered to share their experiences and actions in their countries, and pronounced **“Beyond Suicide Prevention, Initiating Mental Health Promotion Act”** as the World Mental Health Day Declaration 2019.

The World Health Organization (WHO) estimates that suicide accounts for over 800,000 deaths per year, which equates to 46 deaths within 30 minutes.<sup>6</sup> The “Suicide Prevention Act” had enacted this year (June 18, 2019) in Taiwan, being a milestone of mental health work, yet while examining its content, we found that it is much focused on the following-up for those who attempted suicide and had been notified, or providing services for families and friends of those who completed suicide, etc. It is more like legal regulations of current practices. As for the prevention of suicidal behaviors, or the promotion of mental health which is the best preventive way, we cannot find in the foregoing actions. Therefore, the Mental Health Association in Taiwan (MHAT) is calling for government to legislate **“Mental Health Promotion Act”**. This is a fundamental countermeasure to tackle and prevent suicide.

Therefore, at the beginning of September, we took action to urge the government to legislate **“the Mental Health Promotion Act”** on the governmental internet platform to seek at least 5,000 citizens’ endorsement within 60 days. With this petition going on, we expect the government to take responsibility to initiate and develop “mental health for all” policy prioritizing mental health promotion, rather than illness or problem-oriented solutions for some specific objects. Moreover, with regard to “there is no health without mental health”, the cross-sectoral governmental authorities and units must take “mental

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<sup>4</sup> The Global Alliance for Mental Health Advocates (GAMHA ) please refer to Silverribbon(Singapore) <https://www.silverribbonsingapore.com/gamha.html>. The 2nd Global Summit for Mental Health Advocates 2019, please refer to the Mental Health Association in Taiwan website: <http://bit.ly/2xke2n6>

<sup>5</sup> WFMH Website: <https://wfmh.global/> and WHO mental health Website: [https://www.who.int/mental\\_health/en/](https://www.who.int/mental_health/en/)

<sup>6</sup> Preventing suicide: a community engagement toolkit. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO <https://apps.who.int/iris/bitstream/handle/10665/272860/9789241513791-eng.pdf>



health in all policy” approach, first initiating and facilitating within health policy, then within different non-health public policy to realize “right to mental health” and reach “mental health for all” nationally. The petition is available at <https://join.gov.tw/idea/detail/4e600c87-0ac2-4c56-ac1b-df37225a8809>, or scanning the QR code below.



**Video references:**

One is the full video shoes interaction **Press Conference of World Mental Health Day 2019**, another is provided by **the Department of Mental and Oral Health** shows yearly events and activities of World Mental Health Day from 22 cities and counties in Taiwan after establishing the mental health network in 2015, and the full video of **Opening Remarks of the 2<sup>nd</sup> GAMHA Summit 2019**

**Press Conference of World Mental Health Day 2019**

<https://youtu.be/Hwn5oOKUXwg>

**Events of WMHD by Department of Mental and Oral Health, MOHW**

<https://youtu.be/hDoZjE6Rz5U>

**Opening Remarks of the 2<sup>nd</sup> GAMHA Summit 2019**

<https://youtu.be/yCIwp9U3DaY>



Vice President Chen Chien-Jen (center) and Shih-Chung Chen (Minister of Health and Welfare) attended the 2nd Global Summit for Mental Health Advocates, 2019.  
(Photo from Mental Health Association in Taiwan)

15 country delegates declared “Beyond Suicide Prevention, Initiating Mental Health Promotion Act” together.  
(From left to right: Li-Fan Lee (Taiwan congress), Shu-Jen Lu (President of MHAT), Chueh Chang (The chair of 2<sup>nd</sup> Summit), Ingrid Daniels (WFMH), and Fatimah Lateef (Singapore congress))



(Photo from Mental Health Association in Taiwan)



## 附件二、大會照片集錦

### 活動照片紀實

#### 1. 團體照



#### 2. 開幕式



大會主席張珏教授



大會主席呂淑貞理事長



陳建仁副總統



Prof. Fatimah Lateef  
Member of Parliament, Singapore



Dr. Keira Joann Herr  
Medical Director, Lundbeck Singapore  
Pte, Limited



高峰會標語揭示  
“Beyond trauma, Combating stigma,  
Creating resilience”

### 3. 特聘講座與專題演講



Dr. Ingrid Daniels  
President-Elect, World Federation  
for Mental Health  
Director, Cape Mental Health,  
South Africa



Prof. Phillip Slee  
Professor, Flinders University,  
South Australia  
Director, Student Wellbeing &  
Prevention of Violence (SWAPv)  
Research Centre



玄鳥站計畫創始人胡幼慧教授



社團法人中華民國身心障礙者自立更生創業協會劉天富理事長



Dr. Siu-Wah Li, M.D  
Consult, Castle Peak Hospital,  
Hong Kong  
Immediate Past President, Hong  
Kong Psychogeriatric Association.

### 4. 關鍵論壇



發展心理健康學校政策



康復者心理健康促進的各國經驗



歷經災難如何安定國家心理健康：訂定災難心理健康政策



社區韌性的展現模式：透過社區協力，集體面對與轉化



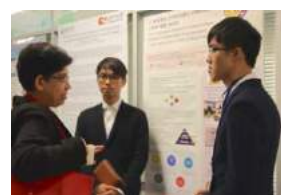
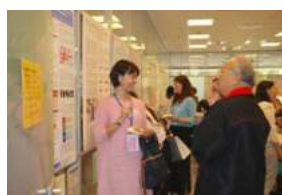
老人心理健康促進

### 5. 平行會議





## 6. 提問互動與海報發表



## 7. 世界心理健康日記者會



## 8. 閉幕式與海報發表頒獎



會旗交接



大會主席合影



海報發表頒獎

## 9. 高峰會其他花絮



報到



茶敘



晚宴



## 10. 會前工作坊



10/4 「以閱讀促進心理健康—書目療法」工作坊

10/4 「全民心理健康促進：台灣笑笑功」工作坊

## 11. 會後工作坊



10/8 「同儕支持」工作坊

10/21 「HIV 感染與心理健康」座談會

## 12. 會後參訪

**會後參訪**

- 北投溫泉博物館
- 地熱谷&地熱谷庇護工場
- 自殺防治工作報告  
by 三總北投分院
- 三軍總醫院北投分院 (前日軍衛戍醫院) 介紹





北投溫泉博物館



三軍總醫院北投分院