



# White Paper

## Workplace Mental Health and Well-being in ASEAN

**A comprehensive study of mental health policies,  
practices, and recommendations for ASEAN Member  
States**

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## About Intellect

Intellect is a global mental health benefits company with a mission to make employee wellbeing support accessible, relatable, and stigma-free for workforces and individuals, from everyday support to clinical intervention.

Our research-backed solution fits every employee on any device, from app, desktop, helpline phone call and in-person. We do this by marrying technology with a human touch, delivering culturally-localised care with certified coaches, counsellors, and psychologists on the ground across 100 countries globally.

In moments of need, employees can also find an outlet for effective, in-the-moment care with experienced EAP helpline responders and confirm a timely appointment.

## About the ASEAN Human Development Organisation

The ASEAN Human Development Organisation was founded in 2018 to promote human development across ASEAN's Member States. AHDO connects ASEAN's human development professionals and works with ASEAN institutions on policy and initiatives concerning human development.

To fulfil its mission AHDO:

- Publishes research and white papers on workplace development
- Organises conferences and events across the region
- Works with international organisations on human development initiatives
- Manages certification programmes for human development professionals and organisations
- Advises organisations on mental health and well-being policy

## Coordination with the ASEAN Secretariat Human Development Directorate

The authors would like to thank the Human Development Directorate of the ASEAN Secretariat for their guidance in writing this white paper. The Directorate serves as the coordinating body for human development initiatives across the ASEAN Community and was established to support the implementation of ASEAN's human development agenda while enhancing the quality of life and well-being of ASEAN peoples.

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# Executive Summary

This white paper presents comprehensive insights into the current state of workplace mental health across ASEAN and formulates recommendations for the future. The collaboration between AHDO and Intellect with the input from the ASEAN Secretariat Human Development Directorate in producing this white paper reflects a multi-stakeholder approach combining thought leadership, research, clinical expertise and policy coordination.

## Why This White Paper?

The "ASEAN Community Vision 2045: Resilient, Innovative, Dynamic, and People-Centred ASEAN" formally adopted and published on 26 May 2025, mental health and well-being emerge as a strategic priority cutting across all five pillars of ASEAN. We saw the need for evidence-based perspectives and recommendations spanning ASEAN sectors, with a particular focus on work and human development in organisations. The rise of mental health and well-being as a strategic priority presents both significant policy challenges and unprecedented opportunities for ASEAN, which we identify in terms of policy and initiatives.

This white paper serves not only as a comprehensive analysis of the current state of workplace mental health in ASEAN but also as a foundation for coordinated regional action. The research findings and recommendations are intended to support policymakers, leaders, and mental health professionals in developing and implementing effective strategies that can improve workforce well-being while contributing to broader economic and social development goals across the ASEAN Community.

## The Strategic Context

Our white paper combines mental health and well-being into one definition, following the World Health Organisation's (2022) and International Labour Organisation's (2009) definitions that include not just the reduction of mental disorders but the development of emotional well-being, effective mental health management, resilience, and a healthy work-life balance.

Over the past decade, awareness of mental health and well-being has grown significantly across ASEAN, driven by mounting evidence of its critical role in social health issues, education and the future of work. Our research indicates that stress has been steadily rising globally since 1995, with similar impacts on the decline in well-being at work observed across all of Asia. Mental health issues such as depression and anxiety not only have social impact but are economically measurable through diminished productivity and increased costs for employers and nations. Burnout and workplace stress are now acknowledged as systemic and global challenges, prompting organisations throughout to move from reactive approaches to proactive, evidence-based well-being strategies. In today's workplace, mental health and well-being policies are no longer viewed solely as a benefit for employees but as a necessary investment.

On the other hand, the future of work presents opportunities for well-being in the management and organisation work in companies and in government policies.

Within the ASEAN context—characterised by diverse cultural norms, varying economic levels of development, and different levels of readiness in policy—understanding mental health and well-being takes on particular urgency and complexity at the regional level.

To take an example, The ASEAN Cooperation on Civil Service Matters (ACCSM) promotes effective, efficient, and people-centred public service, shares best practices, and drives capacity building and innovation within the civil services of the ASEAN region. During the research on this white paper, the authors collaborated with the representatives of ACCSM in a workshop to define mental health and well-being at the regional level. This led to the adoption on 7th August 2024 at the 22nd ACCSM Heads of Civil Service meeting of a statement. An important point of agreement was that ASEAN public service organisations should take a leading role in formulating and implementing effective policies addressing mental health and strengthening well-being.<sup>1</sup>

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<sup>1</sup> The declaration is officially titled the "ASEAN Statement on Strengthening Government Strategies on Mental Health and Well-Being Towards Achieving Work-Life Balance in Public Sector." It was adopted during the 22nd ACCSM Heads of Civil Service Meeting, chaired and hosted by Brunei Darussalam on August 7, 2024, in Bandar Seri Begawan. Link for the full document: <https://asean.org/asean-statement-on-strengthening-government-strategies-on-mental-health-and-well-being-towards-achieving-work-life-balance-in-public-sector/>

The context of mental health and well-being in ASEAN suggests that the future development of the region must necessarily deal with evolving social expectations and emerging challenges to achieve the region's sustainable development and competitiveness.

## Research Findings and Insights

This comprehensive study identifies critical gaps in current workplace mental health policies and practices across ASEAN while highlighting promising initiatives and emerging best practices. The research reveals eight key patterns that inform policy development:

- **Communication-Engagement Gap:** While 85% of organisations communicate about mental health programs, only 55% of employees utilise these resources, with Singapore showing the largest disconnect (75 percentage point gap)
- **Authentic Employee-Focused Motivations:** 72% of organisations prioritise mental health initiatives to demonstrate care for employees rather than external reputation management, with public sector showing different priorities than private sector
- **Private Sector Leadership:** Private organisations consistently outperform public sector counterparts across all mental health initiatives, with Thailand's private sector and Malaysia's public sector showing strongest performance
- **Training-Implementation Disconnect:** High investment in leadership training and communication does not translate to comprehensive support systems, with countries like Thailand leading in training (80%) but achieving only 20% in comprehensive support
- **Underutilised Ministry Partnerships:** Only 26% of HR professionals prioritise collaboration with national health agencies—the lowest-ranked initiative despite emerging successful models in Singapore, Malaysia, and Brunei
- **Neurodiversity Inclusion Gaps:** Despite growing awareness, significant gaps persist between communication efforts and actual inclusive employment practices, with private sector (60%) outperforming public sector (31%) in hiring people with mental health conditions
- **Financial Literacy Oversight:** Only 24% of organisations identify financial literacy as important for workplace mental health, representing a critical gap given established connections between financial stress and mental wellbeing
- **Cross-Border Coordination Challenges:** While 65% of multinational organisations report consistent mental health strategies across ASEAN offices, coordination issues in key markets like Singapore (57%) and Brunei (49%) represent missed opportunities

These patterns highlight both the opportunities and challenges facing ASEAN workplace mental health development, informing the strategic recommendations that follow.

## Strategies for the ASEAN Workforce

Drawing from the study's findings, the white paper identifies strategic directions for improving workforce mental health in ASEAN. These strategies are informed by regional data, sector-specific insights, and evolving trends in workplace well-being. They emphasise the importance of building open and inclusive workplace cultures, developing leadership capability on mental health, closing access gaps with tailored support, and reducing stigma. In addition, there is a focus on strengthening measurement and reporting to track progress. These workforce strategies are designed to be practical and adaptable to the diverse contexts of ASEAN Member States, supporting organisations in both the public and private sectors to embed mental health as a core element of human development.

## Actionable Policy Initiatives for ASEAN Institutions and Working Groups

The paper proposes ten policy initiatives for ASEAN institutions, sectoral bodies, and working groups. These recommendations highlight the importance of cross-sectoral collaboration, regionally coordinated frameworks, and robust legal protections in line with international standards. Initiatives include enhancing regional data sharing on mental health, supporting civil service leadership in implementing progressive policies, and scaling up evidence-based mental health programmes at the national and regional levels. The working groups are encouraged to promote mutual learning, strengthen regulatory and advisory guidelines,

and reinforce capacity-building efforts for public sector organisations—ensuring alignment with the ASEAN Post-2015 Health Development Agenda and other relevant blueprints.

### **Recommendations for the Five ASEAN Pillars and Vision 2045**

To support ASEAN's broader integration and community-building, the white paper provides five recommendations aligned with the ASEAN Vision 2045 pillars: Political-Security, Economic, Socio-Cultural, Connectivity, and Institutional. These recommendations call for integrating mental health into human development priorities and the workforce of the future, ensuring equitable access to resources and care, and advancing regional standards for well-being. The document underlines the potential for mental health initiatives to foster resilient, innovative, and inclusive societies, echoing ASEAN's long-term vision for a cohesive and people-centred community by 2045.

Each section aims to guide policymakers, employers, and stakeholders toward tangible progress, helping ASEAN approach its long-term development goals with attention to mental health as an essential component of well-being and sustainable growth.

# Objectives of the Intellect x AHDO Research

This research seeks to provide evidence-based insights to advance workplace mental health across ASEAN. This white paper aims to:

- Investigate the current state of mental health and well-being practices in workplaces across ASEAN countries
- Identify key challenges and gaps impeding the progress of workplace mental health and well-being policies and practices
- Provide actionable recommendations to overcome these challenges and highlight opportunities for regional collaboration and development

To achieve these objectives, this study draws on a comprehensive region-wide survey of ASEAN HR professionals and analysis of existing policy frameworks across both public and private sectors. By capturing perspectives from practitioners on the ground, this research aims to bridge the gap between policy intent and workplace reality, offering practical guidance for organisations, policymakers, and regional leaders committed to advancing workforce well-being across ASEAN.

## Research Methodology

For this white paper, we have gathered data and insights from two sources:

### 1. Online survey for ASEAN HR professionals

The survey conducted in this research aimed to gather comprehensive insights into topics such as the availability of well-being resources and programs, mental health inclusivity, leadership management, priorities and recommendations. This was administered online through Qualtrics, targeting HR professionals who are based in ASEAN countries. The survey consisted of 23 questions and was translated into each country's local language in order to increase inclusivity and accessibility (Vietnamese, Bahasa Indonesia, Khmer, Bahasa Melayu, Burmese, Thai, and Lao)<sup>2</sup>, leading to increased response rates and more culturally relevant responses. While resource constraints prevented achieving our initial sample targets, the data provides meaningful insights for countries with adequate representation, with findings for smaller samples treated as indicative rather than definitive.

**Table 1 - Survey sample size and demographics**

Country	n	Country	n
Vietnam	77	Myanmar	21
Philippines	237	Thailand	44
Indonesia	70	Brunei	34
Cambodia	4	Laos	3
Singapore	34	Malaysia	61

<sup>2</sup> Tagalog was not included among the translated languages because most respondents from the Philippines were able to answer the survey in English. In cases where respondents used a mix of English and Tagalog, their comments were subsequently translated into full English for analysis purposes.

## 2. Review on workplace mental health and well-being policies in ASEAN and international governments

To present a comprehensive overview of workplace mental health and well-being policies within the ASEAN region, we conducted an extensive review of existing government policies and frameworks across both global and regional contexts. This review examined international workplace mental health frameworks from countries including Canada, the United Kingdom, Japan, the United States, and the European Union to identify best practices and lessons applicable to ASEAN. We also analysed policies and frameworks from all 10 ASEAN Member States: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam, focusing on the current state of mental health practices, existing legislative measures, recognition of mental health in workplace settings, and gaps or challenges in policy implementation. The findings from this comparative policy review offer insights into global trends and the regional policy landscape, highlighting opportunities for knowledge transfer and areas for potential improvement within ASEAN.

**Disclaimer:** *This white paper contains insights and analyses based on survey responses collected from participants within the ASEAN region. While every effort has been made to ensure the accuracy and reliability of the data, it is important to note that the findings may not fully represent the entire population or actual conditions in the region. Variations in responses and potential biases in survey participation may affect the results. Therefore, the insights provided should be interpreted with caution and considered as indicative rather than definitive representations of the regional landscape. Besides that, some of the presented qualitative responses were translated from local languages, which may introduce variations in language and cultural nuances.*

## Context and Importance of Workplace Mental Health and Well-being

This paper presents insights into the state of workplace mental health across ASEAN, drawing on a region-wide survey, global policy frameworks, and qualitative interviews with HR leaders. It seeks to identify gaps, highlight promising practices, and offer actionable recommendations to advance workforce well-being as a strategic imperative.

As ASEAN accelerates its post-pandemic recovery and prepares for long-term economic transformation under Vision 2045, workplace mental health has emerged as a strategic priority for both public institutions and private employers. The region's workforce is undergoing profound shifts — including generational changes in expectations, with younger workers demanding stronger well-being support from employers<sup>3</sup>; growing attention to psychosocial safety, especially in high-stress and rapidly changing work environments<sup>4</sup>; and the increased prevalence of stress-related disorders, amplified by the long-term impacts of COVID-19<sup>5</sup>. These dynamics present both a policy challenge and an opportunity to reshape how mental health is addressed in organisational settings.

Over the past decade, awareness of workplace mental health and well-being has grown significantly, driven by its recognition as a key contributor to job satisfaction, workforce productivity, and economic resilience. Longitudinal studies indicate that work stress has been steadily rising since 1995 in Europe<sup>6</sup>, with similar patterns of workplace well-being decline observed in Asia<sup>7</sup>. At the organisational level, mental health issues such as depression and anxiety contribute to diminished productivity through increased absenteeism and presenteeism<sup>8</sup>.

Burnout and workplace stress have now been acknowledged as systemic and global challenges, prompting organisations to move from reactive approaches to proactive, evidence-based well-being strategies<sup>9</sup>. Mental health is no longer viewed solely as a corporate social responsibility but as a necessary investment with measurable returns. Furthermore, there is strong evidence showing that better employee well-being leads to higher profitability, improved return on assets, and stronger organisational resilience<sup>10</sup>.

Crucially, within the ASEAN context — characterised by diverse cultural norms, economic structures, and policy readiness — understanding workplace mental health takes on particular urgency. As organisations navigate complex transformations, mental health must be seen not only as a health issue, but as a core pillar of sustainable employee development and regional competitiveness<sup>11</sup>.

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<sup>3</sup> [Deloitte. \(2024\). Gen Z and Millennial Survey.](#)

<sup>4</sup> [ILO. \(2024\). Ensuring safety and health at work in a changing climate and world of work.](#)

<sup>5</sup> [ASEAN Secretariat. \(2016\). ASEAN Mental Health Systems Report.](#)

<sup>6</sup> [Rigó, M., Dragano, N., Wahrendorf, M., Siegrist, J., & Lunau, T. \(2021\). Work stress on rise? Comparative analysis of trends in work stressors using the European working conditions survey. \*International Archives of Occupational and Environmental Health\*, 94, 459-474.](#)

<sup>7</sup> [Tsui, A. H. \(2008\). Asian wellness in decline: A cost of rising prosperity. \*International Journal of Workplace Health Management\*, 1\(2\), 123-135.](#)

<sup>8</sup> [de Oliveira, C., Saka, M., Bone, L., & Jacobs, R. \(2023\). The role of mental health on workplace productivity: a critical review of the literature. \*Applied health economics and health policy\*, 21\(2\), 167-193.](#)

<sup>9</sup> [Carod-Artal, F. J., & Vázquez-Cabrera, C. \(2012\). Burnout syndrome in an international setting. In \*Burnout for experts: Prevention in the context of living and working\* \(pp. 15-35\). Boston, MA: Springer US.](#)

<sup>10</sup> [De Neve, J. E., Kaats, M., & Ward, G. \(2023\). \*Workplace wellbeing and firm performance\*.](#)

<sup>11</sup> [Pfeffer, J. \(2010\). Building sustainable organizations: The human factor. \*Academy of management perspectives\*, 24\(1\), 34-45.](#)



# Global Perspectives on Workplace Mental Health and Well-being

Before turning to ASEAN's unique challenges, it is helpful to examine how other countries are addressing workplace mental health. Despite differences in legal systems, cultures, and institutional capacities, several common strategies have emerged, ranging from national standards and legal protections to integrated health models and psychosocial risk frameworks. While no single model fits all contexts, these international approaches offer practical lessons that ASEAN can adapt to local needs and realities.

Table 2 compares selected global workplace mental health frameworks. These examples reflect both regulatory approaches (such as Japan's Stress Check Program and Work Style Reform Act, the EU's Framework Directive on Safety and Health at Work) and voluntary standards (like Canada's National Standard for Psychological Health and Safety and the UK's "Thriving at Work" Review), highlighting how different countries and regions have responded to rising workplace mental health demands. The comparison includes established programs from North America, Europe, and Asia, as well as recent WHO guidelines, demonstrating both successful implementations and ongoing challenges in enforcement and behavioural change. These diverse approaches provide valuable insights that could inform ASEAN's development of comprehensive workplace mental health policies.

**Table 2 - Global workplace mental health frameworks**

Country/ Region	Framework/ Initiative	Key Features	Key Lessons for ASEAN
Canada	National Standard for Psychological Health and Safety in the Workplace (2013)	<ul style="list-style-type: none"> <li>• First comprehensive framework of its kind globally</li> <li>• Outlines 13 actionable factors, including leadership, psychological support, workload management, etc.</li> <li>• Ranked first in a global review of 20 international workplace mental health guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary standards (i.e. Canada) can achieve significant results (reduced sick days) when properly supported</li> <li>• Fragmented and uncertain implementation across EU Member States due to a lack of explicit mental health provisions</li> <li>• ASEAN to consider flexible, voluntary frameworks with strong support mechanisms rather than rigid mandates</li> </ul>
European Union	Framework Directive on Safety and Health at Work (1989)	<ul style="list-style-type: none"> <li>• Mandates assessment and mitigation of psychosocial risks</li> <li>• EU-OSHA guidance for SMEs with templates and return-to-work plans</li> </ul>	
United Kingdom	"Thriving at Work" Review (2017)	<ul style="list-style-type: none"> <li>• Introduced six "core" and four "enhanced" mental health standards for employers, applicable across organisation sizes</li> </ul>	<ul style="list-style-type: none"> <li>• Begin with simple, foundational frameworks that can be scaled and differentiated across sectors, allowing SMEs, large companies, and public organisations to adapt the same core principles to their specific contexts and capacities.</li> </ul>
	"Working Minds" Campaign (2021)	<ul style="list-style-type: none"> <li>• Further simplified mental health management with a 5R framework (Reach, Recognise, Respond, Reflect, make it Routine)</li> </ul>	

Country/ Region	Framework/ Initiative	Key Features	Key Lessons for ASEAN
Japan	Stress Check Program (2015)	<ul style="list-style-type: none"> <li>• Mandatory annual psychosocial stress screening program for workplaces with 50+ employees</li> <li>• Individual stress assessments with physician interviews for high-risk cases</li> <li>• Group data analysis to improve work environments while maintaining individual confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>• Limited behavioural change in overwork culture</li> <li>• ASEAN to address cultural stigma and traditional attitudes toward mental health alongside policy development</li> </ul>
	Work Style Reform Act (2019)	<ul style="list-style-type: none"> <li>• Comprehensive reform to rectify long working hours and enable flexible work styles</li> <li>• Legal overtime caps and fair treatment across employment types</li> </ul>	
United States	Total Worker Health (TWH) Program (2006)	<ul style="list-style-type: none"> <li>• Integrates physical and mental health protection</li> <li>• Targeted interventions for specific worker groups, e.g. Health Worker Mental Health Initiative for COVID-19 response</li> <li>• NIOSH Worker Well-Being Questionnaire (WellBQ) developed as an integrated wellbeing measurement tool</li> </ul>	<ul style="list-style-type: none"> <li>• Build mental health into existing occupational safety and health frameworks rather than creating standalone programs</li> </ul>
Global	WHO Guidelines on Mental Health at Work (2022)	<ul style="list-style-type: none"> <li>• Evidence-based recommendations for workplace mental health</li> <li>• Address the protection and promotion of mental health through interventions such as organisational interventions, mental health literacy training, individual interventions, return-to-work programmes, and gaining employment programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Use WHO Guidelines as the scientific foundation, but invest heavily in regional implementation support and knowledge sharing to ensure the evidence translates into real workplace improvements across ASEAN's diverse contexts</li> </ul>

Together, these models reflect growing global recognition of workplace mental health as a public policy priority and economic imperative. Regulatory mechanisms, implementation support, and cultural fit all influence outcomes. For ASEAN Member States, the opportunity lies in localising these lessons—embedding mental health into legal and organisational systems while aligning with cultural norms and development goals.

In the following section, we explore how ASEAN governments and institutions are beginning to shape their own responses and where critical policy and practice gaps remain.

## Policy Foundations – ASEAN’s Workplace Mental Health Frameworks

ASEAN Member States have increasingly recognised workplace mental health as a foundational element of national development and workforce sustainability. Regionally, this momentum has been supported by frameworks such as the ASEAN Post-2015 Health Development Agenda, which identified mental health and occupational health as distinct priorities. The emerging direction of the ASEAN Community Vision 2045 reinforces this commitment, emphasising inclusive growth, human capital development, and the need for resilient, people-centred systems that address both physical and mental well-being<sup>12</sup>.

Several ASEAN countries have taken concrete steps toward developing comprehensive workplace mental health policies and frameworks:

**Table 3 – ASEAN workplace mental health policies and frameworks**

Country	Key Policy/Initiative	Implementation Highlights
Singapore	Tripartite Advisory on Mental Health and Well-being at Workplaces (2023)	<ul style="list-style-type: none"> <li>• Employer guidelines for supporting workers with mental health conditions</li> <li>• Strong public-private collaboration</li> <li>• Integration with broader workplace safety frameworks</li> </ul>
Malaysia	National Strategic Plan for Mental Health (2020–2025)	<ul style="list-style-type: none"> <li>• Workplace wellbeing is one of the key settings/target groups</li> <li>• Systematic approach to mental health integration</li> <li>• Focus on prevention and early intervention</li> </ul>
Philippines	Mental Health Act (2018)	<ul style="list-style-type: none"> <li>• Mandate mental health programmes in all workplaces</li> <li>• Legal requirement for employer compliance</li> <li>• Comprehensive coverage across sectors</li> </ul>
Brunei	Mental Health Action Plan (2022–2025)	<ul style="list-style-type: none"> <li>• Workplace mental health is a key focus area</li> <li>• Government-driven initiative</li> </ul>

Other ASEAN Member States are at varying stages of policy development. Indonesia has made progress by formally recognising mental health as a workplace issue through regulation, but lacks a comprehensive national policy and faces implementation challenges. Cambodia, Laos, Myanmar, Thailand, and Vietnam do not yet have comprehensive workplace mental health policies, though most are strengthening general mental health systems and occupational health regulations.

<sup>12</sup> [ASEAN 2045 - Our Shared Future \(2025\)](#)

These ongoing efforts reflect growing momentum to integrate mental health into workplace policies and practices across ASEAN. Despite these promising developments, significant challenges remain in embedding workplace mental health consistently into national systems, organisational practices, and enforcement mechanisms across the region.

## Implementation Context - Regional Challenges and Progress

Building on these policy foundations, workplace mental health and wellbeing across ASEAN presents a dynamic landscape where rapid economic transformation, diverse cultural contexts, and evolving institutional capacities create both opportunities and areas for continued development. While the policy frameworks outlined above demonstrate significant progress in recognising mental health as a priority, implementation across the region's diverse economic and cultural contexts reveals several key areas where further advancement can strengthen existing efforts.

### Economic Pressures and Workforce Adaptation

ASEAN's remarkable economic ascent—becoming the world's fifth-largest economy with GDP nearly tenfold since 2000<sup>13</sup>—has brought both opportunities and challenges for workforce mental health. As countries navigate globalisation, rising competitiveness, and structural changes in labour markets, some workers experience intensified job insecurity, extended working hours, and amplified workplace stress.

Research across Indonesia, Malaysia, Thailand, and Vietnam has identified elevated rates of depression, anxiety, and burnout among workers in small and medium enterprises, particularly linked to rapid economic transitions<sup>14</sup>. However, organisations are increasingly implementing flexible work arrangements to address these pressures proactively, for example, in Malaysia, where such initiatives are gaining traction<sup>15</sup>.

Migrant workers, notably from Cambodia and Myanmar, face particular vulnerabilities including restricted mobility, wage abuse, and unsafe work environments<sup>16</sup>. Countries like Singapore, Malaysia, Philippines and Indonesia are developing more comprehensive protection frameworks, while regional initiatives are beginning to address these challenges through improved labour standards and support mechanisms<sup>17</sup>.

### Evolving Cultural Attitudes and Mental Health Awareness

Mental health literacy across ASEAN countries continues to develop, with cultural and religious beliefs playing important roles in shaping attitudes toward mental health. While studies in Malaysia, Singapore, Cambodia, Philippines, and Vietnam have identified opportunities to improve mental health literacy<sup>18,19,20,21,22</sup>,

<sup>13</sup> [ASEAN Secretariat. \(2023\). ASEAN Key Figures 2023.](#)

<sup>14</sup> [Ratanasiripong, P., Kaewboonchoo, O., Bell, E., Haigh, C., Susilowati, I., Isahak, M., & Low, W. Y. \(2016\). Depression, anxiety and stress among small and medium enterprise workers in Indonesia, Malaysia, Thailand, and Vietnam. \*International Journal of Occupational Health and Public Health Nursing\*, 3\(2\), 13-29.](#)

<sup>15</sup> [Yen, W. T. M., Yen, Y. Y., & Yen, D. Y. \(2024\). Empowering work-life balance: Exploring the nexus of flexible work arrangements, job satisfaction, and women's well-being in SMEs. \*Asian Development Policy Review\*, 12\(4\), 396-407.](#)

<sup>16</sup> [Meyer, S. R., Robinson, W. C., Chhim, S., & Bass, J. K. \(2014\). Labor migration and mental health in Cambodia: a qualitative study. \*The Journal of nervous and mental disease\*, 202\(3\), 200-208.](#)

<sup>17</sup> [ASEAN. \(2013\). LABOUR LAWS AND PRACTICES IN ASEAN: A Comparative Study on Gender Equality, Employment of Persons with Disabilities, Youth Employment and Social Dialogue. VOLUME II.](#)

<sup>18</sup> [Munawar, K., Mukhtar, F., Choudhry, F. R., & Ng, A. L. O. \(2022\). Mental health literacy: A systematic review of knowledge and beliefs about mental disorders in Malaysia. \*Asia-Pacific Psychiatry\*, 14\(1\), e12475.](#)

<sup>19</sup> [Chong, S. A., Abidin, E., Picco, L., Pang, S., Jeyagurunathan, A., Vaingankar, J. A., ... & Subramaniam, M. \(2016\). Recognition of mental disorders among a multiracial population in Southeast Asia. \*BMC psychiatry\*, 16, 1-10.](#)

<sup>20</sup> [Ho, G. W., Bressington, D., Leung, S. F., Lam, K. K. C., Leung, A. Y. M., Molassiotis, A., ... & Valimaki, M. \(2018\). Depression literacy and health-seeking attitudes in the Western Pacific region: a mixed-methods study. \*Social psychiatry and psychiatric epidemiology\*, 53, 1039-1049.](#)

<sup>21</sup> [Nguyen Thai, Q. C., & Nguyen, T. H. \(2018\). Mental health literacy: knowledge of depression among undergraduate students in Hanoi, Vietnam. \*International journal of mental health systems\*, 12, 1-8.](#)

<sup>22</sup> [Dang, H.-M., Lam, T. T., Dao, A., & Weiss, B. \(2020\). Mental health literacy at the public health level in low and middle income countries: An exploratory mixed methods study in Vietnam. \*PLOS ONE\*, 15\(12\), Article e0244573.](#)

several countries are making notable progress through targeted education campaigns and awareness programs.

Cultural factors present both challenges and opportunities. In countries like Brunei, Thailand, Indonesia, and the Philippines, traditional approaches to mental health may initially lead workers to seek spiritual rather than professional support<sup>23,24,25,26</sup>. However, organisations are increasingly finding ways to integrate culturally sensitive mental health approaches that respect local beliefs while promoting evidence-based support systems. Research in Vietnam indicates that Buddhist and Christian beliefs may actually foster more supportive attitudes toward colleagues with mental health conditions<sup>27</sup>, providing a foundation for workplace inclusion initiatives.

Countries like Singapore are leading efforts to reduce stigma through public awareness campaigns, while organisations across the region are developing culturally appropriate mental health programs that bridge traditional and modern approaches to wellbeing.

### **Strengthening Mental Health Infrastructure**

While mental health infrastructure across ASEAN is expanding, most countries still allocate less than two per cent of their health budgets to mental health services. This presents an opportunity for strategic investment in community-based services that can better support working populations. Countries like Malaysia and Singapore are pioneering integrated approaches that combine workplace mental health programs with broader healthcare systems.

Treatment gaps remain significant, with countries like Laos experiencing high unmet needs for mental health services. However, innovative approaches are emerging, including digital mental health platforms, workplace counselling services, and partnerships between employers and healthcare providers. Singapore's experience demonstrates that comprehensive workplace mental health support can improve employment outcomes for individuals with mental health conditions, providing a model for other ASEAN countries to adapt.

Several countries are investing in training mental health professionals and developing workplace-specific interventions, recognising that accessible, quality mental health support is essential for sustainable workforce development across the region.

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<sup>23</sup> [Ho H. \(2018\). Restrictive environments: the challenge of implementing of Brunei's 2014 Mental Health Order. \*BJPsych international\*. 15\(4\), 83–85.](#)

<sup>24</sup> [Burnard, P., Naiyapatana, W., & Lloyd, G. \(2006\). Views of mental illness and mental health care in Thailand: A report of an ethnographic study. \*Journal of Psychiatric and Mental Health Nursing\*. 13\(6\), 742–749.](#)

<sup>25</sup> [Irfani, A. M., & Bantarti, W. \(2023\). Mental health promotion for productivity of employee at workplace in Indonesia. \*Asean Social Work Journal\*. 38–48.](#)

<sup>26</sup> [Raaj, Navanathan, Tharmaselan, & Lally \(2021\); Samaniego, R. M. \(2022\). Mental health legislation in the Philippines: Its beginnings, highlights, and updates. \*Taiwanese Journal of Psychiatry\*. 36\(2\), 51–58.](#)

<sup>27</sup> [Ta, T. M. T., Zieger, A., Schomerus, G., Cao, T. D., Dettling, M., Do, X. T., ... & Hahn, E. \(2016\). Influence of urbanity on perception of mental illness stigma: a population based study in urban and rural Hanoi, Vietnam. \*International Journal of Social Psychiatry\*. 62\(8\), 685–695.](#)

# The Role of Workplace Mental Health in ASEAN's Human Development Agenda

Workplace mental health is increasingly recognised as a fundamental element in advancing human development across ASEAN, reflecting a shift towards more inclusive and sustainable workforces. Businesses should extend their responsibilities beyond the traditional HR functions and contribute to the holistic development of individuals and organisations.

Importantly, the ASEAN Community Vision 2045 reinforces the integration of mental health into regional development<sup>28</sup>. Recognising the importance of mental health, ASEAN Member States have also committed to strengthening workplace mental health strategies, particularly within the civil service. The ASEAN Statement on Strengthening Government Strategies on Mental Health and Well-Being Towards Achieving Work-Life Balance in the Public Sector<sup>29</sup> advocates for policies that support emotional, psychological, and social well-being, aiming to cultivate more resilient and adaptable public sector organisations. In this landmark statement, ASEAN Member States committed to:

*"Recognise the 2002 World Health Organization's definition of workplace mental health as well as the 2009 International Labour Organization's definition as the basis for describing mental health in the civil service as the state of well-being in which public sector employees can realise their own potential, cope with the normal stresses of work, work productively, and positively contribute to their community. Mental health is not only the absence of mental disorders but also the presence of positive attributes such as resilience, work-life balance, and the ability to manage stress effectively."*

These initiatives resonate with global frameworks such as the United Nations (UN) System Mental Health and Well-Being Strategy for 2024 and beyond<sup>30</sup>, which highlights the organisational benefits of comprehensive and proactive mental health support.

Beyond the public sector, workplace mental health is also critical to advancing ASEAN's broader development ambitions across its five foundational pillars:

- **Political-Security Community**

Mental health strategies that promote inclusion, dignity<sup>31</sup>, and psychological safety contribute to more just, stable, and resilient societies. Embedding well-being into workplace norms strengthens the region's capacity to uphold rights, reduce discrimination, build social cohesion and adaptable societies<sup>32</sup>.

- **Economic Community**

Investing in workplace mental health programs has been proven to reduce absenteeism, lower turnover, and increase worker productivity<sup>33</sup>. In return, these improvements boost overall economic output and competitiveness. A workforce that thrives both mentally and physically is critical to making the ASEAN region more resilient, dynamic, and people-centred, as outlined in the ASEAN Economic Community Blueprint 2025<sup>34</sup>.

- **Socio-Cultural**

Mental health is a critical component of social welfare and human development, essential for

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<sup>28</sup> [ASEAN 2045 - Our Shared Future \(2025\)](#)

<sup>29</sup> [ASEAN Secretariat. \(2024\). ASEAN Statement on Strengthening Government Strategies on Mental Health and Well-Being Towards Achieving Work-Life Balance in Public Sector.](#)

<sup>30</sup> [United Nations.\(2023\). United Nations System Mental Health and Well-being Strategy for 2024 and beyond.](#)

<sup>31</sup> [ASEAN Secretariat. \(2012\). ASEAN Human Rights Declaration.](#)

<sup>32</sup> [World Health Organisation. \(2013\). Mental health action plan 2013 - 2020.](#)

<sup>33</sup> [Deloitte. \(2020\). Mental health and employers: refreshing the case for investment.](#)

<sup>34</sup> [ASEAN Secretariat. \(2015\). ASEAN Economic Community Blueprint 2025.](#)

unlocking the full potential of the ASEAN workforce. More inclusive, culturally sensitive workplace policies are necessary to combat stigma and address local misconceptions surrounding mental health challenges<sup>35</sup>. Embedding mental health into broader socio-cultural frameworks strengthens community cohesion and promotes equitable opportunities for all.

- **Connectivity**

Enhanced regional connectivity—both physical and digital—is key to improving access to support systems and reducing isolation. ASEAN's emphasis on people-to-people connectivity presents an opportunity to strengthen social networks, expand the reach of mental health resources, and promote shared well-being practices across borders.

- **Institutional Strengthening**

The capacity of institutions to address cross-cutting social issues—including mental health—is central to ASEAN's long-term vision. Strengthening cross-sectoral coordination, leadership capacity, and policy responsiveness will enable organisations and governments to embed mental health into core functions, improving resilience at both system and workforce levels.

This integration of workplace mental health into national and organisational policies is a critical driver in ASEAN's broader Human Development Agenda, fostering a more human-centric and sustainable workforce, which is essential for the region's long-term development.

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<sup>35</sup> [World Health Organisation. \(2021\). \*Mental Health ATLAS 2020\*.](#)

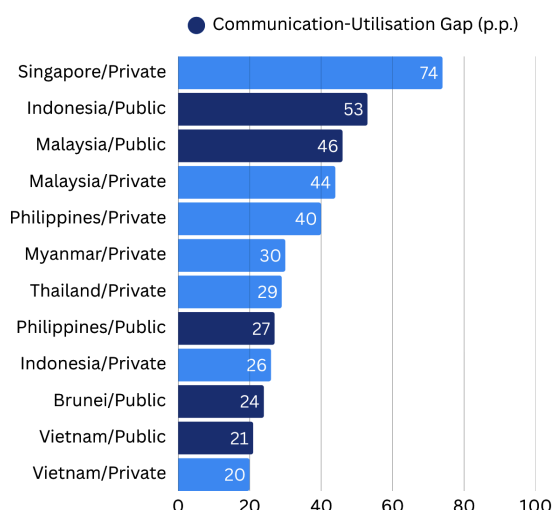
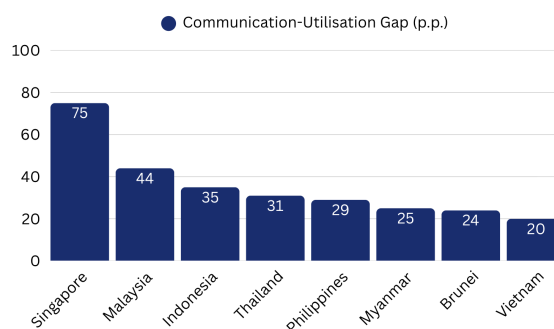
## Key Findings and Challenges

The region-wide survey data reveals eight significant patterns worth considering for policy development.

### 1. High Communication, Low Engagement: The Trust Gap in Mental Health Uptake

ASEAN organisations show a striking disconnect between communicating mental health programs and actual employee engagement. While 85% of organisations report communicating about mental health programs, only an estimated 55% of employees across ASEAN utilise these resources, revealing significant gaps in effective engagement strategies.

Singapore exemplifies this disconnect most dramatically, with 94% of organisations communicating about mental health programs but only 18% estimated employee engagement, resulting in a 75 percentage point gap. In contrast, Vietnam shows much better alignment with high communication rates (96%) and correspondingly high engagement (76%), resulting in only a 20 percentage point gap between communication and utilisation.



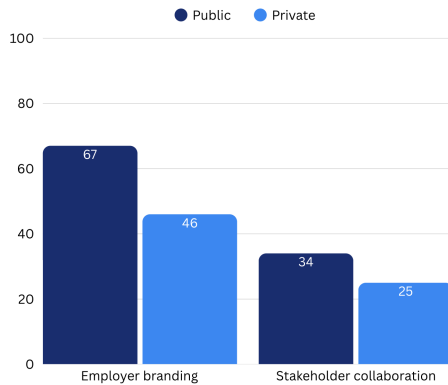
When looking between and within sectors across countries, the data reveals significant variation in communication-utilisation gaps. Public sector organisations show particularly large gaps in Indonesia (53 pp) and Malaysia (46 pp). Private sector organisations demonstrate varied performance, with Singapore showing the largest gap at 74 pp and Vietnam showing the smallest at 20 pp. Within individual countries, sectoral performance varies considerably: Indonesia shows the largest sectoral difference with its public sector gap (53 pp) far exceeding its private sector gap (26 pp), while Vietnam shows similar performance across both sectors (20 pp private, 21 pp public).

The communication-utilisation gap suggests multiple potential barriers: programs may not align with employee needs or cultural contexts, workplace stigma may discourage utilisation despite awareness, or communication methods may not effectively convey program value and safety. Further research is needed to identify whether gaps reflect communication design, program quality, cultural factors, or structural workplace barriers. f



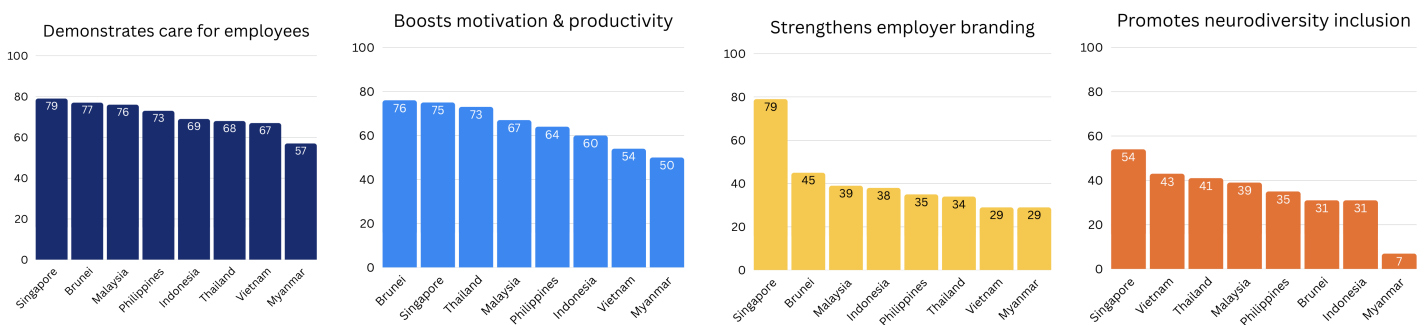
## 2. Mental Health Initiatives Primarily Driven by Employee Care, Though Motivations Vary Across Sectors and Countries

ASEAN organisations prioritise mental health initiatives for authentic reasons rather than external reputation management. "Demonstrates care for employees" ranks highest across all ASEAN countries and sectors (72%), while only 38% of HR professionals view "employer branding" as a key benefit.



Notably, public sector organisations show different priorities compared to the private sector, with higher emphasis on employer branding (67% vs 46%) and greater focus on collaboration with government stakeholders (34% vs 25%). This suggests that public sector organisations may be more conscious of their role as model employers and their responsibility to demonstrate leadership in mental health initiatives across the broader ecosystem.

Distinct country patterns emerge across four priority areas. Singapore organisations lead in demonstrating care for employees (79%), employer branding (79%), and neurodiversity inclusion (54%), suggesting a comprehensive approach that balances employee welfare with external positioning and inclusive practices. Brunei organisations rank highest in productivity benefits (76%) but show lower emphasis on neurodiversity inclusion (31%). In contrast, Myanmar organisations consistently show the lowest prioritisation across all four areas, particularly for neurodiversity inclusion (7%) compared to other ASEAN countries.



This indicates a maturing but varied mindset across ASEAN workplaces. While most organisations pursue mental health initiatives for internal culture and workforce wellbeing rather than external PR benefits, the differences between public and private sectors as well as between countries suggest that motivations and strategic approaches are evolving at different paces across the region.

### 3. Private Organisations Lead Public Sector Across Mental Health Initiatives

Private sector organisations consistently outperform public sector counterparts across both policy development and implementation of mental health initiatives, leading in every area measured. Public sector organisations show uneven implementation, with their strongest area being employee training and education (59%) but significant weaknesses in proactive mental health support (20%) and leadership culture development (19%). Private sector organisations demonstrate more balanced performance across initiatives, with employee training (61%) and executive training (62%) as top areas, while maintaining stronger performance than public sector in operational support and measurement. However, policy implementation remains particularly weak across both sectors, with even the leading private sector achieving low rates in board-level discussions (33%) and executive assessments (38%).



PRIVATE SECTOR							
Initiatives/Policies	ID	MY	MM	PH	SG	TH	VN
Board level discussions	28%	27%	15%	27%	21%	46%	39%
Included in assessment of executives and managers	28%	52%	23%	38%	12%	46%	41%
Statements or goals included in company purpose or strategy	40%	45%	8%	45%	27%	69%	55%
Training for executives and managers	53%	68%	54%	43%	67%	82%	52%
Incentives and recognition	30%	20%	0%	27%	21%	59%	52%
Leadership and culture	33%	45%	15%	38%	55%	33%	26%
Proactive/everyday mental health support	23%	41%	8%	39%	21%	72%	52%
Training/education for employees in mental health literacy and awareness	60%	66%	8%	50%	48%	67%	64%
Wellbeing policies and practices for all employees	43%	52%	31%	57%	64%	79%	46%
Workplace wellbeing measurement and reporting	42%	59%	23%	38%	27%	46%	43%

Within the private sector, Thailand emerges as the strongest performer with high rates across multiple areas, including executive training (82%), wellbeing policies (79%), and proactive support (72%). Malaysia also shows strong performance in executive training (68%) and employee education (66%). In contrast, Myanmar demonstrates consistently low implementation across most initiatives.

PUBLIC SECTOR				
Initiatives/Policies	BN	ID	MY	PH
Board level discussions	32%	50%	53%	14%
Included in assessment of executives and managers	32%	20%	47%	22%
Statements or goals included in company purpose or strategy	26%	20%	47%	34%
Training for executives and managers	55%	30%	59%	44%
Incentives and recognition	10%	10%	18%	27%
Leadership and culture	19%	0%	35%	16%
Proactive/everyday mental health support	23%	40%	35%	14%
Training/education for employees in mental health literacy and awareness	42%	60%	71%	62%
Wellbeing policies and practices for all employees	23%	40%	59%	47%
Workplace wellbeing measurement and reporting	16%	30%	53%	19%

Among public sector organisations, Malaysia leads in most initiatives, particularly excelling in employee training and education (71%), while the Philippines ranks second in this area with 62%. However, even top-performing countries show concerning gaps in policy-level initiatives such as board discussions and executive assessments.

This finding reveals important opportunities for ASEAN workplace mental health development. While private sector organisations consistently outperform public sector counterparts, the significant country variations demonstrate that effective implementation is achievable within the current ASEAN context. Thailand's private sector and Malaysia's public sector performance show that organisations can successfully integrate mental health across both strategic and operational levels. These examples provide concrete evidence that ASEAN organisations have the capacity to develop mature mental health programs, offering valuable models for regional knowledge sharing and capacity building.

#### 4. Mental Health Initiatives Show Significant Implementation Gaps Across ASEAN

While leadership preparation and awareness campaigns are essential starting points, the data shows they are insufficient on their own to deliver inclusive, comprehensive mental health systems in the workplace. High performance in training and communication does not automatically translate to comprehensive support or inclusive practices.

	Leadership Training	Mental Health Literacy and Awareness	Mental Health Communication	Inclusive Hiring	Comprehensive Mental Health Support <sup>36</sup>
<b>SG</b>	65%	47%	85%	26%	15%
<b>MY</b>	66%	67%	82%	43%	13%
<b>ID</b>	50%	60%	73%	43%	4%
<b>TH</b>	80%	64%	95%	84%	20%
<b>PH</b>	43%	59%	65%	32%	5%
<b>MM</b>	52%	10%	48%	24%	0%
<b>BN</b>	56%	44%	38%	9%	3%
<b>VN</b>	52%	60%	88%	87%	5%

Thailand exemplifies the training-implementation disconnect most clearly, leading the region in leadership training (80%) and communication (95%) but achieving only 20% in comprehensive mental health support. This pattern is consistent across high-performing countries like Singapore (65% training, 85% communication, 15% comprehensive support) and Malaysia (66% training, 82% communication, 13% comprehensive support), indicating systematic challenges in translating leadership preparation into actual workplace programs.

Although leadership training is frequently implemented, it does not appear to translate into inclusive hiring practices: Singapore (26%), Malaysia (43%), the Philippines (32%), and Myanmar (24%) all show significant gaps between training efforts and actual inclusive practices. Only Thailand (84%) and Vietnam (87%) demonstrate strong inclusive hiring, though comprehensive support remains low.

Across all countries, comprehensive mental health support remains the weakest area, with most achieving single-digit or very low double-digit percentages. This suggests that while organisations may invest in leadership training and communication, they struggle to develop holistic, integrated mental health systems that address the full spectrum of employee needs.

This finding reveals a critical implementation gap in ASEAN workplace mental health initiatives. Organisations appear to focus on more visible, easier-to-implement activities like training and communication while struggling with the complex, resource-intensive work of building comprehensive support systems. This suggests that current approaches may be creating a false sense of progress while failing to address fundamental workplace mental health needs.

<sup>36</sup> "Comprehensive mental health support" refers to organisations providing all four service types measured in our survey: helpline access, crisis support services, digital mental health platforms, and on-site mental health personnel (coaches/counselors). This represents our study's operational definition and does not suggest these four elements are universally required for effective workplace mental health support, which may vary significantly based on organisational context, cultural factors, and employee needs.

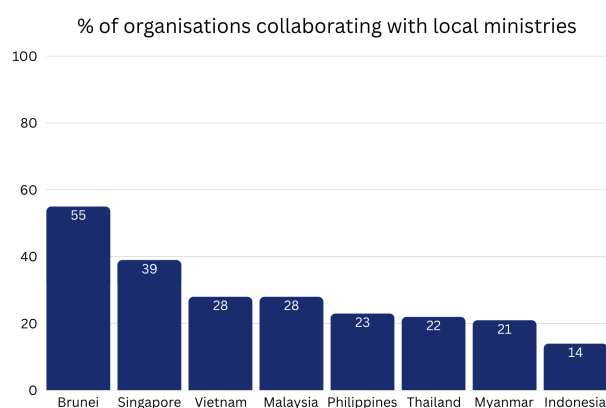
## 5. Ministry-Workplace Collaboration Remains Low Priority Across ASEAN, Despite Emerging Models

Only 26% of HR professionals selected collaboration with national health agencies/ministries as a strategic priority — the lowest-ranked initiative across all mental health and well-being management priorities.

Mental Health Priorities in ASEAN Organisations	% of PUBLIC sector respondents
Mental health policies	71
Work-life balance info	61
Manager training	57
Wellness workshops	57
Inclusive communication	56
Flexible work arrangements	52
In-house counselling	50
Job rotations	48
Support helpline	46
Mental health monitoring	45
Crisis support	43
Financial literacy	39
Ministry-workplace partnerships	27

Mental Health Priorities in ASEAN Organisations	% of PRIVATE sector respondents
Inclusive communication	55
Manager training	49
Mental health policies	48
Flexible work arrangements	41
Wellness workshops	40
Work-life balance info	38
Support helpline	33
Mental health monitoring	33
In-house counselling	32
Crisis support	32
Job rotations	26
Ministry-workplace partnerships	24
Financial literacy	16

Interestingly, while ministry collaboration ranks low overall in both sectors, the relative positioning differs between sectors. In the public sector, ministry-workplace partnerships rank last. However, in the private sector, ministry-workplace partnerships rank higher than financial literacy, suggesting that when private organisations do engage in ministry collaboration, they may view it as slightly more strategically important than their public sector counterparts.



While survey responses show varying levels of reported prioritisation across countries, documented examples of active ministry-workplace collaboration include several emerging models:

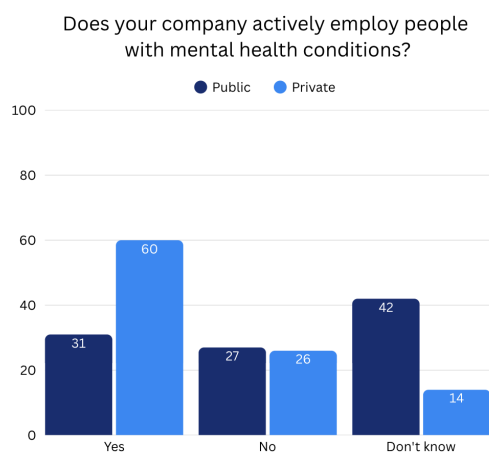
- **Brunei:** Workplace Mental Health Roadshow targeting government ministries in 2023
- **Singapore:** Tripartite Partners framework involving government agencies and employer/worker organisations
- **Malaysia:** MOU between the National Centre of Excellence for Mental Health and the National Institute of Occupational Safety and Health

However, reported prioritisation by HR professionals may not necessarily reflect the depth, scope, or effectiveness of actual collaboration across both public and private sectors.

Regardless, there is a missed opportunity for systemic integration across ASEAN. Without coordination with public health systems, workplace mental health strategies risk being fragmented and misaligned with national health goals, limiting their effectiveness and sustainability.

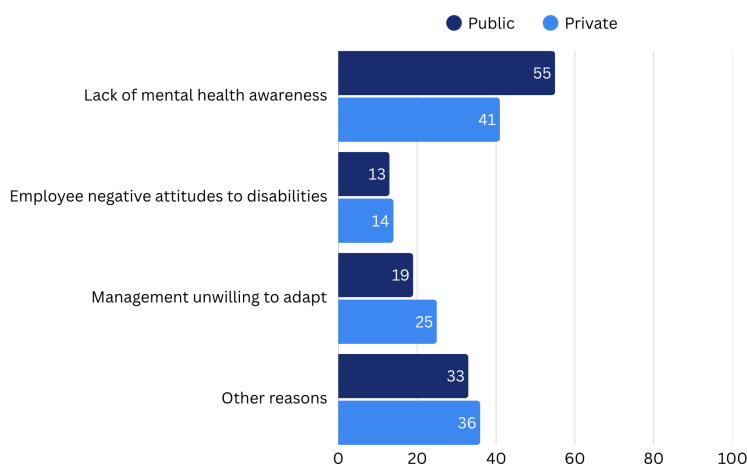
## 6. Neurodiversity Awareness Grows, But Inclusive Employment Practices Lag Behind

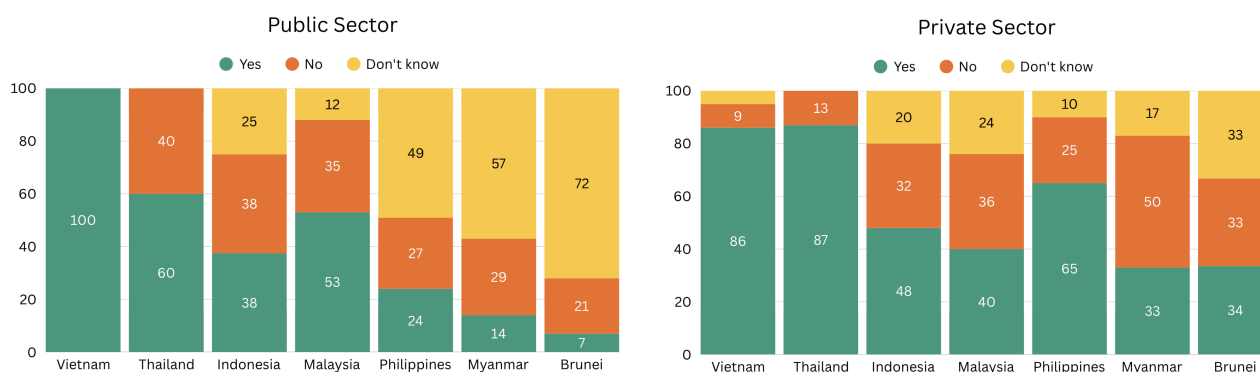
Despite growing awareness of neurodiversity and mental health in ASEAN workplaces, significant gaps persist between communication efforts and actual inclusive employment practices. While organisations increasingly discuss mental health, translating this awareness into meaningful workplace inclusion remains a substantial challenge across the region.



Private sector organisations demonstrate notably higher rates of inclusive hiring compared to public sector counterparts. 60% of private sector organisations actively employ people with mental health conditions versus only about 31% in the public sector. High "don't know" responses in the public sector (42%) suggest poor tracking systems or limited organisational awareness of their own hiring practices.

The primary obstacles to hiring people with mental health conditions centre on organisational readiness and leadership commitment. Lack of mental health awareness emerges as the top barrier affecting 55% of public sector organisations and 41% of private sector organisations. Management's unwillingness to adapt workplace conditions represents another significant challenge, while employees' negative attitudes toward disabilities remain a concern, particularly in the private sector.



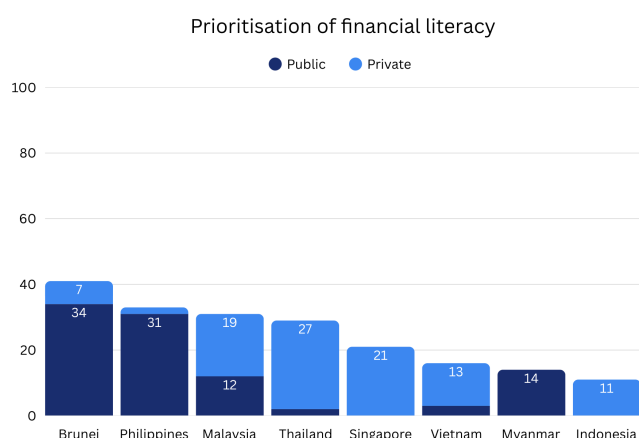


Vietnam and Thailand demonstrate the strongest inclusive hiring practices, with more than 80% of organisations actively employing people with mental health conditions. Vietnam shows consistently strong performance across both sectors, while Thailand demonstrates particularly strong private sector performance. In contrast, countries like Brunei show high uncertainty rates, with significant "don't know" responses indicating limited organisational awareness. Countries like Indonesia and Malaysia exhibit mixed results with higher rates of organisations not hiring people with mental health conditions, revealing significant variation not just between countries but within countries across sectors, suggesting that inclusive hiring depends heavily on both national context and organisational type.

This finding reveals that awareness-raising efforts, while important, are insufficient to drive meaningful inclusion without accompanying structural and policy changes. The substantial "don't know" responses across many organisations indicate that inclusive employment may be happening informally or without systematic tracking, limiting opportunities for improvement and scaling successful practices.

## 7. Financial Literacy Overlooked as Mental Health Priority Despite Regional Economic Vulnerabilities

Financial literacy programs receive minimal attention as a mental health priority across ASEAN organisations, despite widespread financial insecurity in the region. Only 24% of HR professionals identify financial literacy as important for workplace mental health, representing a significant oversight given the established connection between financial stress and mental wellbeing.



Brunei and the Philippines demonstrate the highest prioritisation of financial literacy programs, driven almost entirely by public sector organisations. Malaysia and Thailand show comparable overall levels of prioritisation, but are driven predominantly by private sector organisations rather than the public sector. Myanmar and Indonesia demonstrate the lowest prioritisation levels overall.

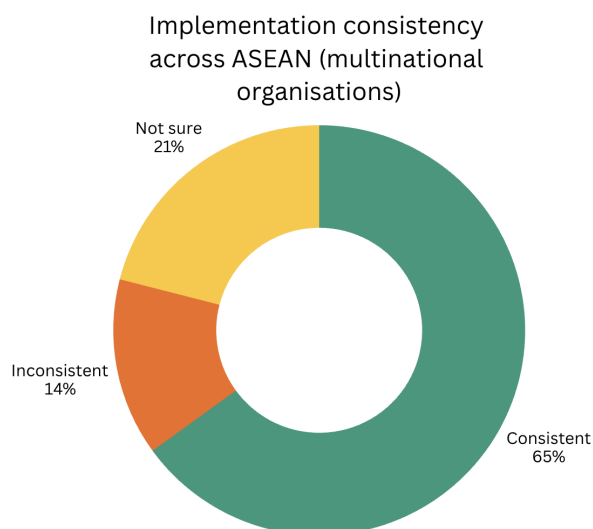
The data reveals distinct sectoral patterns across countries: Brunei, the Philippines and Myanmar show public sector-driven prioritisation, while Malaysia, Thailand, Singapore, Vietnam, and Indonesia demonstrate a private sector-led interest in financial literacy programs. This suggests different approaches to addressing financial stress as a mental health factor, with some countries viewing it as a public sector responsibility while others see it as a private sector initiative.

The low prioritisation across most countries is particularly concerning given ASEAN's diverse economic landscape and varying levels of financial security among working populations. Countries with higher development levels, such as Singapore and Thailand, show surprisingly low interest in financial literacy programs, while Brunei's high prioritisation suggests recognition of financial literacy's role in comprehensive employee wellbeing.

This finding reveals a critical gap in holistic mental health approaches across ASEAN workplaces. Financial stress is a well-documented contributor to mental health challenges, yet most organisations fail to address this connection systematically. The oversight is particularly significant in a region where economic volatility and varying levels of financial inclusion create substantial stress for working populations.

## 8. Cross-Border Mental Health Standards Show Room for Improvement in Multinational Organisations

While 65% of multinational organisations report consistent mental health strategy implementation across their ASEAN regional offices, just over one-third either acknowledge inconsistent application (14%) or lack clarity about their cross-border practices (21%), indicating significant room for improvement in regional coordination.

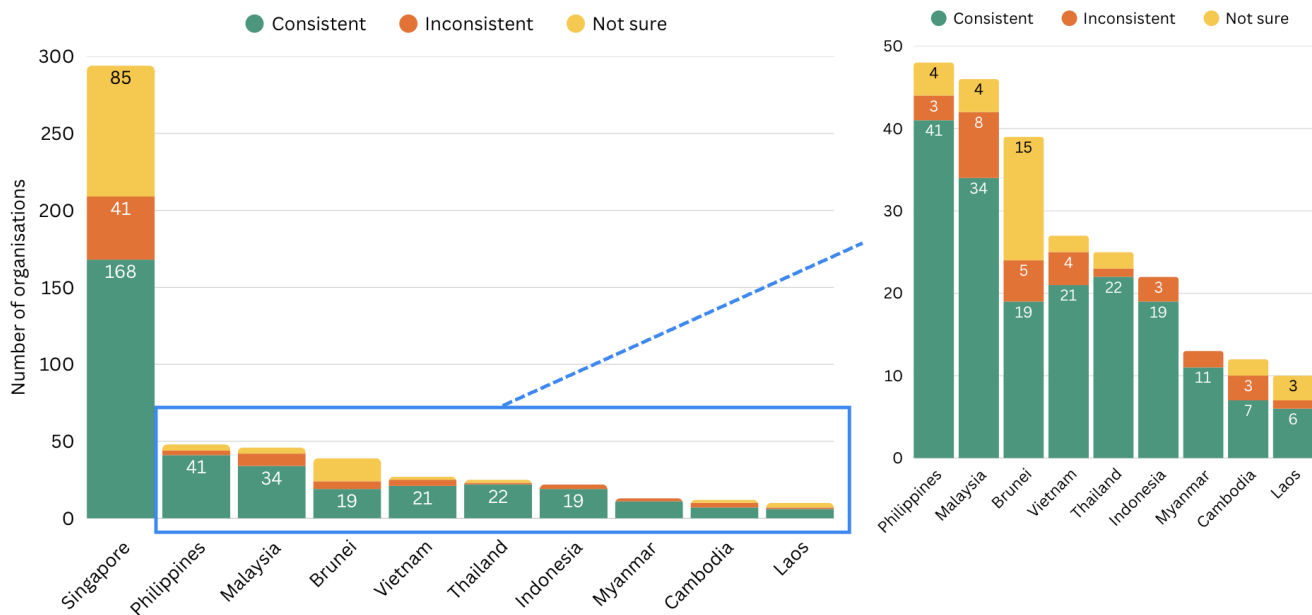


Organisations reporting inconsistent implementation cite multiple barriers, including:

- Differences in local policies and cultural contexts
- Variability in HR structures across countries
- Uneven awareness levels and resource availability

These factors can lead to varying quality and scope of employee wellbeing initiatives depending on the country location, even within the same organisation.





While Singapore serves as the headquarters location for the largest number of multinational organisations in the survey (294 organisations), the implementation consistency rates vary considerably across ASEAN countries. Several countries demonstrate strong consistency, with Thailand (88%), Indonesia (86%), Philippines (85%), and Myanmar (85%) leading in coordinated implementation across their operations. Vietnam (78%) and Malaysia (74%) also show solid consistency rates. However, some countries face greater coordination challenges, particularly Brunei (49%) and Singapore (57%), along with Cambodia (58%) and Laos (60%). The data reveals that organizational resources and headquarters location do not necessarily predict implementation consistency, as some countries with fewer multinational operations achieve higher coordination rates than more established business hubs, suggesting that local factors and organizational practices play important roles in cross-border program consistency.

While the majority of multinational organisations demonstrate strong implementation consistency, with most ASEAN countries achieving rates above 70%, the coordination challenges in certain markets represent missed opportunities for leveraging organisational scale and resources. Countries like Brunei (49%) and Singapore (57%) show particular room for improvement, despite Singapore's role as a major regional business hub. Addressing these implementation gaps, especially in key markets, could significantly improve mental health equity for employees across different ASEAN operations and help organisations fully realize the benefits of their regional mental health investments.

# Summary of Key Findings Leading to Policy Recommendations

Our comprehensive survey of ASEAN HR professionals reveals expressed organisational commitment to workplace mental health alongside critical implementation gaps that present targeted policy opportunities for ASEAN Member States.

## Strategic Insights for Policy Development

- 1. Beyond Communication to Engagement:** High communication rates do not automatically translate to programme utilisation, indicating that policy frameworks must prioritise engagement-focused strategies fostering psychological safety rather than information dissemination alone.
- 2. Building on Authentic Organisational Foundation:** ASEAN organisations demonstrate expressed commitment to employee mental health as a core business priority, providing a strong foundation for policy frameworks that leverage existing commitment through supportive mechanisms and public-private partnerships.
- 3. Addressing the Sectoral Leadership Gap:** Private sector organisations consistently lead in implementation while policy frameworks position public sector organisations to champion regional initiatives, creating opportunities for peer learning exchanges to facilitate knowledge transfer from high-performing approaches.
- 4. From Training Investment to Integrated Systems:** High investment in leadership training has not translated to comprehensive workplace support systems, indicating Member States must shift policy focus toward integrated system development with accountability mechanisms measuring actual outcomes.
- 5. Untapped Ministry-Workplace Collaboration:** Limited prioritisation of ministry-workplace partnerships represents a missed opportunity for systematic policy integration through structured frameworks facilitating collaboration between health authorities and workplaces.
- 6. Inclusion Implementation Gaps:** Growing neurodiversity awareness has not translated to widespread inclusive employment practices, indicating the need for concrete policy frameworks that establish clear guidelines and technical assistance through regional knowledge transfer.
- 7. Comprehensive Wellbeing Integration:** Minimal attention to financial literacy as a workplace mental health component represents a critical gap that integrated policy approaches could address through comprehensive employee support systems.
- 8. Cross-Border Coordination Challenges:** Multinational organisations' coordination difficulties highlight opportunities for regional frameworks that facilitate consistent mental health program implementation while respecting local contexts.

## Pathways for Regional Action

These insights demonstrate that ASEAN workplace mental health policy requires coordinated action that builds upon existing organisational commitment while moving beyond fragmented interventions toward systematic approaches fostering public-private collaborations and regional best practices.

## Policy Recommendations

Building on the research findings and analysis presented in this white paper, the following recommendations provide a framework for advancing workplace mental health and well-being across ASEAN. These recommendations are structured to support the objectives outlined in the Conference on the Future of Human Development in ASEAN (September 9-10, 2025) and align with the strategic vision articulated in "ASEAN 2045: Our Shared Future," adopted during the 46th ASEAN Summit in Kuala Lumpur, Malaysia on May 26, 2025.

Our recommendations are presented in two time frames. First, we formulate a short-to-medium term time frame for our recommendations as an ASEAN Call to Action for policies and initiatives. Second, we take the long-term perspective shaped by the regional vision for 2045, which provides strategic direction for mental health and wellbeing across all pillars.

### ASEAN actionable policies and initiatives on mental health and well-being

Here we propose advancing ASEAN mental health and well-being through actionable recommendations centred on the ASEAN people-centric workplace. This section suggests elements for an ASEAN roadmap by positioning mental health and well-being as a core component of human development.

1. **Support** the ASEAN Secretariat in developing regional policy frameworks, under the supervision of the ASEAN Senior Labour Officials Meeting (SLOM), that incentivise cross-sectoral mental health integration.
2. **Encourage** formal peer-learning exchanges led by the ASEAN Conference on Civil Service Matters (ACCSM), facilitating the transfer of best practices and institutional knowledge from leading countries to those with lower performance in public sector mental health programming.
3. **Incorporate** public-private partnership incentives (including fiscal and recognition schemes) into ASEAN economic integration strategies, as coordinated by the ASEAN Business Advisory Council (ASEAN-BAC).
4. **Develop** and roll out shared workplace mental health training, co-designed by national health ministries and regional experts, under the auspices of ACCSM and ASEAN-OSHNET.
5. **Advocate** for workplace neurodiversity by including mental health and wellbeing into the ASEAN Enabling Masterplan.
6. **Provide** technical assistance on inclusive work environments via ASEAN-OSHNET and ACPHEED, and organise South-South knowledge transfer missions with top-performing countries.
7. **Encourage** member states to draft and align national workplace mental health legislation with regional model frameworks, in coordination with the ASEAN Law Ministers Meeting (ALAWMM).
8. **Embed** workplace mental health as a cross-cutting priority in the drafting of the ASEAN Vision 2045 implementation pathway, with progress tracked in annual ASEAN Community Progress Monitoring Reports.
9. **Align** workplace mental health metrics with national and regional development indicators through the ASEANstat and the forthcoming ASEAN Digital Data Governance Framework.
10. **Establish** a regional mental health workplace assessments cycle, with findings presented at joint sessions of SLOM, ACCSM, and the AHMM.

These recommendations are designed to be operationalised through existing ASEAN institutional mechanisms and planning cycles, reflecting the collaborative expertise of the ASEAN Human Development Organisation (AHDO) and Intellect in our shared commitment to advancing mental health and well-being as a cornerstone of ASEAN's future human development. By advancing evidence-based policymaking, facilitating knowledge exchange, and championing proven implementation approaches, this framework aims

to support regional cooperation and sustainable progress in workplace mental health across all ASEAN Member States.

### **Strategic recommendations aligned with the ASEAN Vision 2045 and the Conference on the Future of Human Development in ASEAN**

The section in the “ASEAN Community Vision 2045 for a Resilient, Innovative, Dynamic, and People-Centred ASEAN,” aligns with the statement pledging to create “a healthy ASEAN populace, with higher life expectancy, well-being for all ages, safe from communicable and non-communicable diseases with Universal Health Coverage (UHC) and access to resilient healthcare architecture.” The ASEAN strategic goals for mental health and well-being suggested below necessarily cut across all ASEAN pillars.

- Within the **Political-Security Community pillar**, the ASEAN Community Vision 2045 affirms that an inclusive and cohesive Community respects diversity, upholds democracy, the rule of law, good governance, and respects fundamental freedoms, human rights, and social justice. ASEAN’s political commitments safeguard every person’s well-being—including mental health—and specifically address the psychological and social needs heightened during crises, emergencies, and security threats.
- Turning to the **ASEAN Economic pillar**, mental health and well-being cannot be measured only in terms of per capita income and economic production. Our recommendations for this pillar emphasize people-centric and inclusive workplace and labor policies. Our research has shown measurable progress in ASEAN, as well as gaps and opportunities for further advancement. A notable shift is underway in viewing mental health not only as a problem but as a positive goal for lifelong well-being and development; this is evidenced by progressive companies, public service organizations, and national policies highlighted in our work.
- Our white paper is most closely aligned with the human development goals of the **ASEAN Socio-Cultural Community pillar**. We focus on mental health and well-being in both private and public workplaces, with relevance to other human development areas. Like the workplace, education has a lifelong impact on the mental health and well-being of ASEAN people. Reducing mental health stigma and discrimination in educational settings—through inclusive learning methods and supportive school organization—helps counteract poor mental health and well-being. Conversely, embedding health in learning, developing multiple intelligences, and supporting social interaction and potential foster positive drivers for ASEAN’s human development agenda. Along with sports, the physical and mental well-being of future generations should remain central to the education, youth, and sports strategy.
- The **Digital Community pillar** was newly introduced in ASEAN Vision 2045. It acknowledges that digital transformation is reshaping all aspects of life in the region, including mental health and well-being. The Vision asserts that ASEAN will harness digital platforms and innovation to make quality mental health services more accessible and inclusive, foster digital literacy for all, and create safe online environments amid rapid digitalization. It further recognizes the dual nature of digital progress—expanding opportunities, while also introducing new psychosocial risks such as cyberbullying, misinformation, and digital fatigue. Building on these commitments, our white paper recommends leveraging digital mental health services—including teletherapy, digital self-help resources, and online peer support networks—across sectors and borders. We support ASEAN Member States’ investment in digital policy so that both mental health professionals and all citizens can use digital tools for self-care, community connection, and well-being. To address risks introduced by technology, we recommend developing ASEAN-wide standards for ethical and secure

digital environments, and monitoring emerging psychosocial trends, best practices, and new challenges.

- **The Environmental Community pillar**, also newly defined in ASEAN Vision 2045, underscores that a sustainable environment and rich biodiversity are deeply interconnected with human well-being. The Vision recognizes that safeguarding ecosystems and natural resources brings not only physical health benefits, but also promotes mental and psychological resilience by reducing pollution, noise, stress, and environmental degradation. It situates well-being as integral to more than survival or economic growth, specifically promoting a regional ethic of environmental stewardship. Access to clean air and water, green public spaces, and thriving biodiversity is essential to improving quality of life and well-being for future generations. Based on our research, we recommend that ASEAN include mental health and well-being as primary indicators of environmental success, and monitor progress and best practices across the region.

In conclusion, we have identified how ASEAN member states can overcome the gaps and sectoral disparities in mental health initiatives based on our study. The analysis highlights the necessity of moving beyond fragmented interventions toward integrated systems that raise awareness and policy, foster public-private collaborations, and leverage regional best practices. We believe that addressing systemic barriers and operationalizing policy frameworks is essential to ensuring inclusive progress through a regionally coordinated approach to mental health and well-being.