

The state of youth mental wellbeing in the Asia-Pacific region – A case for investing in prevention and promotion

For audiences in Indonesia, Malaysia and Singapore.



## Content

A Call to Action for Youth Mental Wellbeing	3
1. Why Youth, Why Now?	4
2. Situational Analysis of Youth Mental Wellbeing in the APAC Region	6
3. Why Prevention and Promotion Matter	7
4. The Investment Gap and Opportunity	8
4.1 Current Trend of Mental Health Financing in the APAC Region	8
4.2 Bridging the Funding Gap	8
5. Scalable Solutions: What Works in APAC	10
5.1 Expanding Access in Underserved Areas	10
5.2 Strengthening School-Based Mental Wellbeing	10
5.3 Tackling Stigma and Reaching the Marginalized: Youth-Led Responses	11
5.4 Strengthening Families and Informal Support System	11
5.5 Scaling Digital Mental Health Tools	13
5.6 Supporting Youth Through Sport-Based Programs	14
5.7 Addressing Early Risk Behaviors Among Adolescents	14
6. Taking Action: Strategic Priorities	15
6.1 Priority Action 1: Increase Public and Private Investment in Prevention and Promotion	15
6.2 Priority Action 2: Provide Sustainable, Adaptive Funding	15
6.3 Priority Action 3: Scale Community-centered Approaches	16
6.4 Priority Action 4: Ensure Policymakers, Community-based Organizations and Donors Foster Digital Wellbeing and Innovation	18
6.5 Priority Action 5: Promote Donor and Grassroots Action in Diverse, Culturally Responsive Approaches	19
6.6 Priority Action 6: Address Social and Structural Determinants	20
6.7 Priority Action 7: Catalyze Policy Reform and Systems Change	20
6.8 Priority Action 8: Build Knowledge and Learning Ecosystems	21
Conclusion	22
Appendices	23
1. Acknowledgements	23
2. Bibliography	24

# A Call to Action for Youth Mental Wellbeing



This white paper sets out a clear vision for an Asia-Pacific (APAC) region that prioritizes the mental health and wellbeing of its young people. It highlights the urgent need for systemic change across diverse contexts, from high-income urban centers to fragile low-resource settings, and calls for action at regional, national and community levels.

Youth mental health in APAC demands urgent, coordinated and long-term action. Nearly half of all mental health conditions begin by age 14, and suicide remains a leading cause of death among 15 to 29-year-olds in many countries. The human cost of inaction is immense. The economic cost, estimated in hundreds of billions across the region, reinforces the case for ongoing investment (Ng, 2018). Transformative progress can be achieved with a systems shift that emphasizes prevention and promotion while responding to the diverse health needs of the region.

Mental wellbeing – which underpins every aspect of young people's lives – is shaped not only by healthcare, but also by education systems, digital environments, workplaces and community networks. By shifting the focus upstream to early preventative actions, school-based promotion and community-led mental health initiatives, the APAC region can build a future where mental wellbeing is woven into every part of young people's lives.

The region already shows excellent examples of progressive actions to support youth mental health, some of which are given in this report. From school-based programs in Vietnam and New Zealand, peer support networks in Thailand to sports initiatives in Australia and the Pacific Island nations, effective solutions already exist. These initiatives meet young people where they are, use voices they trust and build on cultural strengths already present in their communities.

The path forward depends on continued collaboration and partnerships.<sup>1</sup> When governments, private funders, civil society and young people come together around a shared vision, transformative change at scale becomes possible. Promising examples including youth-led platforms, school-community programs and blended financing models that combine public and private resources to scale what works. These collaborations bring together the reach and oversight of governments, the innovation and flexibility of private funders, the cultural insight of communities and the lived experience of young people. Together, they form a foundation for lasting, system-wide change.

Achieving a future where young people's mental wellbeing is nurtured and protected in the region requires both immediate action and long-term commitment. This includes policies that center promotion and prevention, funding mechanisms that prioritize sustainability over short-term pilots, a workforce equipped to deliver support at all levels, and governance that elevates youth voices. Most of all, it demands a mindset shift. Youth mental health and wellbeing must be recognized as foundational to societal resilience and economic growth, not a secondary concern.

This white paper is a call to action for all stakeholders—donors, implementers, civil society organizations, and policymakers—to mobilize around three powerful platforms for change: public-private prioritization and investment in scalable solutions; accessible health systems anchored in strong primary care; and schools and communities that integrate mental health and wellbeing with broader focus on promotion and prevention. These pathways offer efficient delivery mechanisms and essential frameworks to ensure comprehensive coverage and preventively address the complex factors shaping youth mental health and wellbeing.

With coordinated investment and evidence-based approaches, we have an unprecedented opportunity to transform the mental wellbeing of an entire generation across the APAC region. This is far more than a health imperative—it is a strategic investment in the future prosperity, stability, and vitality of our societies and economies. By prioritizing this today, we lay the foundation for stronger, more resilient communities for tomorrow.

<sup>&</sup>lt;sup>1</sup>Z Zurich Foundation collaborates with charities, non-profit organizations, philanthropist investors, service providers, Zurich Insurance Group Ltd and its subsidiaries (Zurich) as well as others, but such relationships are not partnerships in the legal sense of the term and nothing in this document, including but not limited to the use of terms such as "partner" or "partnership," should be construed as giving rise to such an inference.

## 1. Why Youth, Why Now?



Across the APAC region, young people aged 13 to 24 are navigating a critical period marked by evolving social identities, transitions through education, and early entry into the workforce (United Nations, 2013).<sup>2</sup> With more than 750 million young people aged 15 to 24 across South Asia, East Asia, and the Pacific, this group represents both immense potential and heightened vulnerability (UNICEF, 2024c).

Research shows that approximately half of all mental health conditions emerge by age 14, with 75% developing in the following decade (Solmi et al., 2022). Among adolescents, mental health conditions now account for 15% of the global health conditions — a ratio significantly intensified by the COVID-19 pandemic (WHO, 2024a) (Liu et al., 2025). When left unaddressed, these conditions cast long shadows into adulthood, undermining education, employment, relationships, and in some cases, increasing risks of criminal involvement and persistent economic hardship (Patel et al., 2007) (Mei et al., 2020).

The diversity of the APAC region—spanning high-income countries with sophisticated healthcare systems to developing nations with emerging infrastructure—presents not just challenges but unprecedented opportunities for transformative action. The evidence is compelling: investing in prevention and early intervention yields remarkable economic and social returns, with school-based prevention programs showing benefit-cost ratios as high as 23.6 (Stelmach et al., 2022). Despite this overwhelming economic case, mental health still receives less than 1% of health budgets across much of the region—a disparity we can no longer afford (OECD, 2024). Within this spending, investment remains too focused on treatment rather than preventative initiatives.

In the APAC region, the meaning of mental wellbeing is shaped by diverse languages, cultures, and worldviews. Recognizing and respecting these differences is essential. The WHO defines mental wellbeing as "a state in which individuals realize their abilities, can cope with the normal stresses of life, can work productively, and can contribute to their community" (WHO, 2022). In many APAC communities, this sense of wellbeing is relational grounded in family, community, spirituality, nature, and cultural identity. In addition, Indigenous and Asian traditions highlight harmony, belonging, and collective strength.

For young people across APAC, wellbeing means feeling safe, connected, and valued, with the freedom and support to grow. Promoting wellbeing supports stronger outcomes in education, employment, and civic participation. To be effective, these efforts must be grounded in culturally relevant understandings of what it means to thrive (Ross et al., 2020).



<sup>2</sup> The UN defines 'youth' as 15 to 24, and WHO defines 'adolescents' as 10 to 19. For consistency, this report uses the term 'young people' to refer to individuals aged 13 to 24.

#### The Z Zurich Foundation's approach to youth mental wellbeing

Mental wellbeing is a key priority for the Z Zurich Foundation, with 29 programs in 28 countries – at time of writing. Through a prevention-, promotion-, and impact-driven approach, the Foundation collaborates with national and global organizations to implement sustainable youth mental wellbeing programs at scale.

By engaging with the public, private, and non-profit sectors, our aim is to build a world in which every young person is empowered to speak about how they feel and equipped with the tools and support to promote mental wellbeing. As one of the leaders in the growing movement of philanthropic funders prioritizing and promoting mental wellbeing, in 2024, the Foundation donated more than €10 million to prevention and promotion programs, projecting to positively impact close to 4 million young people worldwide.

According to <u>Prospira Global's Power of Giving 2024 report</u>, the Z Zurich Foundation ranks third in the annual list of the top reported global philanthropic funders focusing on mental health.

In Asia Pacific, our mental wellbeing portfolio engages three Zurich Insurance Group (Zurich) Business Units (Hong Kong, Australia and New Zealand) in programs that integrate school-based, sport and digital campaign solutions. In addition, *Thriving Together*, our global program with UNICEF is operating in Indonesia, the Maldives, Vietnam, Nepal, India, Bangladesh, Pakistan, Malaysia and Bhutan. Collectively, all APAC programs positively impacted 3.5m individuals in 2024.

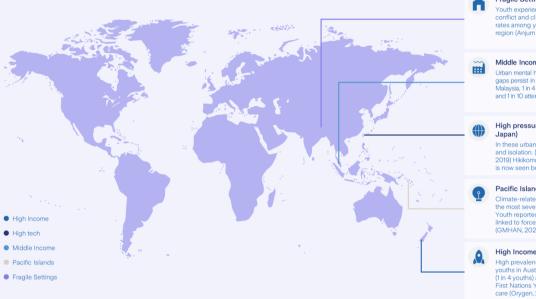


# 2. Situational Analysis of Youth Mental Wellbeing in the APAC Region



The APAC region includes East Asia (e.g. China, Japan, South Korea), Southeast Asia (e.g. Malaysia, Indonesia, the Philippines), South Asia (e.g. India, Nepal, Sri Lanka), the Pacific Islands and Australasia (Australia and New Zealand). Despite differences in culture, geography, income levels and health systems, countries across the region face common barriers to youth mental health. Underinvestment, lack of youth-friendly services and stigma prevents many from seeking help, especially those from marginalized groups while services remain unevenly distributed with rural and low-income areas consistently underserved (UNICEF & Burnet Institute, 2022). Beyond that, climate-related stress and substance use are emerging concerns across the region (UNICEF, 2021b).

## 2. Patterns Across Country Groupings in the APAC Region



### Fragile Settings (Nepal, Pakistan)

Youth experience compounded risks from poverty, conflict and climate change. In Pakistan, suicide rates among youth are among the highest in the region (Anjum et al., 2020)

Middle Income (Malaysia, Vietnam, Indonesia) Urban mental health services are growing, but major gaps persist in rural and low-income areas In sia, 1 in 4 adolescents experienced depre and 1 in 10 attempted suicide in 2022 (IHB, 2023).

High pressure, high tech (HK, Singapore,

In these urban hubs, youth face chronic stress and isolation. (Subramaniam et al., 2025; Yuen et al., 2019) Hikikomori, or extreme social withdrawal, is now seen beyond Japan (Wong et al., 2019)

#### Pacific Island Countries

Climate-related mental health impacts are among the most severe in the region (UNICEF, 2021b) Youth reported anxiety, depression and self-harm linked to forced migration and cultural loss. (GMHAN, 2023)

#### High Income (AU, NZ)

High income (Xo, Xz) High prevalence of psychological distress among youths in Australia (38,8%) and NZ are recorded (1 in 4 youths) are (ABS, 2022) (MHWC, 2024) First Nations Youth face barriers to culturally safe care (Orygen, 2018)



## 3. Why Prevention and Promotion Matter



There is a growing consensus that prevention and promotion must play a central role in youth mental health strategies across APAC (WHO, 2021). Mental health challenges among young people are rising, yet most systems continue to focus primarily on treatment. Shifting the emphasis towards preventative approaches offers a timely and proactive response. By addressing risks early and supporting mental wellbeing in everyday settings, prevention and promotion can reduce long-term pressure on overstretched health systems and improve outcomes across a generation.

Global evidence shows that these approaches are among the most cost-effective public health strategies, with long-term societal benefits that far exceed initial implementation costs (Le et al., 2021). They also offer high coverage and accessibility when embedded in natural environments such as schools, digital platforms, and youth spaces.

In the APAC region, prevention and promotion can build on existing strengths such as community networks, collectivist values, and youth engagement. These approaches also align with local and Indigenous concepts of resilience and wellbeing, making them culturally relevant and widely adaptable (WHO, 2023).

These strategies are consistent with regional and global policy priorities. They contribute to the goals of Universal Health Coverage by expanding access to support beyond clinical care (WHO, 2023). Several countries in the region, including Singapore and Thailand, have integrated youth mental health into national education, health and youth development strategies, creating strong foundations for further scale-up (WHO, 2022a).

Ongoing efforts in closing the investment gap must be leveraged, so that we can unlock this potential and ensure prevention and promotion are no longer the missing pieces in youth mental health systems across the region.





## 4.1 Current Trend of Mental Health Financing in the APAC Region

The APAC region faces a significant disparity in mental health resource allocation, with funding consistently representing less than 1% of health budgets in numerous countries and falling below USD 1 per capita in lowincome countries (OECD, 2024) (Financing of Mental Health: The Current Situation and Ways Forward, 2023). This inadequate funding persists despite considerable growth in overall healthcare expenditure—low and lowermiddle-income countries (LMICs) have increased health spending by 4.6% annually between 2015 and 2021. while upper-middle-income countries have demonstrated an even stronger growth at 6% (OECD, 2024). This presents an opportunity to better align resource allocation with the region's actual needs.

The funding landscape varies considerably across the region. Australia allocates approximately 6,500 international dollars per capita (USD PPPs) to healthcare, while Papua New Guinea operates with merely 93 (USD PPPs) (OECD, 2024). In addition to the modest domestic funding, many low-income countries (LICs) and LMICs often rely heavily on foreign aid and external borrowings to fund health expenditure, which can be a significant burden (WHO, 2024c).

Research and cost-benefit analysis demonstrate the economic rationality of increased mental health investment. Every USD 1 invested in mental health interventions generates approximately USD 4 in improved health and productivity outcomes (Chisholm et al., 2016). A comprehensive cost-benefit analysis for adolescent mental health interventions across 36 countries found that each dollar invested yields a return of 23.6, with schoolbased social-emotional learning (SEL) prevention programs producing the most substantial net benefits (Stelmach et al., 2022).

## 4.2 Bridging the Funding Gap

These findings provide the perfect case to meaningfully shift how we approach mental health funding. As governments continue increasing their overall health investments, mental health allocations within in health budgets need to grow proportionally. Governments need to allocate at least 5% (for low and middle-income countries) and 10% (for high-income countries) of health budgets to properly address the actual burden of mental illness (Patel et al., 2018). The aim for increased percentage of health budgets allocated to mental health should be accompanied by a parallel increase in spending specifically on promotion and prevention initiatives, not just treatment services.

The reorientation of mental health services to the primary health care and community level is essential in the APAC region (OECD, 2024). Several specific investment priorities have been identified, including capacitybuilding initiatives, promoting task-shifting<sup>3</sup> and supporting countries to formulate healthcare workforce plans for mental wellbeing. These investments should prioritize prevention and promotion approaches, as they offer the greatest human impact, most important return on investment while reducing the overall burden of mental illness on society. Additionally, providing support for tailored essential mental health packages for common and severe mental health conditions will help ensure resources reach those most in need (WHO, 2024c). School-based SEL programs delivered by teachers or trained staff can be implemented or scaled to prevent and manage depression and anxiety among students,<sup>4</sup> aligning with research demonstrating these interventions' high return on investment. These grassroot initiatives demonstrate effectiveness in creating supportive environments where young minds can thrive. Donors and civil society can play a crucial role here by initiating innovative preventionfocused approaches, such as digital mental wellbeing literacy platforms, peer support networks for adolescents, community-based caregivers programs, and mental wellbeing integrated into educational curricula. By funding such pilot programs, they can create models that governments can later adopt and scale, especially in the prevention and promotion space. These catalytic investments by private donors are particularly important for approaches that struggle to secure public funding despite their long-term benefits.

<sup>&</sup>lt;sup>3</sup> Task-shifting involves strategically redistributing healthcare responsibilities from highly specialized professionals to workers with less extensive training but appropriate competencies, allowing for more efficient use of limited human resources in mental health systems. <sup>4</sup> Data from key informant interviews.

In regions with political instability or fragile governance structures, mental health and other essential services often depend heavily on NGOs and civil society organizations. These critical implementers rely primarily on private funding and donations to maintain their operations and reach vulnerable populations. Through strategic and coordinated investment, donors can both drive innovation and provide some stability in challenging contexts, ultimately creating pathways to sustainable, locally-owned mental wellbeing solutions.

New financing approaches offer promising possibilities for expanding resources beyond traditional health budgets. As countries continue allocating larger shares of GDP to healthcare, mental health advocates could explore social impact bonds, blended finance arrangements, and public-private partnerships. These innovative mechanisms can bring in additional revenues, especially when paired with clear metrics showing the economic and social returns of mental health investments.

#### Asia Philanthropy Circle

<u>Asia Philanthropy Circle (APC)</u> is a membership platform headquartered in Singapore where Asian philanthropists collaborate to amplify their social impact. The Mental Wellness Collective (The Collective) represents one of APC's key initiatives, focusing on building resilience among Singapore's youth. Launched in 2020 following collaborative roundtables with organizations like Caregivers Alliance and the Singapore Institute for Mental Health, this project addresses concerning mental health statistics, including the rise in teenage depression and suicide. The Collective takes a systems-level approach, developing upstream interventions such as educator training programs, youth-led mental health resource platforms, and specialized insurance coverage for low-income families—all aimed at fostering better mental wellbeing outcomes for young Singaporeans (Asia Philanthropy Circle, 2025).



# 5. Scalable Solutions: What Works in APAC



Across the APAC region, promising youth mental wellbeing initiatives are emerging in diverse settings, driven by young people, communities and governments. Grounded in equity, accessibility and cultural relevance, these efforts expand access in underserved areas, strengthen school-based support, empower peers and families, and leverage digital and community platforms. While many are small-scale or still evolving, they offer scalable solutions aligned with the cross-cutting themes discussed earlier. Some also focus on younger age groups, recognizing the importance of early prevention in building coping skills and reducing long-term risks.

#### Case Study: from pilot to scale

The first phase (2021-2024) of the *Thriving Together* collaboration between UNICEF and the Z Zurich Foundation supported national authorities in tailoring responses to the mental wellbeing needs of youth in the Maldives, Nepal, Vietnam, and Indonesia. UNICEF used various delivery mechanisms, including school systems and community-based initiatives to meet these needs effectively. Between 2022 and 2024, the intervention approaches and tools for youth and caregivers were tested in a global pilot. The results confirmed that interventions to build social and emotional skills could be delivered effectively through schools or community platforms. Importantly, the findings also showed that the tools - grounded in evidence-based strategies and adaptable to different cultural and geographic contexts – were both effective and practical, in APAC and beyond. After impacting 2.8m individuals in the APAC and Latin America regions, the partnership entered a second phase in 2024 including additional APAC countries – Bangladesh, Pakistan, Bhutan, Malaysia and India.

While transitioning into its second phase, the program in Indonesia has shown a successful implementation model driving impact at scale and working to change local mental health systems. At the outset, local initiatives adopted a multi-platform approach to deliver mental wellbeing activities to adolescents and caregivers. These include an anti-bullying initiative in schools, the establishment of youth-led community safe spaces, and prevention campaigns. The program is implemented through a multi-agency partnership, involving the Ministry of Education, the Ministry of Women's Empowerment and Child Protection's Family Learning Center, Islamic Boarding Schools and the Ministry of Population and Family Development. This collaboration aims to achieve long-term scalability and institutional sustainability. As of 2025, a public ambition has been made to distribute the *Thriving Together* tools to all youth-led organizations in the country.

### 5.1 Expanding Access in Underserved Areas

Localized, cross-sectoral models can effectively impact youth in hard-to-access settings when built on community trust, accessible delivery platforms and digital inclusion. In disadvantaged regions, these inclusive models extend mental wellbeing promotion activities to rural, remote, informal and disaster-affected areas, using local partnerships, school systems and low-cost digital tools.

In **Pakistan**, <u>Taskeen's WINGS program</u> establishes school-based wellbeing hubs by training teachers as School Wellbeing Mentors and using an AI chatbot to support life skills education and screen students for risk (Being Initiative., n.d.). Taskeen is also developing *Taskeen Dost*,<sup>5</sup> a WhatsApp AI chatbot with voice features for low-literacy users.

In **Pacific Island countries** like Fiji, Tonga and Vanuatu, UNICEF is helping governments build climate-resilient education systems that integrate MHPSS (UNICEF, 2023c).

### 5.2 Strengthening School-Based Mental Wellbeing

Through education and collaboration among health actors, schools become trusted, universal spaces that can challenge stigma, promote resilience and identify emerging mental health needs at an early stage. Whole-school

<sup>&</sup>lt;sup>5</sup> Data from key informant interviews.

approaches offer high-impact and low-cost returns on prevention-focused investment. They also ensure the training of non-specialist staff, like teachers and school counsellors. Moreover, schools serve as accessible entry points to engage parents and caregivers, creating additional opportunities to support youth mental wellbeing and inform peer support strategies.

In **Australia and New Zealand**, <u>The Resilience Project</u> promotes wellbeing through activities focused on gratitude, empathy, and mindfulness. Its whole-school, low-cost model is easy to implement and has demonstrated a strong impact on student mental health and engagement.

In Nepal and Vietnam and Indonesia, UNICEF has worked with national ministries to integrate social-emotional skills-building for adolescents into public schools. In Nepal, socio-emotional learning tools developed with support from the Z Zurich Foundation guide classroom-based sessions that build students' skills to promote mental wellbeing (Queensland University of Technology., n.d.). In Vietnam, extensive research and policy advice (UNICEF, 2022) led to the adoption of a policy which outlines that all primary and secondary schools will have, for the first time, a school counsellor (UNICEF, 2023b). In Central Java, Indonesia, students take part in resilience activities and peer-led initiatives that promote mental wellbeing. (UNICEF Indonesia, 2024)

#### 5.3 Tackling Stigma and Reaching the Marginalized: Youth-Led Responses

Shaped by lived experience, youth-led models that reduce stigma and expand access to mental health support, particularly for those facing discrimination related to gender, sexuality, disability or social status, create inclusive spaces, build trust and challenge harmful norms. By fostering peer connection, promoting mental health literacy and centering marginalized voices, they make support more acceptable and relevant to young peoples' realities.

In **Lao PDR**, <u>Gamlangchai</u> builds resilience through peer support training and community-based campaigns. Its youth-led model equips young people to support one another and strengthens early intervention in contexts where formal mental health services remain limited (*Gamlangchai*, n.d.). *Gamlangchai*'s co-founder, Phatsaline Vongsaly, is a Z Zurich Foundation Changemaker Alumnus. As part of the support received by the Z Zurich Foundation, Phatsaline has received the support to earn a Mental Health First Aid Instructor certification, enabling her to integrate first aid training into wellbeing programs for workplaces and schools in Laos.

### 5.4 Strengthening Families and Informal Support System

Families and caregivers are often the first line of support for young people, yet strained relationships, or domestic violence can increase mental health risks. In addition, when parents or caregivers are unable to provide support due to their own mental health struggles, their children's wellbeing may be affected. Family-centered interventions that strengthen communication, reduce conflict and prevent emotional distress can help create safer and more supportive home environments, especially when delivered through trusted channels like schools, community leaders and faith-based organizations.

In **Papua New Guinea**, <u>Parenting for Child Development (P4CD)</u>, supported by UNICEF and the Spotlight Initiative, promotes positive parenting to reduce household violence and improve parent–child relationships. Delivered through churches and community centers, it builds trust and emotional safety in everyday settings (UNICEF, 2021a).

In **Malaysia**, <u>*NKText*</u> (UNICEF Malaysia, 2024) provides real-time parenting support via chatbot. In **Cambodia** and **Timor-Leste**, programs like <u>*Positive Parenting*</u> and *Hametin Familia*, respectively, are delivered alongside national ministries and local NGOs (UNICEF & Maestral International, 2019), and focus on improving children and youth developmental outcomes through parent and caregiver empowerment.

The partnership between UNICEF and the Z Zurich Foundation led to creating the <u>Connecting Generations</u> tool. Based on materials developed and being field-tested by UNICEF, and digitalized with the support of LiveWell by Zurich, <u>Connecting Generations</u> is a training tool that equips caregivers with essential resources. It enhances their understanding of adolescents, supports their mental wellbeing, and strengthens connections with the young people they care for. Given its universal relevance, <u>Connecting Generations</u> was adapted to the workplace to engage caregiver employees. Implementing this training at the workplace not only positively impacts mental health in working environments but also prompts employees to become agents of change for adolescents' mental wellbeing in their own communities. You can access it via this QR code:





## 5.5 Scaling Digital Mental Health Tools

Digital platforms are expanding access to mental health support by offering private, flexible and engaging ways for young people to connect, learn and seek help. In low-resource or high-stigma settings, these tools serve as easily accessible and safe alternatives to conventional services.

However, over-reliance on digital tools carries risks, including cyberbullying, privacy breaches, predatory behavior, addiction, social isolation and worsened mental health for vulnerable users (Wies et al, 2021). Mitigating these harms requires strong privacy safeguards, digital literacy, appropriate supervision and integration with face-to-face care tailored to individual needs.

In **Singapore**, the government-backed platform, <u>mindline.sg</u>, offers youth-specific content co-developed with a Youth Advisory Group, including self-guided tools, screening, AI support and *Let's Talk*, an anonymous peer and professional chat space (Mindline.sg, n.d.). In **Malaysia**, <u>@*KitaConnect*</u>, a UNICEF–Project ID<sup>6</sup> initiative, used platforms like Discord and gather.town to support emotional wellbeing through peer-led chats, games and virtual booths (Kita Connect, n.d.).

#### Case study: Chill Lab: Innovating Youth Mental Health in Hong Kong

<u>Chill Lab</u> is a youth mental health initiative led by the Mental Health Association of Hong Kong (MHAHK) with support from the Z Zurich Foundation. Launched in 2023, it promotes youth mental wellbeing and reduces stigma by combining mental health education in schools with community activities and public awareness campaigns.

A key innovation is the *Chill Lab Youth Hub*, Hong Kong's first mental health experience center using Augmented Reality and Virtual Reality technologies to simulate emotional challenges, inform positive coping strategies and create conversation about adolescents' mental wellbeing. The program also features **Human Library** sessions, school-based projects, and creative community events including art, music, and sports.

In its first year, *Chill Lab* reached 94 secondary schools and over 36,000 students through 92 school sessions, as well as 67 Youth Hub activities, and 21 community events (Zurich Insurance (Hong Kong), 2024). Over 98% of participants reported improved mental health awareness, with a 30% increase in students willing to seek help.

By embedding mental health education into schools and communities, *Chill Lab* is driving systemic change by fostering resilience and emotional understanding among young people through innovative and communitybased resources. It aims to reach more than half of all secondary schools in Hong Kong over three years, setting a new standard for prevention and mental wellbeing promotion in the region.



Photo caption: The Youth Hub at the Mental Health Association in Hong Kong

<sup>&</sup>lt;sup>6</sup> Project ID is a Malaysian social enterprise that empowers underserved students through leadership and career readiness programs. Its annual Student Voices Matter survey, launched in 2020, highlights student wellbeing and needs to inform educators and institutions. https://project-id.org/

## 5.6 Supporting Youth Through Sport-Based Programs

Sports-based programs offer safe, inclusive spaces that support youth mental health and wellbeing, especially for underserved groups. By promoting joy, connection, resilience, and physical wellbeing they serve as accessible entry points for emotional support and reduce stigma around help-seeking. Beyond individual benefits, these initiatives foster community belonging and can drive broader societal change by shifting public attitudes and engaging families, schools and local leaders.

In Australia, the mental wellbeing benefits of sport are widely recognized at individual and societal levels and physical activity is embedded in the school system. An impactful initiative is the *Tackle Your Feelings* (TYF) program which promotes youth wellbeing and normalizes conversations around mental health through football and netball clubs nationwide. Launched in 2019, and based on learnings from the *Tackle Your Feelings* program in Ireland, *TYF* is delivered by the Australian Football League Coaches Association, Australian Football League Players' Association with support from Zurich Financial Services Australia and the Z Zurich Foundation. It is a free mental health training program for players and coaches, committee members, umpires and other club support staff. Since its launch, this pioneering initiative has impacted more than 300,000 individuals and is challenging mental health stigma for a whole new generation of young people.

In the Pacific Islands, the <u>Just Play</u> program by the Oceania Football Confederation integrates life skills and wellbeing messages into youth football (OFC, *n.d.*). Through structured play, young people develop emotional regulation, teamwork and resilience, particularly in communities facing climate-related disasters and economic hardship (OFC, n.d.).

### 5.7 Addressing Early Risk Behaviors Among Adolescents

Early, school- and family-based initiatives can reduce harmful behaviors and support healthier mental health outcomes. Prevention at this stage offers lasting benefits and protects adolescents as they transition into adulthood, addressing risk behaviors such as alcohol, tobacco and substance use. These programs combine mental wellbeing promotion with harm reduction, often delivered through schools and families, supported by peer and caregiver engagement.

In Nepal, the *HASHTAG* program builds coping skills through school-based education (Laurenzi et al., 2024), while Malaysia's *Family United* program, delivered by <u>OAPTAR</u>, supports caregivers to strengthen parenting and reduce youth behavioral issues, including preventing substance use (UNODC, n.d.). By embedding mental wellbeing promotion into mainstream education and supporting parents and caregivers, these programs address risk before harm escalates, creating lasting positive impact across communities.



# 6. Taking Action: Strategic Priorities



The landscape analysis across the APAC region reveals critical opportunities for strategic investment that can transform youth mental health systems. Based on promising good practices and identified gaps, the following priority areas for engagement, partnerships and impact are recommended.

#### 6.1 Priority Action 1: Increase Public and Private Investment in Prevention and Promotion

Mental wellbeing financing in the region remains largely concentrated on treatment services. Government and private donors should undertake a strategic shift and increase their investment in prevention and promotion, which offer stronger long-term outcomes and system-wide benefits. Mental wellbeing promotion programs, such as school-based initiatives, can return up to 23.6 times the amount invested when lifetime social and economic impacts are taken into account (Stelmach et al., 2022).

Philanthropy, private organizations and governmental institutions should progressively allocate a greater share of their mental health budgets and funding to prevention, while continuing to address urgent treatment gaps. This rebalancing should include investment in both universal promotion programs that support all young people, and targeted assistance for those at increased risk, made vulnerable by given conditions or showing early signs of distress.

The most effective prevention channels work outside clinical settings – in schools, community centers, sports clubs, religious institutions and digital platforms where young people naturally gather. By embedding mental health prevention and wellbeing promotion within these familiar and everyday contexts, organizations and institutions across sectors will be successful at reducing stigma, increasing accessibility and normalizing wellbeing practices. This approach also redistributes responsibility beyond overburdened healthcare systems to build nurturing, community-based capacity for supporting the mental wellbeing of their youth.

Critical to this shift is establishing seamless connections between community-based prevention programs and specialized clinical services. Clear referral systems should be enhanced and prioritized, ensuring youth with emerging or acute needs can access appropriate care and prevent dropout.

This prevention-focused approach not only reduces burden on treatment systems but also creates the foundation for community-wide wellbeing. By prioritizing prevention and promotion, we can transform mental health systems in this region from reactive to proactive, creating supportive ecosystems that benefit all young people.

#### 6.2 Priority Action 2: Provide Sustainable, Adaptive Funding

The effectiveness of youth mental wellbeing initiatives is often limited by donors' preference on short-term funding models that prevent organizations from building capacity and demonstrating meaningful outcomes. Public and private stakeholders should move beyond project-based funding to provide multi-year commitments that enable organizational stability, program refinement and sustainable impact. These longer funding cycles should integrate resources for organizational development, including monitoring and evaluation systems, financial management capabilities and sustainable revenue generation strategies.

It is particularly important for donors to create funding mechanisms with streamlined application processes accessible to smaller organizations and community groups that drive local innovation. These grassroots initiatives often struggle to meet complex requirements for public funding yet provide critical services in underserved and hard-to-reach communities. Beyond financial support, complementary resources including technical expertise, workforce support, convening power and advocacy platforms can be leveraged to maximize impact.

Contributing to established funds like UNICEF's Global Thematic Fund for Mental Health or joining initiatives like the UNICEF's Global Coalition for Youth Mental Health can amplify collective impact and reduce fragmentation in the funding landscape.

**UNICEF's Global Thematic Fund for Mental Health**, launched in 2022, is a flexible funding pool that enables donors to support child and adolescent mental health worldwide. It was created in response to rising needs following the COVID-19 pandemic and focuses on strengthening systems for lasting impact, with resources allocated over four years in line with UNICEF's Strategic Plan (2022–2025) (UNICEF, 2023a).

In parallel, launched with the support of the Z Zurich Foundation, the UNICEF-led <u>Global Coalition for Youth</u> <u>Mental Health</u> (the Coalition) is an alliance of UNICEF partners committed to addressing critical mental health challenges faced by children, youth, and caregivers worldwide by calling for investment and action on mental wellbeing. As of December 2024, the Coalition unites seven leading private sector companies, including the Z Zurich Foundation and Zurich Insurance Group, with more expected to join in the coming years.

Together, these coordinated efforts have mobilized US\$35 million, supporting mental health and psychosocial programs that have reached nearly 35 million children across 130 countries. (UNICEF, 2024a)

Strategic public-private partnerships and establishing a collaborative frameworks that bring together diverse funding partners, including multilateral development banks (i.e. Asian Development Bank), corporate sponsors, and philanthropic foundations, can be leveraged to address critical gaps in the promotion and prevention agenda. These public-private partnerships should be structured to leverage the unique strengths of each sector: the government's reach and policy influence, the private sector's innovation and resources, and civil society's community connections and specialized expertise. By pooling these complementary capabilities, partners can co-create sustainable solutions that address youth mental health challenges more comprehensively than any single entity could achieve alone.

Coordinated private donor collaborations, where multiple funders combine resources and align goals to support youth mental wellbeing programs, are a powerful yet underused model in the APAC region. These partnerships enable strategic, evidence-based projects and generate impactful data on a large scale. This can achieve sustainable, system-wide change that individual efforts cannot. Scaling successful models and integrating these collaborations into broader partnerships is crucial for more comprehensive and sustainable youth mental health solutions. Through a shift from single-donor programs to collective actions with multiple contributions, evidencebased initiatives can be scaled.

Although not many such collaborations exist, some examples in the APAC region are the <u>Asia Philanthropy Circle</u> (see Section 4.2), where Asian Philanthropists collaborate to contribute towards building resilience among youths in Singapore, as well as the <u>Hong Kong Jockey Club</u>, which has approved up to US\$100 million in 2024 to fund eight mental health initiatives with a strong focus on youth in Hong Kong.

Special attention should be given to engaging non-traditional partners from the sports and entertainment sectors, particularly companies like HSBC, Visa, and Adidas which have already demonstrated a commitment to mental health advocacy (Mindforward Alliance, n.d.) (Adidas, 2021). These partnerships can play a key role in amplifying messaging and expanding reach among youth populations. To maximize their impact, such collaborations need strong measurement systems that track both immediate outcomes and long-term systemic change, ensuring that resources are used to drive impactful youth mental wellbeing programs in the most effective way.

#### 6.3 Priority Action 3: Scale Community-centered Approaches

To achieve meaningful impact, youth mental wellbeing initiatives must be embedded within the everyday settings where young people live, learn and socialize. Policymakers and national and local governmental institutions, including education and public health authorities, as well as private stakeholders, advocacy groups and school-based organizations should support a "mental wellbeing in all education" approach that integrates promotion throughout curricula and school environments.



New Zealand's <u>Mitey</u> program shows how schools can play a powerful role in this. Developed by the Sir John Kirwan Foundation and supported by the Z Zurich Foundation, *Mitey* is an evidence-based, age-appropriate curriculum for children aged 5 to 13. It aligns with the national curriculum, providing practical tools for teachers to weave mental wellbeing into everyday classroom teaching. Its whole-school approach not only boosts academic achievement but also strengthens mental wellbeing by shaping school policies, supporting staff and building stronger community ties. Grounded in the <u>Mana Model</u>, *Mitey* highlights how a sense of identity, connection and belonging is key to student motivation and mental wellbeing (Webber & Macfarlane, 2020).

It is equally critical that donors invest in workforce development programs that equip teachers, coaches, youth workers and other non-specialist providers with skills to promote mental wellbeing and identify early warning signs. These frontline supporters interact with young people daily and can serve as powerful agents for prevention when properly trained and supported. I don't know why people think we should start this at 13. It needs to start at five. In New Zealand, kids are already dying by suicide at 13 – more youth die by suicide than on the roads. Waiting is too late. We need a strong preventative approach, and it has to begin early. Schools are powerful drivers of social change, so why not use them as the vehicle?

> Nikki Flexman Head of Impact, Mitey

Parent and caregiver engagement represents another high-impact area for donors to focus on. Programs that equip families with skills to promote youth mental wellbeing, navigate developmental challenges and create supportive home environments can strengthen the most important influence in young people's lives. Similarly, structured peer-to-peer support initiatives normalize seeking help for young people and provide accessible first-line emotional support, particularly in settings where formal services are limited.

Successful implementation requires promoting mental wellbeing integration within multiple systems beyond education, including youth development, primary healthcare and social protection systems. Multisectoral stakeholders, like the Health, Education and Social Services policymakers, advocacy groups, or philanthropic actors, can play a catalytic role, both separately and collectively, in supporting the policy frameworks, implementation guidance and cross-sectoral coordination mechanisms needed to embed mental wellbeing promotion across these domains.



### 6.4 Priority Action 4: Ensure Policymakers, Community-based Organizations and Donors Foster Digital Wellbeing and Innovation

Digital platforms offer unprecedented opportunities to extend mental health support, but require thoughtful approaches to maximize benefits while minimizing potential harms. Public and private donors should fund digital solutions designed with meaningful youth participation and demonstrated effectiveness, prioritizing accessibility across diverse contexts, including low-connectivity and low-resource settings, while ensuring robust digital safety measures are in place.

#### Case Study: Psycure: Youth-Led Innovation for Mental Health Access and Stigma Reduction in Bangladesh

<u>Psycure</u> (The Psycure, n.d.) is Bangladesh's leading youth-led mental health organization, founded in 2019 by Murad Ansary, a Z Zurich Foundation Changemaker alumnus. It provides affordable online counselling and runs creative, community-based programs that promote mental wellbeing and reduce stigma.

Psycure's SEL program has reached over 3,300 students in Dhaka, Sylhet, Chattogram, and climate-affected communities near Cox's Bazar. Over the past 1.5 years, 32 trained facilitators have delivered structured sessions focused on empathy, resilience, and self-awareness, tailored for marginalized and refugee youth.<sup>7</sup>

Psycure is also piloting a sports-based initiative for ages 8 to 15, using football and cricket to build emotional and social skills through play. A "Sports + SEL" manual is in development to support expansion into more schools and districts. Additionally, a mobile app is in early development, offering mood tracking, journaling tools, guided meditations, and an AI-powered chatbot, with responses reviewed by professionals. A gamified screening tool is also being designed to help young users reflect on emotions through interactive storytelling.

To address stigma, Psycure embeds mental health education into culturally familiar formats such as art therapy, storytelling, and its flagship public exhibition *Unwind Mind*, now in its fourth year. These approaches make learning feel natural and engaging, with all programs evaluated for impact and effectiveness.

Rather than focusing solely on restrictions, donor investment and organization action should focus on digital literacy programs that empower youth as critical digital consumers who can navigate online spaces safely, in a supportive, stigma-free environment. These programs should develop skills for evaluating information, managing online relationships, setting healthy boundaries and recognizing harmful content or interactions.

Vital dialogue can be facilitated between youth, mental health experts, technology firms and policymakers to address algorithmic amplification of harmful content, addictive design features like infinite scroll and auto-play, and cyberbullying. This multistakeholder approach is more likely to produce sustainable solutions than regulatory approaches alone. At the same time, digital inclusion must remain a priority, with interventions addressing barriers related to connectivity, language, literacy and disability to prevent widening existing inequalities.

Support for policy frameworks that align with global commitments like the UN's Pact for the Future and Global Digital Compact while protecting youth wellbeing represents another important area for advocacy groups and donor engagement (United Nations, n.d.). These approaches should balance innovation with appropriate safeguards, particularly for vulnerable youth. The biggest issue is that digital tools take an individual approach, but mental illness is a social illness. It needs social interventions. These tools must complement the collectivist nature of our society, not make people more dependent and isolated like social media has. The real metric of success is whether people reconnect with others and build stronger relationships after using the tool, not whether they become attached to the tool itself.

> **Dr Taha Sabri** Co-founder, Taskeen

## 6.5 Priority Action 5: Promote Donor and Grassroots Action in Diverse, Culturally Responsive Approaches

The diverse APAC region requires mental health approaches tailored to varied cultural contexts, preferences and needs. Structured initiatives that use physical activity and sports to build resilience, social connection and emotional regulation skills should be supported. In Australia, *Tackle Your Feelings* shows how trusted community settings can drive meaningful change. This free mental health training for community football and netball coaches, players and support staff is supported by the Z Zurich Foundation and the Australian Football League Coaches and Players' Association. Delivered by local psychologists, it equips participants to recognize and respond to signs of mental distress in young people. Led by high-profile athletes and coach ambassadors, the program breaks down stigma and promotes help-seeking through the familiar, inclusive environment of community sport (Tackle Your Feelings, n.d.).



Photo caption: TYF Ambassadors Nathan Buckley (left) and Dylan Buckley (right) at Melbourne's iconic Victoria Park football ground. Photo credit: Dan Soderstrom

Similarly, programs using arts, music, storytelling and other creative modalities engage youth through approaches that align with cultural expressions and create safe spaces for emotional exploration. These creative approaches often resonate with young people who may not respond to more conventional mental health services.

Donors should prioritize approaches that integrate indigenous knowledge, cultural practices and community wisdom into mental health support systems, as exemplified by the <u>Mana Model</u> used by *Mitey* (see *Priority Action 3*). These culturally grounded interventions often demonstrate greater relevance, acceptability and effectiveness than imported models, particularly in communities with strong cultural identities and traditional support structures.

Program implementers should ensure young people with diverse lived experiences are meaningfully engaged in program design, development and evaluation. This process of youth co-design improves relevance while building youth agency and leadership. Special attention must be given to addressing the unique needs of marginalized groups, including those with disabilities and ethnic minorities who often face compounded challenges to mental wellbeing.

# 6.6 Priority Action 6: Address Social and Structural Determinants

There are strong relationships and ongoing conversations in these clubs. If we build people's understanding of mental health and give them the tools to talk about it, it naturally becomes part of the club's culture. It's not about building audiences—it's about building communities, and that takes time and care.

> Adam Baldwin Program Manager, Tackle Your Feelings.

Mental health cannot be separated from the social conditions in which young people live, requiring preventive approaches that address underlying drivers of distress before they manifest as clinical conditions.

**Social welfare programs** addressing youth unemployment, financial insecurity, and pathways to meaningful livelihoods should be supported and expanded as primary preventive interventions, recognizing that economic precarity creates chronic stress that undermines mental wellbeing before it reaches clinical thresholds. This includes investment in skills development, entrepreneurship programs, and supportive employment pathways for vulnerable youth as protective factors promoting positive mental health. These prevention priorities are highlighted in recent reports, including the *2024 Regional Human Development Report for Asia and the Pacific: Making Our Future* and the *2022 ASEAN Youth Development Index*. (UNDP, 2024) (ASEAN Secretariat., 2023)

**Educational equity** represents another critical prevention focus area, with funding needed for inclusive education systems that promote positive mental health by accommodating diverse learning needs, reducing harmful academic pressure and creating supportive learning environments. Programs that prevent violence, bullying and discrimination among youths in physical and digital spaces directly promote positive mental health outcomes and should be prioritized in prevention funding portfolios.

**Climate change** increasingly affects youth mental wellbeing, particularly in vulnerable Pacific Island nations. *Orygen Australia's* research supported the incorporation of evidence-based coping strategies and proenvironmental behaviors into government policies, media messaging, schools and health settings as preventive interventions that can have a positive impact on youth and communities. (Orygen, 2023) All stakeholders should support programs promoting mental resilience while addressing climate distress through youth-led climate action, adaptive capacity and climate-responsive mental health promotion services.

Strengthening social protection systems that provide security during such crises can promote mental wellbeing and prevent deterioration by reducing chronic stress and uncertainty, particularly for disadvantaged youth who experience greater exposure to adversity with fewer protective factors. (UNDP, 2023)

#### 6.7 Priority Action 7: Catalyze Policy Reform and Systems Change

International organizations, NGOs and donors can leverage their influence to support **policy changes that create enabling environments** for youth mental health. A priority area is supporting advocacy efforts to decriminalize suicide and self-harm behaviors that currently prevent help-seeking and reinforce stigma in many APAC countries. The <u>Pakistan Mental Health Coalition</u> successfully led the effort to decriminalize suicide in Pakistan, shifting the focus from punitive to treatment and support by reframing it as a public health concern.

#### Decriminalize Suicide, Prioritize Mental Health

The movement to decriminalize suicide in the region remains a critical step in advancing mental health prevention and promotion. Suicide is still criminalized in several APAC countries, including Bangladesh, Brunei, Myanmar, Papua New Guinea, Maldives and Tonga (United for Global Mental Health, 2024a). These laws increase stigma and stop young people from seeking help due to fear, shame or legal consequences.

Shifting from punishment to support creates space for more open, preventive approaches to mental wellbeing. Reforms in Pakistan (2022) and Malaysia (2023) show what possible when mental health professionals, legal experts, civil society and people with lived experience work together (Chan et al., 2024).

In Pakistan, the repeal of Section 325 followed sustained advocacy by the Pakistan Mental Health Coalition that reframed suicide from a moral failure to a health issue (Sibghatullah et al., 2025). Removing legal penalties has opened the door for earlier, more compassionate support.

There is now an opportunity to build on this momentum. Continued advocacy, including by youth, can support legal reform across the region, reduce stigma and lay the groundwork for systems that prioritize wellbeing over blame.

Advocacy for **mental health integration** within universal health coverage and education policies can help ensure sustainable, systemwide approaches rather than siloed programs. (United for Global Mental Health., 2024b) In Australia, this integration is exemplified by embedding sports participation into community systems, recognizing the wellbeing benefits across the entire educational ecosystem. By leveraging the nationwide presence and popularity of football and netball, Australia has created a systemic approach that promotes youth and First Nations' youth mental health<sup>8</sup>, strengthens community engagement, and normalizes conversations about mental wellbeing at scale.

Governments, supported by civil society, should develop national **mental health workforce strategies** that include both specialists and community providers to address critical human resource gaps. These strategies should emphasize task-shifting approaches by redistributing healthcare responsibilities from highly specialized professionals to less specialized personnel but appropriate competencies. With these actions, mental health services and mental wellbeing initiatives can be extended beyond clinical settings while maintaining quality.

Furthermore, platforms that meaningfully engage young people in policy development and implementation should be established, ensuring their perspectives inform decisions that affect their wellbeing. Such system-level changes—whether through decriminalization of suicide or nationwide mental health promotion through sports—represent the ultimate proof points for sustainable programming, as impact continues long after funding cycles conclude.

### 6.8 Priority Action 8: Build Knowledge and Learning Ecosystems

**Strategic investments in knowledge sharing** can accelerate progress across the region. Implementation research examining how evidence-based interventions can be adapted to different contexts while maintaining effectiveness deserves particular attention. These studies address the gaps between controlled trials and real-world application, especially in resource-constrained settings. Facilitating **South-South collaboration** between countries facing similar challenges can reduce 'reinventing the wheel' and support the adaptation of successful approaches in comparable contexts.

Networks connecting practitioners, researchers, and youth advocates provide vital infrastructure for sharing learning and building collective capacity. These **communities of practice** accelerate innovation while improving quality through peer learning and mentorship. Existing platforms such as the **Global Mental Health Action Network** and the **Mental Health Innovation Network** can play a key role in supporting these efforts. In May 2025, the Z Zurich Foundation supported the design and launch of UNICEF's Adolescent Mental Health Hub – a dynamic global platform dedicated to enhancing the mental health and wellbeing of adolescents and their caregivers. The Hub is designed to empower practitioners, policymakers, caregivers, and young people with the knowledge, tools, and networks essential for driving transformative change in preventative and promotive adolescent mental health and wellbeing. The ambition is to accelerate the impact of prevention and promotion programs through the development of a global learning and action community.

Finally, investment in improved monitoring frameworks and data collection systems enables comparison and learning across contexts while measuring meaningful outcomes beyond symptom reduction to include positive wellbeing, social connection and functionality.

In this region, our collectivist roots offer a deep well of protective factors such as community, belonging, and interdependence. Rather than importing individualistic models that often clash with local realities, we must build on our cultural strengths to support the psychosocial wellbeing of youth in ways that are both effective and authentic.

> **Dr Taha Sabri** Co-founder, Taskeen

<sup>&</sup>lt;sup>8</sup> English et al., 2022. <u>https://doi.org/10.1016/j.pmedr.2021.101676</u>



# Building the groundwork for the APAC region, where everyone plays a part in supporting youth mental wellbeing

This white paper by the Z Zurich Foundation outlines a vision for the APAC region that prioritizes the mental health and wellbeing of young people. It examines the necessary steps for achieving systemic change at regional, national, and local levels, considering the region's unique diversity.

The state of youth mental health in this region underscores the urgent need for investment in prevention and promotion initiatives. These are essential for driving systemic change in youth mental wellbeing and positively impact young people everywhere they are. Promotion initiatives aim to create supportive environments that enhance psychological wellbeing by improving emotional literacy and empowering youth with positive coping mechanisms. Prevention focuses on identifying and mitigating risk factors for mental health conditions, addressing determinants to minimize the onset of these conditions for the most vulnerable groups.

The mental health and wellbeing of young people in the APAC region is at a critical juncture, calling for immediate and sustained action. The current landscape is marked by significant challenges, including underinvestment, stigma, and a lack of youth-friendly services.

In an incredibly diverse region, encompassing a wide range of contexts, there is growing recognition that prevention and promotion are the most effective strategies for youth mental wellbeing. The cultural and linguistic diversity presents both a challenge and an opportunity. Through contextualizing and implementing relevant, accessible interventions, we can meet the unique needs of youth in different settings.

Across APAC, there are encouraging signs of progress and active involvement from multisector stakeholders. Vietnam has implemented full-time counselors in all schools, Thailand's national plan promotes cross-sector collaboration, and Malaysia is developing a national strategy for child and adolescent mental health. Innovative mental wellbeing programs are making a tangible difference, such as school-based programs in New Zealand, peer support networks in Thailand, and sports initiatives in Australia and the Pacific Island nations. These initiatives show that by investing in preventive measures and promoting mental wellbeing, we can create supportive environments that nurture the potential of every young individual.

The mental wellbeing of young people cannot be attributed to a single actor. Achieving transformative change at scale is possible when governments, private funders, civil society, and young people work together with a shared vision. This close collaboration brings together the resources and policy support of governments, the innovation and flexibility of private funders, the cultural insight of communities, and the lived experience of young people. Together, they form a foundation for lasting, system-wide change.

The time for fragmented solutions is over. We must align across sectors, accelerate collaboration among decision makers, scale proven approaches and invest in systems that place young people at the center. The future of the Asia Pacific depends on it. Together, we can create a future where young people not only survive but thrive–mentally, emotionally and socially prepared to navigate an increasingly complex world.

With the right investments and approaches, we have an unprecedented opportunity to support the mental wellbeing of young people across the APAC region, laying a strong foundation for brighter futures for an entire generation and the societies they will help shape.

# Appendices



### 1. Acknowledgements

We are grateful to the following individuals for sharing their time and insights for this research. Their contributions and support enriched and enhanced the development of this whitepaper.

- Dr Shermaine Su, Program Specialist MHPSS, UNICEF Malaysia
- Ruth O'Connell, Program Specialist MHPSS, UNICEF East Asia and Pacific
- Craig Hodges and the Orygen Australia team
- Dr Taha Sabri, Co-founder, Taskeen, Pakistan
- Murad Ansary, Founder, PsyCure, Bangladesh
- Adam Baldwin, Program Manager, Tackle Your Feelings, Australia
- Nikki Flexman, Head of Impact, Mitey, New Zealand
- Benson Chan, Chief Officer, Mental Health Association of Hong Kong
- Aastha Sethi, Senior Officer, Policy and Advocacy, United for Global Mental Health

This report was produced by United for Global Mental Health on behalf of the Z Zurich Foundation. Our team includes:

Z Zurich Foundation:

- Anna Casas i Casals
- Sofyen Khalfaoui
- Manon Parmentier
- Suzannah Richard

United for Global Mental Health:

- Laura Kho Sui San
- James Sale
- Stella Tan Pei Zin

## 2. Bibliography

Adidas. (2021). *Mindful Running: How Running Could Improve Mental Health.* https://www.adidas.com/us/blog/431221-mindful-running-how-running-could-improve-mental-health

Anjum, A., Saeed Ali, T., Akber Pradhan, N., Khan, M., & Karmaliani, R. (2020). Perceptions of stakeholders about the role of health system in suicide prevention in Ghizer, Gilgit-Baltistan, Pakistan. *BMC Public Health*, *20*(1), 991. https://doi.org/10.1186/s12889-020-09081-x

ASEAN Secretariat. (2023). ASEAN Youth Development Index 2022: The 2nd Report. Jakarta: ASEAN Secretariat. https://asean.org/serial/144771

Asia Philanthropy Circle. (2025). *Mental Health Collective*. <u>https://asiaphilanthropycircle.org/mental-health-collective/</u>

Australian Bureau of Statistics. (2022). *National Study of Mental Health and Wellbeing*. <u>https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release</u>

Australian Institute of Health and Welfare. (2022). *An overview of Indigenous mental health and suicide prevention in Australia*. <u>https://doi.org/10.25816/GV9G-GE98</u>

Being Initiative. (n.d.). *WINGS: Wellbeing Initiative for Nurturing Generations through Schools*. <u>https://being-initiative.org/innovations/wings/</u>

Chan, L. F., Ibrahim, N., Khamal, N. R., Panirselvam, R. R., Pereira, E. J., & Khan, M. (2024). A Global Call for Decriminalization of Attempted Suicide: Perspectives From Malaysia and Pakistan. *Crisis*, *45*(6), 383–388. <u>https://doi.org/10.1027/0227-5910/a000974</u>

Chisholm, D., Sweeny, K., Sheehan, P., Rasmussen, B., Smit, F., Cuijpers, P., & Saxena, S. (2016). Scaling-up treatment of depression and anxiety: A global return on investment analysis. *The Lancet Psychiatry*, *3*(5), 415–424. <u>https://doi.org/10.1016/S2215-0366(16)30024-4</u>

De Leo, D., Milner, A., & Xiangdong, W. (2009). Suicidal Behavior in the Western Pacific Region: Characteristics and Trends. *Suicide and Life-Threatening Behavior*, 39(1), 72–81. <u>https://doi.org/10.1521/suli.2009.39.1.72</u>

English, M., Wallace, L., Evans, J., Diamond, S., & Caperchione, C. M. (2022). The impact of sport and physical activity programs on the mental health and social and emotional wellbeing of young Aboriginal and Torres Strait Islander Australians: A systematic review. *Preventive Medicine Reports*, *25*, 101676. https://doi.org/10.1016/j.pmedr.2021.101676

*Financing of mental health: The current situation and ways forward.* (2023). United for Global Mental Health. https://unitedgmh.org/app/uploads/2023/10/Financing-of-mental-health-V2.pdf

Gamlangchai Foundation. (n.d.). https://www.gamlangchai.org/

Global Mental Health Action Network. (2023). *Climate change and mental health: Advocacy brief.* https://unitedgmh.org/app/uploads/2024/06/English-Advocacy-brief-climate-change-amd-MH-1.pdf

Hong Kong Free Press. (2024). Sharp rise in suicide rates among teen girls in Hong Kong, study finds. https://hongkongfp.com/2024/09/11/sharp-rise-in-suicide-rates-among-teen-girls-in-hong-kong-study-finds/

Institute for Health Behavioural Research. (2023). Contributing Factors to Psychological Distress, Coping Strategies, and Help-Seeking Behaviours Among Adolescents Living in the Klang Valley People's Housing Project (PPR). National Institutes for Health, Ministry of Health Malaysia. https://www.unicef.org/malaysia/media/3706/file/%20Contributing%20Factors%20To%20Psychological%20Distr ess,%20Coping%20Strategies,%20and%20Help-seeking%20Behaviours.pdf

Institute for Public Health (IPH). (2022). *Technical report: National Health and Morbidity Survey (NHMS) 2022:* Adolescent Health Survey, Malaysia. <u>https://iku.gov.my/images/nhms-</u> 2022/Report\_Malaysia\_nhms\_ahs\_2022.pdf Laurenzi, C. A., Du Toit, S., Mawoyo, T., Luitel, N. P., Jordans, M. J. D., Pradhan, I., Van Der Westhuizen, C., Melendez-Torres, G. J., Hawkins, J., Moore, G., Evans, R., Lund, C., Ross, D. A., Lai, J., Servili, C., Tomlinson, M., & Skeen, S. (2024). Development of a school-based program for mental health promotion and prevention among adolescents in Nepal and South Africa. *SSM – Mental Health*, *5*, 100289. https://doi.org/10.1016/j.ssmmh.2023.100289

Le, L. K.-D., Esturas, A. C., Mihalopoulos, C., Chiotelis, O., Bucholc, J., Chatterton, M. L., & Engel, L. (2021). Costeffectiveness evidence of mental health prevention and promotion interventions: A systematic review of economic evaluations. *PLOS Medicine*, *18*(5), e1003606. https://doi.org/10.1371/journal.pmed.1003606

Liu, Y., Ren, Y., Liu, C., Chen, X., Li, D., Peng, J., Tan, L., & Ma, Q. (2025). Global burden of mental conditions in children and adolescents before and during the COVID-19 pandemic: Evidence from the Global Burden of Disease Study 2021. *Psychological Medicine*, 55, e90. https://doi.org/10.1017/S0033291725000649

Mei, C., Fitzsimons, J., Allen, N., Alvarez-Jimenez, M., Amminger, G. P., Browne, V., Cannon, M., Davis, M., Dooley, B., Hickie, I. B., Iyer, S., Killackey, E., Malla, A., Manion, I., Mathias, S., Pennell, K., Purcell, R., Rickwood, D., Singh, S. P., ... McGorry, P. D. (2020). Global research priorities for youth mental health. *Early Intervention in Psychiatry*, *14*(1), 3–13. <u>https://doi.org/10.1111/eip.12878</u>

Mental Health and Wellbeing Commission. (2024). Assessment of youth and rangatahi wellbeing and access to services. <u>https://www.mhwc.govt.nz</u>

Mental Health Association of Hong Kong (MHAHK). (n.d.). Chill Lab. https://www.chilllab.org.hk/en/

*Mental Health support for teens in rural communities.* (2024). <u>https://www.benevolent.org.au/blog/mental-health-support-for-teens-in-rural-communities</u>

Mindforward Alliance. (n.d.). https://mindforwardalliance.com/Resources/Leadership-Pledge

Nepal Health Research Council. (2021). *Report of National Mental Health Survey, Nepal 2020. Government of Nepal.* <u>https://nhrc.gov.np/publication/report-of-national-mental-health-survey-nepal-2020/</u>

Ng, C. H. (2018). Mental health and integration in Asia Pacific. *BJPsych International*, 15(4), 76–79. https://doi.org/10.1192/bji.2017.28

OECD, W. (n.d.). *Health at a Glance: Asia Pacific 2024*,. OECD Publishing. <u>https://www.oecd.org/content/dam/oecd/en/publications/reports/2024/11/health-at-a-glance-asia-pacific-2024\_2cea11ae/51fed7e9-en.pdf</u>

OECD & World Health Organization. (2024). *Health at a Glance: Asia/Pacific 2024*. OECD. https://doi.org/10.1787/51fed7e9-en

Orygen. (2018). Youth mental health policy briefing: Aboriginal and Torres Strait Islander young people and mental ill-health. <u>https://www.orygen.org.au/Orygen-Institute/Policy-Areas/Population-groups/Aboriginal-and-Torres-Strait-Islander-young-people/Orygen-Aboriginal-torres-strait-islander-policy-br?ext</u>

Orygen. (2023). Climate of distress: Responding to the youth mental health impacts of climate change. https://orygen.org.au/getmedia/ef72906e-b7ea-4486-8ad7-47d3122784f3/Climate-of-Distress-policy-paper-Aug-2023.aspx?ext=.pdf

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *The Lancet*, *369*(9569), 1302–1313. <u>https://doi.org/10.1016/S0140-6736(07)60368-7</u>

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., ... UnÜtzer, Jü. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598. <u>https://doi.org/10.1016/S0140-6736(18)31612-X</u>

Queensland University of Technology. (n.d.). *Researching Adolescent Peer Support (RAP)*. <u>https://www.rap.qut.edu.au/</u> Ross, D. A., Hinton, R., Melles-Brewer, M., Engel, D., Zeck, W., Fagan, L., Herat, J., Phaladi, G., Imbago-Jácome, D., Anyona, P., Sanchez, A., Damji, N., Terki, F., Baltag, V., Patton, G., Silverman, A., Fogstad, H., Banerjee, A., & Mohan, A. (2020). Adolescent Well-Being: A Definition and Conceptual Framework. *Journal of Adolescent Health*, 67(4), 472–476. <u>https://doi.org/10.1016/j.jadohealth.2020.06.042</u>

Sibghatullah, M., Dayani, K., Zia, M., & Sabri, T. (2025). Perspectives on the decriminalisation of suicide in Pakistan: Historical context, societal impacts, and the way forward. *The Lancet Regional Health – Southeast Asia*, 35, 100568. https://doi.org/10.1016/j.lansea.2025.100568

Sir John Kirwan Foundation. (2025). *Mitey*. <u>https://www.mitey.org.nz/</u>

Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar De Pablo, G., Il Shin, J., Kirkbride, J. B., Jones, P., Kim, J. H., Kim, J. Y., Carvalho, A. F., Seeman, M. V., Correll, C. U., & Fusar-Poli, P. (2022). Age at onset of mental conditions worldwide: Large-scale meta-analysis of 192 epidemiological studies. *Molecular Psychiatry*, *27*(1), 281–295. <u>https://doi.org/10.1038/s41380-021-01161-7</u>

Spotlight Initiative. (n.d.). *Positive parenting: Reducing violence in the home for a better future in Papua New Guinea*. <u>https://www.spotlightinitiative.org/news/positive-parenting-reducing-violence-home-better-future-papua-new-guinea</u>

Stelmach, R., Kocher, E. L., Kataria, I., Jackson-Morris, A. M., Saxena, S., & Nugent, R. (2022). The global return on investment from preventing and treating adolescent mental conditions and suicide: A modelling study. *BMJ Global Health*, 7(6), e007759. <u>https://doi.org/10.1136/bmjgh-2021-007759</u>

Subramaniam, M., Vaingankar, J., Tan, B., Abdin, E., Chang, S., Tan, Y., Samari, E., Archana, S., Chua, Y., Lee, J., Tang, C., Lee, Y., Chong, S., & Verma, S. (2025). Examining psychological distress among youth in Singapore: Insights from the National Youth Mental Health Study. *Asian Journal of Psychiatry*, *105*, 104405. https://doi.org/10.1016/j.ajp.2025.104405

*Tackle Your Feelings*. (n.d.). <u>https://www.tackleyourfeelings.org.au/</u>

The Psycure. (n.d.). <u>https://thepsycure.com/</u>

The Youth19 Research Group. (2020). Youth19 Rangatahi Smart Survey, initial findings: Hauora Hinengaro/Emotional and mental health. The University of Auckland and Victoria University of Wellington. https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2020/Youth19-Initial-Findings-Intro-and-Method.pdf

Thrive Well. (n.d.). Community programs. Thrive Well. <u>https://www.thethrive.center/community-programs</u>

Tiller, E., Fildes, J., Hall, S., Hicking, V., Greenland, E., Liyanarachchi, D., & Di Nicola, K. (2020). *Youth survey report 2020*. Mission Australia. <u>https://butterfly.org.au/wp-content/uploads/2021/03/Mission-Australia-Youth-Survey-Report-2020-1.pdf</u>

Tran, T. D., Nguyen, H., Shochet, I., Nguyen, N., La, N., Wurfl, A., Orr, J., Nguyen, H., Stocker, R., & Fisher, J. (2023). School-based universal mental health promotion intervention for adolescents in Vietnam: Two-arm, parallel, controlled trial. *Cambridge Prisms: Global Mental Health*, 10, e69. <u>https://doi.org/10.1017/gmh.2023.66</u>

UNDP. (2023). *Making our future: New directions for human development in Asia and the Pacific.* <u>https://www.undp.org/sites/g/files/zskgke326/files/2023-</u> 11/undp regional human development report web final 0.pdf

UNDP. (2024). 2024 Regional Human Development Report for Asia and the Pacific, Making our Future: New Directions for Human Development in Asia and the Pacific. https://www.undp.org/sites/g/files/zskgke326/files/2023-11/undp\_regional\_human\_development\_report\_web\_final\_0.pdf

UNICEF, & Burnet Institute. (2022). Strengthening Mental Health and Psychosocial Support Systems and Services for Children and Adolescents in East Asia and the Pacific Region. UNICEF. https://www.unicef.org/eap/media/11761/file/Regional%20Report%202022%20-%20Strengthening%20Mental%20Health%20and%20Psychosocial%20Support%20Systems%20and%20Servic es%20.pdf UNICEF. (n.d.). *Shifting perspectives on mental health*. <u>https://www.unicef.org/nepal/stories/shifting-perspectives-mental-health</u>

UNICEF. (2005). *The State of the World's Children 2024*. <u>https://www.unicef.org/reports/state-of-worlds-children/2024#downloads</u>

UNICEF. (2021a). Evaluation of the UNICEF Parenting for Child Development (P4CD) Program in Papua New Guinea [Pasin Bilong Lukautim Pikinini Gut]. https://www.unicef.org/png/media/2556/file/P4CD-Evaluation.pdf

UNICEF. (2021b). Situation analysis of children in the Pacific Island countries. https://www.unicef.org/pacificislands/reports/situation-analysis-children-pacific-island-countries

UNICEF. (2022). Comprehensive Study on School-Related Factors Impacting Mental Health and Well-Being of Adolescent Boys and Girls in Viet Nam. <a href="https://www.unicef.org/vietnam/media/9831/file/Study%20on%20school-related%20factors%20impacting%20mental%20health%20and%20well-being%20of%20adolescents%20in%20Viet%20Nam.pdf">https://www.unicef.org/vietnam/media/9831/file/Study%20on%20school-related%20factors%20impacting%20mental%20health%20and%20well-being%20of%20adolescents%20in%20Viet%20Nam.pdf</a>

UNICEF. (2023a). Spotlight on the Global Mental Health Funding Pool. https://www.unicef.org/media/161436/file/Spotlight%20Global%20Thematic%20Fund%20Mental%20Health.pdf

UNICEF. (2023b). UNICEF applauds Viet Nam's progress on the establishment of social work and counseling positions in Health and Education institutions. <u>https://www.unicef.org/vietnam/press-releases/unicef-applauds-viet-nams-progress-establishment-social-work-and-counseling</u>

UNICEF. (2023c). UNICEF applauds Viet Nam's progress on the establishment of social work and counseling positions in Health and Education institutions. <u>https://www.unicef.org/vietnam/press-releases/unicef-applauds-viet-nams-progress-establishment-social-work-and-counseling</u>

UNICEF. (2023d). UNICEF position paper for SIDS4: Advancing children's rights and resilience in small island developing states.

https://www.unicef.org/pacificislands/media/4481/file/UNICEF%20Position%20Paper%20for%20SIDS4

UNICEF. (2024a). *Global Coalition for Youth Mental Health*. https://www.youthmentalhealthcoalition.org/media/521/file

UNICEF. (2024b). The costs and benefits of Mental Health and Psychosocial Support (MHPSS) for children and adolescents in education settings in Thailand: Building an investment case. https://www.unicef.org/thailand/media/12761/file/CBA%20on%20MHPSS%20EN.pdf.pdf

UNICEF East Asia and the Pacific Regional Office, & Maestral International. (2019). *Promoting positive parenting:* Lessons from programs in East Asia and the Pacific – Case studies. <u>https://support-parents.org/wp-</u> content/uploads/2023/05/unicef\_eapro\_-Parenting-Case-Studies-221119.pdf

UNICEF Indonesia. (2024). *Resilience Blooms: Central Java's Adolescents on the Path to Mental Health*. https://www.unicef.org/indonesia/stories/resilience-blooms-central-javas-adolescents-path-mental-health

UNICEF Malaysia. (2024). Enter the parent chat. https://www.unicef.org/malaysia/enter-parent-chat

United for Global Mental Health. (2024a). *Decriminalising suicide: Saving lives, reducing stigma.* https://unitedgmh.org/the-global-advocate/decriminalising-suicide-saving-lives-reducing-stigma/

United for Global Mental Health. (2024b). *Increase, improve and integrate: The way forward for financing NCDs and mental health.* <u>https://www.unitedgmh.org/publications</u>

United Nations. (n.d.). Global Digital Compact. https://www.un.org/en/summit-of-the-future/global-digital-compact

United Nations. (2013). *Definition of Youth*. <u>https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf</u>

United Nations Office on Drugs and Crime. (n.d.). *Family UNited*. https://www.unodc.org/unodc/en/prevention/family-united.html Webber & Macfarlane. (2020). Mana Tangata: The Five Optimal Cultural Conditions for Māori Student Success. *Journal of American Indian Education*, 59(1), 26. <u>https://doi.org/10.5749/jamerindieduc.591.0026</u>

WHO. (2019). *Suicide worldwide in 2019: Global health*. <u>estimates</u>. <u>Available from:</u> <u>https://www.who.int/publications/i/item/9789240026643</u>.

WHO. (2021). *Guidelines on mental health promotive and preventive interventions for adolescents*. Retrieved from https://www.who.int/docs/default-source/mental-health/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents-hat.pdf

WHO. (2022a). Addressing mental health in Thailand. World Health Organization, Regional Office for South-East Asia. https://iris.who.int/bitstream/handle/10665/364903/9789290210238-eng.pdf?sequence=1&isAllowed=y

WHO. (2022). World mental health report: Transforming mental health for all. https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1

WHO. (2023). *Mental health action plan for the WHO South-East Asia Region 2023–2030*. World Health Organization, Regional Office for South-East Asia. <u>https://www.who.int/publications/i/item/9789290210689</u>

WHO. (2024a). Adolescent mental health. <u>https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health</u>

WHO. (2024b). Strengthening Minds: Malaysia Strengthens Efforts to Enhance the Mental Health of Children and Adolescents. <u>https://www.who.int/westernpacific/newsroom/feature-stories/item/strengthening-minds---</u>malaysia-strengthens-efforts-to-enhance-the-mental-health-of-children-and-adolescents

WHO. (2025). Suicide. https://www.who.int/news-room/fact-sheets/detail/suicide

WHO, U. (2024c). Adolescents in a changing world: The case for urgent investment. https://www.unfpa.org/sites/default/files/pub-pdf/adolescents-in-a-changing-world---the-case-for-urgentinvesment.pdf

Wies, B., Landers, C., & Ienca, M. (2021). Digital Mental Health for Young People: A Scoping Review of Ethical Promises and Challenges. *Frontiers in Digital Health*, *3*, 697072. <u>https://doi.org/10.3389/fdgth.2021.697072</u>

Wong, J. C. M., Wan, M. J. S., Kroneman, L., Kato, T. A., Lo, T. W., Wong, P. W.-C., & Chan, G. H. (2019). Hikikomori Phenomenon in East Asia: Regional Perspectives, Challenges, and Opportunities for Social Health Agencies. *Frontiers in Psychiatry*, *10*, 512. <u>https://doi.org/10.3389/fpsyt.2019.00512</u>

Yuen, W. W. Y., Liu, L. L., & Tse, S. (2019). Adolescent Mental Health Problems in Hong Kong: A Critical Review on Prevalence, Psychosocial Correlates, and Prevention. *Journal of Adolescent Health*, 64(6), S73–S85. https://doi.org/10.1016/j.jadohealth.2018.10.005

Zurich Insurance Hong Kong. (2024). *Chill Lab celebrates first year anniversary with successful programs to boost help-seeking behaviour among students*. <u>https://www.zurich.com.hk/en/about-zurich/news-and-announcements/2024/2024-0905</u>

#### **Disclaimer and cautionary statement**

Z Zurich Foundation collaborates with charities, non-profit organizations, philanthropist investors, service providers, Zurich Insurance Group Ltd and its subsidiaries ("Zurich") as well as others, but such relationships are not partnerships in the legal sense of the term and nothing in this document, including but not limited to the use of terms such as "partner" or "partnership," should be construed as giving rise to such an inference.

This publication has been prepared by Z Zurich Foundation and the opinions expressed therein are those of Z Zurich Foundation as of the date of writing and are subject to change without notice. Certain statements in this document are forward-looking statements, including, but not limited to, statements that are predictions of or indicate future events, trends, plans or objectives of Z Zurich Foundation. Undue reliance should not be placed on such statements because, by their nature, they are subject to known and unknown risks and uncertainties and can be affected by other factors that could cause actual results and plans and objectives of Z Zurich Foundation to differ materially from those expressed or implied in the forward-looking statements. Z Zurich Foundation is under no obligation to update or keep current the information (including any forward-looking statements) contained herein.

This publication has been produced by Z Zurich Foundation solely for information purposes. The analysis contained, and opinions expressed herein are based on numerous assumptions. Different assumptions could result in materially different conclusions. All information contained in this publication has been compiled and obtained from sources believed to be reliable and credible but no representation or warranty, express or implied, is made by Z Zurich Foundation as to its accuracy or completeness.

This publication by Z Zurich Foundation is not intended as a promotion of any services of Zurich nor an offer or a solicitation of an offer to sell or buy any product or other specific service. Z Zurich Foundation does not provide insurance, investment, legal or tax advice and this document does not constitute such advice, and Z Zurich Foundation strongly recommends to all persons considering the information herein to obtain appropriate independent legal, tax and other professional advice.

This communication does not constitute an offer or an invitation for the sale or purchase of securities in any jurisdiction. This publication may not be reproduced either in whole, or in part, without prior written permission of Z Zurich Foundation, c/o Zürich Versicherungs-Gesellschaft AG, Mythenquai 2, 8002 Zurich, Switzerland, and Z Zurich Foundation accepts no liability whatsoever for the actions of third parties in this respect. Neither Z Zurich Foundation nor any of its members of the Board of Trustees, representatives or agents accepts any liability for any loss or damage arising out of the use of all or any part of this publication.

💋 ZURICH<sup>°</sup> Foundation

P0999059 (05/25) TAG