MENTAL HEALTH ATLAS 2020

Member State Profile

[Philippines]

Total population (UN official estimate):¹
Total mental health expenditure per person (reported currency):

108 116 622 Income Group:³
25.9 [PHP] WHO Region:

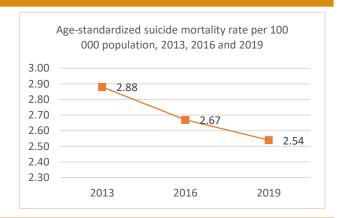
Lower-middle

WPRO

Burden of mental disorders (WHO official estimates)

Disability-adjusted life years (per 100 000 population):²
Age-standardized suicide mortality rate (per 100 000 population):⁴

1 409.4 2.54



Mental health research and reporting

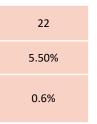
Availability / status of mental health reporting:

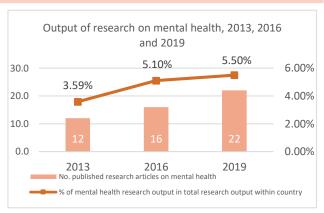
Mental health data compiled only for general health statistics in the last two years

Number of published research articles on mental health⁵

Percentage of mental health research output in total research output within country

Percentage of mental health research output of the country in total mental health research output in the region





MENTAL HEALTH SYSTEM GOVERNANCE					
		Mental health legislation			
Stand-alone policy or plan for mental health:	Yes	Stand-alone law for mental health:		Yes	
(Year of policy / plan):	2018	(Year of law):		2018	
Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁶	5	Law is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁷		5	
Human resources are estimated and allocated for implementation of the mental health policy/plan	No	The existence of a dedicated authority or independent body to assess compliance of mental	A dedicated auth regular inspectio	ns, responds to reports its findings	
Financial resources are estimated and allocated for implementation of the mental health policy/plan	No	health legislation with international human rights	at least once a ye		
The mental health policy / plan contains specified indicators or targets against which its implementation can be monitored	Indicators were available and used in the last two years in some components of current mental health policies				
Child and/or adolescent mental health policy/pla	an				
Stand-alone or integrated policy or plan for child mental health	Yes	Stand-alone or integrated policy or plan for adolescent mental health		Yes	
(Year of child mental health policy / plan):	2018	(Year of adolescent mental health policy / plan):		2017	
Suicide prevention strategy/policy/plan					
Stand-alone or integrated strategy/policy/plan for suicide prevention	Yes	(Year of strategy/policy/plan)		2016	

RESOURCES FOR MENTAL HEALTH					
Mental health financing					
The government's total expenditure on mental health as % of total government health expenditure	2.9%	The government's total expenditure on mental hospitals as % of total government mental health expenditure	87.1%		

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Insurance for mental health

How the majority of persons with mental health conditions pay for mental health services

Persons pay at least 20% towards the cost of services

How the majority of persons with mental health conditions pay for psychotropic medicines

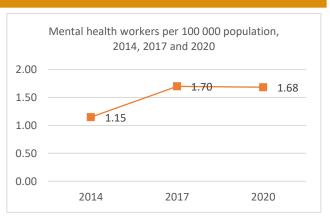
Persons pay at least 20% towards the cost of medicines

The care and treatment of persons with mental health conditions (psychosis, bipolar disorder, depression) is included in national health insurance or reimbursement schemes in your country

Yes

Mental health workforce

	Total Number (gov. and non gov.)	No. per 100 000 population
Psychiatrists	240	0.22
Mental health nurses	842	0.78
Psychologists	82	0.08
Social workers	521	0.48
Other specialized mental health workers (e.g. Occupational Therapists)	136	0.13
Total mental health professionals	1 821	1.68

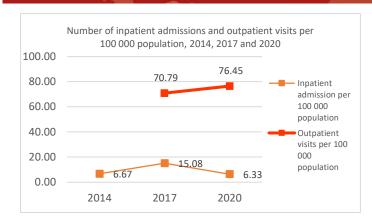


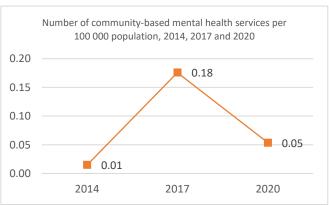
Mental health workers in child and/or adolescent mental health services:					
			Total mental health workers in		
Child and/or adolescent psychiatrists	28	0.06	child and adolescent mental	357	0.82
			health services		

MENTAL HEALTH SERVICE AVAIL	ABILITY AN	ID UPTAKE (Mental health se	ervices include care f	or mental health,
neurological and substance use disorders) Integration of mental health into primary health	care				
Integration of mental health into primary care is considintegration) ⁸		elf-rated 5 points ch	ecklist score; ≥	≥ 4 = functional	3
Outpatient care (total facilities)		Outpatient care	(visits per 10	00 000 populatio	on)
Mental health outpatient facilities attached to a hospital	85	Number of visits made by service users in the last year in mental health outpatient facilities attached to a hospital		76.45	
"Community-based / non-hospital" mental health outpatient facility	-	year in "Communit	Number of visits made by service users in the last year in "Community-based / non-hospital" mental health outpatient facility		
Other outpatient facility (e.g. Mental health day care or treatment facility)	-	Number of visits made by service users in the last year in other outpatient facility (e.g. Mental health day care or treatment facility) Number of visits made by service users in the last year in outpatient facility specifically for children and adolescents			-
Total number of outpatient facilities specifically for children and adolescents	2				-
Inpatient care (total facilities)		Inpatient care (k	oeds/admissi	ons per 100 000	population)
Mental hospitals	1	Mental hospital beds / annual admissions		3.88 / 6.33	
Psychiatric units in general hospitals	84	General hospital paradmissions	General hospital psychiatric unit beds / annual admissions		1.25 / -
Community residential facilities	58	Community residential beds / annual admissions		1.54 / -	
Inpatient facilities specifically for children and	2	Child and adolescent specific inpatient beds /		-/-	
adolescents Mental hospitals		Annual admissions Mental hospitals (length of stay)			
Total number of admissions	5 409	Inpatients staying less than 1 year			5 093
Admissions that are involuntary	-	, , ,	Inpatients staying 1-5 years		
Follow-up of people with mental health condition		Inpatients staying	,	ears	353 147
discharged from hospital in the last year (discharged persons seen within a month)	26%-50%	Percentage of inpatients staying less than 1 year in the total number of inpatients			91.1%
Inpatients receiving timely diagnosis, treatment and follow-up for physical health conditions(e.g. cancer, diabetes or TB)					25% or less
Community based mental health services ⁹					
Total number of community based mental health	58	Number of community-based mental health facilities per 100 000 population			0.05
facilities	58	facilities per 100 0	00 population		0.03
•	58	facilities per 100 0	00 population Total cases	Male	Female

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MENTAL HEALTH PROMOTION AND PREVENTION

Existence of at least two functioning programmes

(self-rated 3 points checklist score: ≥ 2 = functioning programme)¹⁰

Yes

(self-rated 3 points checklist score; ≥ 2 = functioning programme) ¹⁰				Yes	
Category of mental health promotion & prevention programme	Programme examples	Scope of programme	Programme management	Functionality of programme	
Suicide prevention programme	National Center for Mental Health Crisis Hotline	National	Government	Yes	
Mental Health Awareness /Anti- stigma	-	-	-	-	
Early Child Development	-	-	-	-	
School based mental health prevention and promotion	-	-	-	-	
Parental / Maternal mental health promotion and prevention	-	-	-	-	
Work-related mental health prevention and promotion	-	-	-	-	
Mental health and psychosocial component of disaster preparedness, disaster risk reduction	Mental Health and Psychosocial Support	National	Government	Yes	

Endnotes

⁷ Law compliance with human rights instruments self-rated 5 points checklist items: 1) Law promotes transition towards community-based mental health services (including mental health integrated into general hospitals and primary care); 2) Law promotes the rights of people with mental health conditions and psychosocial disabilities to exercise their legal capacity; 3) Law promotes alternatives to coercive practice; 4) Law provides for procedures to enable people with mental health conditions and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body; 5) Law provides for regular inspections of human rights conditions in mental health facilities by an independent body (79% of responding countries). (5 = fully in line)

⁸ Integration of mental health in primary care self-rated 5 points checklist items: 1) guidelines for mental health integration into primary health care are available and adopted at the national level; 2) pharmacological interventions for mental health conditions are available and provided at the primary care level; 3) psychosocial interventions for mental health conditions are available and provided at the primary care level; 4) health workers at primary care level receive training on the management of mental health conditions; 5) mental health specialists are involved in the training and supervision of primary care professionals. (≥ 4 = functional integration)

⁹ **Community-based mental health services** are defined as services that are provided in the community, outside a hospital setting. Data for this indicator include countries' reported number of community-based outpatient facilities (e.g. community mental health centres), other outpatient services (e.g. day treatment facilities) and mental health community residential facilities for adults.

¹⁰ Functional mental health promotion and prevention programmes self-rated 3 points checklist items: 1) Dedicated financial & human resources; 2) A defined plan of implementation; and 3) Documented evidence of progress and/or impact. (≥ 2 = functioning programme)

UN, 2019. World Population Prospects. https://population.un.org/wpp/

² GBD, 2019. Global Health Estimates. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys. Value represent DALY rate per 100,000 and for mental disorders only.

³ World Bank, 2019. Country classification. https://datahelpdesk.worldbank.org/knowledgebase/topics/19280-country-classification

⁴ WHO, 2019. Global Health Observatory. http://www.who.int/gho/en/. Suicide mortality rates are computed using standard categories, definitions and methods are reported to facilitate comparisons over time and between countries and may not be the same as official national estimates.

⁵ **Output of research on mental health:** The annual published research output in peer-reviewed and indexed journals is used as a proxy for the amount (and quality) of mental health research that is being conducted or is related to a given country.

⁶ Policy/plan compliance with human rights instruments self-rated 5 points checklist items: 1) Policy/plan promotes transition towards mental health services based in the community (including mental health care integrated into general hospitals and primary care); 2) Policy/plan pays explicit attention to respect of the rights of people with mental health conditions and psychosocial disabilities as well as at-risk populations; 3) Policy/plan promotes a full range of services and supports to enable people to live independently and be included in the community (including rehabilitation services, social services, educational, vocational and employment opportunities, housing services and supports, etc.); 4) Policy/plan promotes a recovery approach to mental health care, which emphasizes support for individuals to achieve their aspirations and goals, with mental health service users driving the development of their treatment and recovery plans; 5) Policy/plan promotes the participation of persons with mental health conditions and psychosocial disabilities in decision-making processes about issues affecting them (e.g. policies, laws, service reform, service delivery). (5 = fully in line)