# COUNTRY PROFILE

# PHILIPPINES

## Analysis for mental health campaigning and advocacy

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# THE PURPOSE

of these profiles is to inform effective mental health advocacy by identifying and documenting national priorities for mental health campaigning efforts. This country profile is the culmination of desk research and interviews with experts in the Philippines. Based on the PESTLE framework of analysis, covering Political, Economic, Social, Technological, Legal and Environmental factors, it seeks to outline issues relevant to mental health, identifying resource gaps, challenges, opportunities and priorities of people affected, leading to recommendations for key actors working in mental health campaigning and advocacy in the Philippines. The development of country profiles was implemented through a partnership between the Speak Your Mind Campaign and the Mental Health Innovation Network.

## Political Factors

**Health System:** Since 1992, the Philippine health system has been devolved with power of autonomy given to provinces, cities and municipalities. The Department of Health (DOH) serves as the national agency for health policy, planning, and monitoring standards. Local government units (LGUs) are in charge of the local management and implementation of DOH programmes. Because of this decentralization, fragmentation of response is common, especially when it comes to establishing and maintaining referral networks and navigating multiple and cross-sectoral systems of care[1]. The country has a mixed health provider system, with private healthcare quickly expanding to redress the growing need. There are limited mechanisms to regulate for-profit healthcare providers.

**Institutional Framework:** There is a growing prioritization of mental health as an inter-agency government agenda, attributed to the passage of the Mental Health Act. The country's National Mental Health Program recently revised their 2016 policy on the current Operational Framework for a Comprehensive National Mental Health Program. The Philippine Council for Mental Health Strategic Plan (2018 to 2022), co-developed with local advocacy groups and non-governmental bodies as implementing partner institutions, focused on providing inclusive and accessible mental health service coverage, improving the capacity of providers and generating evidence that will inform changes in policy and practice[2].

**Mental Health Programming:** In recent years, there has been growing attention toward improving mental health services and promotion in the country. This led to the passage of a Mental Health Act in 2018, aiming to enhance mental health service delivery and to protect the rights of service users[3].

Training on the Mental Health Gap Action Programme (mhGAP) has been rolled out to different LGUs since 2014. At present, 40% of the rural health units (RHUs) across the Philippines have one staff member trained with mhGAP, with targets of reaching 75% by the end of 2020 and 100% for the Universal Health Care Act's (2019) service delivery network goals. Moreover, the DOH National Mental Health Program has been procuring medications for its Mental Health Medicines Access Program (mhMAP) to support trained rural health units through their regional offices. Monitoring and evaluation of its implementation at the LGU level is yet to be planned. Early stages in implementing a large-scale epidemiological survey to map the prevalence and incidence of mental health conditions is being conducted. A National Mental Health Research Agenda for 2019-2022 was finalized in 2019 by the Philippine Council for Health Research and Development (PCHRD), focusing on three main themes: 1) Improved Mental Health Information System, 2) Strengthened Leadership and Governance, and 3) Accessible, Affordable, Responsive and Holistic Mental Health Services[4].

1 Republic of the Philippines. National Government Portal. Accessed 16/04/2020. LINK
2 Republic of the Philippines. Department of Health. Mental Health Program (2018) LINK
3 Lally J, Samaniego RM, Tully J. Mental health legislation in the Philippines: Philippine Mental Health Act. BJPsych International. 2019 Aug;16(3):65-7.
4 Philippine Council for Health Research and Development. National Mental Health Research Agenda 2019-2022

**Economic Factors**

# THE PHILIPPINES IS AN ARCHIPELAGO LOCATED IN SOUTHEAST ASIA, WITH AN ESTIMATED POPULATION OF 106.7 MILLION.

IT IS CLASSIFIED AS A LOW-MIDDLE INCOME COUNTRY BUT IS CONSIDERED TO BE ONE OF THE FAST-GROWING ECONOMIES IN THE REGION[5].

Yet, the country is in a vulnerable position due to environmental disasters and presence of armed conflicts[6].

**THE TOTAL HEALTH EXPENDITURE** is determined by the General Appropriations Act of 2020[7] and totalled an approximate spending of **Php 106 or USD 2.01 billion** in 2018[8].

Per capita health expenditure is estimated at **Php 6,490.60 or USD 123.25**

**50%** of total healthcare spending categorised as out-of-pocket
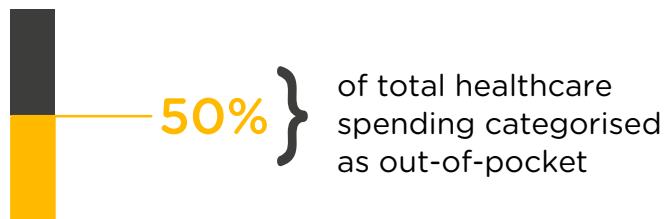
private healthcare comprises **53%** of the total psychiatric hospital beds in the country in 2016[9,10].

Healthcare has been considered **vastly unequal and still inaccessible to many Filipinos,** especially those who are living in Geographically Isolated and Disadvantaged Areas (GIDA). The Philippines faces a **high level of poverty (16.6%)** contributing to its economic challenges and risk factors for distress.

5 Asian Development Bank. Asian Development Bank and the Philippines: Fact Sheet. 2019.

6 Walch C. Disaster risk reduction amidst armed conflict: informal institutions, rebel groups, and wartime political orders. Disasters. 2018 ;42:S239-64.

7 Department of Health, Philippines, General Appropriations Act (2020). XIII Department of Health Budget. LINK

8 Department of Health, Philippines. CY 1991 Onwards Budget Appropriations. LINK

9 Dayrit MM, Lagrada LP, Picazo OF, Pons MC, Villaverde MC. The Philippines health system review 2018.

10 Republic of Philippines, Philippine Statistics Authority. Philippine National Health Accounts (2019). LINK

Families play an important role in the support and care of those with mental health conditions. Most of the costs on mental health services, including medications, are paid out of pocket. At present, major gaps are noted in the accessibility of mental healthcare in the Philippines[11,12].

**Mental health spending:** The Philippines is one of the countries included in the WHO's Special Initiative for Mental Health 2019-2023. The report (to be made public soon) presents the **designated spending on mental health to be approximately 2.56% of the total health budge**t[13]. A detailed financial plan for mental health spending is also outlined in the National Mental Health Strategic Framework (2019-2023) and all domains of the plan have begun implementation in all 17 regions. A review of the existing mental health services are detailed in the table below:

## BREAKDOWN OF MENTAL HEALTH SERVICES AND RESOURCES[14]

| | |
|---|---|
| MENTAL HOSPITAL | 4 |
| PSYCHIATRIC UNITS IN GENERAL HOSPITALS | 46 |
| RESIDENTIAL CARE FACILITIES | 63 |
| HOSPITAL MENTAL HEALTH OUTPATIENT FACILITIES | 29 |
| INSTITUTIONS PROVIDING PSYCHIATRY TRAINING | 13 |
| MENTAL HEALTH PROFESSIONALS (PER 100,000 POPULATION) | Psychiatrists: 548<br>Child Psychiatrists: Not reported<br>Psychologists: 133<br>Mental Health Social workers: 932<br>Mental health nurses: 516<br>Neurologists: 483 |

11 Lally J, Tully J, Samaniego R. Mental health services in the Philippines. BJPsych international. 2019 Aug;16(3):62-4.
12 WHO Mental Health Atlas 2017: Philippines Country Profile (2017).
13 World Health Organization. WHO Special Initiative for Mental Health. Philippines Situational Assessment (2020).

Photo: Sinulog Festival. Philippines. LINK.

## Social Factors

The country has a young population with 31.8% being younger than 14 years. The National Capital Region or Metro Manila has 12.7% of the entire country's population and faces urbanization, poverty, overcrowding, traffic and shortage of adequate housing[14], all of which are risk factors for mental ill health. Mental health in the country still faces misconception and discrimination as there are segments of the population that perceive psychological ill health as something that is of spiritual cause or a personal 'weakness', attributing one's emotional state to personal responsibility and 'strength of character'. Mental illness has been framed by the media with representations of persons who use drugs, are involved in crime, or who attempt suicide and other self-harming behavior. Internalised stigma, shame, or loss of face is a deterrent to seeking or receiving psychological help[15].

**Burden of Disease:** In a local study of priority conditions for health service coverage, major depressive disorder, anxiety disorders, and schizophrenia, are part of the 48 conditions that comprises 80% of the Philippine disability adjusted life years (DALYs) in 2015, and is projected to increase in the next 20 years[16].

**Child and Adolescent Statistics:** There are limited published reports on child and adolescent mental health in the country. The 2015 WHO Global School Based Health Survey shows that 21.1% of students aged 13-17 have already been engaged in drinking alcohol, while 80.8% of students in the same age group already tried drugs before the age of 14[17]. Lastly, 11.69% of students had seriously considered attempting suicide in the past 12 months. The local Young Adult Fertility Survey in 2013 reported that 8.3% of Filipino youth aged 15-24 had thought of dying by suicide[18].

**Substance Use:** The Comprehensive Dangerous Drug Act of 2001 criminalized the consumption of substances such as cannabis, MDMA and methamphetamine. However, the law only gives a limited leeway for recovery with a six-month court-ordered mandatory rehabilitation for the first offense. The War on Drugs in the Philippines began in July 2016 with a door-to-door, "knock-and-plead" for Persons Who Use Drugs (PWUDs) for listing and surrendering as one of the first activities. Different government agencies were categorized to work in these clusters: Justice, Enforcement, Advocacy, and Rehabilitation and Reintegration. There were immediate roll-outs of algorithms for PWUD surrendeeres and community based rehabilitation in the LGUs, enforcing a greater need to protect the population from further labelling and stigma.

## Technological Factors

There have been a handful of private psychiatrists and psychologists who have offered telepsychiatry and telepsychology services, respectively. However, the practice of telemedicine from both private and public providers has increased, especially since the

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14 Asia Pacific Observatory on Health Systems and Policies. The Philippines Health System Review (2018).

15 Tuliao AP. Mental health help seeking among Filipinos: a review of the literature. Asia Pacific Journal of Counselling and Psychotherapy. 2014 Jul 3;52):124-36

16 Wong JQ, Uy J, Haw NJ, Valdes JX, Bayani DB, Bautista CA, Haasis MA, Bermejo III RA, Zeck W. Priority setting for health service coverage decisions supported by public spending: experience from the Philippines. Health Systems & Reform. 2018 Jan 2;4(1):19-29.

17 Global School-based Student Health Survey 2015 - Philippines Fact Sheet

18 Demographic Research and Development Foundation (DRDF) and University of the Philippines Population Institute. 2013 Young Adult and Fertility Survey 4 Key Findings. 2014

19 Republic Act 9165 Comprehensive Dangerous Drug Act of 2002. LINK

20 Department of Health, Republic of Philippines. Dangerous Drug Abuse Prevention and Treatment Programme. LINK

implementation of enhanced community quarantine due to COVID-19. Guidelines on telemedicine was issued by the DOH last 7 April 2020, allowing healthcare provider consults and prescriptions through SMS, chat, phone calls or video conferencing[21]. There have been free telepsychology and telepsychiatry practitioners who have offered their services for frontline health workers at no cost.

**Social Media:** The use of information and communication technologies in the Philippines is high and outlines a key opportunity for mental health literacy, support and advocacy in the country. It is estimated that mobile internet penetration rate is growing at an annual rate of 1.5 (or 30 million users), around 71% of the population are active on social networks and approximately 47% use social networks on their cell phones[22].

## Legal Factors

The Universal Health Care Act was passed in 2019 that automatically enrolls every Filipino to the national health insurance program under the Philippine Health Insurance Corporation (PhilHealth), yet piloting of intended reforms for local government service delivery networks has been on hold due to the COVID-19 situation. The Mental Health Act also outlines the responsibilities of different government sectors, such as education and employment, in developing their mental health guidelines. On 11 February 2020, the Department of Labor and Employment

(DOLE) released a set of guidelines on mental health in workplaces for the private sector. These guidelines include the development of workplace mental health programs, non-discrimination from hiring, continuation of work and receiving full employee benefits[23]. Over the years, there have been laws that protected the rights and provided benefits for persons with disabilities, such as the Magna Carta for Persons with Disabilities in 1992. In 2018, the amended law mandates that persons with disabilities shall be automatically granted a PhilHealth membership. The national government will cover their contribution of premiums[24].

## Environmental Factors

**Natural disasters:** The Philippines is one of the vulnerable countries to disasters and calamities. An average of 19 to 20 tropical cyclones enter the country per year, causing severe flooding, leading to displacement and destruction of homes and livelihoods[25]. The importance of mental health and psychosocial support response during emergencies and disasters was seen after the country was hit by Typhoon Haiyan. International organizations immediately provided support through psychoeducation and identification and management to those presenting with severe mental health conditions[26]. Shortly after the disaster, the WHO rolled out mhGAP in Tacloban, Leyte by training rural health physicians and nurses. This was then adopted by the DOH which continued the training roll-outs.

21 Department of Health & National Privacy Commission. Memorandum Circular 2020-0016: Guidelines on the use of Telemedicine in the Philippines (7 April 2020)
22 Talk Walker. Social Media Statistics in the Philippines.
23 Department of Labor and Employment. Department Order No 208: Implementation of Mental Health Workplace Policies and Programs for the Private Sector
24 National Council for Disability Affairs. Republic Act 11228: Magna Carta for Persons with Disability, amended in 2018
25 Chua PL, Dorotan MM, Sigua JA, Estanislao RD, Hashizume M, Salazar MA. Scoping Review of Climate Change and Health Research in the Philippines: A Complementary Tool in Research Agenda-Setting. International journal of environmental research and public health. 2019 Jan;16(14):2624.
26 Weintraub AC, Garcia MG, Birri E, Severy N, Ferir MC, Ali E, Tayler-Smith K, Nadera DP, Van Ommeren M. Not forgetting severe mental disorders in humanitarian emergencies: a descriptive study from the Philippines. International health. 2016 Sep 1;8(5):336-44.

Mental Health and Psychosocial Support (MHPSS) is part of the DOH Health Emergency Management Bureau's guidelines in the provision of the essential health service packages in emergencies and disasters. Based on the policy, psychological first aid will be given for the affected general population, while appropriate psychological interventions will be given to those needing further care. Referrals of high risk cases should be coordinated within 12 hours. However, the provision of free medications in health centers were put on hold due to the COVID-19 lockdowns. In Naga City, this interruption has led to patient relapses, but health workers try to mitigate by going for home visits.



Photo: Florent Mechain. Bangaan Rice Terraces, Philippines. TravelMag.com. 2011 LINK

# LOCALLY-LED AND EVIDENCE INFORMED RECOMMENDATIONS FOR MENTAL HEALTH CAMPAIGNING IN THE PHILIPPINES

**1** **Ensure compliance and implementation of  the Mental Health Act (IRR)**

**a.** Strengthen and support local implementation of the Mental Health Act through collaboration of different stakeholders particularly the regional offices of the national government agencies (DOH, DSWD, DOLE, CSC, DepED and CHED), local government units (through their local chief executives), and civil society organizations (political and legal)

**b.** Strengthen private sector engagement to support the implementation of the Mental Health Act through different mechanisms such as public-private partnerships. More trust in the private sector can be encouraged by encouraging the sector to invest in quality assurance mechanisms for practice as well as affordability of the care provided.

**2** **Addressing inequalities in mental health representation**

**a.** Advocate for provincial and federal governmental bodies to increase the proportion of mental health funding to 5% based on the recommended target of mental health investment for low-to-middle income countries[27]

**b.** Advocate for the assessment and evaluation of new and existing health technologies on mental health for more accurate measurement of the prevalence of mental health conditions to better allocate resources.

**3** **Inclusive messaging approaches at population-level**

**a.** Embedding mental health promotion for youth and other vulnerable groups through effective and accessible messaging on mental health literacy that is culturally appropriate, relevant and sensitive (e.g. through social media)

**4** **Integrate mental health services across different health programs**

**a.** Advocate for system-strengthening at the government-level e.g. increase capacity building of human resources for mental health across different settings e.g. communities, schools and workplaces

**b.** Invest in adequate preparation for mental health health responses e.g. a pool of trained psychological first aiders that can respond in times of health emergencies and disasters that are prevalent in the region

**c.** Calling for the development of more transparent and rigorous monitoring and evaluation mechanisms for mental health integration in primary care and UHC both at the national and local level to ensure quality and accountability to the needs of users.