



Scaling Up the Mental Health Program

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. *Mental disorders* are health conditions that adversely affect cognition, emotion and behavior and that significantly reduces the child's capacity to learn and an adult's ability to function in their families, at work or in society. Acquired early in life, some mental disorders run a chronic, recurrent course and generate an immense health burden.

The lifetime prevalence of mental illness globally, is estimated at 20 % at any given population (WHO-Shinfuku). According to the WMH survey consortium in 2004, prevalence rates from developed countries ranged from 8% to 32.8 %. Data from developing countries showed a much higher prevalence ranging from 11% to 44% (Patel & Kleinman and Amoran et al 2005). Mental illness comprises 12% of the total global disease burden (WHO 2001).

The Philippines has a dearth of data to establish the burden from mental illness. Perlas et al in 1994 concluded that the prevalence rate in Region VI was 35%. The discrepancy was however thought to be due to the presence of co morbid disorders. In the most recent study done by Pabellon et al in 2006 among permanent employees of 20 national government agencies of Metro Manila, it was found out that there was a higher prevalence rate than what was previously reported by other studies (32% vs. 3.6% to 17%). At least 20% had a diagnosis and 12% had a co morbid problem. The result of this recent study showed that the over all lifetime prevalence gathered was consistent with the results of the survey done by WMH on developing countries. Therefore, using the average of this range, it can be deduced that the estimated number of Filipinos suffering from a mental health problem is about 22,745,162 from a general population of 84,241,341 (2005 estimate).

Figure 1 Disorder Category Distribution of Male and Female Respondents who had a Mental Problem (N=327)* NCR, February 1 to April,2006

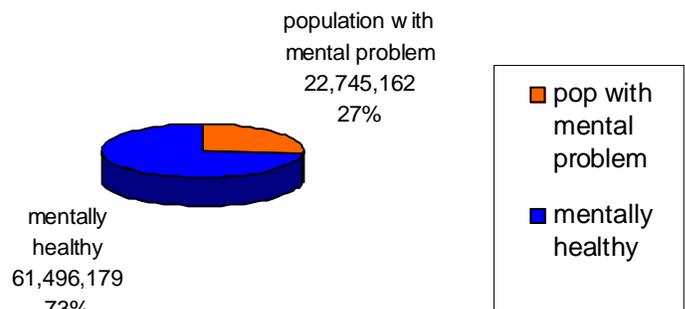
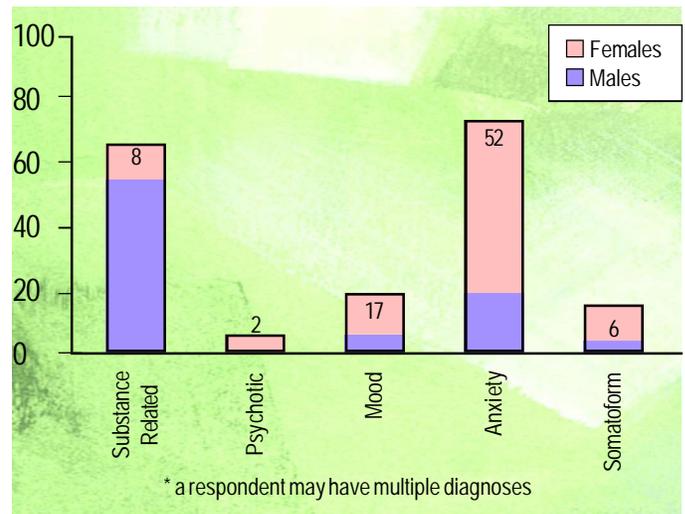


Figure 2. Estimated population with Mental Health Problem In the Philippines

The current state of mental health system in the country today bespeaks of the stages it went through and the changing thrust in Philippine health system. For almost four decades, the Philippine mental health program has largely been centered on the treatment of those with mental disorder in a hospital setting. After the enactment of public work act 3258 for the creation of "insane asylum" which became the Insular Psychopathic Hospital and later the Mental Hospital, the institutional care and treatment of the mentally ill in the Philippines was centralized in this hospital. Due to the unabated increase of patients and its subsequent congestion, the Secretary of Health in 1961 transferred patients to Mariveles. To further address decongestion, extension services were established in Cagayan, Camarines Sur, Cavite, Caloocan City, Batangas, Bohol, Zamboanga and Cebu. Despite the establishment of these extensions, budget remained centralized at the Mental Hospital.

In the succeeding years, the administrative, technical and financial supervision of the extension services were transferred to the Regional Health Offices and were later transformed into special hospitals with the exception of Bohol and Zamboanga, which were then placed under the administration of provincial hospitals. After another turn over of administration in the Department of Health (DOH), these special hospitals were attached to either the Provincial or Regional hospitals which marked the period of integration. Then came the devolution of services wherein those attached to the provincial hospitals were placed under the administration of the local government and received budget from the latter while those attached to the Regional hospitals and Medical Centers were placed under the supervision of National government. Services of those under the local government also became localized that such facilities were unable to serve people outside of the province. The mental hospital in Cavite for instance serves the local residents of this province only, therefore the bulk of those needing mental health service in Region IV are being served at the National Center for Mental Health (NCMH) and other NCR Mental Health facilities.

The Nationalization and Regionalization program of the DOH was pivotal to the establishment of Mental Health facilities in all Regions. To date, only Region I and IV and the two newly formed regions- ARMM and CARAGA, have not established their Regional mental health facility. Amidst these changes, a structured program for community based mental health care for nationwide use has not been put into place and stigma remained high due to lack of promotive programs. Mental health service remains to be largely provided by the hospitals.

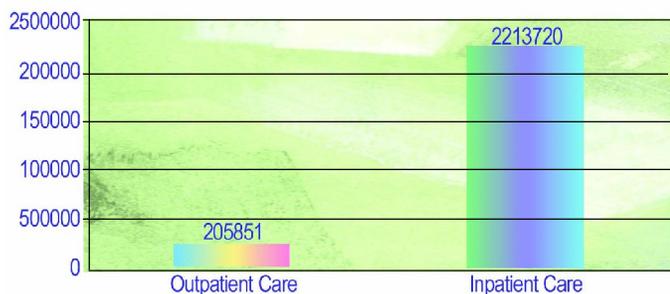
Infrastructure and Health Human Resource:

In the Philippines, there are 7.76 hospital beds per 100,000 and 0.41 psychiatrist per 100,000 general population (excluding those from the private sector). The country has several types of Mental health facilities. There are at present 2 mental hospitals, 46 out-patient facilities that treat 124.3 users per 100, 000 general population, 4 day treatment facilities that treat 4.42 users per 100,000 general population, 19 community based psychiatric inpatient facilities that provide 1.58 beds per 100,000 population, and 15 community residential facilities (custodial care) that provide 0.61 beds per 100,000 general population. There is only one mental hospital in NCR, the NCMH which houses 4,200 beds while all other mental facilities are located in major cities. All mental health facilities have at least one psychotropic medicine of each therapeutic class available in the facility or near by pharmacy year round. In the primary health care units, however, few physician based primary health care units have at least one psychotropic medicine for each therapeutic class while no psychotropic medicines are present in non-physician based primary health care units. (WHO-AIMS 2005)

The total number of human resources working in mental facilities or engaged in private practice is around 2,900 which include 388 psychiatrists (211 diplomates/fellows). Of the 211 board certified psychiatrists, 136 are practicing in the National Capital Region while the rest are sparsely distributed in 10 major cities of the remaining 16 regions. The NCMH has the largest number of mental health professionals. As to doctors without formal psychiatric training, 52 work in out patient facilities, 56 in community based psychiatric in patient facilities and 14 in mental hospitals. For other mental health professionals (psychologists, medical social workers, occupational therapists) there are 88 of them working in mental health facilities, 61 in community based psychiatric in patient facilities and 53 more in mental hospitals. The ratio of psychiatrist per bed is 0.10 psychiatrist/bed in the community based psychiatric in patient facilities compared with 0.01 psychiatrist/bed in mental hospitals. As for nurses, the ratio is 0.15 nurse/bed in community based psychiatric in patient facilities and 0.08 nurse/bed in mental hospitals.

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Figure 3. – Inpatient Care Versus Outpatient Care



Quality of service is anchored on the protocol, guidelines and standards which defines the responsiveness of mental health care delivery system to those in need and the ability to promote mental health wellness. The presence of a body that will define the standards and training to be in consonance with the protocol and standards are hence of paramount importance. For the Philippines, the establishment and licensing of mental health facilities are regulated by the Department of Health.

The accreditation of mental health services is through PhilHealth standards but not all mental health facilities seek accreditation. ISO and JICA, both international accrediting body for general hospitals/ medical centers, do not embody accreditation for mental health services and facilities. The certification of psychiatrists as diplomates are regulated or governed by the Philippine Board of Psychiatry, the academic arm of the Philippine Psychiatric Association. It lays out the standards in training for psychiatry and protocol of psychiatric practice which the psychiatrists keep as their guidelines for their practice. Other mental health workers are educated through the academic institutions and are trained on mental health only when employed as a mental health worker.

Plans, Policies and legislation:

The Philippine Mental Health Policy was presented in 2001. Policy statements included leadership, collaboration and partnership, empowerment and participation, equity, standards for quality mental health services, human resource development, health service delivery system, mental health care, stability and sustainability, information system, legislation and monitoring and evaluation. There is however no mental health legislation.

The last revision of the mental health plans took place in 2005 to be consistent with the National Objectives for Health 2005-2010. The mental health plans reaffirmed the National Mental Health policy. It also specified strategies for national reform from an institutionally based mental health system to one consumer focused with emphasis on supporting the individual in the community. Disaster/emergency preparedness plan for mental health was also included and essential list of drugs in the country was updated.

Financing:

In the Philippine setting, five percent of health care expenditures by the health department are directed towards mental health (WHO-AIMS) and 95% of this is being spent on the operation, maintenance and salary of personnel in mental hospitals. The percentage of the population that has free access to essential psychotropic medicines is unknown. For those that pay out of pocket, the cost of antipsychotic medication is 0.46% and of antidepressant medication is 11.14% of the minimum wage (WHO-AIMS). The Philippine Health Insurance Corporation recently covered mental illness but limited only to patients with severe mental disorders for short duration. Out patient mental health service was later included for the overseas contract worker upon its transfer from Medicare.

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Reducing the Burden of Disease:

Despite becoming more apparent that mental health is fundamental to the overall well being of Filipinos, mental health and mental disorders are not regarded with the same importance as physical health. Partly as a result, there is an increasing burden of mental disorders and a widening “treatment gap” (WHO 2001). The relationship between disease burden and disease spending is clearly disproportionate.

From a public health perspective, there is much to be accomplished in reducing the burden of mental disorders: (World Health Report 2001)

- Formulating policies designed to improve the mental health of populations
- Assuring universal access to appropriate and cost effective services
- Ensuring adequate care and protection of human rights
- Assessment and monitoring of the mental health of communities
- Promoting healthy lifestyles and reducing risk factors
- Supporting stable family life, social cohesion and human development
- Enhancing research into etiology, development of effective treatments and monitoring evaluation of mental health systems

The achievement of a mental health system with a well built foundation depends on a coordinated interplay of the six domains of mental health infrastructure namely: policy and legislative framework, mental health service, mental health in primary care, human resources, education of the public, monitoring and research which are, in the Philippines, either inadequate or absent. Furthermore, an effective mental health care program is anchored on the establishment of a mental health system.

The WHO (Geneva 1996) stated that Mental Health Care should contain 10 basic principles which are:

- Promotion of mental health & prevention of mental disorders
- Access to basic mental health
- Mental health assessment (diagnosis, choice of treatment, determination of competence)
- Provision of lesser restrictive type of mental health care
- Self determination
- Right to be assisted
- Availability of review procedures
- Automatic periodic review
- Qualified decision maker
- Right of the rule of law

In order for the Philippines to develop a structured mental health care program and to embody these principles, the following are salient issues that are recommended to be addressed:

1. The need for Mental Health Legislation:

While a National mental health policy was signed in 2001, no mental health legislation was done for the policy to have a legal framework. The laws that govern the provision of mental health services are contained in various parts of promulgated laws such as the penal code, magna carta for disabled person, family code and the commission on human rights. Mental health services and programs were isolated and efforts were not integrated to cascade the services and programs to the community level. Despite being one of the signatories of the WHO in the use of primary care services, the Philippines was unable to embody promotive & preventive mental health programs at the primary care level. A mental health care act is thus recommended for endorsement.

2. The need to establish a community based mental health care

If de-institutionalization is being pursued, community services should be developed. Community based care means that the large majority of patients requiring mental health care should have the possibility of being treated at the community level. A mental health care should be established which should not only be localized and accessible but should also be able to address the multiple needs of individuals. As an approach, it would mean:

- Services which are closer to home
- Interventions related to disabilities as well as symptoms
- Treatment and care specific to the diagnosis and needs of each individual
- Services which are coordinated between mental health professionals and community agencies
- Partnership with caregivers and meeting their needs
- Legislation to support the above aspects of care

3. The need to integrate mental health care into general health services.

The advantages of integrating mental health care into general health services, particularly at the primary health care level, includes less stigmatization of patients and staff, improved screening and treatment and better treatment of mental aspects associated with physical problem. For the administrator, shared infrastructure can lead to cost efficiency and savings and the use of community resources which can partly offset limited mental health staff.

4. The need to review and strengthen financing strategies

Financial barriers are discerned in the Philippine mental health system. It includes a miniscule budget for the mental health (WHO), negligible allotment for community programs, and insufficient health insurance to cover needed services. Though majority of the budget is for hospital operations, it likewise falls short of the need of the patients in the hospital. Cost of essential psychotropic medicines are usually borne by those in need who are already financially burdened by the daily cost of living. According to WHO, there are three principal desiderata in financing:

- That people should be protected from catastrophic financial risk which means minimizing out of pocket payments.
- That the healthy should subsidize the sick
- That the well off subsidize the poor

The expansion in the coverage of PhilHealth for all types of mental health services can defray the cost and increase affordability and access. For the mental hospitals to improve their financial capability and sustain their operations, adoption of corporate practices can be used. Strategies can include income retention and aggressive social classification of patients where the poorest of the poor can have access to mental health equal to those classified in the higher social strata. And with the introduction of community-based care, expenditures for in patient mental health care would lessen and may be sub allotted to other important needs of the hospitals, leading to the efficient use of resources.

5. The need for equity: an imbalance between resources and the magnitude of the problem

There is a disparity in the magnitude of mental health problem and the resources to address the needs for mental health care. There are 3.47 human resources working in mental health for 100,000 general population and rates are particularly low for medical social workers and occupational therapists. More than fifty percent of psychiatrists work in facilities that operate for profit and private practice. The distribution of human resources and mental health facilities favor the main cities than the rural areas. Regionalization implemented by DOH, which enabled each region to have a mental health facility improved accessibility for the populace, but the main approach which is vital for the sustainability of the program is the integration of mental health services with primary health care. It is through this approach that the program can use its resources efficiently, can be able to detect cases in the community, and can reduce the stigma brought about by this disorder which will enable patients to integrate and be part of community life again.

6. The need to structure programs and integrate resources of all stake holders.

Despite the passage of a multi-sectoral bill by Mercado and Gonzales, collaboration of efforts to advocate mental health in the Philippines by all stakeholders has not been given much attention. Family associations are present in the country but are not involved in implementing policies and plans and only few interact with mental health facilities. Public education and advocacy are overseen by DOH while private sector organizations do their share in increasing awareness, but the structure of program delivery differ from each other. A national information and advocacy program should be crafted for standard use of all sectors involved in public education and advocacy campaigns.

7. The need for an internationally accepted unified National standards, protocol and guidelines in the delivery of mental health care.

This must be emphasized for it defines the quality of health service which the Filipinos have the right to have access to. The bill passed by Luistro making Psychiatry a subject for the medical board examination can uplift the standards of psychiatric practice and will lessen the stigma. Standard of training for other mental health workers follows the need to be lifted.

8. The need to make available the essential psychotropic drugs in all levels of health care

9. The need to build up capacity for research.

More research into biological and psychosocial factors is needed in order to increase the understanding of mental disorders and to develop more effective understanding. Likewise research for monitoring will enable the Philippine mental health program to evolve into a more relevant & effective program through time.

References :

WHO-Shinfuku

Patel & Kleinman and Amoran et al 2005

World Health Report 2001

WHO-AIMS 2005