



# The Philippines

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# Country Context



- “Pearl of the Orient ”
- Land area 300,000 sq. kilometers.
- Number 2 - largest archipelago in the world with over 7,100 islands.

- Divided into three geographical areas: Luzon, Visayas and Mindanao
- Has 17 *regions*, 79 *provinces*, 115 *cities*, 1,495 *municipalities* and 41,956 *barangays*



# POPULATION

- Number 12 in world population list at 88,574,614 and 1.33% of the world's population
- 2.36% Average annual growth
- 33.8% Under 14 years old
- 61.8% 15 – 64 years old
- 4.4% Over 65% years old
- 83% Catholic,
- 5% Muslim
- 59% Urban
- 41% Rural
- 92.7% Literacy rate



# Economy and Health

- Lower middle income group country (based on World Bank 2004 criteria)
- 2007 per capita GDP grew from 3.4% to 5.3%
- The proportion of health budget to GDP is 3.3%.
- The government allocated five percent (5%) of the budget of DOH towards mental health
- 95% are spent on the *operation, maintenance and salary of personnel* of Mental Health Facilities
- Mental health system in the Philippines remain to be Institution based





## THE THREE MAIN STRENGTHS OF THE PHILIPPINE MENTAL HEALTH SYSTEM

1. The National Mental Health Policy and its implementing guidelines which address the main issues of mental health in the country.
2. Academic institutions and training centers that have developed good programs to educate and develop mental health human resources; specifically psychiatrists, psychologists, social workers, nurses and allied mental health professionals.
3. A local government instituted rural health units throughout the country, managed by either physicians and/or public health nurses, midwives, sanitary inspectors and village health volunteers.



## **THREE MAIN WEAKNESSES OF THE PHILIPPINE MENTAL HEALTH SYSTEM**

1. The majority of mental health facilities are still located in the National Capital Region. Hence, access to mental health facilities is uneven across the country, favoring those living near the main cities.

2. Majority of the community-based physicians trained on identification and management mental health problems are no longer in their place of duty, and the current primary health care staff seem to have inadequate training in mental health

3. The distribution of human resources for mental health is quite uneven favoring that of the main cities.



# BRIEF DESCRIPTION OF THE PROJECT

**Title : Establishment of a Comprehensive  
Community-based Mental Health Care**

## **The Weaknesses in the Mental Health System that the Project Tackles**

1. The current primary health care staff have inadequate training in mental health and interaction with mental health facilities is uncommon.
2. More than fifty percent of psychiatrists are based near the main cities and most of them work in for-profit mental health facilities and private practice .
3. Family associations are present in the country but are not involved in implementing policies and plans, and few interact with mental health facilities.



## GENERAL OBJECTIVES OF THE PROJECT

1. To establish a functional local mental health team that would address the policy and financing challenges needed to sustain integrated systems of care in the community.
2. TO create a patient-centered system of care that involves families and consumers in decisions regarding the care of the patient
3. TO institute evidence-based mental health interventions
4. To improve clinical and functional outcomes for those suffering from severe mental illnesses and/or severe emotional distress through capacity building of local health workers
5. To monitor the changes in the treatment of disorders through a simple monitoring system
6. To advance de-stigmatization of mental disorders through intensified advocacy campaign and health promotion activities
7. To promote self-reliance of consumers through family education and livelihood programs
8. To expand access to care for people in need by encouraging use of existing facilities and services through an effective referral system



<b>EXPECTED DIFFICULTIES</b>	<b>POSSIBLE SOLUTIONS</b>
Resistance from the Local Government units	<ol style="list-style-type: none"><li>1. Orient local chief executives on the merits of the program and promote inter-agency linkages among stakeholders on mental health and psychosocial issues.</li><li>2. Mobilize resources from other funding agencies.</li><li>3. Advocate that health, not only mental health program, is a shared responsibilities.</li></ol>
Limited coordination between and among government and non-governmental agencies	Institutionalize a functional management structure that would bridge the gap and coordinate among agencies involve in the implementation, monitoring and evaluation of community mental health program.
Non-compliance to the principles of human rights of people with mental disorders	Advocate programs to protect the right of individual with chronic illness such as right to confidentiality, right for education and right for speech and right of clients for employment,



# THE IMPACT OF THE PROJECT

1. Increase access to treatment and care in the primary health care network, supported by dedicated mental health providers and stakeholders.
2. Decongestion of patients in mental hospitals
3. Change in health seeking behavior of families
4. Increase the role of consumers and family caregivers as participants in policy-making and health service management



**Grazie Mille**

**Maraming Salamat**