

An Analysis on the Need for the Philippine Mental Health Act to be Made Law

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I. Introduction

Mental disorders have become a leading cause of disease burden and disability worldwide. An estimated 450 million people annually are suffering from mental health problems. 1 in 4 people will be affected by a mental, brain, or neurological disorder at some point in their life (World Health Organization, 2001).

The World Health Organization (WHO) reported in 2002 that an estimated 154 million people globally suffer from depression, 25 million people from schizophrenia, 91 million people are affected with alcohol use disorders, and 15 million individuals have drug abuse disorders. In addition, a report by WHO revealed that another 50 million people are suffering from epilepsy and 24 million people suffer from Alzheimer's disease and other dementias (WHO, 2012). And statistically, there is an increase of these mental health conditions around the world year by year (Dioquino, 2014).

The 66th World Health Assembly in 2013 formulated the *Comprehensive Mental Health Action Plan for 2013-2020* urging governments of United Nation (UN) member-states to make commitments in improving mental health (WHO, 2014). Any attempts to increase social capital, to promote human development, and to reduce poverty will be hindered if mental health and psycho-social issues in a population will not be addressed. Not making “mental health considerations are not only a lost opportunity, but an economic and humanitarian risk to societies as a whole” (World Bank, 2004). Mental illnesses have enormous costs on individuals and communities. Untreated mental disorders lead to various socio-economic burdens (Corrales, 2013). Mental health issues should not be isolated from other areas of development, like education, employment, emergency responses, and human rights capacity building. Mental health, which is integral to holistic health, is also fundamental to development (WHO, 2012).

Regionally, the *Asia-Pacific Economic Cooperation (APEC) Roadmap to Promote Mental Wellness in a Healthy Asia Pacific (2014-2020)* highlighted that “mental health is critical to overall health, social and economic participation, workplace productivity, and sustainable economic growth for the Asia Pacific region.” In this official agreement, APEC member countries recognize the significant economic benefits of a mentally healthy population. It also acknowledges that inaction by APEC member-nations “to prioritize and strengthen mental health will result in costs that impede the achievement of economic development goals while threatening the wellbeing of communities and workplaces.” (Tolentino, 2015).

With the *Comprehensive Mental Health Plan*, the World Health Assembly highlighted four primary objectives. They are: to implement strategies for promotion and prevention in mental health, to strengthen effective leadership and governance for mental health, to provide integrated and responsive mental health and social care and treatment, and to strengthen information system, evidence, and research for mental health (WHO, 2015).

The Philippines is not spared. The country is also plagued with a rising number of people affected with mental health conditions. Almost 1 in every 100 households has a member with a mental disorder (DOH-SWS, 2004). In 2003, it was discovered that

suicide was the 9th leading cause of death among 20-24 years old Filipinos (DOH, 2003). Worse, there is still an alarming shortage of mental health professionals and facilities in the country. In fact, there is only a 0.46 psychiatrist for every 100,000 Filipino ratio. There are only 2 major mental health hospitals in the country found in the National Capital Region. Furthermore, stigma and discrimination against mental health and its consumers (the people suffering from mental disorders) remain very widespread (Octaviano, 2015). Considering all these facts, Philippines still has no comprehensive mental health law, unfortunately. The country still has no formal legal framework to expansively promote mental health, to protect the rights of those with mental disorders, and to provide widely readily-available, affordable, and equitable mental healthcare services and treatment particularly to the poor sectors of society (Legarda, 2014).

With this paper, I attempt to examine the reasons why Philippines needs a robust legislation for mental health. There exists a Philippine Mental Health Act bill currently, also known as Senate Bill No. 2450, formulated by Senator Loren Legarda in 2014. At present, it is still being lobbied in the Philippine legislative houses 2 years after it was proposed. This paper will also attempt to analyze the different trends toward mental health locally in the country and in the world. These trends should urge the Filipino government to implement a national mental health law. What is mental health to do with nation development? “To invest in mental health is to invest in national development. To have a mentally healthy and mind-strong Filipinos is to raise our national competency and resilience. We need a mentally stable citizenry to attain sustained growth and development” (Octaviana, 2015).

II. Overview of Literature and Problem Discussion

The WHO reported in 2001 that 1 in 4 people will have mental or neurological disorders at some point in their life. 450 million people estimated are suffering from mental conditions annually. The report *Health for the World's Adolescents* by WHO in 2014 has shown that depression is the most dominant cause of illness and disability for boys and girls from 10 to 19 years of age. Suicide is cited as the 3rd leading cause of death among adolescents around the world. 1.3 million young people died in 2012 alone because of suicide (Planco, 2015).

In 2011, WHO named the Philippines as the country with the highest incidence of depression in Southeast Asia. The Department of Health (DOH) reported that there were over 4.5 million cases of depression in 2014. DOH said that in 90 people with depression, only 30 of these will seek treatment. The other 60 people will be ashamed to get professional help because there is still stigma surrounding mental illness. Moreover, WHO observed that millions of people with mental disorders all over the world, including in the Philippines, are secluded, discriminated, and stigmatized. Mentally ill Filipinos, especially from disadvantaged sectors, are not given proper and adequate medical attention. They are not served appropriately by the national government's acute mental health programs and services. Furthermore, insufficiency of qualified mental health professionals and limited and aging facilities continue to dominate mental health in the Philippines (Shahani, 2015).

The exponential costs of mental health conditions are increasing globally. The global economy loses an estimated \$1 trillion annually to mental disorders (Reuters, 2016).

The World Health Assembly's resolve in 2012 urged the national health, education, and health sectors of each UN member nations to respond appropriately to reduce significantly the costs and burden of mental health conditions (Planco, 2015)

In 2013, the *Comprehensive Mental Health Action Plan for 2013-2020* was made to urge governments to improve mental healthcare in their countries. The overall targets of the action plan are: the promotion of mental well-being, the prevention of mental disorders, provision of care, the enhancement of recovery, promotion of human rights and the reduction of mortality and disability for persons with mental disorders. Effective governance and leadership for mental health must also be strengthened. Comprehensive and responsive mental health and social services must be provided down to the community level. Strategies for promotion of mental health and prevention of mental disorders must also be formulated. And, information systems, evidence, and research for mental health must also be strengthened (WHO, 2014).

Philippines' population reached 100,096,496 in 2014. However, there were only 690 psychiatrists for the entire population that year. That was only 0.46 psychiatrist per 100,000 population (WHO, 2014). Australia had a 13 psychiatrist per 100,000 population ratio in 2014 (Mental Health Services in Australia, 2014). In the same year, Japan had a 20.1 psychiatrist per 100,000 population ratio and US had 12.40 psychiatrists per 100,000 people (WHO, 2014). Moreover, only 1000 psychiatric nurses exist in the Philippines. In, 2007, only 5 percent of the total health budget went to mental health as reported by WHO. A significant portion of this 5 percent went to the operation and maintenance of mental hospitals only. In addition, Philippines only has two major mental hospitals. Most mental health facilities can only be found in the National Capital Region. The Philippine Psychiatric Association (PPA) even stressed out that there are no psychiatrists in the provinces. Apparently, there is unequal distribution of mental health human resource and facilities in rural and remote areas. Aside from that, most health insurance companies still do not cover mental health related problems. Social protection for people suffering from chronic mental illnesses are non-existent. All these details show a disregard for mental health in the country (Rodriguez, 2015).

Comprehensive mental health laws have been signed and implemented already in other countries. Even neighboring Southeast Asian nations have mental health legislations working already. While other countries have been very progressive towards mental health, Philippines remains one of the few countries in the world without any robust mental health laws. There is no national law focusing on mental health to provide concrete support for people with mental health needs, among others.

<i>ASEAN countries with mental health legislations</i>	<i>Year legislation was passed</i>
Myanmar	1912
Brunei	1929
Malaysia	2001
Singapore	2008
Indonesia	2014

Source: National Center for Mental Health, 2014

III. Discussion of Method

This paper analyzing the need for the enactment of the Philippine Mental Health bill is best seen through the lens of Punctuated Equilibrium Theory (PET). Exogenous events like WHO's call for governments to invest in mental health for country development should be a reason for legislators to enact the bill. WHO is calling governments and stakeholders to start viewing mental health as a vital part of primary healthcare and national development. The Philippine government must respond to this call in scaling up, funding better, and increasing mental health services. More than 75 percent of people suffering from mental disorders in developing countries do not get treatment (WHO, 2008). With an appropriate public policy response, these mental disorders which are highly preventable and treatable will actually be prevented and treated.

The statistics of Filipinos suffering from mental disorders and the severe lack of mental health services must be a reason the Philippine Mental Health Act bill should be made into a law. Also, as an abiding party of the UN Sustainable Development Goals (SDGs) in 2015 which contains full targets on overall health improvement, the Philippine government must commit in improving mental health in the country.

The Aquino administration carried out its flagship Universal Health Care (UHC) program. It was called *Kalusugang Pangkalahatan* (KP), which was implemented from 2011 to 2016. Improving access to affordable health care services was the policy's prime focus. The policy targeted on upgrading public hospitals and health facilities, providing equitable access to medicines, and ensuring enough number of healthcare professionals. However, no provision in the policy anchored on mental health. The policy was largely only about child health, maternal health, and infectious diseases (National Center for Pharmaceutical Access and Management, 2015).

IV. Analysis of Results

Mental illnesses are highly treatable. However, the huge mental health policy gap and treatment gap in the country for various mental disorders make recovery almost impossible especially for people from poor sectors. There is no access to necessary care and medicine to treat mental health conditions. With a comprehensive mental health law that will mandate the provision of appropriate and affordable care and psychosocial treatment and medication, millions of Filipinos with mental health issues will be treated. Consumers of depression, epilepsy, schizophrenia, etc. will have appropriate access to medicine and treatment. The Philippine Mental Health Act will definitely reduce the current huge treatment gap. A patient's health will be restored. They will be able to lead productive lives again. The law will also promote and mainstream mental health in the country (in media, in the educational sector, in the employment and livelihood sector, etc.). Awareness will be improved and stigma will be reduced.

Indeed, other countries have been very advanced towards mental health already. As example, WHO reported that Chile has integrated the treatment of depression into its national primary care system. It is bringing the much needed care to thousands of consumers. The program attained good results. On the other hand, China, which has passed a mental health law in 2012, had adopted an epilepsy control project into the community health system. This brought inexpensive anti-convulsant drugs to thousands of patients by health professionals who have gone through basic training. The project was a big success as thousands were treated.

V. Conclusion and Recommendations

Mental health conditions have become one of the world's costliest diseases. Global economy loses an estimated \$1 trillion a year due to these mental, neurological, and substance abuse (MNS) disorders. Jim Yong Kim, president of the World Bank Group, declared that mental disorders are not just public health issues, but they are development issues (Reuters, 2016). Considering this reality, Philippines, however, remains backward towards mental health as it is one of the few countries in the community of nations without a national mental health law. A disregard for mental health is still apparent in the country. The mental health system in the Philippines continues to have chronic shortage of mental health professionals, aging and inadequate number of mental health facilities and hospitals, and lack of accessible and equitable mental healthcare services and treatment especially for impoverished sectors. Social stigma and exclusion against people with mental health conditions are still very widespread. In fact, some people even refuse to get professional help for their mental disorders not because of the high cost of treatment, but because of the stigma attached to mental disorders. Without intervention, people could be dysfunctional for extended periods, or for life, or worse, it could lead to fatally harming oneself or others.

The Philippine Mental Health Act of 2014 is a long overdue law for the country. This law will promote and protect the rights of people with mental conditions. This will enable consumers to have access to affordable and equitable mental health treatment and care. Moreover, the law will also work on mainstreaming mental health from the

national down to the community level, hence prevention of mental disorders and reduction of stigma are better guaranteed. With the integration of mental health services into the national health system, the creation of the Philippine Mental Health Council as the primary agency for mental health in the country, and the formulation and implementation of a robust National Mental Health Care Delivery System, the law will better ensure a mentally healthy Filipino community able to help in nation-building.

Furthermore, the Philippine Mental Health Act will mandate a multi-sectorial effort. An inter-agency mechanism will be mandated by the law. The Department of Health (DOH) will work for the provision of mental health services from the national level down to the community level. The Department of Education (DepEd) will be responsible for the integration of mental health principles into the educational system, therefore, awareness about mental health will be improved especially among the school-age population. The Department of Science and Technology (DOST) will venture into research on mental disorders, hence, better care and treatment will be achieved. The Department of Labor and Employment (DOLE) will ensure the rights of the mentally ill to employment and reintegration into the workforce will be upheld. Any violations against people with mental disorders will be taken care of by the Department of Justice (DOJ). Philhealth will cover the costly expenditures of the treatment and care of mental disorders which are chronic by nature. Above all, the law will mandate the allocation of a more robust national budget for mental health. It will be a far picture from the 5 percent from the total health budget mental health is only getting currently.

All in all, the Philippine Mental Health Act will provide a comprehensive, integrated, and thorough response to the mental health issues of the country. It will be the country's answer to WHO's urgent call to governments to ensure a mentally healthy citizenry who are able boost national competitiveness. The law will better guarantee a mentally strong Filipino population who are able to contribute to nation building and development.

References

- Corrales, N. (2013, Dec. 2). *PH first mental health info system launched*. Retrieved from <http://technology.inquirer.net/32089/ph-first-mental-health-info-system-launched>
- Dioquino, R. (2014, July 23). *PHL's first mental health information system rolled out*. Retrieved from <http://www.gmanetwork.com/news/story/371642/lifestyle/healthandwellness/phl-s-first-mental-health-information-system-rolled-out>
- DOH, 2003(As cited in the Philippine Mental Health Act of 2014, Legarda). Retrieved from <senate.gov.ph/lisdata/2009717209!pdf>
- DOH-SWS, 2004 (As cited in the Philippine Mental Health Act of 2014, Legarda). Retrieved from <senate.gov.ph/lisdata/2009717209!pdf>
- Legarda, L. (2014, Nov. 11). *Philippine Mental Health Act of 2014*. Retrieved from <senate.gov.ph/lisdata/2009717209!pdf>
- Mental Health Services in Australia (2014). *Psychiatrist Workforce*. Retrieved from <https://mhsa.aihw.gov.au/resources/workforce/psychiatric-workforce/>
- National Center for Pharmaceutical Access and Management (2015). *Universal Health Care (UHC) and Access to Medicines*. Retrieved from <www.ncpam.doh.gov.ph/index.ph/universal-health-care>
- Octaviano, R. (2015, Aug. 11). *10 Facts on Mental Health*. Retrieved from www.sunstar.com.ph/bacolod/lifestyle/2015/08/11/10-facts-mental-health-423947
- Planco, H. (2015, Mar. 13). *Why we need a mental health law in PH*. Retrieved from www.rappler.com/move-ph/ispeak/86695-mental-health-law-philippines
- Reuters (2016, April 12). *WHO: Better Mental Health Treatment Would Boost Nations' Economies*. Retrieved from <http://m.voanews.com/a/who-better-mental-health-treatment-boost-nation-economies/3283453.html>
- Rodriguez, F. (2015, Oct. 29). *Advocates push for comprehensive PH mental health law*. Retrieved from www.rappler.com/nation/111084-mental-health-act-philippines
- Shahani, L. (2015, Aug. 3). *Suicide and the need for a mental health law*. Retrieved from www.philstar.com/opinion/2015/08/03/1483998/suicide-and-need-mental-health-law
- Tolentino, E. (2015, June). *The Philippine Mental Health Bill: A Briefer*. Retrieved from <http://www.healthandlifestyle.com.ph/the-philippine-mental-health-bill-a-briefer/>
- World Bank (2004, August). *Mental Health and the Global Development Agenda: What Role for the World Bank?* Retrieved from

<http://siteresources.worldbank.org/INTMH/Publications/20272684/Rachel-MentalHealth.pdf>

World Health Organization (2001, Oct. 4). *Mental disorders affect one in four people*. Retrieved from http://www.who.int/whr/2001/media_centre/press_release/en/

World Health Organization (2008, Oct. 9). *Millions with mental disorders deprived of treatment and care*. Retrieved from www.who.int/mediacentre/news/releases/2008/pr37/en/

World Health Organization (2012, May 11). *Mental Health Information Systems*. Retrieved from http://www.who.int/mental_health/policy/services/12_info%20system_WEB_07.pdf

World Health Organization (2012, May 11). *Mental health, poverty and development*. Retrieved from http://www.who.int/mental_health/policy/development/en/

World Health Organization (2012, May 11). *WHO urges more investments, services for mental health*. Retrieved from http://www.who.int/mental_health/who_urges_investment/en/

World Health Organization (2014). *Mental health Atlas country profile 2014 – Philippines*. Retrieved from http://www.who.int/mental_health/evidence/atlas/profiles-2014/en/#J

World Health Organization (2014, Aug). *Mental health: a state of well-being*. Retrieved from www.who.int/features/factfiles/mental_health/en/

World Health Organization (2014, Aug. 15). *Mental health: strengthening our response*. Retrieved from www.who.int/mediacentre/factsheets/fs220/en/

World Health Organization (2015, Sept. 25). *Comprehensive mental health action plan 2013-2020*. Retrieved from http://www.who.int/mental_health/action_plan_2013/en/

World Health Organization (2015, Oct. 29). *Mental health evidence and research (MER)*. Retrieved from http://www.who.int/mental_health/evidence/en/