



Commission on Human Rights

Training Module on the Right to Mental Health for Faith-Based Organizations



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Human Rights Education and Promotion Office
Commission on Human Rights



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Human Rights Education and Promotion Office
Commonwealth Ave., UP Complex, Diliman, Quezon City
Philippines
chrp.hrepo@gmail.com
(02) 8928-4471

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*Cover design, graphics, and layout by Rey Ronda
Edited by Janroe Cabiles*

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Introduction

When Republic Act 11036, or The Mental Health Act, was signed on 20 June 2018, it signified that the right to mental health has finally been recognized in the Philippines. However, there is still much work to be done. There must be a drumbeat to call for achieving its aims and for it to be implemented and acted upon by duty holders.

In 2021, as part of the fulfillment of its mandate under the 1987 Constitution, the Commission on Human Rights (CHR), through its Human Right Education and Promotion Office (HREPO), has included the right to mental health in its priority programs. It is still part of the priority programs. The campaign continues.

Initiatives were launched to achieve milestones to protect and promote the right to mental health of every Filipino. This includes developing online learning sessions, webinars, and information, education, and campaign (IEC) materials, delivered both online and offline, to remind every Filipino that self-care—and community support that requires to sustain mental health—is their basic human right.

From the learning sessions and webinars that we have had with different audiences, we have received feedback that there is a lack of IEC materials on mental health as a human right to help all concerned conduct and organize more learning sessions and human rights promotional activities, most especially in remote and rural poor areas—considering that one of the most basic challenges to mental health is stigma and discrimination.

Taking another small step, CHR-HREPO has developed five training modules on the right to mental health to assist the five targeted audiences to have a basic and common understanding on mental health as a human right, what to do when a mental condition arises, and why community care is important, among others. These include the security sector, the local government units, the civil society organizations, faith-based organizations, and the academe.

This training module will focus on the right to mental health in faith-based organizations. We would like to acknowledge and thank Carlo Alphonso C. Belmonte, RN, MD, DSBPP, our subject matter expert/module writer, for helping us produce this material.

Thank you all for your interest in learning about mental health as a human right through this module. This will help provide you with the basics to help you get started with teaching the right to mental health to others.

Mental health is a human right!

Mabuhay po tayong lahat. Salamat po.

Section 1: Mental Health

Introduction:

- In Section 1, we will explore what mental health and well-being mean and try to understand the various components of mental health and how they are interrelated to each other.

Learning Objective:

At the end of the session, the participants will be able to:

- Get a better understanding of the concept of mental health and well-being and understand how mental health can affect a person thinking, feelings, and actions
- Understand the biopsychosocial-spiritual model of mental health
- Know the importance of spirituality in mental health

Activity 1.1

- Divide the group into three, ask the group to discuss among themselves:
 - What does mental health mean to you?
 - What constitutes a mentally healthy individual?
 - How can one's present mental health positively or negatively affect an individual?
- Ask one representative from the group to summarize what the group has discussed.

What is Mental Health?

The World Health Organization defined mental health as a state of well-being in which an individual is able to realize their own potential, cope with normal

stresses of life, display resilience in the face of extreme life events, work productively, and make a positive contribution to the community.

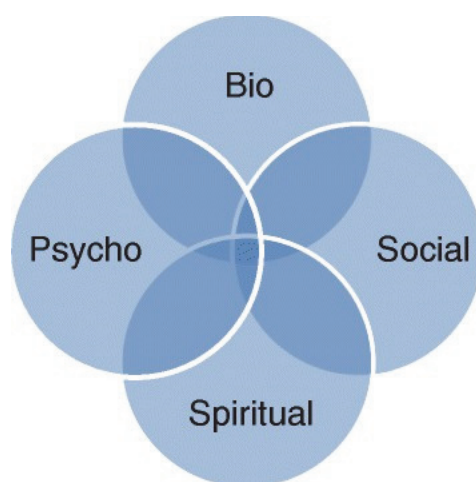
- Mental health is a critical component of an individual's overall health. It affects an individual's thinking, learning, feelings, and actions. It connotes attaining developmental and emotional milestones while being able to healthily cope with challenging situations. Mental health is an integral part of human existence, as one's mental state can positively or negatively affect an individual. It can affect one's day-to-day activities, relationship with oneself and others, as well as one's physical health.
- An individual who has gained positive mental health has a positive quality of life, can function well, and work productively at home, in school, at work, and in their communities.

Overall, having positive mental health connotes:

- o A sense of meaning and purpose
- o Satisfaction beyond material possession
- o A healthy sense of self-esteem and confidence
- o Building and maintaining satisfying relationships
- o Showing empathy and compassion
- o Setting achievable goals, working productively, and harnessing creativity
- o Healthy work-life-play balance
- o Ability to deal with stress, cope with problems, adapt to changes, and rise from adversity
- o Making healthy choices
- Mental health could affect how one thinks, feels, and acts. An individual who experiences negative mental health is unable to cope in stressful situations, or feels overwhelmed by the things happening, might not be able to think clearly, may experience anxiety, sadness, or irritability, behave irrationally, or isolate oneself. This can affect a person's ability to function and work productively and may cause distress.

Activity 1.2

- Divide the group into three, ask the group to discuss among themselves
 - What constitutes the different aspects of the biopsychosocial-spiritual model of mental health?
 - How interrelated are these components? And how can one component of the biopsychosocial-spiritual model affect the others?
 - What is the importance of spirituality in mental health?
- Ask one representative from the group to summarize what the group has discussed.



Biopsychosocial-Spiritual Model

- The biopsychosocial model was brought by George Engel, a prominent scholar engaged in psychosomatic medicine, who theorized that physicians must simultaneously address the biological, psychological, and social dimensions of an individual in relation to their illness. It is a way of understanding the person's suffering and subjective experience at multiple levels of organization, taking into context how each dimension affects another— starting from the contribution of each dimension in the past, how each dimension is shaping the present, and how it can ultimately impact the future. The model serves as a guide for the physician to consider each dimension to provide a holistic treatment to the patient.

For us to have a better understanding of the model, we will discuss each dimension accordingly:

- o The **biological dimension** includes an individual's family medical and psychiatric history, extensive history of pregnancy and birth (such as complications, illnesses, or exposure to toxins or medications during the course of pregnancy of the mother), and previous illnesses. It also includes the present health condition of an individual, current illnesses that may impact their mental health, any current intake of medication, or substance use (cigarette, alcohol, or illicit drugs).
- o The **psychological dimension** includes an individual's history of trauma, resilience, coping mechanisms, and how past medical or psychiatric problems impacted their development. This includes the quality of relationships with parents, caregivers, family, friends, teachers, classmates, and co-workers. It also includes recent life experiences, current stressors, present coping, presence or absence of unhelpful thoughts, and current demands or obligations of the individual.
- o The **social dimension** includes an individual's current support system, their current status of relationships with significant others and other important life figures, cultural influences that might impact the person, which extends to occupational and financial status, housing arrangements, and legal problems.

- o Over time, the ***spiritual dimension*** has been incorporated into this model, as one's spiritual history was recognized to be as important as the other dimensions, in health and sickness. It acknowledges that an individual's spirituality could affect the quality of life and how a person will cope in the face of illness. Spirituality cuts across religious experiences and envelops the belief and recognition of a higher being, beyond a person's physical and sensory experiences. This higher being gives one a sense of purpose in life and connects each and every one of us, and is embodied in one's religious practices. The dimension also includes the role of spirituality in the person's life, religious or spiritual affiliations, and the community's support with its members experiencing mental health problems.

Spirituality and Mental Health

- Spirituality and religiosity are deeply ingrained in the Filipino culture and are important aspects in the lives of many. Religious teachings often influence the belief of mental health and well-being, including the attitude towards mental illness. It also influences an individual's readiness to seek help and adhere to treatment.
- Spirituality involves the belief and recognition that there is a higher being, beyond a person's physical and sensory experiences, that gives one a sense of purpose and meaning of life, and connects each and every one of us. Religiosity, on the other hand, refers to the devoutness of an individual to one's religious beliefs, principles, and activities.
- Spiritual practices involve seeking meaning and purpose in life, showing compassion to oneself and others, seeking happiness and satisfaction beyond material possessions, and aspiration towards being an enlightened individual.
- An individual's reasons for turning to spirituality may include their quest to find meaning and purpose in life, to gain a fresh perspective over so many things happening in one's life, to cope with stress and other mental health problems, to find strength and courage, and to find hope amidst adversity.

Importance of Spirituality in Mental Health

- A person's spiritual needs may become apparent in times of crises: sickness, death of a loved one, natural disasters, loss of livelihood, or the feeling of loss of control. A person often turns to spirituality to find meaning and answers to their adversity, and at times this keeps a person moving—knowing that a higher being guides them, and the experiences are part of the journey towards strengthening one's relationship with the higher power. Moreover, it also provides a positive coping mechanism that

allows affected individuals to emotionally move on towards acceptance of one's faith.

- Given the importance of satisfying one's spiritual needs, a person may express to satisfy these needs through prayer, meditation, mindfulness, practicing gratitude, helping other people, and showing empathy among others.
- Spiritual beliefs and practices continue to be an influential factor in the healthcare-related decision-making practice of Filipinos and play an important role in help-seeking behavior and coping with illnesses.
- Addressing one's spiritual needs provides a holistic approach to the mental health and well-being of an individual. Moreover, in the context of the Filipino culture, having achieved spiritual well-being plays an integral role in the overall health and well-being of an individual.

Section 2: Mental Illness and Stigma

Introduction:

- In Section 1, we explored the concept of mental health and identified the different dimensions of mental health; namely the biological, psychological, social, and spiritual factors that affect an individual. We also took a look at the importance of spirituality in mental health. In Section 2, we will focus our attention on mental illness, common misconceptions, and the stigma surrounding mental illness.

Learning Objective:

- At the end of the session, the participants will be able to:
 - Get a better understanding of mental illness
 - Know signs that indicate a person might be having a mental health problem
 - Know some of the common misconceptions about mental illness
 - Things that can be done to fight the stigma surrounding mental illness

Activity 2

- Divide the group into three, ask the group to discuss among themselves:
 - Each member will give three words that come to mind when you hear the word mental illness.
 - How is mental illness portrayed in society?
 - What challenges do people with mental illness face in society?
 - What are the common misconceptions you hear about mental illness?
 - In your own way, how can you reduce stigma in your community?
- Ask one representative from the group to summarize what the group has discussed.

Mental Illness consists of a range of symptoms that affects a person's thoughts, feelings, actions, and mental functioning due to mental, neurological, and substance use disorders that arise due to biological, psychological, adverse social, and environmental factors. It is associated with significant distress and may result in a person's inability to fulfill obligations, relate with others, or work effectively, and decrease one's coping abilities and function effectively. This is especially true if left untreated or not adequately managed. An episode may occur for weeks to months, can be cyclic, or persistent.

Signs Indicating a Person Might Have Mental Health Problems

- **Thinking disturbances** - Signs of thought disturbances may be seen in the flow of thought of an individual; they could have a rapid or slow thought process, circumstantial answers, obsessive thoughts, or fixed beliefs that are strongly held which also deviates from the person's social, cultural, and educational background.
- **Disturbance in judgment** - Impairment in judgment may be seen in many psychiatric conditions. They could manifest as underestimation or overestimation of the risks, impaired capacity to discern the pros and cons of a certain action, and lack of insight.
- **Disturbance in perception** - This involves seeing, hearing, feeling, tasting, smelling things in the absence of sensory stimuli. People would often observe individuals experiencing this phenomenon talking or laughing by themselves, seeing things only they can see, smelling strange scents, or feeling that something is crawling under their skin.
- **Disturbance of consciousness** - This can be seen in the form of fluctuating levels of consciousness, confusion, increasing level of agitation as the night falls.
- **Memory disturbance** - Memory lapses affect day-to-day activities, such as losing items, forgetting names, dates, directions, or appointments, repetition of questions or statements, and inability to recall recent details.
- **Disturbance in behavior** - Disturbances in an individual's behavior may include aggressive behavior, hostility towards others, impulsiveness, and violence.
- **Mood disturbance** - An individual could exhibit fluctuating emotions or moods, easily become annoyed or irate, sad or anxious, then elated or euphoric.
- **Physical complaints** - Physical discomfort may be experienced, for example, disturbances in sleep, appetite changes, medically unexplained muscle aches and pains, headaches, low energy, palpitations, tightness in the chest, feelings of uneasiness, sluggishness, and poor concentration.

- **Signs of self-harm** – Self-harm may be in the form cuts, burns, or bruises in different parts of the body. Individuals might deny being suicidal but state that this is a way to feel the pain, relieve them of the tension, or punish themselves.
- **Disturbance in interpersonal relationships** - This may be manifested through isolation and frequently getting into fights with other people, either strangers or loved ones.

Stigma

Individuals with mental illness face a lot of stigmas in the community. There are a lot of misconceptions surrounding mental illness that stem from negative beliefs and attitudes that motivate people to fear, avoid, stereotype, and discriminate against people with mental, neurological, or substance use disorders. The stigma affects the quality of their life, prevents them from seeking treatment or opening up to other people about their problems, as well as from getting opportunities – all of which further puts them at a disadvantage.

Here are some common misconceptions:

Mental illness is incurable and lifelong.

- With the right kind of help, treated appropriately and early, most people recover fully and have no further episodes of illness. For others, mental illness may recur throughout their lives and require ongoing treatment. This is the same as many physical illnesses, such as diabetes and heart disease.

People are born with a mental illness.

- A vulnerability to some mental illnesses, such as bipolar mood disorder, can run in families. But other people develop mental illness with no family history. Many factors contribute to the onset of a mental illness, including stress, bereavement, breakdown of relationships, unemployment, social isolation, a major physical illness, physical and sexual abuse, or disability.

Only certain types of people develop a mental illness.

- As many as one in five may develop a mental illness at any stage in their lives. Everyone is vulnerable to mental health problems. It affects people regardless of age, education, income, or culture.

Mental illness is caused by personal weakness.

- A mental illness is not a character flaw. It is caused by a complex interplay of genetic, biological, social, and environmental factors. Seeking and accepting help is a sign of strength.

People with a mental illness can “pull themselves out of it.”

- A mental illness is not caused by personal weakness and is not “cured” by sheer will, personal strength, or a simple change of mindset.

Is stigma one of the biggest problems for people with mental illness?

- One of the biggest obstacles for people recovering from mental illness is confronting the negative attitudes of other people. Positive, hopeful, and supportive attitudes of family, friends, service providers, employers, and other members of the community toward people with mental illness are critical to ensuring the quality of their life while recovering.

What can we do to fight the stigma?

- **Education** – This is the best way to fight the stigma of mental illness. It involves correcting misconceptions with information that is factual and based on body of scientific knowledge.
- **Promoting awareness** - Encouraging participation and active engagement from the faith communities in efforts such as World Mental Health Day and Suicide Prevention Day.
- **Promoting a culture of positive mental health** - Individuals with mental health problems are often stigmatized. This can be lessened by providing an opportunity where people openly socialize and engage in recreational activities.

Section 3:

Role of Faith-based Organizations in Promoting Mental Health in Their Communities

Introduction:

- In Section 2, we focus our attention on mental illness, common misconceptions, as well as stigma surrounding mental illness. In Section 3, we will discuss the role of faith-based organizations and their leaders in promoting mental health and well-being in their communities.

Learning Objective:

- At the end of the session, the participants will be able to:
 - Know the important role of faith-based organizations and their leaders in promoting mental health and well-being
 - Learn in which ways faith-based groups can promote mental health and well-being in their community

Activity 3

- Divide the group into three, ask the group to discuss among themselves:
 - What role do faith-based organizations and their leaders have in promoting mental health and well-being in their respective communities?
 - What can faith-based organizations do to promote mental health and well-being in their communities?
- Ask one representative from the group to summarize what the group has discussed.

Role of Faith-Based Organizations in Ensuring the Mental Health and Well-being of the Community

- Faith-based organizations are in a unique position due to their physical proximity to underserved populations. Faith communities' grassroots

approach allows them to be in direct contact with the population, especially those who belong to the marginalized sectors and minority groups whose access to mental health services is limited.

- Faith communities can serve as a gateway for their members with relevant and factual information about mental health.
- Due to their proximity with the population, faith-based organizations are in a good position to open the dialogue about mental health and well-being and encourage openness within their respective congregations.
- The strong ties people have with their faith communities could be of help in providing emotional support, a strong support system that people can lean on while providing a safe space for their distressed members experiencing mental health problems.
- Faith communities are in a good position to extend support to the families of their distressed members by providing assistance and giving relevant information on how to properly engage individuals with mental health problems.
- Lastly, faith communities are in a good position to be part of the referral system as an important gateway to professional behavioral treatment.

Role of Faith Leaders in Helping Members with Mental Health Problems and Illnesses

Faith leaders can be of great help in their respective communities by being champions of mental health within the congregation, promoting mental health awareness, and reducing the stigma on mental health.

- Faith leaders are in a unique position to influence their congregation to adopt a more inclusive and accepting stance on issues regarding mental health and to promote open-mindedness amongst its congregation.
- Faith leaders have long been sought by their individual members over their emotional problems. It is estimated that 25% of people seeking help initially sought counsel and guidance from their faith leaders. This creates a unique opportunity for leaders to make time for emotional “check-ins” by providing their distressed members the opportunity to talk about their thoughts and feelings.
- Lastly, faith leaders prove to be crucial in the referral system by providing relevant information, linking their distressed members to mental health professionals, and linking them to both government and non-government organizations that can provide financial assistance to sustain the treatment.

How Faith-Based Groups Can Promote Mental Health and Well-Being in Their Congregation

- **Promoting awareness**

- Faith communities can provide relevant and factual information and may even wish to provide educational materials on mental health and well-being, as well as materials on mental health conditions— breaking down the stigma surrounding mental health and creating a climate within the congregation that is open and accepting.
- Included in promoting awareness within the congregation are events that champion awareness, such as World Mental Health Day, World Mental Health Awareness Week, and Suicide Prevention Day.

- **Promote a culture of positive mental health**

- Individuals with mental health problems are often stigmatized by the community, which provides the organization with an opportunity where people with experience can openly socialize in recreational activities and lessen the feeling of isolation.
- Fostering a culture of inclusivity and openness, accepting one's similarities and differences, and being sensitive lets members to be more expressive with their inner thoughts and feelings.
- This also includes networking with support groups, mental health advocacy groups, and professional organizations that promote awareness, decrease the stigma, and strengthen the sense of community within the congregation.

- **Providing protection**

- It is important to create a safe space within the congregation where individuals feel safe to open up and discuss their problems with individual members or the group.
- Offering to listen and provide moral support to an individual who experience mental health problems without the fear of judgment gives an opportunity for them to be more transparent about their thoughts and feelings.
- Offering prayers in the religious service provides an opportunity to show a sense of community within the congregation.
- Visiting the person in the hospital or at home to check on how they are doing promotes a sense of community and provides a secure base for a person experiencing mental health problems.
- Making a phone call or messaging through mail or different social media platforms are forms of check-ins they can do.

- **Providing assistance to individuals with mental health problems and their families**
 - This further fosters a sense of community within the congregation – it can be as simple as offering a ride going to scheduled appointments or accompanying the person to church activities.
 - Families of individuals with mental illness suffer also and might feel overwhelmed by what is happening. Offering support, listening to their concerns, and offering assistance such as linking them to support groups for families or either government or non-government agencies that provide financial assistance can be of big help.

Section 4: Use of Effective Communication

Introduction:

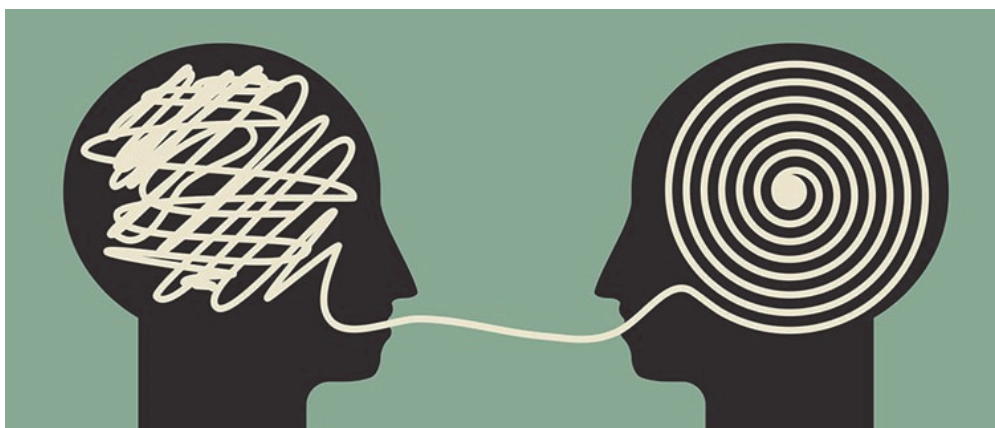
- In Section 3, we discussed the role of faith-based organizations and their leaders in promoting mental health and well-being in their communities. In Section 4, we will delve into the importance of communication and developing listening skills.

Learning Objective:

- At the end of the session, the participants will be able to:
 - Know the importance of effective communication
 - Learn about emphatic listening

Activity 4

- Partner up the members. Between the pair, one will tell a story about their childhood experience for 5 minutes as the other listens without responding or interrupting, before switching roles. When both are done, each one will summarize for one minute what the other person said, and comment on the body language of the person as they shared their stories.
- Ask 5 people to share their experience and discuss how did it feel like listening for 5 minutes without being allowed to respond right away, being asked to summarize what the other person has just said, and commenting on the body language.



Communication is an important skill to develop as it can be of big help to individuals who are dealing with friends, relatives, or colleagues who are experiencing mental illness. Sometimes, it may be difficult for individuals with mental illness to convey what they are thinking and feeling or open up regarding sensitive topics. Likewise, individuals who have loved ones, friends, or colleagues experiencing mental health problems might be hesitant to reach out due to the sensitivity of the topic. Having good communication skills could help them open up in dealing with these difficulties.

Good communication can help in expressing our concerns with a loved one or colleague in a calm, non-threatening, and non-antagonistic way, improving the relationship at home or within the community, breaking down barriers, and clarifying and reducing miscommunications. Moreover, having an effective communication skill helps in articulating thoughts, feelings, needs, and concerns well of all parties concerned.

Elements of Effective Communication

- **Willingness to listen** – One of the most important aspects of effective communication is listening, which requires a conscious effort on the part of the listener to grasp the meaning of what the speaker meant to say.
- **Validate, rather than invalidate** – People are more open to discuss their thoughts and feelings when they feel validated by their listener. Sometimes, people just want to be heard. It tells the speaker that they are important and the listener is not judging them.
- Communicate in a clear, concise, specific, and understandable manner.

Guidelines for Effective Communication

- It is important to listen attentively. Let the speaker know that you have their full attention. Acknowledge their feelings.
- Observe and note any changes in the behavior of the speaker as you go along the conversation.
 - Avoid any distractions, make sure you are in a quiet area, and that the place has enough privacy.

- Use clear and concise statements that are easily understandable.
- Cover one topic at a time so as not to overwhelm and keep it focused.
- Be descriptive when communicating observations about the speaker's behavior and focus on the problem, not on the person. As much as possible, avoid accusing or passing on judgment. The key is to come up with a solution together.
- Encourage the person to explore the problem and possible solutions.
- If the person is uncommunicative or the conversation turns into an argument, take a break and agree to talk another time.

Definition of Emphatic Listening

Also called active listening or reflective listening, this is a way of listening that is attentive with the intent to understand the speaker's feelings on top of their ideas. It encourages the speaker to fully express themselves to get a sense of what they are really experiencing. It involves putting yourself in the speaker's shoes, imagining being in their place while paying attention to your own feelings that relate to their experience.

Why Emphatic Listening is Important

It is likely to gain an individual's trust by demonstrating emphatic listening because it elicits openness, inspires cooperation, and allows you to obtain more information. It conveys their importance to you while ensuring them you are not here to judge.

How to Demonstrate Emphatic Listening

- Be mentally prepared, open minded, and unbiased to the speaker.
- Establish eye contact, listen to what they are saying, be alert and not distracted.
- Indicate that you are listening by providing brief verbal responses such as "okay," "I see," or "go on" and appropriate non-verbal acknowledgment such as nods. You may also encourage the speaker to expound by saying, "Tell me more about it."
- Ask questions to clarify things you do not understand and corroborate thoughts. Paraphrase or summarize from time to time. Reflect back on what you think the speaker is saying and feeling.
- Don't dismiss their feelings, interrupt often, show signs of impatience, change the subject, give advice, jump to conclusions, or formulate your responses that you forget to listen to the speaker.

Section 5:

Supporting Individuals with Mental Health Problems

Introduction:

- In Section 4, we discussed the importance of communication and developing listening skills. In Section 5, we will discuss how to support individuals with mental health problems.

Learning Objective:

- At the end of the session, the participants will be able to:
 - Know when to make a referral
 - Know signs that may indicate that a person might have mental health problems
 - Deal with resistance in accepting mental health treatment

When to Make a Referral to a Mental Health Professional

- **Making a quick assessment of a person with mental health problems**
 - **Level of distress or disability** – Under the DSM 5 or the Diagnostic and Statistical Manual of Mental Disorders, diagnostic criteria require that the patient experience distress or disability. How is the person coping with their problem? Are they in anguish all the time? Or did the mental health problem or illness affect the person's ability to be a productive member of society?
 - **Level of functioning** – Individuals with mental health problems or illnesses show significant impairment in their level of functioning. They might not be able to fulfill their obligations in school/at work or other important functioning in their life. Is the person able to do his chores? Do they take time to finish tasks at hand or fail to finish tasks at all? Did the quality of the work suffer since they started showing changes in behavior?

- **Possibility of danger** – Does the person pose harm to themselves or others? Is there an imminent danger? Is the person suicidal? Has the person engaged in risky behavior?

- **Knowing when to make a referral**

- It is important to be aware of the warning signs that a person with mental health problems or conditions might be manifesting. A timely referral could make a difference in terms of mitigating the circumstances a person is currently experiencing, treatment of the behavioral disturbance, and suicide prevention.
- A psychiatric emergency is any disturbances in thought, emotions, behavior, or cognition that warrant immediate referral to a mental health professional or a medical doctor. Individuals with changes in any of the abovementioned would greatly benefit from timely intervention.

- **Here are some of the conditions that warrant immediate referral to mental health professionals:**

- Sudden changes in the person's behavior include diminished alertness, disorientation, memory impairment, inability to concentrate and sustain one's attention, which may indicate a medical emergency.
- The person poses a threat to themselves and to others such as violent behavior which includes physical and verbal violence. Best predictors of violence include history of violent acts, persons under the influence of alcohol or illicit drugs, and a history of child abuse.
- Here are some signs of impending violence:
 - Recent acts of violence
 - Verbal or physical threat
 - Currently under the state of intoxication either from alcohol or illicit drugs
 - Increasing agitation
 - Poor self-control or impulsivity
 - Individuals manifesting active psychotic symptoms such as hallucinations and delusions
 - Being a victim of physical or sexual abuse, or rape
- Suicide is a psychiatric emergency that warrants immediate attention, even mere suicidal thoughts.
- Here are some signs and symptoms that increase the risk of suicide:•
 - Best predictor of suicide risk is the presence of previous suicide attempt
 - The top predictor of suicide risk is the presence of previous suicide attempts

- Family history of suicide
 - Presence of psychiatric problems such as anxiety, depression, and psychosis
 - Feelings of hopelessness, verbalization of suicide, presence of a suicide note, or preparation of a will
 - Availability of means for suicide
- **How to make a referral for mental health treatment**
 - Part of helping individual members and their families within the congregation is communicating clearly the reasons for making a referral:
 - Work collaboratively with the person involved, together with their loved ones and the faith community they are currently affiliated with on how to best approach the situation. This harnesses a sense of support coming from the faith community.
 - Explain the difference between a spiritual crisis and a mental health crisis, which is an important facet of the referral. There's a need to distinguish between who needs spiritual counseling and guidance from the faith leader and who warrants attention of a mental health professional.
 - Explain to the individual and their loved ones the level of distress and disability, impairment in functioning, and possibility of danger as part of the criteria for making a referral to a mental health professional.
 - It is important to provide reassurance that the congregation will be together with them as they try to make sense of everything and will provide the necessary assistance if needed.
 - It is important to have a list of professional organizations, support groups, and mental health advocacy groups where the congregation can link with the person and their families. Having an established connection between these groups could also help in facilitating the referral.
 - It is important to maintain constant communication with the person and their family. Providing spiritual guidance and encouragement could give a sense of community and provide the needed emotional support. Faith communities are in the best position to help their individual members be re-integrated back into society.

Dealing with Resistance in Accepting Mental Health Treatment

- Resistance to treatment stems from so many factors such as religious and spiritual beliefs, cultural beliefs, and acceptance within the community. Moreover, it could also mean that the individual has a hard time acknowledging that there is or are problem/s affecting their current mental state.

- Dealing with resistance is an integral part of the process, not just on an individual level, but with the community as a whole. Stigma on mental health has always been a problem – people may be reluctant to seek help due to the possible backlash should their story be known within their community. Faith leaders are in the best position to be champions of mental health in their respective faith communities. Promoting mental health awareness, educating, and encouraging a more inclusive and accepting congregation can help in decreasing the resistance on a wider scope, and ultimately reduce the stigma regarding mental health.
- On an individual level, it involves the congregation helping out its members understand and acknowledge the present problem, which will play an integral role in one's acceptance of the treatment and management of the mental health condition. Letting them know that they are not alone, that their community and its leaders stand by them might give them the courage to be open, acknowledge the problem, and seek treatment.
- However, there are times when individual religious concepts and teachings pose as a hindrance to seeking treatment. Some individuals might view their mental health problem as a punishment from a higher being or a testament to their lack of faith. Faith leaders can be of help to these individuals by engaging them in dialogue and providing counsel.

Section 6: Post-Workshop Reflection

Introduction:

- In Section 1, we explored the concept of mental health, the biopsychosocial-spiritual model, and the importance of spirituality in mental health. In Section 2, we focused on mental illness, common misconceptions, as well as stigma surrounding mental illness. In Section 3, we discussed the role of faith-based organizations and their leaders in promoting mental health and well-being in their communities. In Section 4, we delved into the importance of communication and developing listening skills. In Section 5, we discussed how to support individuals with mental health problems. As we near the end of the module, we will wrap up with a post-workshop sharing.

Activity 5

Divide the group into 3, ask the group to discuss among themselves:

- What are your realizations after going through this workshop?
- How can you promote mental health and well-being in your community?
- What can you do to show support to a person with mental illness?

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Further Reading

www.samhsa.gov/faith-based-initiatives

www.psychiatry.org/faith www.heretohelp.bc.ca

www.mentalhealthministries.net

www.psychiatry.org/patients-families/understanding-mental-disorders
<https://ncpd.org>

Appendices

Mental Health Action Plan

Mental Health is a critical component of an individual's overall health and widely considered as the foundation for well-being. According to the World Health Organization, a person's mental health and well-being helps an individual to realize his or her own potentials, cope with normal stresses of life, display resilience in the face of extreme life events, work productively, and make a positive contribution to the community.

Dealing with mental health concerns involve a multi-sectoral and multi-disciplinary approach. In doing so, institute community-based intervention to affect a wider audience. The mental health action plan points to suggested activities that focus on three key areas namely: Education and Capacity Building, Provision of Mental Health Services, and the Promotion of a Healthy Environment with the aim of providing a holistic approach towards promoting a mental health and well-being within the faith communities.

Education plays a key role in introducing the concept of mental health in the community. Literacy and awareness campaigns help in introducing the importance of mental health in the overall well-being of an individual, help in debunking common misconceptions about mental health, and reduces the overall stigma surrounding the topic. Moreover, discussions should not be limited to mental health alone, but should cover topics that promote healthy living such as the importance of nutrition, physical activity, work-life balance, regular sleep-habit, positive routines and practices, which can positively impact the mental health and well-being of an individual. Since the action plan is designed for faith communities, it is important to incorporate the biopsychosocial-spiritual model in the discussion. To bridge the importance of spirituality in mental health as it often influences the belief and attitude towards the topic.

Capacity building activities such as improving the social and communications skills and coping strategies of an individual, would help in promoting self-efficacy, making the person more resilient and capable of handling stressful situations.

The provision of mental health services is divided between promotive and preventive programs on mental health, and on the screening, early identification, and referral to mental health service providers.

Promotive and preventive programs on mental health focuses on interventions that promote the mental health and well-being of a person, and prevent the development of any mental health condition before it even starts. Teaching parents on positive parenting and family management-- equipping the child with tools to better manage their emotions and behavior, to boost their self-confidence, and to understand accountability and responsibility—could have a lasting impact on the child. Likewise, wellness-based programs, such as mindfulness-based exercises, meditation practices, promotion of relaxation techniques, stress management workshops, and application of healthy living through exercise classes (e.g. teaching how to prepare a healthy meal) takes on a holistic approach to well-being.

Screening, early identification, and ease of access to mental health service focuses on making sure that brief interventions are done such as the provision of psychological first-aid and spiritual counselling to prevent the progression of distress. Knowing the signs that a person might be having a mental health condition, being able to make a quick assessment, knowing how to make a referral, and establishing a network could be vital in making sure that the person gets the needed help early on.

Lastly, it is important to foster a healthy environment within the faith communities, fostering a culture of inclusivity and openness. Individuals with mental health problems are often stigmatized within the community which can lead to negative outcomes. Providing a place where individuals with mental health problems could openly socialize lessens the feeling of isolation. Moreover, providing a safe space could lead to individuals to be more open with their inner thoughts and feelings. Likewise, this should extend to families of those individuals with mental health problems who might be feeling overwhelmed or burned out about the situation. Part of promoting a healthy environment, extends to forming support groups

Education and Capacity Building

Education

- Mental health literacy campaign - training module
- Rights of the service user as defined by the mental health law
- Provision of IEC (information, education, communication) materials through flyers, brochures, and infographics
- Awareness campaign through commemoration of World Mental Health Day, Mental Health Awareness Month, World Suicide Prevention Day
- Healthy living (discussion on the importance of nutrition, physical activity, work-life balance, regular sleep-habit, positive routines and practices)

Capacity building

- Sensitivity training
- Social-emotional skills training
- Teaching positive coping strategies and problem-solving skills

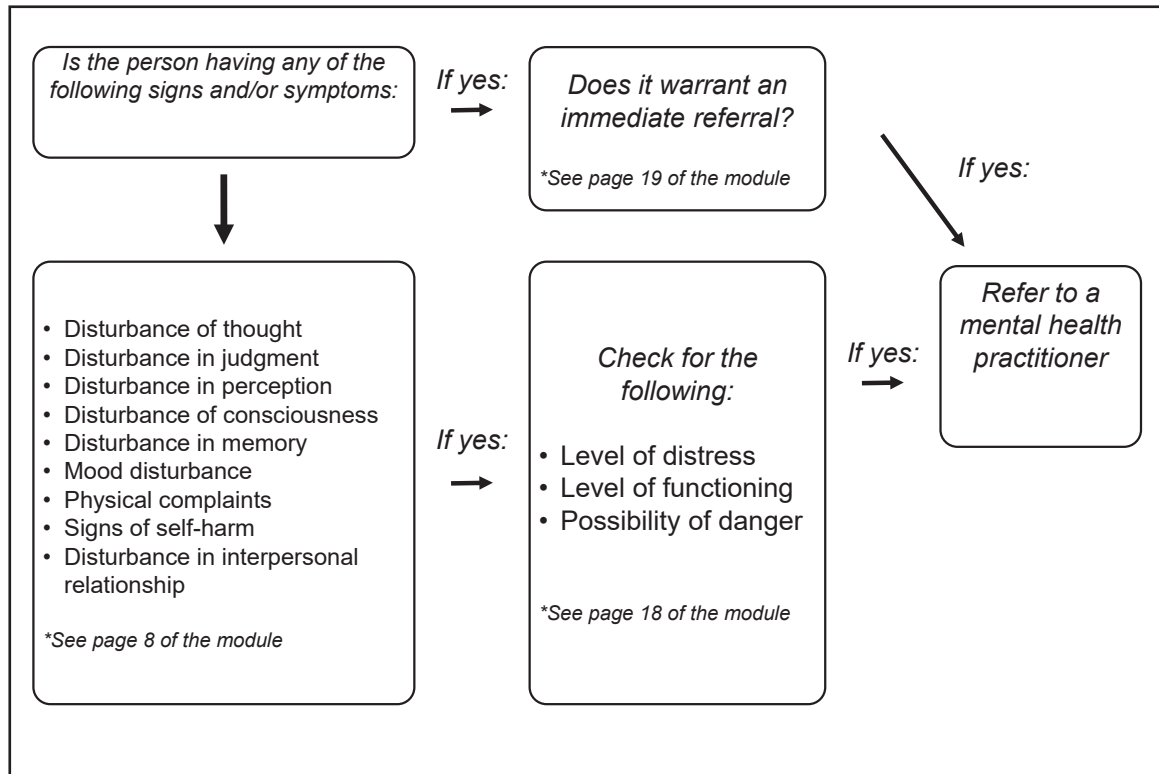
Mental health services

- Provision on promotive and preventive programs on mental health
- Stress management workshop
- Training on psychological first-aid
- Wellness-based programs (such as mindfulness-based exercises)
- Parenting management
- Screening, early identification, and referral to mental health services
- Psychological first-aid
- Spiritual counselling
- Knowing the signs indicating a person might have mental health problems
- Making a quick assessment
- Knowing situations/conditions that warrant an immediate referral
- Establishing a referral system with mental health specialists - guidance counsellors, clinical psychologists, psychiatrists, crisis hotlines, and mental health facilities

Promoting a healthy environment

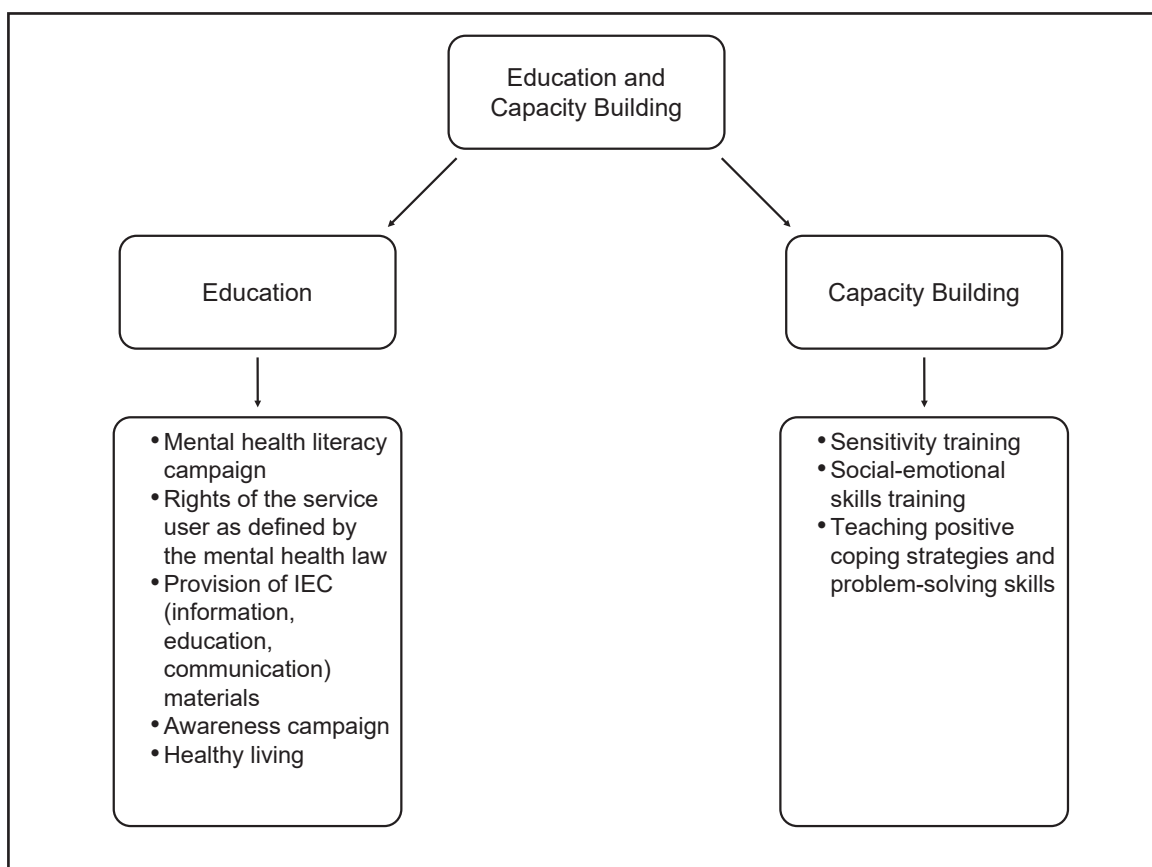
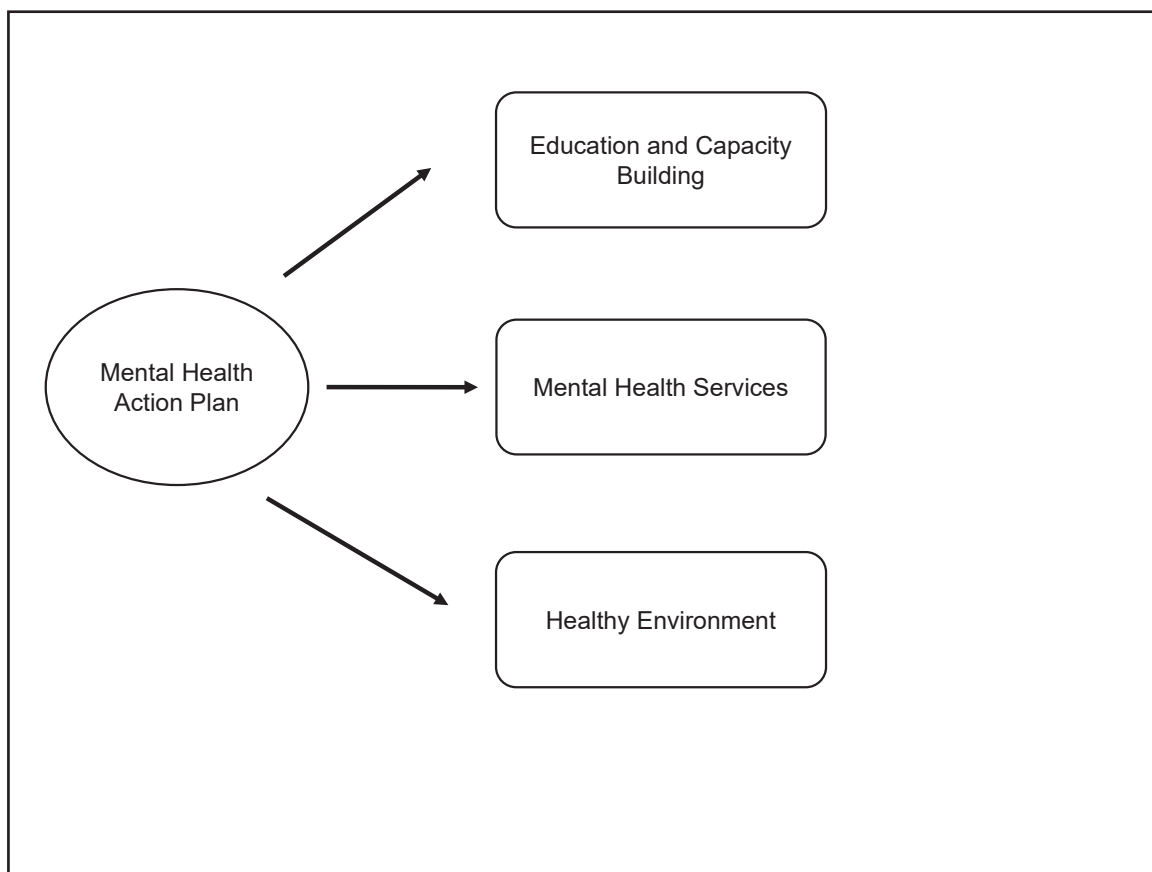
- Creating a prosocial environment
- Peer-support program
- Providing a prayer service for distressed members
- Providing protection to individuals with mental health problems and conditions
- Providing assistance to individuals with mental health problems/conditions and their families
- Providing emotional check-ins
- Forming a support group for individuals with lived experience and their families

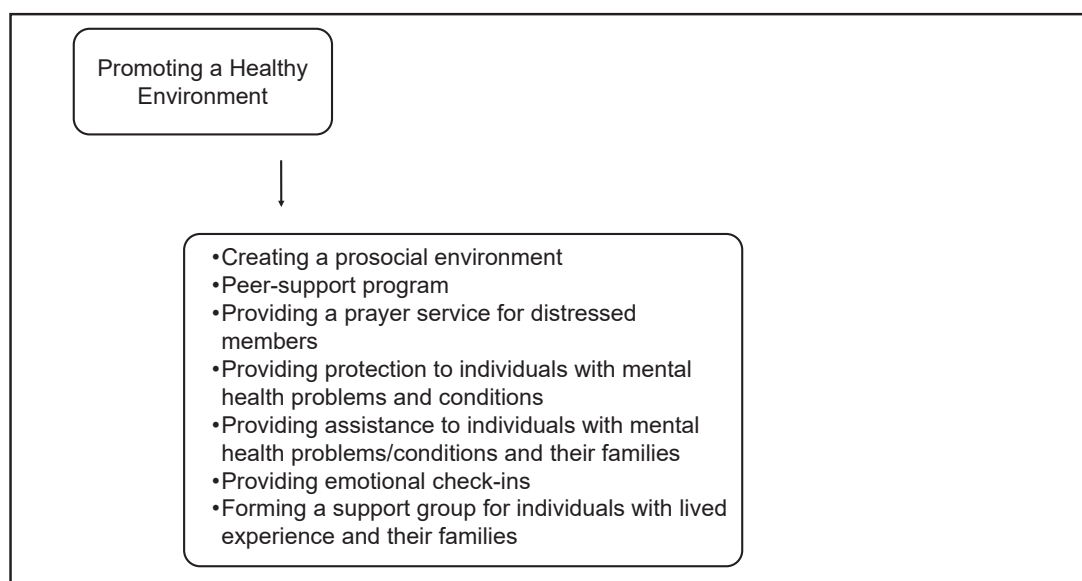
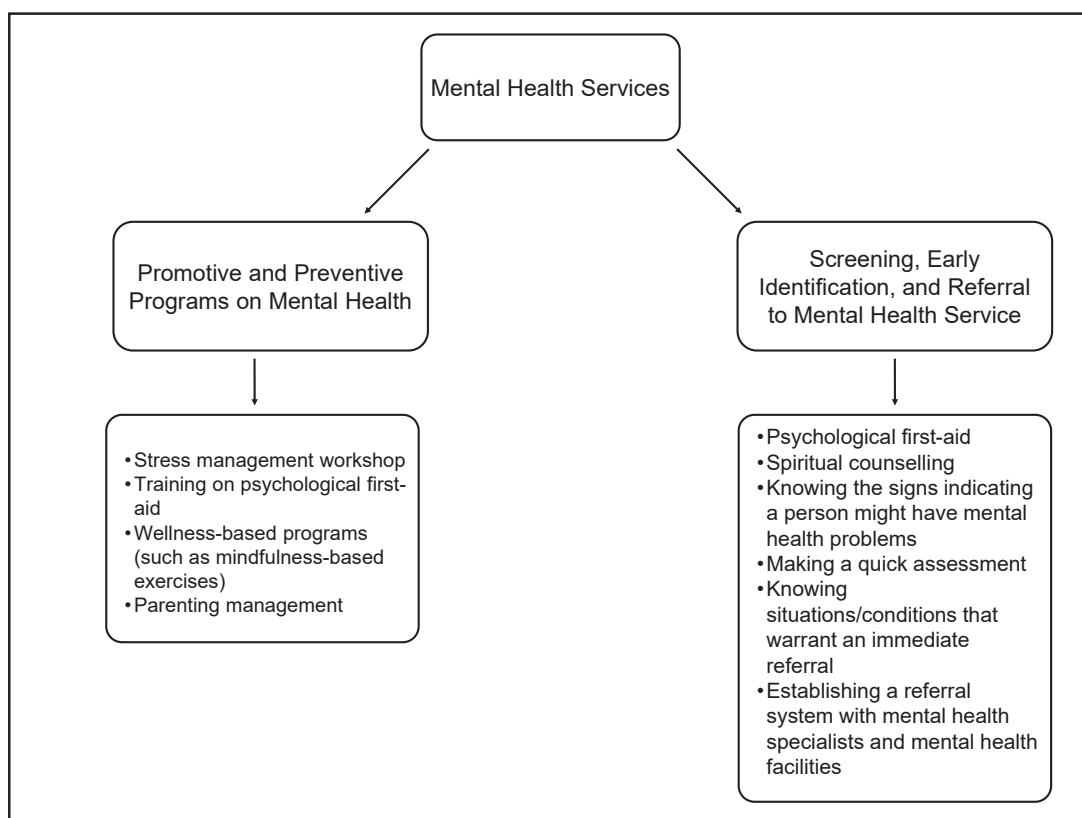
Flow Chart



Elements of a Referral:

- **Primary complaint** - reason behind why the person is being referred to a specialist
- **A brief background of the problem** - including symptoms observed over time, how often these symptoms are seen, how intense these symptoms are when seen
- **Changes that happened since the problem began** - how much has changed from the person's baseline level of functioning (changes that are seen in the day to day activities, work or school performance, and interaction with other people)
- **Things done to manage the present problem** - home remedies, consult with a spiritual advisor, medical practitioner, mental health practitioner, a traditional faith healer or albularyo, laboratory tests, or medications taken
- **Outcome of those interventions** - was there an improvement or did the condition worsen





Mental Health Action Plan							
Activity	Overall Objective	Specific Objectives	Timeline	People Responsible	Resources Required	Cost	Status of the Activity



Training Module on the Right to Mental Health for Faith-Based Organizations

PRE/POST TEST

1. Positive mental health connotes:
 - A. A healthy sense of self-esteem and confidence
 - B. Setting achievable goals, working productively, and harnessing creativity
 - C. Affect how one thinks, feels, and acts
 - D. A and B are correct
 - E. All of the above
2. In the biopsychosocial-spiritual model, which of the following is included in the psychological dimension?
 - A. An individual's history of trauma, resilience, and coping mechanisms
 - B. Present health condition of an individual, current illnesses that may impact their mental health, any current intake of medication, or substance use
 - C. An individual's current support system, their current status of relationships with significant others and other important life figures
 - D. An individual's spirituality
3. In the biopsychosocial-spiritual model, which of the following is included in the biological dimension?
 - A. Includes an individual's family medical and psychiatric history, extensive history of pregnancy and birth
 - B. Recent life experiences, current stressors, present coping, presence or absence of unhelpful thoughts, and current demands or obligations of the individual
 - C. Cultural influences that might impact the person, which extend to occupational and financial status, housing arrangements, and legal problems
 - D. The role of spirituality in the person's life, religious or spiritual affiliations, and the community's support with its members experiencing mental health problems
4. Spirituality _____.
 - A. Involves the belief and recognition that there is a higher being, beyond a person's physical and sensory experiences, that gives one a sense of purpose and meaning of life, and connects each and every one of us
 - B. Refers to the devoutness of an individual to one's religious beliefs, principles, and activities.
 - C. Seeking happiness and satisfaction beyond material possessions

5. Mental illness is:
 - A. Associated with a range of symptoms that affects a person's thoughts, feelings, actions, and mental functioning due to the mental, neurological, and substance use disorders
 - B. Associated with significant distress and may result in a person's inability to fulfill obligations, relate with others, or work effectively, and decrease one's coping abilities and function effectively
 - C. An episode may occur for weeks to months, can be cyclic or persistent
 - D. All of the above
6. Disturbance in perception often involves:
 - A. Seeing, hearing, feeling, tasting, and smelling things in the absence of sensory stimuli
 - B. Underestimation or overestimation of the risks, impaired capacity to discern the pros and cons of a certain action
 - C. Fluctuating emotions or moods, easily become annoyed or irate, sad or anxious, then elated or euphoric
 - D. Aggressive behavior, hostility towards others, impulsiveness, and violence
7. What are the common misconceptions about mental illness?
 - A. It is incurable and lifelong
 - B. People are born with a mental illness
 - C. Mental illness is caused by personal weakness.
 - D. All of the above
8. What can we do to fight the stigma?
 - A. Education
 - B. Promoting awareness
 - C. Promoting a culture of positive mental health
 - D. All of the above
9. How can faith communities promote a culture of positive mental health?
 - A. Provide relevant and factual information such as educational materials on mental health and well-being, as well as materials on mental health conditions
 - B. Fostering a culture of inclusivity and openness, accepting one's similarities and differences
 - C. Promoting awareness within the congregation such as World Mental Health Day
 - D. Offering a ride going to scheduled appointments or accompanying the person to church activities
10. How can faith communities provide protection?
 - A. Creating a safe space within the congregation where individuals feel safe to open up and discuss their problems with individual members or the group
 - B. Offering to listen and provide moral support to an individual who is experiencing mental health problems without the fear of judgment
 - C. Providing relevant and factual information such as educational materials on mental health and well-being, as well as materials on mental health conditions
 - D. A and B are correct

11. Faith-based organizations can help in ensuring the mental health and well-being of the community by:
 - A. Serving as a gateway for their members to get relevant and factual information about mental health
 - B. Providing a strong support system for their distressed members experiencing mental health problems
 - C. Extending support to the families of their distressed members by providing assistance and giving relevant information on how to properly engage individuals with mental health problems
 - D. All of the above
12. Faith leaders can help in ensuring the mental health and well-being of the community by:
 - A. Being champions of mental health within the congregation, promoting mental health awareness, and reducing the stigma on mental health
 - B. Adopting a more inclusive and accepting stance on issues regarding mental health and promoting open-mindedness amongst its congregation
 - C. Making time for emotional "check-ins"
 - D. All of the above
13. What are the elements of effective communication?
 - A. Willingness to listen
 - B. Validating the feelings of the person
 - C. Coming up with a solution for the person in distressed
 - D. A and B are correct
14. In making a quick assessment for referral to a mental health professional, it is important to know:
 - A. What the voices say
 - B. The number of voices heard
 - C. Possibility of danger
 - D. Level of distress
 - E. A and B are correct
 - F. C and D are correct
15. What are the signs of impending violence?
 - A. Verbal or physical threat
 - B. Currently under the state of intoxication either from alcohol or illicit drugs
 - C. Poor self-control or impulsivity
 - D. All of the above



Training Module on the Right to Mental Health for Faith-Based Organizations

ANSWER KEY

1. Positive mental health connotes:
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Powerpoint Presentation

COMMISSION
ON HUMAN
RIGHTS

Training Module
on the Right to
MENTAL HEALTH
Faith-Based
Organizations

Presented by:
CARLO ALPHONSO C. BELMONTE, RN, MD, DSBPP

HUMAN RIGHTS EDUCATION AND PROMOTION OFFICE

Training Module on the Right to Mental Health
Faith-Based Organizations

Section 1
Mental Health

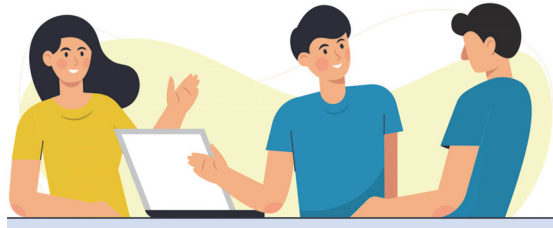
Slide 2



Learning Objectives

At the end of the session, the participants will be able to:

- ✓ Have a better understanding of the concept of mental health and well-being, and understand how mental health can affect a person's thinking, feelings, and actions
- ✓ Understand the biopsychosocial-spiritual model of mental health
- ✓ Know the importance of spirituality in mental health



Slide 3



Activity 1

Divide the group into three and ask them to discuss among themselves:

- A. What does mental health mean to you?
- B. What constitutes a mentally healthy individual?
- C. How can one's present mental health positively or negatively affect an individual?

Ask one representative from the group to summarize what the group discussed.



Slide 4



What is Mental Health?

The **World Health Organization** defines mental health as a state of well-being in which an individual

- realizes their potential
- cope with normal stresses of life
- displays resilience in the face of extreme life events
- works productively
- and makes a positive contribution to their community



Slide 5



Training Module on the Right to Mental Health

Faith-Based Organizations

Mental health affects an individual's thinking, learning, feelings, and actions.



Slide 6



Training Module on the Right to Mental Health

Faith-Based Organizations

Overall, having positive mental health connotes:

- ✓ A sense of meaning and purpose
- ✓ Satisfaction beyond material possession
- ✓ A healthy sense of self-esteem and confidence
- ✓ Building and maintaining healthy relationships
- ✓ Showing empathy and compassion



Slide 7



Training Module on the Right to Mental Health

Faith-Based Organizations

- ✓ Setting achievable goals, working productively, and harnessing creativity
- ✓ Healthy work-life-play balance
- ✓ Ability to deal with stress, cope with problems, adapt to changes, and rise from adversity
- ✓ Making healthy choices



Slide 8



Mental health can affect how one thinks, feels, and acts. An individual with negative mental health may experience the following:

- ✓ Inability to cope with stressful situations
- ✓ Overwhelmed by surroundings or situations
- ✓ Difficulty in thinking clearly
- ✓ Anxiety, sadness, or irritability
- ✓ Irrational behavior or isolation

All of which can affect a person's ability to function and work productively.



Slide 9



Activity 1.1

Divide the group into three and ask them to discuss among themselves:

- A. What makes up the different aspects of the biopsychosocial-spiritual model of mental health?
- B. How interrelated are these components? And how can one component of the biopsychosocial-spiritual model affect the others?
- C. What is the importance of spirituality in mental health?

Ask one representative from the group to summarize what the group discussed.



Slide 10



Biopsychosocial-Spiritual Model

- ✓ The biopsychosocial model theorized by George Engel suggested that physicians must simultaneously address the biological, psychological, and social dimensions of an individual relating to their illness.
- ✓ It is a way of understanding the person's pain and subjective experience at multiple levels, taking into context how each aspect affects one another; starting from the contribution of each dimension in the past, how each dimension is shaping the present, and how it can ultimately impact the future.



Slide 11



Biological Dimension

- ✓ One's family's medical and psychiatric history is an important component of this dimension.
- ✓ This includes an extensive history of pregnancy and birth (such as complications, illnesses, or exposure to toxins during mother's pregnancy).
- ✓ It also looks at an individual's present health condition, current illnesses that may impact one's mental health, and any current intake of medication, or substance use (cigarettes, alcohol, or illicit drugs).

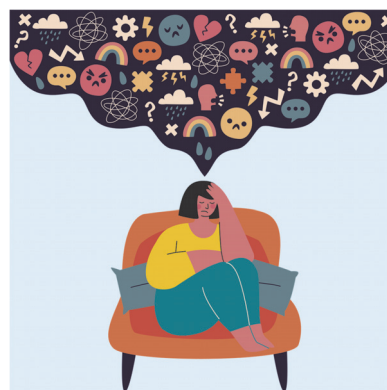


Slide 12



Psychological Dimension

- ✓ This dimension focuses on history of trauma, resilience, coping mechanisms, and how past medical or psychiatric problems have impacted the individual's development.
- ✓ This includes the quality of relationships with parents, caregivers, family, friends, teachers, and peers.
- ✓ One's recent life experiences, recent stressors, presence or absence of unhelpful thoughts, and current demands or obligations are also checked.



Slide 13



Social Dimension

- ✓ The social dimension includes an individual's current support system and present status of relationships with significant others and important life figures.
- ✓ Cultural influences that might impact the individual are looked at, which extends to occupational and financial status, housing arrangements, and legal problems.

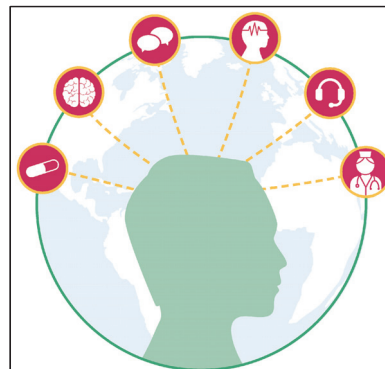


Slide 14



Spiritual Dimension

- ✓ The spiritual dimension was incorporated into this model as one's spiritual history was recognized to be as important as the other dimensions.
- ✓ It acknowledges that one's spirituality could affect their outlook on life and how a person may cope with illness.
- ✓ The dimension includes the role of spirituality in a person's life, religious or spiritual affiliations, and the community's support for its members with mental health problems.



Slide 15



Spirituality and Mental Health

- ✓ Spirituality involves the belief and recognition that there is a higher being, beyond a person's physical and sensory experience.
- ✓ Gives one a sense of purpose and meaning of life, and connects each and every one of us.
- ✓ Spiritual practices involve seeking meaning and purpose in life, showing compassion to oneself and others, seeking happiness and satisfaction beyond material possessions, and aspiration towards being an enlightened individual.



Slide 16



- ✓ On the other hand, religiosity refers to the devoutness of an individual to one's religious beliefs, principles, and activities.
- ✓ Religious teachings often influence the beliefs about mental health and well-being, including the attitudes towards mental illness.
- ✓ It also influences an individual's readiness to seek help and adhere to treatment.



Slide 17



Training Module on the Right to Mental Health

Faith-Based Organizations

Importance of Spirituality in Mental Health

- ✓ A person's spiritual needs may become apparent in times of crisis.
- ✓ A person often turns to spirituality to find meaning and answer against their adversity.
- ✓ Given the importance of satisfying one's spiritual needs, a person may answer these needs through prayer, meditation, mindfulness, gratitude, helping other people, and showing empathy, among others.



Slide 18



Training Module on the Right to Mental Health

Faith-Based Organizations

- ✓ Spiritual beliefs and practices continue to be an influential factor in health care-related decision-making of Filipinos and play an important role in their behavior of seeking help to recover from illnesses.
- ✓ Addressing one's spiritual needs plays an integral role in the overall health and well-being of an individual.



Slide 19



Training Module on the Right to Mental Health

Faith-Based Organizations

Section 2

Mental Illness and Stigma

Slide 20



Learning Objective

At the end of the session, the participants will be able to:

- ✓ Have a better understanding of mental illness
- ✓ Recognize signs that might indicate mental health problems of a peer
- ✓ Correct some of the common misconceptions about mental illness
- ✓ Fight the stigma surrounding mental illness



Slide 21



Activity 2

Divide the group into three, ask the group to discuss among themselves:

- A. What three words does each member think of when they hear "mental illness"?
- B. How is mental illness portrayed in society?
- C. What challenges do people with mental illness face in society?
- D. What are the common misconceptions you hear about mental illness?
- E. In your own way, how can you reduce stigma in your community?

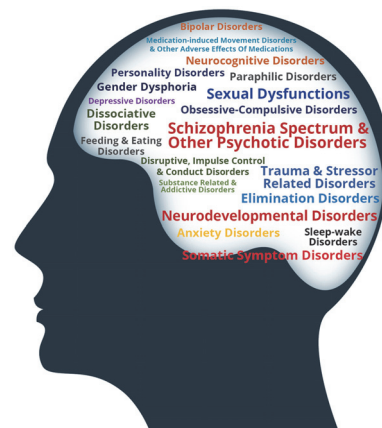
Ask one representative from the group to summarize what the group discussed.



Slide 22



- Mental illness consists of a range of symptoms that affect a person's thoughts, feelings, actions, and mental functioning. This is due to mental, neurological, or substance use disorders that arise due to biological, psychological, adverse social, and environmental factors.
- It is associated with significant distress and may result in a person's inability to fulfill obligations and function effectively.
- An episode may occur for weeks to months, can be cyclic, or persistent.



Slide 23



Signs that may indicate a person has mental health problems:

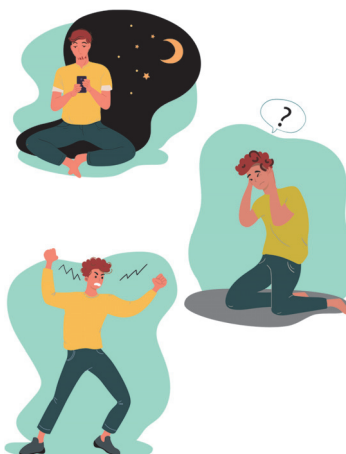
- **Thinking disturbances** - Signs of thought disturbances may be seen in the flow of thought an individual has, they could have a rapid or slow thought process, circumstantial answers, obsessive thoughts, or fixed beliefs that are strongly held which also deviates from the person's social, cultural, and educational background.
- **Disturbance in judgment** - Impairment in judgment is seen in many psychiatric conditions. They could manifest as underestimation or overestimation of risks, impaired capacity to discern the pros and cons of a certain action, and lack of insight.
- **Disturbance in perception** - This involves seeing, hearing, feeling, tasting, and smelling things in the absence of sensory stimuli. People often observe individuals experiencing this phenomenon: talking or laughing by themselves, seeing things that only they could see, smelling strange scents, or feeling that something is crawling under their skin.



Slide 24



- **Disturbance of consciousness** - This can be seen in the form of fluctuating levels of consciousness, confusion, and increasing level of agitation as the night falls.
- **Memory disturbance** - Memory lapses affect day-to-day activities, such as losing items, forgetting names, dates, directions, or appointments, repetition of questions or statements, and inability to recall recent details.
- **Disturbance in behavior** - Disturbances in an individual's behavior may include aggression, hostility towards others, impulsiveness, and violence.



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- **Mood disturbance** - An individual could exhibit fluctuating emotions or moods, easily become annoyed or irate, sad or anxious, then elated or euphoric.
- **Physical complaints** - Physical discomfort may be experienced, for example, disturbances in sleep, appetite changes, medically unexplained muscle aches and pains, headaches, low energy, palpitations, tightness in the chest, feelings of uneasiness, sluggishness, and poor concentration.
- **Signs of self-harm** - Self-harm may be seen in the form of cuts, burns, or bruises in different parts of the body. They might deny being suicidal but state that self-inflicted pain relieves them of tension or serves as a way to punish themselves.
- **Disturbance in interpersonal relationship** - This may be manifested through isolation and frequently getting into or even causing fights with other people, either strangers or loved ones.



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Stigma

- There are a lot of misconceptions surrounding mental illness that stem from negative beliefs that cause people to avoid stereotypes and fear judgment or discrimination.
- The stigma affects their quality of life, prevents them from seeking treatment, or opening up to others about their problems – all of which further puts them at a disadvantage.



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Here are some common misconceptions:

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Mental illness is incurable and lifelong.

- With the right kind of help, treated appropriately and early, most people recover fully and have no further episodes of illness. For others, mental illness may recur throughout their lives and require ongoing treatment. This is the same as many physical illnesses, such as diabetes and heart disease.

People are born with mental illness.

- A vulnerability to some mental illnesses, such as bipolar mood disorder, can run in families. But other people develop mental illnesses with no family history. Many factors contribute to the onset of a mental illness, including stress, grief, breakdown of relationships, unemployment, social isolation, a major physical illness, physical and sexual abuse, or disability.

Only certain types of people develop a mental illness.

- As many as one in five may develop a mental illness at any stage in their lives. Everyone is vulnerable to mental health problems. It affects people regardless of age, education, income, or culture.



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Mental illness is caused by a personal weakness.

- A mental illness is not a character flaw. It is caused by a complex interplay of genetic, biological, social, and environmental factors. Seeking and accepting help is a sign of strength.

People with mental illness can “pull themselves out of it.”

- A mental illness is not caused by personal weakness and is not “cured” by sheer will, personal strength, or a simple change of mindset.

Is stigma one of the biggest problems for people with mental illness?

- One of the biggest obstacles for people recovering from mental illness is confronting other people’s negative attitudes. Positive, hopeful, and supportive attitudes of family, friends, service providers, employers, and members of their community toward people with mental illness are critical to ensuring their quality of life while recovering.



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What can we do to fight the stigma?

- Education** - The best way to fight the stigma on mental illness is to inform and educate. It involves correcting misconceptions with information that is factual and based on scientific knowledge.
- Promoting awareness** - Encouraging participation and active engagement from faith communities in efforts such as World Mental Health Day and Suicide Prevention Day.
- Promoting a culture of positive mental health** - Individuals with mental health problems are often stigmatized. This can be lessened by providing an opportunity where people can openly socialize and engage in recreational activities.



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Section 3

Role of Faith-Based Organizations in Promoting Mental Health in their Communities

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Learning Objective

At the end of the session, the participants will be able to:

- ✓ Know the important role of faith-based organizations and their leaders in promoting mental health and well-being
- ✓ Learn in which ways could faith-based groups can promote mental health and well-being in their community



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Activity 3

Divide the group into three, ask the group to discuss among themselves:

- A. What role do faith-based organizations and their leaders have in promoting mental health and well-being in their respective communities?
- B. How can faith-based organizations promote mental health and well-being in their communities?

Ask one representative from the group to summarize what the group discussed.



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Role of Faith-Based Organizations in Ensuring the Mental Health and Well-being of the Community

- Faith-based organizations are in a unique position due to their physical proximity to underserved populations.
- Faith communities can serve as a gateway with relevant and factual information about mental health for their members.
- Faith-based organizations are in a good position to open the dialogue about mental health and well-being, and encourage openness within their respective congregations.



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- The strong ties people have with their faith communities can help provide emotional support and a safe space for their distressed members who are having mental health problems.
- Faith communities can extend support to the families of their distressed members by providing assistance and giving relevant information on how to properly engage individuals with mental health problems.
- Faith communities are in a good position to be part of the referral system and to serve as the gateway to professional behavioral treatment.



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Role of Faith Leaders in Helping Members Experiencing Mental Health Problems and Illnesses

- Faith leaders can be champions of mental health within the congregation by promoting mental health awareness and reducing the stigma on mental health.
- Faith leaders are in a unique position to influence their congregation to adapt to a more inclusive and accepting stance on issues regarding mental health and to promote open-mindedness amongst their congregation.



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- Faith leaders have long been sought by their individual members over their emotional problems. This creates an opportunity for leaders to make time for emotional “check-ins”.
- Faith leaders are crucial in the referral system by providing relevant information, linking their distressed members to mental health professionals.



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Ways Faith-Based Groups Can Promote Mental Health and Well-being in Their Congregation

Promote Awareness

- Faith communities can provide relevant and factual information and resource materials on mental health and well-being, breaking down the stigma surrounding mental health and creating a climate within the congregation that is open and accepting.
- Awareness events within the congregation can be organized, such as World Mental Health Day, World Mental Health Awareness Week, and Suicide Prevention Day.



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Promote a Culture of Positive Mental Health

- Individuals with mental health problems are often stigmatized, so faith communities can provide an opportunity where people can openly socialize and engage in recreational activities, which may lessen their feeling of isolation.
- They can foster a culture of inclusivity and openness, accepting one's similarities and differences, and being sensitive.



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Provide Protection

- It is important to create a safe space within the congregation where individual members feel safe to open up and discuss their problems with other members of the group.
- An individual experiencing mental health might be more transparent about their thoughts and feelings if members of the community offer to listen and provide moral support without judgment or retribution.



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- Offering prayers during the religious service provides an opportunity to show a sense of community within the congregation and extends the feeling of safety and security.
- Visiting the person in the hospital or at home to check on how they are doing promotes a sense of community.
- Making a phone call or sending a message through mail or different social media platforms to check-in.



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Providing Assistance to Individuals with Mental Health Problems and Their Families

- This further fosters a sense of community within the congregation. It can be as simple as offering a ride going to scheduled appointments or accompanying the person during church activities.
- Families of individuals with mental illness suffer too, often feeling overwhelmed by what is happening. Communities may offer support such as listening to their concerns or linking them to support groups for families or both government and non-government agencies that provide financial assistance can be of big help.



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Section 4

Use of Effective Communication

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Learning Objective

At the end of the session, the participants will be able to:

- ✓ Know the importance of effective communication
- ✓ Learn about empathic listening



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Activity 4

- A. Partner up the members. Between the pair, one will tell a story about their childhood experience for a good 5 minutes as the other listens without responding or interrupting, before switching roles. When both are done, each one will summarize for one minute what the other person said, and comment on the body language of the person as they shared their stories.
- B. Ask 5 people to share their experience and discuss how it felt like listening for 5 minutes without being allowed to respond right away, being asked to summarize the other's story, and to relay their body language.



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- It may be difficult for individuals with mental illness to convey what they are thinking and feeling, or open up regarding sensitive topics.
- Likewise, individuals who have loved ones, friends, or colleagues experiencing mental health problems might be hesitant to reach out due to the sensitivity of the topic.
- Good communication can help in expressing our concerns with a loved one or colleague in a calm, non-threatening, and non-antagonistic way, improving our relationships, breaking down barriers, and clarifying and reducing miscommunications.



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What are the elements of an effective communication?

- **Willingness to listen** - One of the most important aspects of effective communication is listening, which requires a conscious effort on the part of the listener to grasp the meaning of what the speaker meant to say.
- **Validate, rather than invalidate** - People are more open to discussing their thoughts and feelings when they feel validated by the listener. Sometimes, people just want to be heard. It tells the speaker that they are important, and you are not judging them.
- **Clarity** - Communicate in a clear, concise, specific, and understandable manner.



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Guidelines for Effective Communication

- It is important to listen attentively. Let the speaker know that you have their full attention.
- Observe and note any changes in the behavior of the speaker as you go along the conversation.
- Avoid any distractions and opt for a quiet area with enough privacy.
- Use clear and concise statements that are easily understandable.



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- Cover one topic at a time so as not to overwhelm both parties and keep it focused.
- Be descriptive when communicating observations about the speaker's behavior and focus on the problem and not on the person. As much as possible, avoid accusing or passing on judgment.
- Encourage the person to explore the problem and possible solutions.
- If the person is uncommunicative or the conversation turns into an argument, take a break, and agree to talk another time.

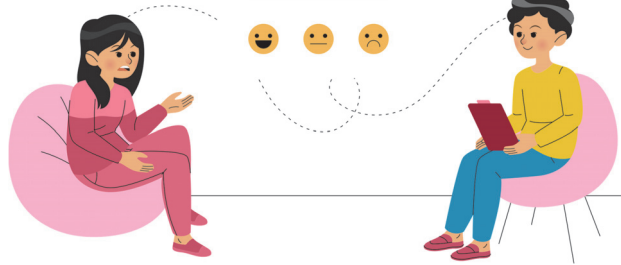


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What is empathic listening?

- Also known as active listening or reflective listening, this is a way of listening that is attentive, with the intent of understanding how the speaker feels on top of understanding his or her ideas.
- It encourages the speaker to fully express themselves to get a sense of what they are really experiencing.



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Why is empathic listening important?

Being able to demonstrate empathic listening gains the person's trust, elicits openness, gains cooperation, obtains more information, and conveys the message, **"You are important and I am not judging you."**



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How to demonstrate empathic listening?

- Be mentally prepared, open-minded, and unbiased to the speaker.
- Establish eye contact, pay attention to what they are saying, be alert, and avoid distractions.
- Indicate that you are listening by providing brief responses such as "okay," "I see," "uh-huh," or "go on" and appropriate non-verbal acknowledgment such as nods, and inviting the speaker to say more such as "I would like to hear more," or "Tell me more about it."



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- Ask questions to clarify things you do not understand and corroborate their thoughts. Paraphrase or summarize from time to time. Reflect what you think the speaker is saying and feeling.
- Don't dismiss their feelings, interrupt them, show signs of impatience, change the subject, give unwanted advice, jump to conclusions, or formulate your responses that you forget to listen to the speaker.



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Section 5

Supporting Individuals with Mental Health Problems

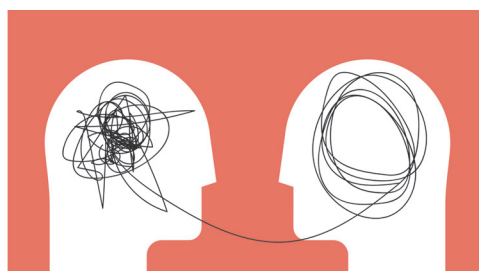
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Learning Objective

At the end of the session, the participants will be able to:

- ✓ Know when to make a referral
- ✓ Recognize signs that may indicate that a person might be having mental health problems
- ✓ Deal with resistance in accepting mental health treatment



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When to Refer to a Mental Health Professional

Making a quick assessment of a person with mental health problems

Level of distress or disability - Under the DSM 5 diagnostic criteria requires that the patient experiences distress or disability.

- A. How is the individual coping with their problem?
- B. Are they in anguish all the time?
- C. Did the mental health problem or illness affect the person's ability to be a productive member of society?



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Level of functioning - Individuals with mental health problems or illnesses show significant impairment in their level of functioning and might not be able to fulfill their obligations at work, school, or other important functions in the individual's life.

- A. Is the person able to do his chores?
- B. Do they take time to finish tasks at hand or fail to finish tasks at all?
- C. Did the quality of the work suffer since they started showing changes in behavior?



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Possibility of danger

- A. Is the person a harm to themselves or others?
- B. Is there an imminent danger?
- C. Is the person suicidal?
- D. Has the person engaged in risky behavior?



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Knowing when to make a referral

- It is important to be aware of the warning signs that a person with mental health problems or conditions might be manifesting.
- A timely referral could make a difference in terms of mitigating the struggle the individual is experiencing, treatment of the behavioral disturbance, and suicide prevention.
- A psychiatric emergency is any disturbances in thought, emotions, behavior, and cognition that warrants immediate referral to a mental health professional or a medical doctor.



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Conditions that warrant immediate referral to mental health professional:

- A sudden change in a person's behavior such as diminished alertness, disorientation, memory impairment, or inability to concentrate and sustain one's attention.
- If the person poses a threat to themselves and to others such as violent behavior which includes physical and verbal violence.
- The best predictor of violence includes a history of violent acts, persons under the influence of alcohol or illicit drugs, and a history of child abuse.



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Here are signs of impending violence:

- Recent acts of violence
- Verbal or physical threats
- Presently under the state of intoxication, either from alcohol or illicit drugs
- Increasing agitation
- Poor self-control or impulsivity
- Active psychotic symptoms such as hallucinations and delusions



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- **Being a victim of physical or sexual abuse, or rape**
- **Suicidal thoughts** - Suicide is a psychiatric emergency that warrants immediate attention, the mere suicidal thoughts warrant immediate psychiatric evaluation.
- **Here are some signs and symptoms that increase the risk of suicide:**
 - The best predictor of suicide risk is the presence of previous suicide attempts
 - Family history of suicide
 - Presence of psychiatric problems such as anxiety, depression, and psychosis
 - Feelings of hopelessness, verbalization of suicide, presence of a suicide note, or preparation of a will
 - Availability of means for suicide



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How to Make a Referral for Mental Health Treatment

Part of helping individual members and their families within the congregation is communicating clearly the reasons for making a referral.

- It involves working collaboratively between the person involved together with their loved ones, and the faith community they are affiliated with on how to best approach the situation.
- Explaining the difference between what is a spiritual crisis and a mental health crisis is an important facet of the referral.
- Explaining to the individual and their loved ones the level of distress and disability, impairment in functioning, and the possibility of danger as part of the criteria for making a referral to a mental health professional.



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- It is important to provide reassurance that the congregation will be together with them as they try to make sense of everything and will provide the necessary assistance if needed.
- Prepare a list of professional organizations, support groups, and mental health advocacy groups where the congregation can link the person in crisis and their families.
- Maintain constant communication with the person and their family. Providing spiritual guidance and encouragement could share a sense of community and provide emotional support.

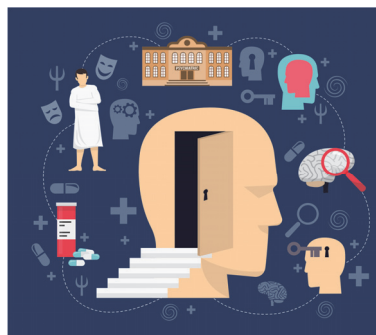


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Dealing with Resistance in Accepting Mental Health Treatment

- Resistance to treatment stems from so many factors such as religious and spiritual beliefs, cultural beliefs, and acceptance within the community.
- It could also mean that the individual has a hard time acknowledging that there is or are problem/s affecting their current mental state.



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- Faith leaders are in the best position to be champions of mental health in their respective faith communities.
- Promoting mental health awareness, educating, and encouraging a more inclusive and accepting congregation can help in decreasing the resistance on a more wider scope, and ultimately reduce the stigma regarding mental health.



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- On an individual level, it involves the congregation helping out its members to understand and acknowledge the present problem, which will play an integral role in one's acceptance of the treatment and management of the mental health condition.
- Letting them know that they are not alone and that their community and its leaders stand by them might give them the courage to be open, to acknowledge the problem, and to seek treatment.



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- There are times when an individual's religious beliefs and understanding pose as a hindrance to seeking treatment.
- Some individuals might view their mental health problem as a punishment from a higher being or a testament to their lack of faith.
- Faith leaders could be of help to these individuals by engaging them in conversation and providing counsel.



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Section 6

Post-Workshop Reflection

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Introduction:

- In **section 1**, we explored the concept of mental health, the biopsychosocial-spiritual model, and the importance of spirituality in mental health.
- In **section 2**, we focused on mental illness, common misconceptions, and the stigma surrounding mental illness.
- In **section 3**, we discussed the role of faith-based organizations and their leaders in promoting mental health and well-being in their communities.
- In **section 4**, we delved into the importance of communication and developing listening skills.
- In **section 5**, we discussed how to support individuals with mental health problems. As we wrap up this workshop, we will have a post-workshop sharing.

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Divide the group into 3, ask the group to discuss the following among themselves:

A. What are your realizations after going through this workshop?

B. How can you promote mental health and well-being in your community?

C. What can you do to show support to a person with mental illness?



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Further Reading

- www.samhsa.gov/faith-based-initiatives
- www.psychiatry.org/faith
- www.heretohelp.bc.ca
- www.mentalhealthministries.net
- www.psychiatry.org/patients-families/understanding-mental-disorders
- <https://ncpd.org>

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THANK you

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