Commission on Human Rights

Training Module on the Right to Mental Health for Local Health Leaders

HUMAN RIGHTS EDUCATION AND PROMOTION OFFICE

Training Module on the Right to Mental Health for Local Health Leaders

Human Rights Education and Promotion Office
Commission on Human Rights

ISBN No. 978-621-8347-02-1 PDF (downloadable)

Training Module on the Right to Mental Health for Local Health Leaders

Published by

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

Commission on Human Rights
Republic of the Philippines
www.chr.gov.ph

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

Contents

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 local health leaders. We would like to acknowledge and thank Maria Meliza M. Daz, MD, DSBPP, MPM, 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.

Module Objectives

At the end of the module, the participant will be able to:

1. Discuss general concepts on mental health;
2. Identify their current mental health situation; and
3. Develop localized mental health policies and programs.

Rights-Based Mental Health Framework

The Philippines is one of the signatories of the Convention on the Rights of Person with Disabilities (CPRD). The covenant mandates member countries to promote mental health as a human right. Five themes, drawn from the CRPD as follows:

1. The right to an adequate standard of living and social protection (Article 28).
2. The right to the enjoyment of the highest attainable standard of physical and mental health (Article 25).
3. The right to exercise legal capacity and the right to personal liberty and the security of a person (Articles 12 and 14).
4. Freedom from torture or cruel, inhuman, or degrading treatment or punishment and from exploitation, violence, and abuse (Articles 15 and 16).
5. The right to live independently and be included in the community (Article 19).

From these key themes, the World Health Organization (WHO) quality rights refer to the five initiatives that must be undertaken to ensure mental health is protected, namely:

1. Build capacity to combat stigma and discrimination
2. Improve the quality of care in mental health services
3. Create community-based and recovery-oriented services
4. Support advocacy and influence policy-making
5. Reform national policies and legislation in line with CRPD

Session 1:
Introduction to Mental Health

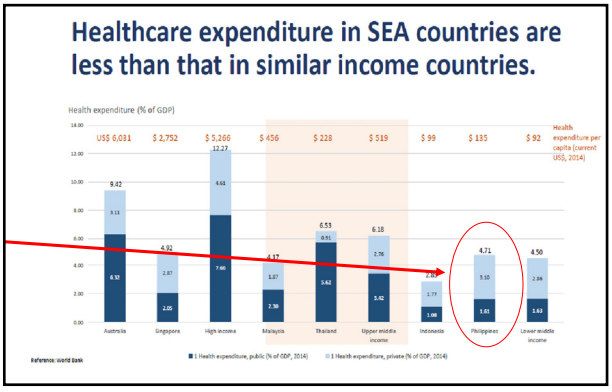
Session Objectives

- Know the global, regional, and national landscape of mental health
- Discuss concepts and theories on mental health
- Identify local data on mental health

The Mental Health Landscape

This topic highlights available data and information on mental health such as the following:

- Cases of mental health problems are globally increasing; however, there is a shortage of mental health providers such as psychologists, psychiatrists, etc.



- The Philippines has the lowest spending on mental health among Southeast Asian countries despite the apparent increase in health spending since 2019.

Mental health represents an estimated 2.65% of the health budget. However, most of the funds go to mental hospitals and there is no specific mental health line in the health budget. Mental health care is mostly paid for out-of-pocket by service users. Many Filipinos seek care for mental health from private providers or traditional resources.

Across the globe, suicide is one of the causes of death among which can occur across the board. In the Philippines, it is ranked as the third leading cause of death among young people, beating cardiovascular, neurological disease, and cancer.

These factors deliver high-risk behavior among individuals suffering from mental health illness, and the majority consume drugs and drink excessive alcohol.

According to data from the Philippine Statistics Authority and the World Health Organization (WHO), mental health concerns include:

- An increase in intentional self-harm by about 26%
- Deaths due to intentional self-harm recorded a 25.7% increase from the previous year, making it the 27th leading cause of death in 2020 from rank 31 in 2019
- From 2,808 registered deaths due to intentional self-harm in 2019, this spiked to 3,529 in 2020
- Third leading cause of death among young people in the Philippines
- The reported most vulnerable are adolescents and young adults
- Among Filipino children aged 5 to 15, 10% to 15% are affected by mental health problems
- 16.8% of Filipino students aged 13 to 17 have attempted suicide at least once within a year before the 2015 Global School-based Student Health survey
- There are only five government hospitals with psychiatric facilities for children, 84 general hospitals with psychiatric units, 46 outpatient facilities, and only 11 are designated for children and adolescents

Mental Health Governance and Policies

There is significant progress achieved in the national policies for mental health because of the growing political support for the last decades.

National policies for mental health in the Philippines lay a strong groundwork for increasing access to mental health care services across the country. Following the policy, legislation that demands integrating mental health services into primary health care and decentralizing services to local government units would offer opportunity for the expansion of community-level mental health programs. The exact model of how community care will be offered still needs to be defined.

Understanding Mental Health

Mental health is defined as a state of well-being in which the individual realizes one's abilities and potentials, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and can make a positive contribution to the community (Mental Health Act, 2018).

Under the same law, a mental health provider or mental health professional can provide mental health services such as psychosocial, psychiatric, or neurologic activities and programs. Mental health professionals include medical doctors, psychologists, nurses, social workers, or any appropriately-trained and qualified person, including but not limited to counselors, peer counselors, informal community caregivers, mental health advocates, and their organizations.

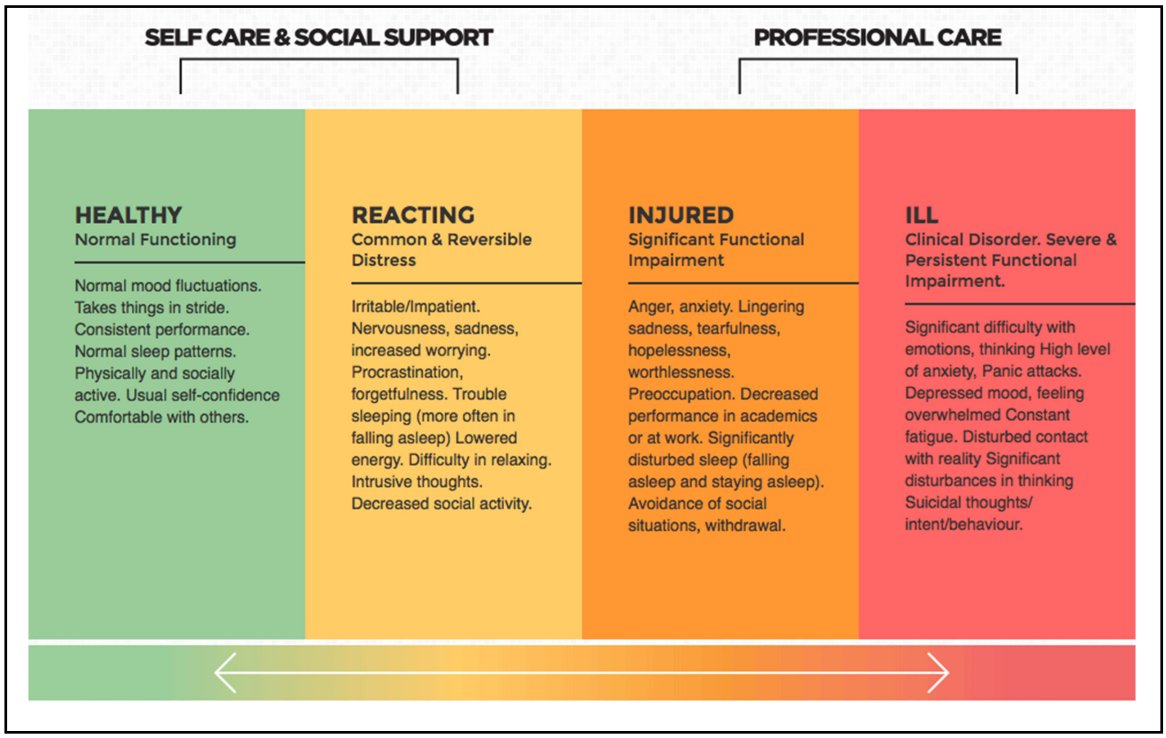
What is Mental Health?

- A state of mind in which an individual is able to realize their abilities, cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community (WHO)

What is Mental Illness?

- Health conditions involving changes in emotion, thinking, or behavior (or a combination of these)
- Associated with distress and/or problems functioning in social, work, or family activities (APA)

Mental Health Continuum



- It is a range of well-being, with mental health and mental illness at two extreme ends.
- Depending on the circumstances of any individual at any time, they may find themselves at one point of the continuum and shift position as their situation improves or deteriorates.

Stress

- A reaction to environmental and psychological events or changes
- A condition or feeling experienced to specific situation or condition

Note: Stress is **not** a medical diagnosis, but severe stress that continues for a long time may lead to a diagnosis of *depression, anxiety, or other mental health problems.*

Session 2: The Mental Health Problems & Interventions

Session Objectives

- Understand the determinants of mental health and different types of mental health problems
- Identify individuals vulnerable to mental health problems
- Discuss model of mental health intervention

The Mental Health Problems

A common misconception is that mental health is about "not being ill." However, people may receive a mental health diagnosis yet still enjoy good mental health and well-being. For instance, many people diagnosed with schizophrenia report feeling well, irrespective of their diagnosis.

Mental health is a state of whole well-being. It depends on many factors. For example, some people may feel it's important to be happy with who they are or to have a purpose in life. Others may value their relationships or their engagement with the community. Some people may see physical health as essential and strive to exercise and eat healthy food. Others may want to meet challenges or have control over their lives.

Good mental health means being generally able to think, feel, and react in the ways you need and want to live your life. But if you go through a period of poor mental health, you might find that the ways you're frequently thinking, feeling, or reacting are becoming difficult, or even impossible, to cope with. This can feel just as bad as a physical illness or even worse.

The phrase "mental health problems" is synonymous and associated with terms such as poor emotional health, overloaded, burnt out, or overwhelmed.

Factors Affecting Mental Health

Mental health problems can have a wide range of causes. There is likely a complicated combination of factors for many people, although different people may be more deeply affected by certain things than others.

- Childhood abuse, trauma, or neglect
- Social isolation or loneliness
- Experiencing discrimination and stigma
- Social disadvantage, poverty, or debt
- Bereavement (losing someone close to you)
- Severe or long-term stress
- Having a long-term physical health condition
- Unemployment or losing your job
- Homelessness or poor housing
- Being a long-term caregiver for someone
- Drug and alcohol misuse
- Domestic violence, bullying, or other abuse as an adult
- Significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- Physical causes such as head injuries or neurological conditions (ex. Epilepsy) that can have an impact on your behavior and mood

The Biopsychosocial model

The biopsychosocial model is a needed model to explain psychiatric disorders. It explains the complex interplay of three major dimensions (biological, psychological, and social) in the development of psychiatric disorders. And thus programs and interventions should be integrative and holistic.

Biological Dimension

This dimension pertains to the physical body. Brain chemistry plays a major role in mental illnesses. Changes and imbalance in neurotransmitters, the chemical messengers within the brain, are often associated with mental disorders. Children exposed to certain substances in utero may be at higher risk of developing mental illness. For example, if a mother drank alcohol, used drugs, or was exposed to harmful chemicals or toxins when she was pregnant may be at increased risk. Experts have long recognized that many mental illnesses tend to run in families, suggesting a genetic component. People who have a relative with a mental illness—such as autism, bipolar disorder, major depression, and schizophrenia—may be at a higher risk of developing it. One's family's medical and psychiatric history is an important component of this dimension. 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).

Psychological Dimension

This dimension focuses on one's personality and concept of self. It also includes one's coping mechanisms, thought patterns, and resilience to life experiences. Also includes past experiences, stressful events, and history of trauma that could have impacted an individual's development. One's current quality of relationships with parents, caregivers, family, friends, teachers, and peers, recent life experiences, recent stressors, presence or absence of unhelpful thoughts, and current demands or obligations are also checked. The stressful life events you've experienced may contribute to the development of mental illness. For example, enduring traumatic events might cause a condition like PTSD, while repeated changes in primary caregivers in childhood may influence the development of an attachment disorder.

Social Dimension

Mental health is a product of social, environmental, and cultural influences. The social dimension includes an individual's social relationships, support system, and present status of relationships with significant others and important life figures. Takes into consideration a person's cultural influences that might impact the individual, which extends to occupational and financial status, housing arrangements, and legal problems. Social determinants of mental health are conditions in the environments where a person is born, live, learn, work, play and age which affects health, functioning, and quality of life. Examples of which include early childhood development, socio-economic status, education, employment, discrimination, housing and transportation, physical environment, and access to quality health care.

Table 1 **Mental health determinants**

Level	*Adverse factors*		*Protective factors*
Individual attributes	Low self-esteem	↔	Self-esteem, confidence
	Cognitive/emotional immaturity	↔	Ability to solve problems and manage stress or adversity
	Difficulties in communicating	↔	Communication skills
	Medical illness, substance use	↔	Physical health, fitness
Social circumstances	Loneliness, bereavement	↔	Social support of family & friends
	Neglect, family conflict	↔	Good parenting / family interaction
	Exposure to violence/abuse	↔	Physical security and safety
	Low income and poverty	↔	Economic security
	Difficulties or failure at school	↔	Scholastic achievement
	Work stress, unemployment	↔	Satisfaction and success at work
Environmental factors	Poor access to basic services	↔	Equality of access to basic services
	Injustice and discrimination	↔	Social justice, tolerance, integration
	Social and gender inequalities	↔	Social and gender equality
	Exposure to war or disaster	↔	Physical security and safety

Source: WHO

Classes of Mental Health Disorders

There are many different mental health problems. Some of them have similar symptoms, so you may experience the symptoms of more than one mental health problem or be given several diagnoses at once. Or you might not have any particular diagnosis but still find things very difficult. Everyone's experience is different and can change differently.

- **Depression** is a feeling of low mood that lasts for a long time and affects your everyday life. It can make you feel hopeless, despairing, guilty, worthless, unmotivated, and exhausted. In addition, it can affect your self-esteem, sleep, appetite, sex drive, and physical health.
- **Anxiety** is what we feel when we are worried, tense, or afraid—particularly about things that are about to happen or which we think could happen in the future. Occasional anxiety is a typical human experience, but if your feelings of anxiety are very strong or last for a long time, they can be overwhelming. You might also experience physical symptoms such as sleep problems and panic attacks.
- **Bipolar and related disorders** include disorders with alternating episodes of mania – periods of excessive activity, energy, and excitement – and depression.
- **Eating problems** are not just about food. They can be about difficult things and painful feelings that you may find hard to face or resolve. Lots of people think that if you have an eating problem, you will be over- or underweight and that being a certain weight is always associated with a specific eating problem, but this is a myth. Anyone, regardless of age, gender or weight, can be affected by eating problems.
- **Trauma- and stressor-related disorders** are adjustment disorders in which a person has trouble coping during or after a stressful life event. Examples include post-traumatic stress disorder (PTSD) and acute stress disorder.
- **Schizophrenia spectrum and other psychotic disorders.** Psychotic disorders cause detachment from reality—such as delusions, hallucinations, and disorganized thinking and speech. The most notable example is schizophrenia, although other disorders can be associated with detachment from reality at times.
- **Sleep-wake disorders** are problems in sleep severe enough to require clinical attention, such as insomnia, sleep apnea, and restless legs syndrome.
- **Sexual dysfunctions** include disorders of sexual response, such as premature ejaculation and female orgasmic disorder.
- **Gender dysphoria** refers to the distress accompanying a person's identification as or stated desire to be another gender.
- **Disruptive, impulse-control, and conduct disorders** include emotional and behavioral self-control problems, such as kleptomania or intermittent

explosive disorder.

- **Substance-related and addictive disorders** include problems associated with excessive alcohol, caffeine, tobacco, and drugs. This class also has gambling disorder.
- **Neurodevelopmental disorders** cover a wide range of problems that usually begin in infancy or childhood, often before grade school. Examples include autism spectrum disorder, attention-deficit/ hyperactivity disorder (ADHD), and learning disorders.
- **Personality disorder** is a mental health problem where your attitudes, beliefs, and behaviors cause longstanding problems in your life. If you have this diagnosis, it doesn't mean that you're fundamentally different from other people—but you may regularly experience difficulties with how you think about yourself and others and find it very difficult to change these unwanted patterns.

  There are several different categories and types of personality disorders, but most people diagnosed with a particular personality disorder don't fit any single category very clearly or consistently.

  - Category A: paranoid personality, schizotypal personality, schizoid personality;
  - Category B: anti-social personality, borderline personality, histrionic personality, narcissistic personality; and,
  - Category C: avoidant personality, dependent personality, obsessive-compulsive personality

Signs and Symptoms of Mental Distress or Illness

- **Sleep or appetite changes** — Dramatic sleep and appetite changes or decline in personal care
- **Mood changes** — Rapid or dramatic shifts in emotions or depressed feelings
- **Withdrawal** — Recent social withdrawal and loss of interest in activities previously enjoyed
- **Decrease in functioning** — An unusual decrease or drop in functioning at school, work, or social activities, such as quitting sports, failing in school, or difficulty performing familiar tasks
- **Problems thinking** — Problems with concentration, memory, or logical thought and speech that are hard to explain
- **Increased sensitivity** — Heightened sensitivity to sights, sounds, smells, or touch; avoidance of over-stimulating situations
- **Apathy** — Loss of initiative or desire to participate in any activity
- **Feeling disconnected** — A vague feeling of being disconnected from oneself or one's surroundings; a sense of unreality

- **Illogical thinking** — Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or "magical" thinking typical of childhood in an adult
- **Nervousness** — Fear of others or a strong nervous feeling
- **Unusual behavior** – Odd, uncharacteristic, peculiar behavior

Addressing Mental Health

Diagnosis and detection of mental health illness

- **Examination by a health professional**
  - A physical exam. Your doctor will try to rule out physical problems that could cause your symptoms.
  - Lab tests. These may include, for example, a check of your thyroid function or a screening for alcohol and drugs.
- **A psychological/neuro evaluation.** A doctor or mental health professional talks to you about your symptoms, thoughts, feelings, and behavior patterns. You may be asked to fill out a questionnaire to help answer these questions.
- **Diagnosis is based on DSM 5/ICD 10**

Mental Health Intervention Model

People with mental health issues are affected in different ways and require different kinds of supports. A key to organizing mental health and psychosocial support is to develop a layered system of complementary support that meets the needs of different groups. The Inter-Agency Standing Committee (IASC) guidelines on mental health and psychosocial support recommend activities for mental health integrated to wider systems (existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, and social services) as it is more sustainable, carries less stigma, and tends to reach more people.

i. **Basic services and security** — The well-being of all people should be protected through the establishment of security, adequate governance, and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases).

ii. **Community and family support** — The second layer represents the response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. Even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family support. Useful responses in this layer include family tracing and reunification, assisted mourning and

communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programs, formal and non-formal educational activities, livelihood activities, and the activation of social networks such as through women's groups and youth clubs.

iii. **Focused, non-specialized support** — The third layer represents the support necessary for the still smaller number of people who additionally require more focused individual, family, or group interventions by trained and supervised workers (but who may not have had years of training in specialized care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

iv. **Specialized services** — The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the support already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric support for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require either (A) referral to specialized services if they exist, or (B) initiation of longer-term training and supervision of primary/general health care providers.

Mental Health Treatment

Treatment of mental health disorders depends on several factors such as patient characteristics (ex. age, co-morbid medical illness, preference) or type of mental illness and its severity. In many cases, a combination of treatments works best.

Sometimes, mental illnesses become so severe that hospitalization is needed. In-patient psychiatric care is generally recommended when a person can't care for oneself properly or when they are in immediate danger of harming oneself or someone else.

For mild mental illnesses with well-controlled symptoms, treatment by a mental health professional can suffice. However, a team approach is often appropriate to make sure all your psychiatric, medical, and social needs are met. This is especially important for severe mental illnesses.

Psychotherapy

Psychotherapy or talk therapy involves talking about one's condition and related issues with a mental health professional. During psychotherapy, one learns about your condition and your moods, feelings, thoughts, and behavior. With the insights and knowledge you gain, you can learn coping and stress management skills.

There are many types of psychotherapy, each with its own approach to improving your mental well-being. Psychotherapy often can be successfully completed in a few months, but in some cases, long-term treatment may be needed. It can take place one-on-one, in a group, or with family members.

- Individual therapy involves working one-on-one with a psychotherapist.
- Family therapy centers on improving the dynamic within families and can include multiple individuals within a family unit.
- Group therapy involves a small group of individuals who share a common goal. This approach allows members of the group to offer and receive support from others and practice new behaviors within a supportive and receptive group.
- Cognitive Behavioral Therapy is a psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. CBT is used to treat various conditions, including phobias, addiction, depression, and anxiety.
- Interpersonal therapy focuses on the behaviors and interactions with family and friends. This therapy aims to improve communication skills and increase self-esteem during a short period. It usually lasts 3 to 4 months and works well for depression caused by mourning, relationship conflicts, major life events, and social isolation.

Medications

Medications can significantly improve symptoms and can make other treatments like psychotherapy more effective.

- Antidepressants — Antidepressants are used to treat depression, anxiety, and sometimes other conditions. They can help improve symptoms such as sadness, hopelessness, lack of energy, difficulty concentrating, and lack of interest in activities. Antidepressants are not addictive and do not cause dependency.
- Anti-anxiety medications — These drugs are used to treat anxiety disorders, such as generalized anxiety disorder or panic disorder. They may also help reduce agitation and insomnia. Long-term anti-anxiety drugs typically are antidepressants that also work for anxiety. Fast-acting anti-anxiety drugs help with short-term relief, but they also have the potential to cause dependency, so they would ideally be used short term.
- Mood-stabilizing medications — Mood stabilizers are most commonly used to treat bipolar disorders, which involve alternating episodes of mania and depression. Sometimes, mood stabilizers are used with antidepressants to treat depression.
- Antipsychotic medications — Antipsychotic drugs are typically used to treat psychotic disorders, such as schizophrenia. Antipsychotic medications may also be used to treat bipolar disorders or used with antidepressants to treat depression.

Session 3:
Mental Health Law and Related Policies

Session Objectives

- Discuss the salient features of the mental health law
- Identify complementary laws and policies
- Review existing local mental health policies and programs

Republic Act 11036

This law recognizes that mental health is a basic right for Filipinos and people's fundamental rights for mental health services. The law aims to strengthen effective leadership and governance for mental health by formulating, developing, and implementing national policies, strategies, programs, and regulations relating to mental health.

The Act protects the mentally ill's rights, their respective families, and mental health professionals. It recognizes the need to cascade mental health services from the regional hospitals to the community down to its most basic unit – the *barangay*.

The law promotes the development and implementation of training and capacity-building programs on community resilience and psychosocial well-being (during and after natural disasters and other calamities) such as general dissemination and promotion of mental health awareness. It is expected that mental health will be integrated into the educational system, including age-appropriate content. There should be an integration of a subject on rights-based public mental health into the curriculum at all academic levels. The law strengthened the mandatory inclusion of topics like psychology, psychiatry, and neurology in all medical courses and other allied health courses, including postgraduate studies in health.

Salient Features

- Aims to break the stigma on mental illness
- Affirms the basic right of all Filipinos to mental health

- Develops and establishes a national mental health care system by integrating the promotion of mental health in educational institutions, the workplace, and communities
- Recognizes the rights of service users, including their family members, caregivers, and legal representatives
- Requiring the "informed consent" during psychiatric or neurological emergencies or in cases of impairment or temporary loss of decision-making capacity
- Provision of mental health services down to the barangay level
- Institutions to ensure the availability of a mental health professional

Role of LGUs

- Mental health services at the community level: responsive primary mental health services shall be developed and integrated as part of the basic health services at the city, municipal, and barangay levels (Sec. 16).
- Wellness promotion, prevention, treatment, and rehabilitation shall be inclusive in mental health services at the community level.
- A heightened nationwide multimedia campaign shall be initiated and sustained to raise public awareness on the protection and promotion of mental health and rights (Sec. 23).
- With the technical guidance from the DOH, the LGUs shall be responsible for the training of barangay health workers (BHWs) and other barangay volunteers on the promotion of mental health, advocacy of patient's rights, case finding, identification, and referral (Sec. 28).
- The LGU shall create its program according to the Philippine Council for Mental Health guidelines and coordinate its implementation. It shall make a quarterly report.

Complementary Laws

Some provisions of these laws support and complement the implementation of the mental health law and specifically mention the LGU.

- Magna Carta for Women
- Safe Spaces Act
- Anti-Bullying
- Anti-Sexual Harassment
- Data Privacy
- Universal Health Care Law
- The Practice of Professional Laws
- Mandanas Ruling

Session 4:
Developing LGU Mental Health Policies and Programs

Session Objectives

- Review existing health policies and program
- Draft localized mental health policies and program

Mental Health as a Human Right

With the changing landscape, international legal frameworks under a right to health have evolved from the right to medical intervention to a right to all those underlying conditions that structure health.

Convention on the Rights of Persons with Disabilities Commitments

One major goal of the 2030 Agenda for Sustainable Development is to ensure healthy lives and promote well-being. As part of this goal, the agenda emphasizes the importance of promoting mental health. This is in line with the right to the highest attainable physical and mental health standard outlined in the UDHR, the CRPD, and other human rights treaties. The right to health was first articulated in the WHO Constitution in 1948.

The principles of the present Convention shall be:

1. Respect for inherent dignity and individual autonomy, including the freedom to make one's own choices, and independence of persons;
2. Non-discrimination;
3. Full and effective participation and inclusion in society;
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
5. Equality of opportunity;
6. Accessibility; and
7. Equality between men and women

The Convention on the Rights of Persons with Disabilities (CRPD) is a legally binding instrument. This means that by ratifying the CRPD, countries are under the obligation to put in place a full range of measures to ensure that people with disabilities:

- Have the same rights as everyone
- Are treated fairly and equally
- Are not discriminated against

The three main tasks involved in upholding human rights:

1. *Respecting human rights* — Not to violate the human rights of another person
2. *Protecting human rights* — To prevent others from violating a person's human rights
3. *Fulfilling human rights* — To take positive steps to ensure that a person has the same human rights protections as everyone else

LGUs with Local Legislation and Programs on Mental Health

Key measures that must comprise the public health system include:

- **Availability** – ensuring sufficient quantity including available health services, trained health care professionals, adequate treatment facilities, etc.
- **Accessibility** – removing barriers to access health facilities, goods, and services imposed by economic, geographical, physical, and informational barriers
- **Acceptability** – health facilities, goods, and services must be satisfactory, according to cultural traditions and standards of medical ethics

Sample Ordinance of Community-Based Mental Health Program in Mandaluyong City

CERTIFIED TRUE COPY

Republic of the Philippines
SANGGUNIANG PANLUNGSOD
City of Mandaluyong

CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

ORDINANCE NO. 695, S–2018

AN ORDINANCE PROVIDING FOR A COMMUNITY–BASED MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN THE CITY OF MANDALUYONG AND APPROPRIATING FUNDS THEREFOR

WHEREAS, the World Health Organization (WHO) defines mental health as "a state of well–being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community", and it also calls attention of the public that mental health is more than just the presence of a psychiatric disorder/sickness but more importantly, also redounds to a positive condition of one's mental well–being;

WHEREAS, mental health programs, therefore, should realize the significance of community efforts with multi–sectoral and multi–disciplinary participation and that such programs must take into consideration the promotive, preventive, curative and rehabilitative aspects of medical attention;

WHEREAS, patient care continues beyond institutional facilities, which must be made available in health centers and homes, and relevant care activities and interventions must be done closest to where the need or the patient is;

WHEREAS, as evidenced in the year 2000, the National Statistics Office ranked mental illness as the third most common form of disability in the country next to visual and hearing impairments and that there is an average of 88 reported cases of mental illness per 100,000 Filipinos which are usually caused by heredity, psychosocial development and substance abuse. According to MIMS Today, between 17 to 20 percent of Filipino adults experience psychiatric disorders, while 10 to 15 percent of Filipino children, aged 5 to 15, suffer from mental health problems;

WHEREAS, mental health is a growing concern among youth and that the problems on mental health contain not just the traditional mental disorders but the issues of target population, susceptible to psychosocial risks caused by extreme life experiences such as disasters, near–death experiences, heinous and violent crimes, internal displacement brought about by religious and civil unrests, as well as the psychosocial matters of daily living like preserving a sense of well–being in these complicate times;

WHEREAS, under Republic Act No. 7277, as amended, otherwise known as the Magna Carta for Disabled Person", there is a need to include mental health in the public health and hospital system in order to render available, accessible, affordable and equitable quality mental health care and services to our constituents, especially the poor, underserved and high–risk population.

NOW, THEREFORE, be it ORDAINED by the Sangguniang Panlungsod of Mandaluyong, in session duly assembled that:

CERTIFIED TRUE COPY

CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

ARTICLE I
TITLE, POLICY, OBJECTIVES AND DEFINITION OF TERMS

SECTION 1. TITLE. This Ordinance shall be known as "Mandaluyong City Community–Based Mental Health Programs of 2018".

SECTION 2. GENERAL POLICIES. The City of Mandaluyong has the responsibility to uphold the right of the people to mental health and encourage mental health consciousness among youth. Towards this end, the City shall adopt an integrated and comprehensive approach to the development of the City Mental Health Care Delivery System to deliver appropriate services and interventions, including provision of mental health protection, care, treatment and other essential services to those with mental illness or disability.

SECTION 3. OBJECTIVES. The objectives of this Ordinance are the following:

a. Promote a shift from hospital–based system to a strengthened community–based mental health care delivery system;

b. Integrate mental health care in the general health care delivery system;

c. Prevent, treat and control mental illness at all levels and rehabilitate persons with mental disability;

d. Provide access to comprehensive health care and treatment which ensure a well–balanced mental health program of community–based and hospital care and treatment;

e. Establish a multi–sectoral joint network for the identification and prevention of mental illness or disability and the management of mental health problems among vulnerable groups in the population which include those affected by overseas employment, children, adolescents, elderly and those who are in need of special protection like survivors of extreme life experiences and violence, among others;

f. Promote the mental health of the people through a multi–disciplinary approach that covers health, education, labor and employment, justice and social welfare; provide community–based mental health program;

g. Develop coping mechanisms and strategies vital to recovery;

h. Assist patients to have a productive, quality and livable life;

i. Strengthen and improve referral system, in general, for efficient delivery of mental health care and services.

SECTION 4. DEFINITION OF TERMS. For purposes of this Ordinance, these terms are defined as follows:

a. ALLIED PROFESSIONALS – refer to any trained or certified non–psychiatric physician, social worker, nurse, occupational therapist, physical therapist, counselor, priest, minister, pastor and nun, trained or certified non–psychiatric individual or non–physician;

CERTIFIED TRUE COPY

CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

b. LEGAL REPRESENTATIVE – refers to a person charged by law with the duty of representing a patient in any specified undertaking or of exercising specified rights on the patient's behalf;

c. MENTAL DISABILITY – refers to impairment in activity limitations and individual participation restrictions denoting the negative aspects of interaction between an individual and his environment;

d. MENTAL HEALTH – refers to a state of well–being in which an individual realizes his or her own abilities, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community;

e. MENTAL HEALTH PROFESSIONALS – refer to those persons with formal education and training in mental health and behavioral sciences, such as but not limited to psychiatrist, psychologist, psychiatric nurse or psychiatric social worker;

f. MENTAL HEALTH WORKERS – refer to trained volunteers and advocates engaged in mental health promotion and services under the supervision of mental health professionals;

g. MENTAL ILLNESS – refers to mental or psychiatric disorder characterized by the existence of recognizable changes in the thoughts, feelings and general behavior of an individual brought about by neurobiological causes and/or psychosocial factors causing psychological, intellectual or social disfunction;

h. PATIENT – refers to a person receiving mental health care and treatment or psychosocial intervention from a mental health care facility or clinic;

i. PSYCHOSOCIAL PROBLEM – refers to a condition that indicates the existence of recognizable changes in the individual's behavior, thoughts and feelings brought about and closely related to sudden, extreme and prolonged stress in the physical or social environment.

ARTICLE II
INSTITUTIONAL MECHANISMS

SECTION 5. MANDALUYONG CITY MENTAL HEALTH BOARD (MCMHB).

A. The Mandaluyong City Mental Health Board (MCMHB) is hereby created that shall be generally responsible as the policy–making body that will provide for a consistent, rational and unified response to mental health problems, concerns and efforts through the formulation of the City Mental Health Care Delivery System.

For purposes of this Ordinance, the City Mental Health Care Delivery System shall constitute a quality mental health care program through the development of efficient and effective structures, systems and mechanisms that will ensure fair, accessible, affordable, appropriate, efficient and effective delivery of mental health care to all its stakeholders by qualified, competent, compassionate and ethical mental health professionals and mental health workers.

CERTIFIED TRUE COPY

CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

B. COMPOSITION OF THE BOARD. The Board shall be composed of the following:

1.	The City Mayor	Chairperson
2.	The City Vice Mayor	Vice–Chairperson
3.	Chairman, Committee on Health	Member
4.	Chairman, Committee on Barangay Affairs (Liga ng mga Barangay)	Member
5.	Chairman, Committee on Women	Member
6.	Chairman, Committee on Youth	Member
7.	Chairman, Committee on Children	Member
8.	Mandaluyong City Medical Center (MCMC)	Member
9.	Division of City Schools	Member
10.	City Social Welfare Development Department (CSWDD)	Member
11.	City Barangay Affairs and Community Services Department	Member
12.	City Budget Department	Member
13.	National Center for Mental Health (NCMH)	Member
14.	Two (2) representatives from non–government organizations from the women and youth sectors involved in mental health issues	Member

C. FUNCTIONS OF THE BOARD. The Board shall exercise the following functions:

a. Formulate and review policies and guidelines on mental health issues and concerns;

b. Develop an inclusive and integrated plan and program on mental health;

c. Review all existing laws related to mental health and recommend legislations which will sustain and strengthen programs, services and other mental health initiatives;

d. Create such inter–agency committees, project task forces, and other groups necessary to implement the policy and program framework of this Ordinance.

D. QUORUM. The presence of a majority of the members of the Board shall constitute a quorum.

SECTION 6. EXECUTIVE COMMITTEE.

A. The Mandaluyong City Mental Health Executive Committee (EXECOM) is also created that will implement the City Mental Health Care Delivery System.

B. COMPOSITION OF THE EXECOM. The EXECOM shall be composed of the following:

1.	City Health Officer	Chairman
2.	City Administrator	Member
3.	City Planning and Development Officer	Member
4.	City Legal Officer	Member
5.	City Social Welfare Officer	Member
6.	City Budget Officer	Member

CERTIFIED TRUE COPY

CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

7.	City Treasurer	Member
8.	Hospital Director, MCMC	Member
9.	Head, City Barangay Affairs and Community Services Department (CBACSD)	Member
10.	Youth Development Officer	Member
11.	Head, Mandaluyong Anti–Drug Abuse Council (MADAC)	Member
12.	Head, Barangay Mental Health Office Committee	Member
13.	Head, Business Permit and Licensing Department (BPLD)	Member

C. FUNCTIONS OF THE EXECOM. The EXECOM shall exercise the following functions:

a. Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;

b. Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within sectors;

c. Provide overall technical supervision and ensure compliance with policies and programs and projects within the comprehensive framework of the City Mental Health Care Delivery System and other such activities related to the implementation of this Ordinance through the review of mental health services and the adoption of legal and other remedies provided by law;

d. Provide and create a database of patients with mental health illness/disorder in the City;

e. Perform such other duties and functions necessary in carrying the purposes of this Ordinance.

SECTION 7. BARANGAY MENTAL HEALTH COMMITTEE. There shall be formed a committee composed of the Barangay Health Officers of all twenty–seven (27) barangays of Mandaluyong City that will aid in bringing the City Mental Health Care Delivery System to the grassroots level. Within thirty (30) days from the effectivity of this Ordinance, the concerned Barangay Health Officers will choose among themselves the Head of the Committee, who will represent them and act as member of the EXECOM.

SECTION 8. BARANGAY MENTAL HEALTH TEAMS. The barangay health workers in the respective barangays shall be equipped with the proper training, knowledge and skills on mental health, and shall be the primary implementing arm of the City in addressing mental health issues and problems of the constituent.

ARTICLE III
COMMUNITY–BASED MENTAL HEALTH CARE, PROMOTION OF MENTAL HEALTH, AND ACCESS TO EFFECTIVE AND HIGH QUALITY MENTAL CARE

CERTIFIED TRUE COPY

CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

SECTION 9. COMMUNITY–BASED MENTAL HEALTH CARE. The Mental Health Care Delivery System shall evolve from a predominantly hospital–based mental health care system to a community–based mental health care system which shall consist of:

A. MENTAL HEALTH SERVICE DEVELOPMENT – Mental health service shall, within the primary health care system in the community, include the following:

1. Development and integration of mental health care at the primary health care in the community;
2. Provision of programs for capacity building among existing local health workers, teachers, nurses, midwives and different sectors of the Community, so that they can undertake mental health care, psychiatric facilities, trainings and private or government programs in close coordination with mental or psychiatric hospitals or departments of psychiatry, in general, or university hospitals, and/or similar NGO/agencies involved in the promotion of mental health and care;
3. Continuous support services and intervention for families and co–workers; and
4. Advocacy and promotion of mental health awareness among the general population including public schools.

B. CAPACITY BUILDING REORIENTATION AND TRAINING – Capacity building, reorientation and training shall, in close coordination with the departments of psychiatry in general hospitals, university hospitals or mental facilities, be required for those who are mental health professionals or workers whose previous education and training have not emphasized community mental health perspective. Also, training with Mental Health Gap Action Programme (MHGAP) and cascade to lay person shall be provided to our Local Health Workers (LHW) to capacitate them and other non–medical personnel to deliver a high–quality community mental health services. The MHGAP was developed to tap non–medical and non–psychiatrist to do the first hand diagnose and manage the same with referral to mental facility or DOH national mental health program in some difficult cases.

C. RESEARCH AND DEVELOPMENT – Research and development shall be undertaken, in collaboration with academic institutions, mental health associations and non–government organizations, to develop appropriate and culturally relevant mental health services in the community.

SECTION 10. PROMOTION OF MENTAL HEALTH. To protect the right to be treated with dignity, respect and justice of those who are suffering from mental health problems, the Committee shall promote an integrated approach to mental health care to prevent mental disorders through programs that strengthen the basic.

CERTIFIED TRUE COPY

CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

SECTION 11. ACCESS TO EFFECTIVE AND HIGH QUALITY MENTAL CARE. Any person shall have the right to receive mental health care appropriate to his needs and shall be entitled to care and treatment in accordance to the same standards and accessibility as other sick individuals. An improved, effective and easy access to mental health care shall be made possible and a shift from a predominantly hospital–based mental health care to community–based care shall be provided.

SECTION 12. EXEMPTION OF CUSTODIAL PSYCHIATRIC CARE CLINICS FROM THE ZONING ORDINANCE. As the setting up of home–like type environment are encouraged for the treatment of patients, custodial psychiatric care clinics, which, under the Zoning Ordinance of Mandaluyong City, are mandated to be located in Institutional Zones, are hereby declared exempt from the enforcement of the zone use provisions only of the Ordinance. Subject to existing laws, rules and regulations, the Sangguniang Panlungsod may provide additional incentives on them.

ARTICLE IV
PERSON WITH MENTAL ILLNESS OR DISABILITY, CONSENT TO CARE, TREATMENT OR REHABILITATION, PATIENT'S TREATMENT AND CONFIDENTIALITY

SECTION 13. PERSON WITH MENTAL ILLNESS OR DISABILITY. The determination that a person has a mental illness or disability shall be made according to internationally accepted medical classifications and standards.

SECTION 14. CONSENT TO CARE, TREATMENT OR REHABILITATION. The consent of the patient to be treated or admitted in a mental health facility shall be obtained freely, without threat or improper inducement, and with pertinent disclosure to the patient of adequate and understandable information in a form or language that is understood by the patient.

SECTION 15. PATIENT'S TREATMENT. A patient with mental illness or disability shall have the right to treatment in the least restrictive environment suited to the patient's mental health needs.

SECTION 16. CONFIDENTIALITY. All patients or clients with mental illness or disability shall enjoy the right to confidentiality.

ARTICLE V
PSYCHIATRIC SERVICE

SECTION 17. PSYCHIATRIC SERVICE. A psychiatric service shall be established in the Mandaluyong City Medical Center which shall provide the following:

a. Short term in–patient hospital care for those with acute psychiatric symptoms in a small psychiatric ward;

b. Partial hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;

CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

c. Out–patient clinic in close collaboration with the mental health program at the primary health centers in the area;

d. Linkage and possible supervision of home care services for those with special needs as a consequence of long–term hospitalization, unavailable families, inadequate or non–compliance to treatment;

e. Coordination with drug rehabilitation centers on the care, treatment and rehabilitation of persons suffering from drug or alcohol induced mental, emotional and behavioral disorder;

f. Referral system with other health and social welfare programs, both government and non–government for programs in the prevention of mental illness, the management of those at risk for mental health and psychosocial problems and mental illness or disability.

ARTICLE VI
ACCESS TO INFORMATION

SECTION 18. ACCESS TO INFORMATION. Only patients or former patients shall be entitled to have access to their personal mental health records. For justifiable reason, such confidential information may not be given to the patient but instead be given to the patient's representative or counsel.

ARTICLE VII
APPROPRIATION

SECTION 19. APPROPRIATION. The amount necessary for the initial implementation of the provisions of this Ordinance shall be charged against the budget of the City Health Department;

ARTICLE VIII
REPEALING CLAUSE

SECTION 20. REPEALING CLAUSE. All Ordinances, rules and regulations or parts thereof, found to be in conflict with, or inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

ARTICLE IX
EFFECTIVITY

SECTION 21. EFFECTIVITY. This Ordinance shall take effect immediately after its publication at least once in a newspaper of general circulation in Metro Manila.

ENACTED on this 2nd day of April, 2018 in the City of Mandaluyong.

I HEREBY CERTIFY THAT THE FOREGOING ORDINANCE WAS ENACTED AND APPROVED BY THE SANGGUNIANG PANLUNGSOD OF MANDALUYONG IN REGULAR SESSION HELD ON THE DATE AND PLACE FIRST ABOVE GIVEN.

MA. TERESA S. MIRANDA
Sanggunian Secretary

ATTESTED BY:

ANTONIO DLS. SUVA
Vice Mayor &
Presiding Officer

APPROVED:

CARMELITA A. ABALOS
City Mayor

Date: APR 13 2018

Sample Ordinance of Community-Based Mental Health Program in Quezon City

Republic of the Philippines
QUEZON CITY COUNCIL
Quezon City
19th City Council

PO19CC-493

75th Regular Session

ORDINANCE NO. SP-2456, S-2015

AN ORDINANCE PROVIDING FOR A COMMUNITY-BASED MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN QUEZON CITY AND APPROPRIATING THE NECESSARY FUNDS THEREFOR.

Introduced by Councilors ANTHONY PETER D. CRISOLOGO, EUFEMIO C. LAGUMBAY, JESSICA CASTELO DAZA and ALLAN BENEDICT S. REYES.

Co-Introduced by Councilors Ricardo T. Belmonte, Jr., Dorothy A. Delarmente, Lena Marie P. Juico, Victor V. Ferrer, Jr., Alexis R. Herrera, Precious Hipolito Castelo, Ranulfo Z. Ludovica, Ramon P. Medalla, Estrella C. Valmocina, Franz S. Pumaren, Jaime F. Borres, Jesus Manuel C. Suntay, Vincent DG. Belmonte, Raquel S. Malañgen, Bayani V. Hipol, Jose A. Visaya, Julienne Alyson Rae V. Medalla, Godofredo T. Liban II, Karl Edgar C. Castelo, Rogelio "Roger" P. Juan, Melencio "Bobby" T. Castelo, Jr. and Donato C. Matias.

WHEREAS, the World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community," and it also calls the attention of the public that mental health is more than just the presence of a psychiatric disorder/sickness but more importantly, also redounds to a positive condition of one's mental well-being;

WHEREAS, mental health is a vital part of a person's total health and that the problems on mental health contain not just the traditional mental disorders but the issues of target populations susceptible to psychosocial risks caused by extreme life experiences such as disasters, near-death experiences, heinous and violent crimes, internal displacement brought about by religious and civil unrests as well as the psychosocial matters of daily living like preserving a sense of well-being in these complicated times;

WHEREAS, mental health programs therefore should realize the significance of community efforts with multi-sectoral and multi-disciplinary participation and that such programs must take into consideration the promotive, preventive, curative, and rehabilitative aspects of medical attention;

WHEREAS, patient care continues beyond institutional facilities, which must be made available in health centers and homes, and relevant health care activities and interventions must be done closest to where the need or the patient is;

WHEREAS, a survey conducted by the National Statistics Office in 2000 revealed that mental illness is the third most common form of disability in the country next to visual and hearing impairments and that there is an average of 88 reported cases of mental illness per 100,000 Filipinos which are usually caused by heredity, psychosocial development and substance abuse;

WHEREAS, in Quezon City in particular and the Philippines in general, mental health services are clearly lacking and both the human and financial resources are still inadequate;

WHEREAS, there is a need to include mental health in the public health and hospital system in order to render available, accessible, affordable, and equitable quality mental health care and services to the constituents of the city especially the poor, the underserved and high risk populations.

75th Regular Session

Ord. No. SP-2456, S-2015
Page -3- PO19CC-493

NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COUNCIL OF QUEZON CITY IN REGULAR SESSION ASSEMBLED:

SECTION 1. TITLE – This ordinance shall be known as the "Community-Based Mental Health Program of 2015."

SECTION 2. DECLARATION OF POLICY – It is hereby declared the policy of the City to uphold the right of the people to mental health and encourage mental health consciousness among them. Towards this end, the City shall adopt an integrated and comprehensive approach to the development of the City Mental Health Care Delivery System to deliver appropriate services and interventions including provision of mental health protection, care, treatment, and other essential services to those with mental illness or disability.

SECTION 3. OBJECTIVES – The objectives of this ordinance are as follows:

(a) Promote a shift from hospital-based system to a strengthened community-based mental health care delivery system;

(b) Reorient and modernize the existing mental health facilities;

(c) Integrate mental health care in the general health care delivery system;

(d) Prevent, treat, and control mental illness at all levels and rehabilitate persons with mental disability;

(e) Provide access to comprehensive health care and treatment which ensure a well-balanced mental health program of community-based and hospital care and treatment;

(f) Establish a multi-sectoral joint network for the identification and prevention of mental illness or disability and the management of mental health problems among vulnerable groups in the population which, include those affected by overseas employment, children, adolescents, elderly, and those who are in need of special protection like survivors of extreme life experiences and violence, among others;

(g) Promote the mental health of the people through a multi-disciplinary approach that covers health, education, labor and employment, justice, and social welfare; provide community-based mental health program.

(h) Develop coping mechanisms and strategies vital to recovery.

(i) Assist patients to have a productive, quality, and livable life that of his/her family members and significant others.

SECTION 4. DEFINITION OF TERMS –

(a) Allied professionals - refers to any trained or certified non-psychiatric physician, social worker, nurse, occupational therapist, physical therapist, counselor, priest, minister, pastor and nun, trained or certified non-psychiatric individual or non-physician;

(b) Legal representative - refers to a person charged by law with the duty of representing a patient in any specified undertaking or of exercising specified rights on the patient's behalf;

(c) Mental disability - refers to impairments in activity limitations and individual and participatory restrictions denoting the negative aspects of interaction between an individual and his environment;

(d) Mental health - refers to a state of well-being in which an individual fulfills his/her own potential in every stage of human development at work and in relationships, in order to cope with the day to day stresses of life and make a positive contribution to the community;

(e) Mental illness - refers to a mental or psychiatric disorder characterized by the existence of recognizable changes in the thoughts, feelings, and general behavior of an individual brought about by neurobiological causes and/or psychosocial factors causing psychological, intellectual or social disfunction;

(f) Mental health professionals - refers to those persons with formal education and training in mental health and behavioral sciences, such as, but not limited to, psychiatrist, psychologist, psychiatric nurse or psychiatric social worker;

(g) Mental health workers - refers to trained volunteers and advocates engaged in mental health promotion and services under the supervision of mental health professionals;

(h) Patient - refers to a person receiving mental health care and treatment or psychosocial intervention from a mental health care facility or clinic;

(i) Psychosocial problem - refers to a condition that indicates the existence of recognizable changes in the individual's behavior, thoughts and feelings brought about and closely related to sudden, extreme, and prolonged stress in the physical or social environment;

SECTION 5. QUEZON CITY MENTAL HEALTH COMMITTEE – The Quezon City Mental Health Committee, referred to as the Committee, is hereby established under the City Health Department to provide for a consistent, rational, and unified response to mental health problems, concerns, and efforts through the formulation and implementation of the City Mental Health Care Delivery System.

For purposes of this Ordinance, the City Mental Health Care Delivery System shall constitute a quality mental health care program, through the development of efficient and effective structures, systems and mechanisms, that will ensure fair, accessible, affordable, appropriate, efficient, and effective delivery of mental health care to all its stakeholders by qualified, competent, compassionate, and ethical mental health professionals and mental health workers.

SECTION 6. DUTIES AND FUNCTIONS – The Committee shall exercise the following duties and functions:

a. Formulate and review policies and guidelines on mental health issues and concerns;

b. Develop an inclusive and integrated plan and program on mental health;

c. Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;

d. Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within sectors;

e. Provide overall technical supervision and ensure compliance with policies, programs, and projects within the comprehensive framework of the City Mental Health Care Delivery System and other such activities related to the implementation of this ordinance, through the review of mental health services and the adoption of legal and other remedies provided by law;

f. Review all existing laws related to mental health and recommended legislation which will sustain and strengthen programs, services and other mental health initiatives;

g. Create such inter-agency committees, project task forces, and other groups necessary to implement the policy and program framework of this ordinance; and

h. Perform such other duties and functions necessary in carrying the purposes of this ordinance.

SECTION 7. COMPOSITION – The Committee shall be composed of the following:

1. *The City Mayor as Chairperson;*
2. *The City Vice Mayor as Vice-Chairperson;*
3. *Chairman, Committee on Health;*
4. *Chairman, Committee on Barangay Affairs (Liga ng mga Barangay);*
5. *Chairman, Committee on Woman;*
6. *Chairman, Committee on Children;*
7. *Quezon City General Hospital;*
8. *Novaliches District Hospital;*
9. *All other hospitals established by the local government of Quezon City;*
10. *Quezon City Health Department;*
11. *Division of City Schools;*

12. *The Head of Social Services Development Department;*
13. *Barangay Operations Center;*
14. *City Budget Department;*
15. *Philippine Mental Health Association;*
16. *Department of Health; and*
17. *Two (2) representatives from non-government organizations involved in mental health issues.*

SECTION 8. QUORUM – The presence of a majority of the members of the Committee shall constitute a quorum.

SECTION 9. MEETINGS – The Committee shall meet at least once a month or as frequently as necessary to discharge its duties and functions. The Committee shall be convened by the Chairperson or upon written request of at least three (3) of its members.

SECTION 10. APPOINTMENT OF MEMBERS – Within ninety (90) days from the date of the effectivity of this ordinance, the City Mayor shall appoint the members of the Committee.

SECTION 11. COMMUNITY BASED MENTAL HEALTH CARE – The Mental Health Care Delivery System shall evolve from a predominantly hospital-based mental health care system to a comprehensive community-based mental health care system which shall consist of:

A. Mental Health Service Development. – Mental health service shall, within the primary health care system in the community, include the following:

1. *Development and integration of mental health care at the primary health care in the community;*

2. *Provision of programs for capacity building among existing local health workers, teachers, and different sectors of the Community so that they can undertake mental health care, psychiatric facilities trainings and private or government programs in close coordination with mental or psychiatric hospitals or departments of psychiatry in general or university hospitals; and/or similar NGO/agencies; involvement in the promotion of mental health and care;*

3. *Continuous support services and intervention for families and co-workers; and*

4. *Advocacy and promotion of mental health awareness among the general population including public schools.*

B. *Capacity Building, Reorientation and Training. – Capacity building, reorientation and training shall, in close coordination with the departments of psychiatry in general hospitals, university hospitals or mental facilities, be required for those who are mental health professionals or workers whose previous education and training have not emphasized community mental health perspective.*

C. *Research and Development. – Research and development shall be undertaken, in collaboration with academic institutions, mental health associations and non-government organizations, to develop appropriate and culturally relevant mental health services in the community.*

SECTION 12. PROMOTION OF MENTAL HEALTH – To protect the right to be treated with dignity, respect and justice of those who are suffering from mental health problems, the Committee shall promote an integrated approach to mental health care to prevent mental disorders through programs that strengthen the basic coping mechanism of individuals in relation to stress and advocacy to raise the value of mental health consciousness among the people.

SECTION 13. ACCESS TO EFFECTIVE AND HIGH QUALITY MENTAL CARE – Any person shall have the right to receive mental health care appropriate to his needs and shall be entitled to care and treatment in accordance to the same standards and accessibility as other sick individuals. An improved, effective and easy access to mental health care shall be made possible and a shift from a predominantly hospital-based mental health care to community-based care shall be provided.

SECTION 14. PERSON WITH MENTAL ILLNESS OR DISABILITY – The determination that a person has a mental illness or disability shall be made according to internationally accepted medical classifications and standards.

SECTION 15. CONFIDENTIALITY – All patients or clients with mental illness or disability shall enjoy the right to confidentiality.

SECTION 16. PATIENT'S TREATMENT – A patient with mental illness or disability shall have the right to treatment in the least restrictive environment suited to the patient's mental health needs.

SECTION 17. CONSENT TO CARE, TREATMENT OR REHABILITATION – The consent of the patient to be treated or admitted in a mental health facility shall be obtained freely, without threat or improper inducement, and with pertinent disclosure to the patient of adequate and understandable information in a form or language that is understood by the patient. When the patient, at the relevant time, lacks the capacity to give or withhold consent, his next of kin or legal representative shall give consent.

SECTION 18. MENTAL HEALTH FACILITY – A mental health facility shall have adequate number of mental health professionals, workers and allied professionals which shall include ample space to provide each patient with privacy and appropriate diagnostic and therapeutic apparatus, regular and comprehensive treatment and medications. Every mental health facility shall be inspected frequently by competent authorities to guarantee that the treatment conditions and care of patients comply with these existing regulations.

SECTION 19. VOLUNTARY ADMISSION – Every patient admitted voluntarily shall have the right to be discharged from the facility upon the recommendation of his attending psychiatrist. The patient may be retained for further treatment and care in case of the following observations:

a. There exists a serious likelihood of danger of harming himself or others;

b. The severity of the patient's mental illness is likely to lead a serious deterioration in his condition; and,

c. The appropriate treatment can only be done by admission to a mental health facility.

SECTION 20. PSYCHIATRIC SERVICE – A psychiatric service shall be established in the Quezon City General Hospital and Novaliches District Hospital which shall provide the following:

a. Short term in-patient hospital care for those with acute psychiatric symptoms in a small psychiatric ward; (additional facilities and manpower)

b. Partial hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;

c. *Out-patient clinic in close collaboration with the mental health program at the primary health centers in the area;*

d. *Linkage and possible supervision of home care services for those with special needs as a consequence of long-term hospitalization, unavailable families, inadequate or noncompliance to treatment;*

e. *Coordination with drug rehabilitation centers on the care, treatment and rehabilitation of persons suffering from drug or alcohol induced mental, emotional and behavioral disorder; and,*

f. *Referral system with other health and social welfare programs, both government and non-government, for programs in the prevention of mental illness, the management of those at risk for mental health and psychosocial problems and mental illness or disability.*

SECTION 21. ACCESS TO INFORMATION – Only patients or former patients shall be entitled to have access to their personal mental health records. For justifiable reason, such confidential information may not be given to the patient but instead be given to the patient's representative or counsel.

SECTION 22. IMPLEMENTING RULES AND REGULATIONS – Within ninety (90) days from the effectivity of this Ordinance, the Office of the Local Chief Executive shall, in coordination with the Committee, formulate the rules and regulations necessary for the effective implementation of this Ordinance.

SECTION 23. APPROPRIATION – There should be appropriated the necessary amount of Seven Million Four Hundred Ninety Eight Thousand Eight Hundred Fifty Pesos (PhP7,498,850.00) to be taken from the budget of the Quezon City Health Department for the implementation of this ordinance.

75th Regular Session

Ord. No. SP- 2456 *, S-2015*
Page -13- *PO19CC-493*

SECTION 24. REPEALING CLAUSE – All ordinances, rules and regulations, or parts thereof, found to be in conflict with, or inconsistent with the provisions of this ordinance are hereby repealed or modified accordingly.

SECTION 25. EFFECTIVITY – This Ordinance shall take effect after fifteen (15) days following the completion of its full publication in a local newspaper of general circulation within the City of Quezon.

ENACTED: October 5, 2015.

MA. JOSEFINA G. BELMONTE
Vice Mayor
Presiding Officer

ATTESTED:

Atty. JOHN THOMAS S. ALFEROS III
City Gov't. Asst. Dept. Head III

APPROVED: 08 DEC 2015

HERBERT M. BAUTISTA
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on October 5, 2015 and was PASSED on Third/Final Reading on October 19, 2015.

Atty. JOHN THOMAS S. ALFEROS III
City Gov't. Asst. Dept. Head III

References

World Health Organization (n.dl). Mental health, well-being, & recovery. Quality Rights Module.

Mind (2017). Understanding mental health problems. pulbications@mind.org.uk

Work Health Organization (2018). Mental health gap action program. mhGAP Operations Manual. ISBN 978-92-4-151481-1

Substance Abuse and Mental Health Services Administration (2000). Field manual for mental health and human service workers in major disasters. U.S. Department of Health and Human Services.

Simpson, V. (2015). Models and theories to support health behavior intervention and program planning. Purdue Extension. Health and Human Sciences. HHS-792-W.

Malolos, G.Z.C. et al. (2021). Mental health and well-being of children in the Philippines setting during the COVID-19 pandemic. Health Promotion Perspective, 11 (3), 267-270.

Meier, B.M., Lance, G., Getgen, J.E., London, L. (2010). Rights-based approaches to public health systems. Springer Publishing Company. ISBN 9780826105707.

American Psychiatric Association (2018). Supplemental to the diagnostic and statistical manual of mental health disorders. 5th Edition. APA Publishing.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4607387/

- Clinical Practice model using e-mental health

https://www.frontiersinse.org/articles/10.3389/fpsyg.2021.747999/full

- Sustainable MH model positive psychological interventions

https://ijmhs.biomedcentral.com/articles/10.1186/s13033-020-00356-9

- Trans-diagnostic clinical staging model

https://www.psychguides.com/mental-health-disorders/treatment/types/

- Mental health treatment

https://bmeier.web.unc.edu/wp-content/uploads/sites/700/2015/07/2010-Meier-et-al-Rights-Based-Approaches-to-Public-Health-Systems-Ch.2.pdf

https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-frame-toc~mental-pubs-p-frame-exa

https://link.springer.com/article/10.1007/s10597-021-00830-9

https://www.americanmentalwellness.org/prevention/risk-and-protective-factors/

https://www.apa.org/practice/guidelines

https://www.nami.org/About-Mental-Illness/Treatments/Psychotherapy

Related Videos:

Collaborative care model: https://youtu.be/zXZTgq3GyPw

Universal health care – WHO: https://youtu.be/pZHiIGFLN8Y

Quality Rights: https://youtu.be/tGHyJL5w9wk

COMMISSION ON HUMAN RIGHTS

Training Module on the Right to Mental Health for Local Health Leaders

PRE/POST TEST

1. Republic Act 11036 is also known as _____.
   A. The Human Rights Act
   B. The Mental Health Act
   C. Persons with Disability Act

2. Cases of mental health problems are increasing, however, there is a shortage of mental health providers.
   A. True
   B. False

3. Mental health is defined as a state of well-being in which the individual realizes one's abilities and potentials, copes adequately, displays resilience, works productively, and can make a positive contribution to the community.
   A. True
   B. False

4. What is mental illness?
   A. Health conditions involving changes in emotion, thinking, or behavior (or a combination of these)
   B. Associated with distress and/or problems functioning in social, work, or family activities
   C. Both A and B

5. At what point is a person in the mental health continuum if they are experiencing significant difficulty with emotions and thinking with severe impairment?
   A. Healthy
   B. Reacting
   C. Ill

6. Severe stress that continues for a long time may lead to a diagnosis of depression or anxiety.
   A. True
   B. False

7. The following are factors that affect one's mental health:
   A. Abuse and trauma
   B. Drug and alcohol misuse
   C. Both A and B

8. The following are protective factors for mental health, except:
   A. Exposure to violence
   B. Equality of access to basic services
   C. Social support from family and friends

9. What is a mental health disorder with alternating episodes of mania and depression?
   A. Anxiety
   B. Bipolar Disorder
   C. Depression

10. What is a type of mental health treatment that involves talking about one's condition and issues?
    A. Medications
    B. Psychotherapy
    C. None of the above

11. Drugs that treat psychotic disorders are called _____.
    A. Anti-anxiety medications
    B. Anti-depressants
    C. Anti-psychotic medications

12. The following are true statements from Republic Act 11036, except:
    A. Recognizes that mental health is not basic right for Filipinos
    B. Aims to strengthen effective leadership and governance for mental health
    C. Promotes the development and implementation of training and capacity-building programs

13. Which of the following statements are included in the role of LGUs according to Republic Act 11036?
    A. LGUs create their program according to the Philippine Council for Mental Health guidelines and coordinate its implementation
    B. Responsive primary mental health services shall be developed and integrated as part of the basic health services at the city, municipal, and barangay levels
    C. Both A and B

14. What are the main tasks in upholding human rights?
    A. Respecting human rights
    B. Protecting human rights
    C. Both A and B

15. The key measure that removes barriers to access to health facilities, goods, and services is _____.
    A. Availability
    B. Accessibility
    C. Acceptability

COMMISSION ON HUMAN RIGHTS

Training Module on the Right to Mental Health for Local Health Leaders

ANSWER KEY

1. Republic Act 11036 is also known as _____.

   A. The Human Rights Act
   B. The Mental Health Act
   C. Persons with Disability Act

2. Cases of mental health problems are increasing, however, there is a shortage of mental health providers.

   A. True
   B. False

3. Mental health is defined as a state of well-being in which the individual realizes one's abilities and potentials, copes adequately, displays resilience, works productively, and can make a positive contribution to the community.

   A. True
   B. False

4. What is mental illness?

   A. Health conditions involving changes in emotion, thinking, or behavior (or a combination of these)
   B. Associated with distress and/or problems functioning in social, work, or family activities
   C. Both A and B

5. At what point is a person in the mental health continuum if they are experiencing significant difficulty with emotions and thinking with severe impairment?

   A. Healthy
   B. Reacting
   C. Ill

6. Severe stress that continues for a long time may lead to a diagnosis of depression or anxiety.

   A. True
   B. False

7. The following are factors that affect one's mental health:
   A. Abuse and trauma
   B. Drug and alcohol misuse
   C. Both A and B

8. The following are protective factors for mental health, except:
   A. Exposure to violence
   B. Equality of access to basic services
   C. Social support from family and friends

9. What is a mental health disorder with alternating episodes of mania and depression?
   A. Anxiety
   B. Bipolar Disorder
   C. Depression

10. What is a type of mental health treatment that involves talking about one's condition and issues?
    A. Medications
    B. Psychotherapy
    C. None of the above

11. Drugs that treat psychotic disorders are called _____.
    A. Anti-anxiety medications
    B. Anti-depressants
    C. Anti-psychotic medications

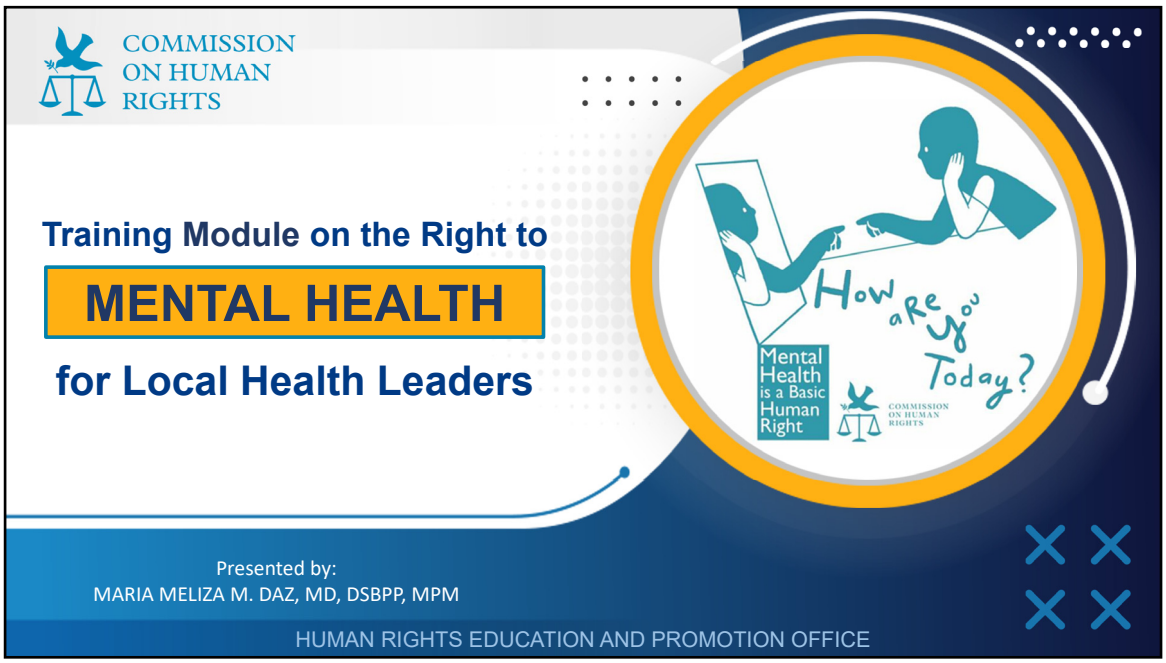
12. The following are true statements from Republic Act 11036, except:
    A. Recognizes that mental health is not basic right for Filipinos
    B. Aims to strengthen effective leadership and governance for mental health
    C. Promotes the development and implementation of training and capacity-building programs

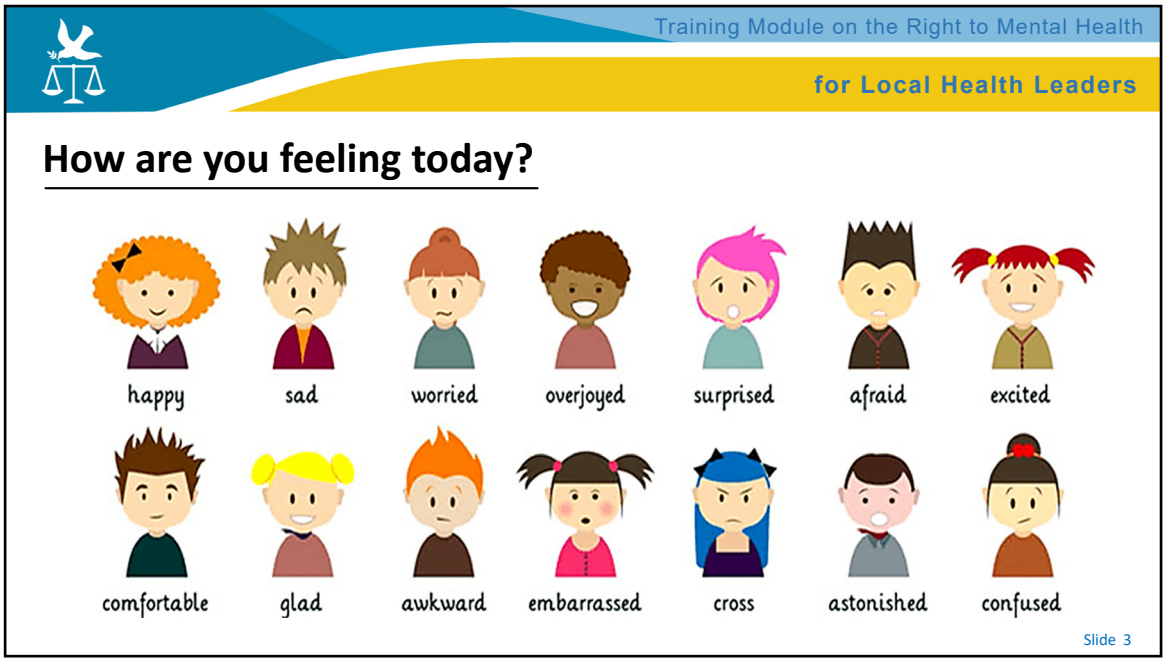
13. Which of the following statements are included in the role of LGUs according to Republic Act 11036?
    A. LGUs create their program according to the Philippine Council for Mental Health guidelines and coordinate its implementation
    B. Responsive primary mental health services shall be developed and integrated as part of the basic health services at the city, municipal, and barangay levels
    C. Both A and B

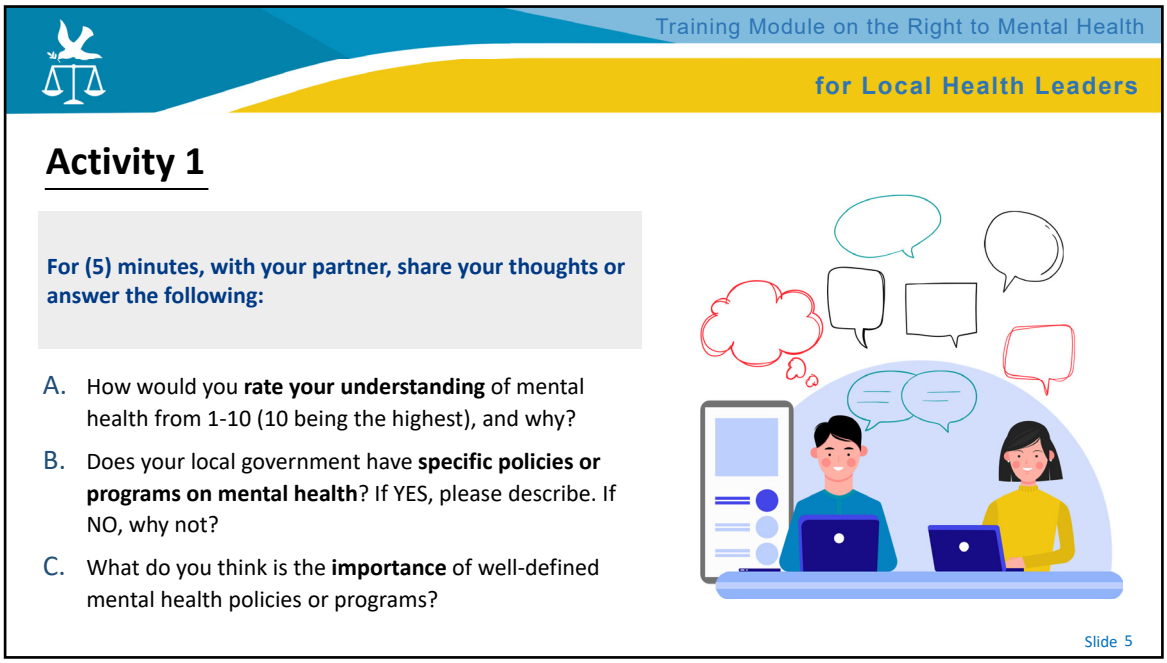
14. What are the main tasks in upholding human rights?
    A. Respecting human rights
    B. Protecting human rights
    C. Both A and B

15. The key measure that removes barriers to access to health facilities, goods, and services is _____.
    A. Availability
    B. Accessibility
    C. Acceptability

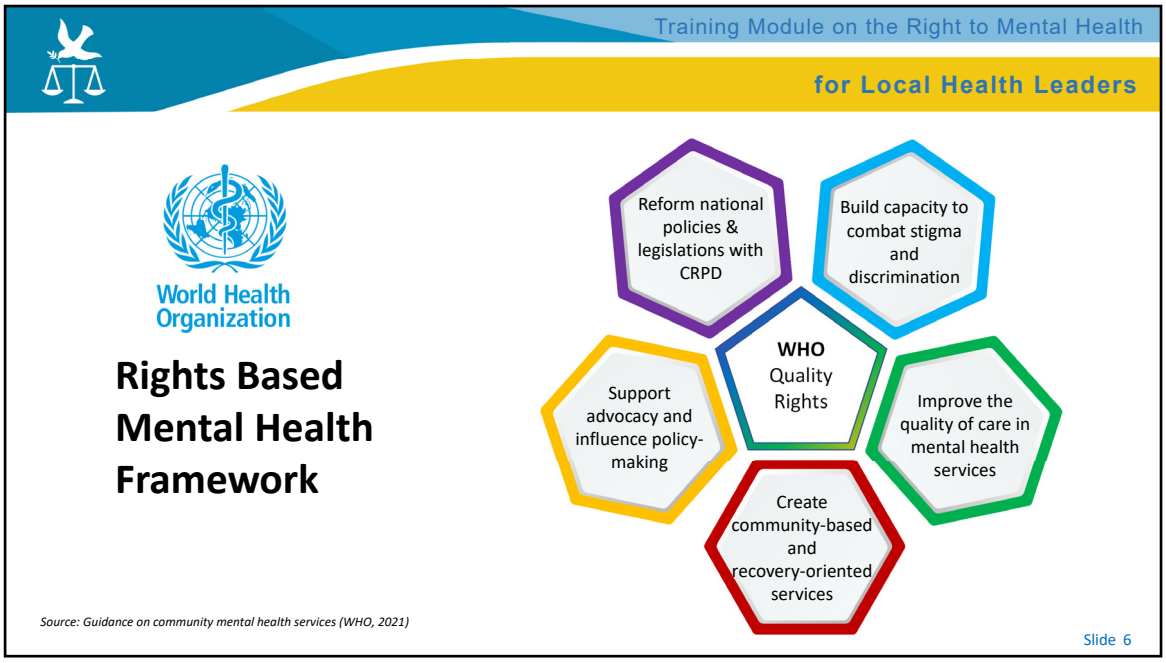
Detailed Session Guide





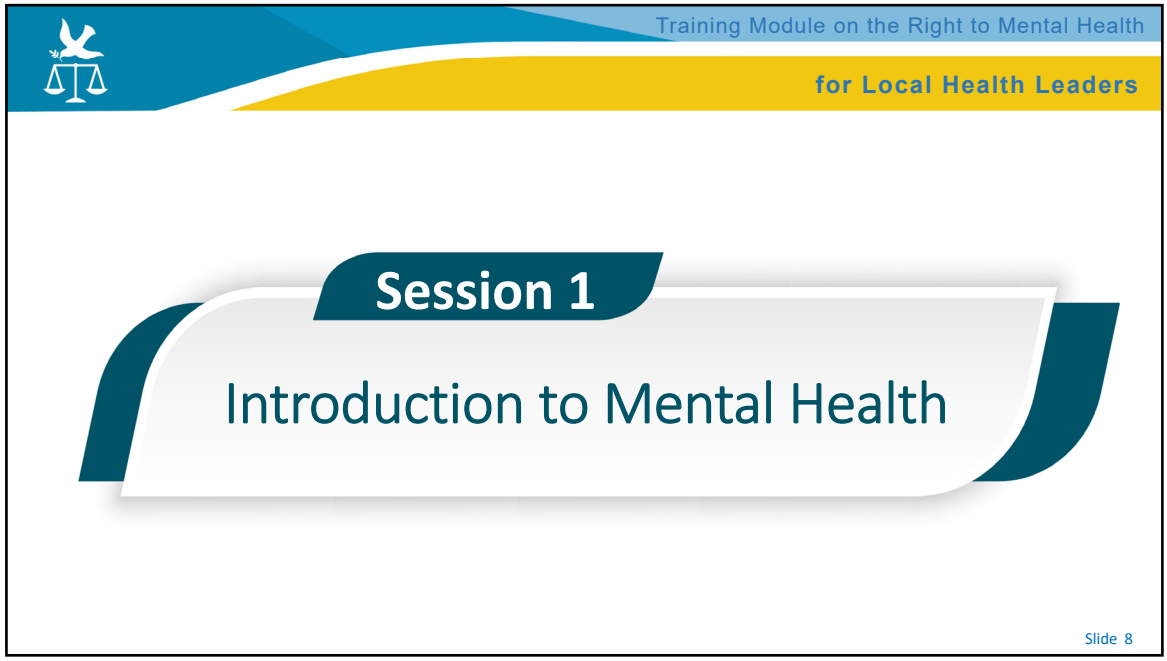


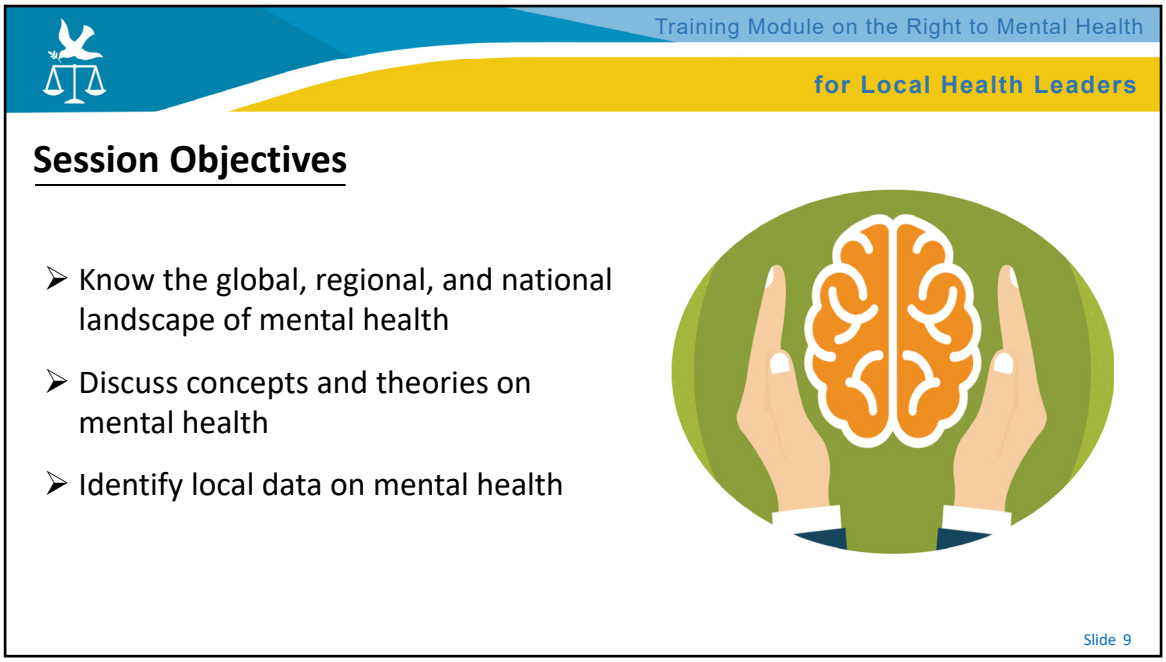
- This priming activity aims to familiarize the participants with each other and elicit their expectations about the module/session.
- The sharing questions will enable them to initially share their LGU's mental health activities, which gives the resource person input to the discussion.
- At the end of the three (pairing) breakout sessions, a plenary sharing will be facilitated. Two to three volunteers will be asked to share their experience, particularly on question 3, the session expectations.
- The priming activity will run for a maximum of 15-20 minutes.

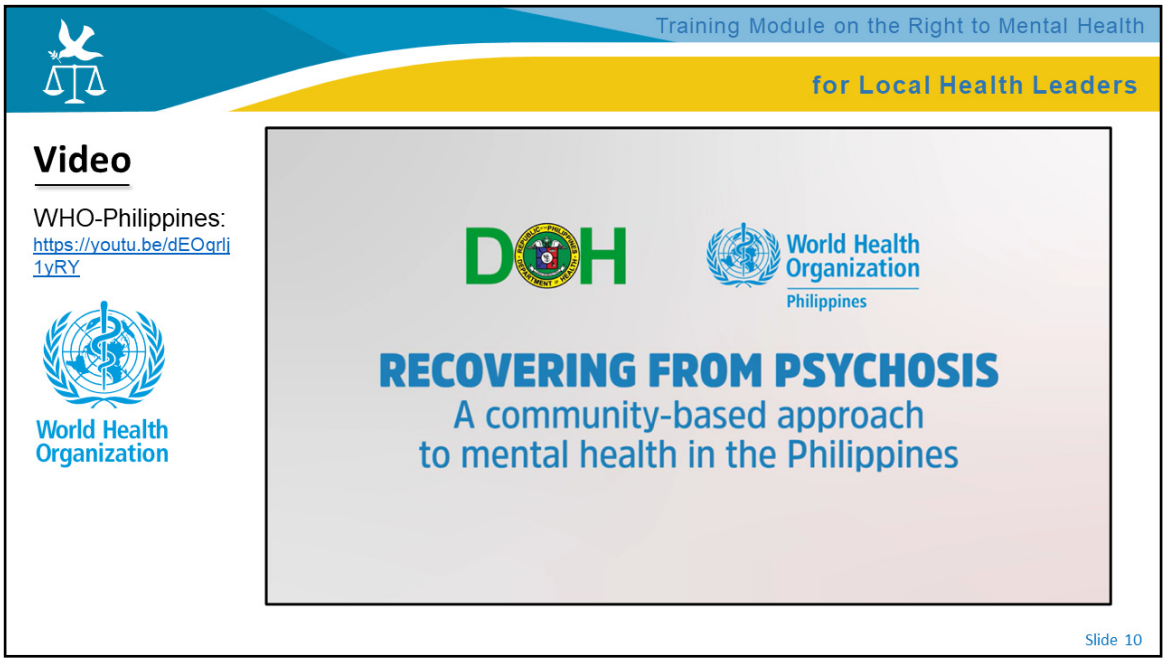


Rights-Based Mental Health Framework

- This framework is taken from the WHO quality rights. The five petals refer to the initiatives that must be undertaken to ensure mental health is protected.
- Recall that the Philippines is one of the signatories of the Convention on the Rights of Person with Disabilities (CPRD). The covenant mandates member countries to ensure the promotion of mental health as a human right.







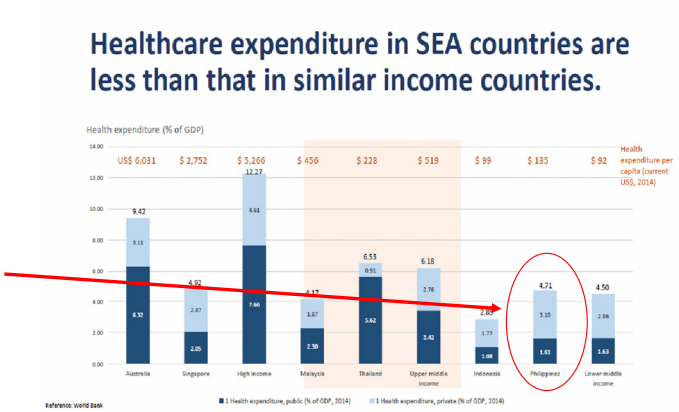
- This will be the session's opening video showing the status of mental health in the Philippines and current initiatives.

Mental Health Landscape

- There is an increasing number of mental health cases globally
- However, the number of mental health providers is limited.

Mental Health Landscape

- The Philippines is one of the lowest mental health care spenders among lower-middle-income countries in the SEA region.



There was a significant increase in health care spending from 2017 – 2019.

FIGURE 8 Currrent Health Expenditure by Health Care Provider,

Table 13
CURRENT HEALTH EXPENDITURE BY HEALTH CARE PROVIDER, 2014-2019
Levels (in million Philippine Pesos)

Health Care Provider	2014	2015	2016	2017	2018	2019
Hospitals	200,703	233,563	246,608	269,875	300,827	345,532
General hospitals	159,528	189,110	199,210	215,717	240,462	278,879
Public general hospitals	77,611	94,729	99,703	109,634	128,313	150,930
Private general hospitals	81,918	94,381	99,507	106,083	112,149	127,949
Mental health hospitals	767	938	939	999	1,177	1,431
Specialised hospitals (Other than mental health hospitals)	11,852	14,516	14,968	15,886	18,672	20,934
Unspecified hospitals (n.e.c.)	28,556	28,998	31,491	37,273	40,516	44,288
Mental health and substance abuse facilities	225	280	261	411	689	1,348
Providers of ambulatory hea						
Providers of ancillary servic						
Retailers and Other provide						
Pharmacies						
Providers of preventive care						
Providers of health care sys						
Government health admin						
Social health insurance ag						
Private health insurance a						
Other administration agencies						
Unspecified health care providers	40,691	31,631	37,483			
TOTAL CURRENT HEALTH EXPENDITURE	489,067	543,582	598,462	655,714	714,770	792,554

2014	2015	2016	2017	2018	2019
225	280	261	411	689	1,348
	24.4	-7.0	57.5	67.5	95.7

Source: PSA, 2020

Mental Health Landscape

- Most funds go to mental hospitals
- No specific mental health line in the health budget.
- Mostly paid for out of pocket by service users
- Filipinos seek care for mental health from private providers or traditional resources

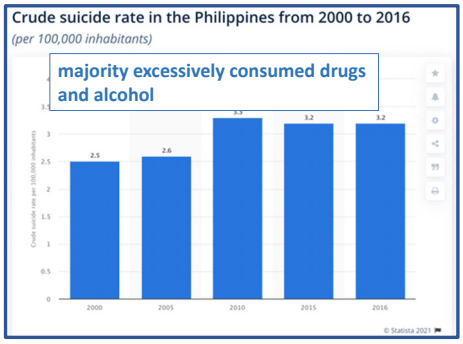
Source: Philippines WHO Special Initiative for Mental Health Situational Assessment (WHO, 2020)

Slide 14

Training Module on the Right to Mental Health
for Local Health Leaders

Mental Health Landscape

- Intentional self-harm increased by 26%
- Deaths due to intentional self-harm recorded a 25.7%
- Between 2019 and 2020, registered deaths due to intentional self-harm increased by 27.5% – from 2,808 to 3,529. (PSA, 2021)
- Intentional self-harm was the 3rd leading cause of death among young people in the Philippines. (WHO, 2020)



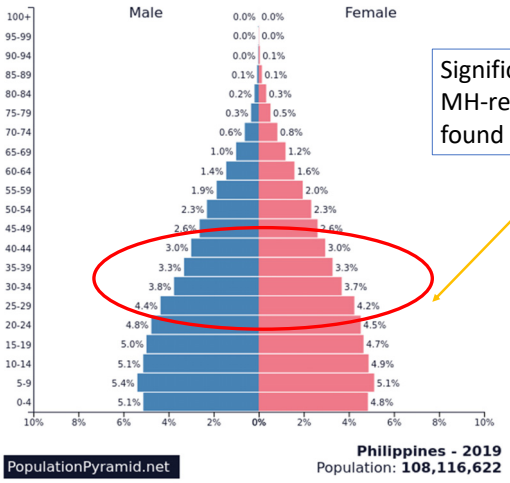
Contributing Factors:
depression, bullying, death of a loved one, or trauma

Slide 15

Training Module on the Right to Mental Health
for Local Health Leaders

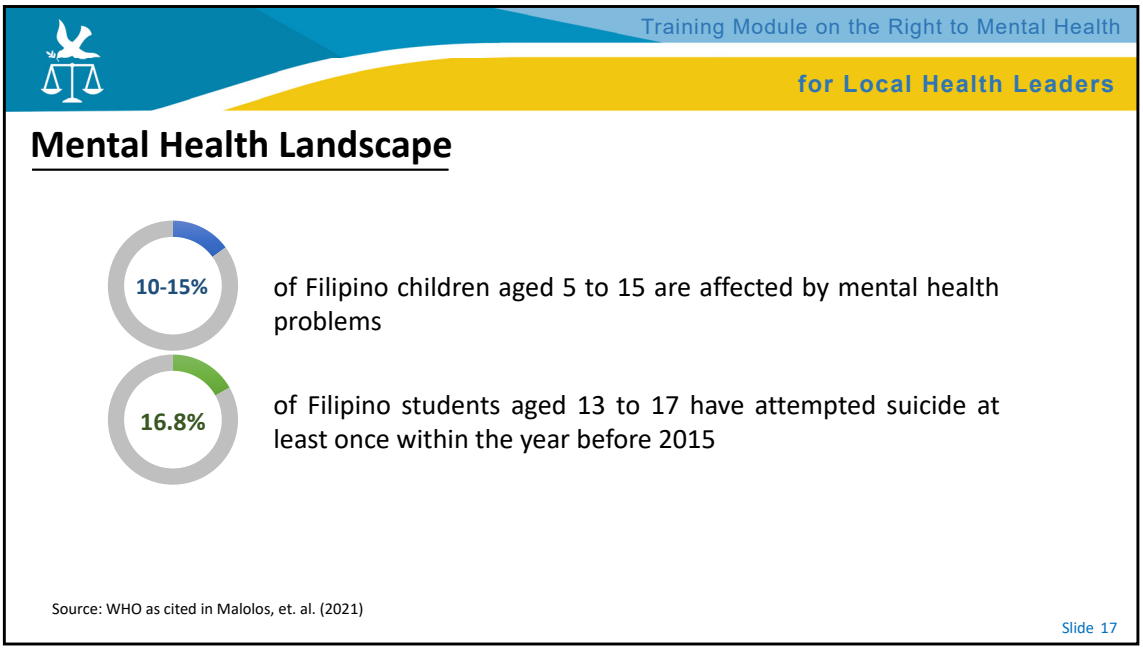
Mental Health Landscape

Age Group	Age Intervals
Baby	0~2
Young Adults	3~12
	13~19
	20~29
	30~39
Middle-aged Adults	40~49
	50~59
Old Adults	60~69
	70~79
	80~89
	90~99



Significant portions of MH-related cases are found in young adults

Slide 16



The Mental Health Landscape

- This topic highlights available data and information on mental health such as the:
  - Increasing cases of mental health problems globally, however, there is a shortage of mental health providers such as psychologists, psychiatrists, etc.
  - The Philippines has the lowest spending on mental health among SEA countries despite the apparent increase in health spending since 2019.
  - Cases of mental health cases in the country have increased and completed suicide ranked 3rd in the cause of death.
  - The reported most vulnerable are adolescents and young adults.

Mental Health Concepts

Slide 20

What is Mental Health?

A **state of mind** in which an individual is

- able to realize his or her own abilities,
- cope with the normal stresses of daily life,
- can work productively and fruitfully,
- able to make a contribution to their community.

Slide 21

What is Mental Illness?

- Health conditions involving **changes** in emotion, thinking, behavior, or a combination of all three
- Associated with distress and/or problems functioning in social, work, or family activities

Source: American Psychiatric Association (APA)

MOU9

Slide 22

MD31

Training Module on the Right to Mental Health for Local Health Leaders

Mental Health Continuum

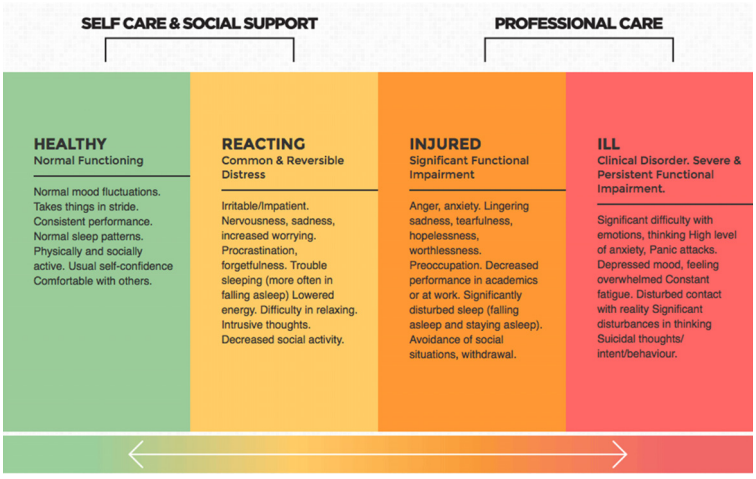
- The range of well-being, with mental health and mental illness at the two extreme ends
- Depending on the circumstances of any individual at any time, they may find themselves at one point of the continuum and shift positions as their situation improves or deteriorates

Slide 23

MD11

Training Module on the Right to Mental Health for Local Health Leaders

Mental Health Continuum



Slide 24

Training Module on the Right to Mental Health for Local Health Leaders

Stress

- A **reaction** to environmental and psychological events or changes
- A **condition** or **feeling**, experienced in specific situations or conditions

Note:
Stress is **not** a medical diagnosis, but **severe stress** that continues for a **long time** may lead to a diagnosis of *depression*, *anxiety*, or *other mental health problems*.

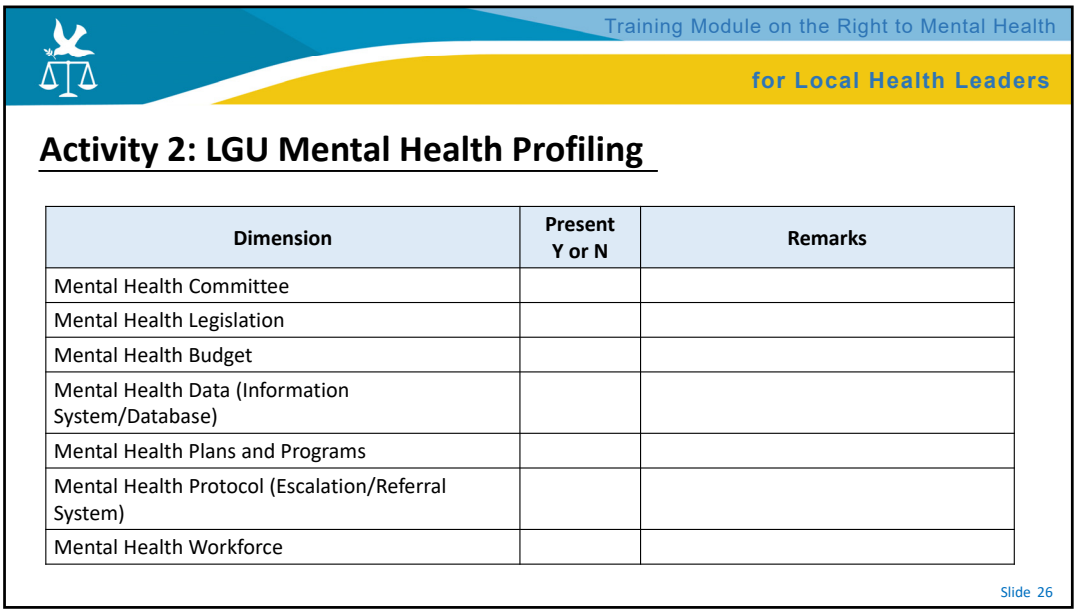
Slide 25

Understanding Mental Health

- The key mental health concepts in this topic include:
  - WHO definition of mental health, e.g. realizing one's ability, coping with the normal stresses in life, and being productive.
  - Mental illness is a condition involving the functions of thinking, emotion, and behavior associated with distress.
  - The Health Continuum covers the spectrum of healthy, reacting, injured, and ill in relation to mental health.
- The positive (eustress) and negative (distress) types of stress are discussed to emphasize that stress is part of daily life. Therefore, people can manage their stress and focus on the positive effects of stress.

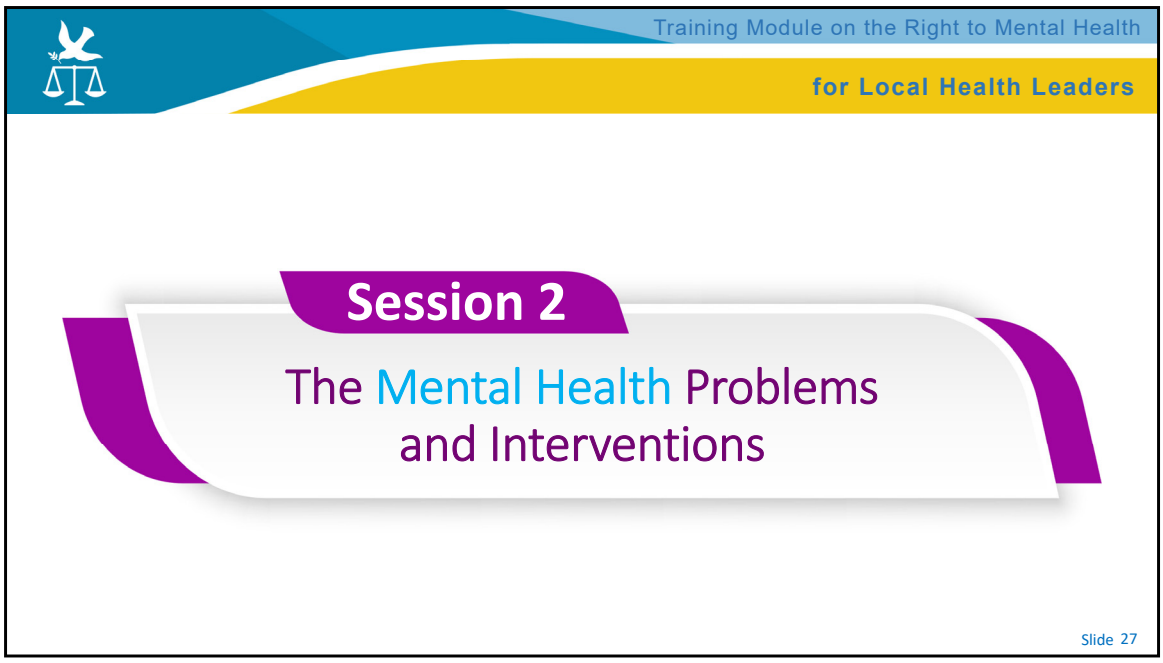
Reflection:

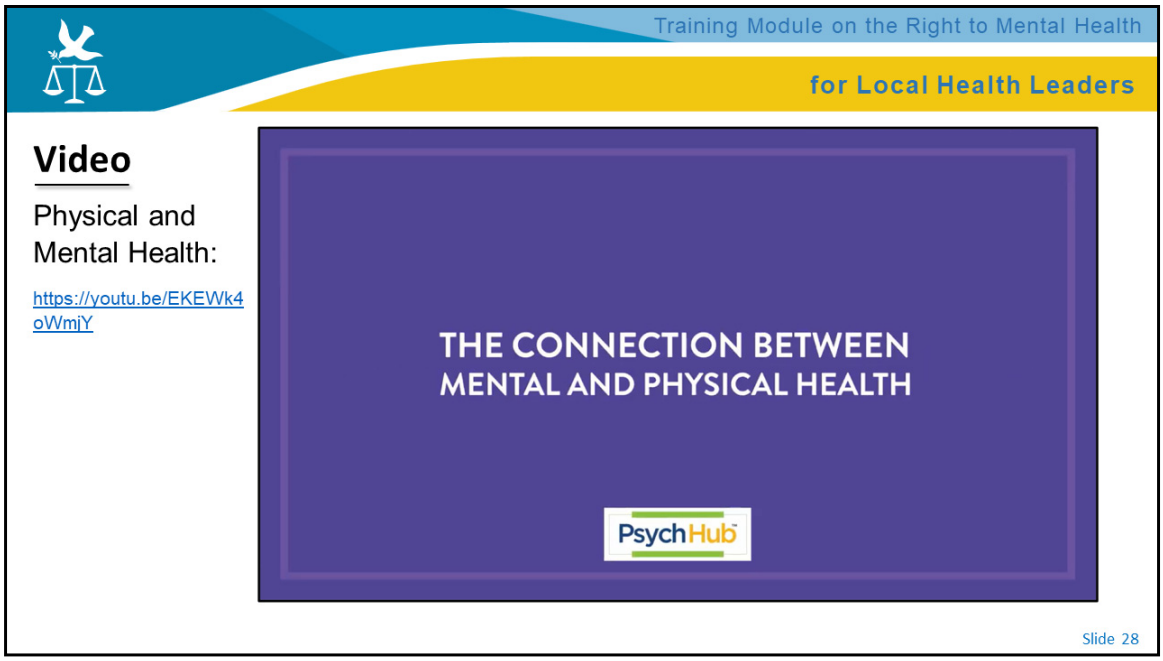
- A question is posed to know insights of the participants on why young adults have the highest vulnerability of mental health concern.
- The reflective question will link the discussions on general mental health concepts to specific factors leading to mental health illness and issues not just to young adults but affecting the general population.



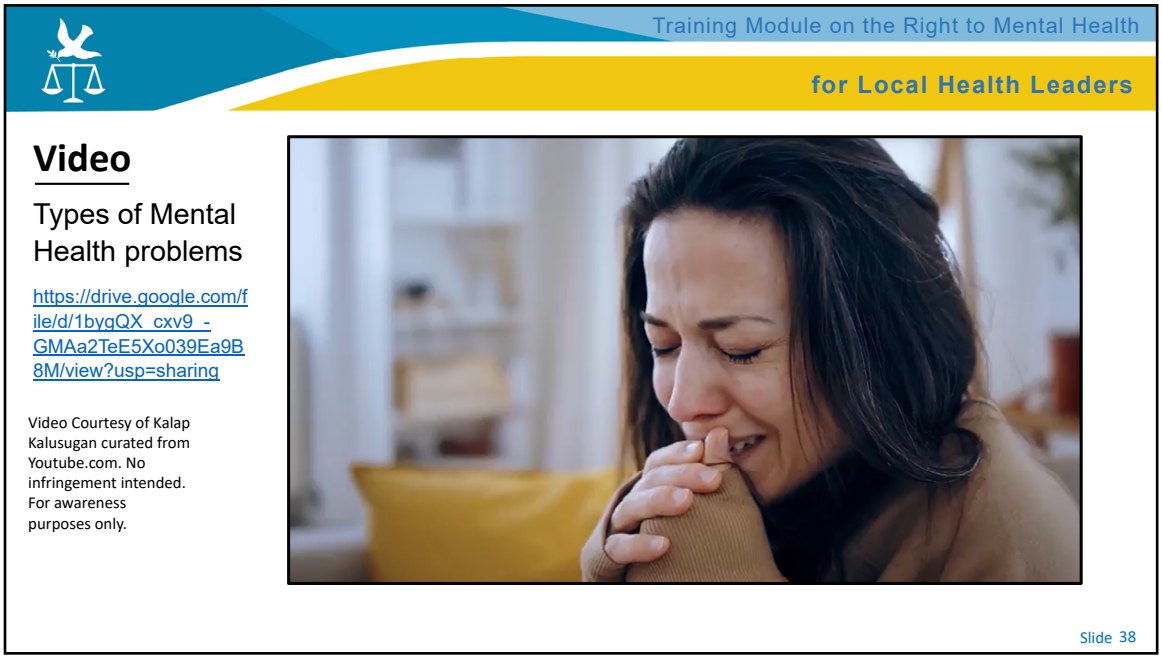
Activty 2: LGU Mental Health Profiling

- The purpose of the activity is to have a rapid review of their LGU's mental health activities. The matrix will gather information on the status of related compliance to Mental Health Law. This is linked to Activity 3 on the Mental Health Law compliance checklist.
- Participants will be organized into small teams and one to two (1-2) LGUs (barangay, city, or municipality) can be selected for sharing and evaluation.

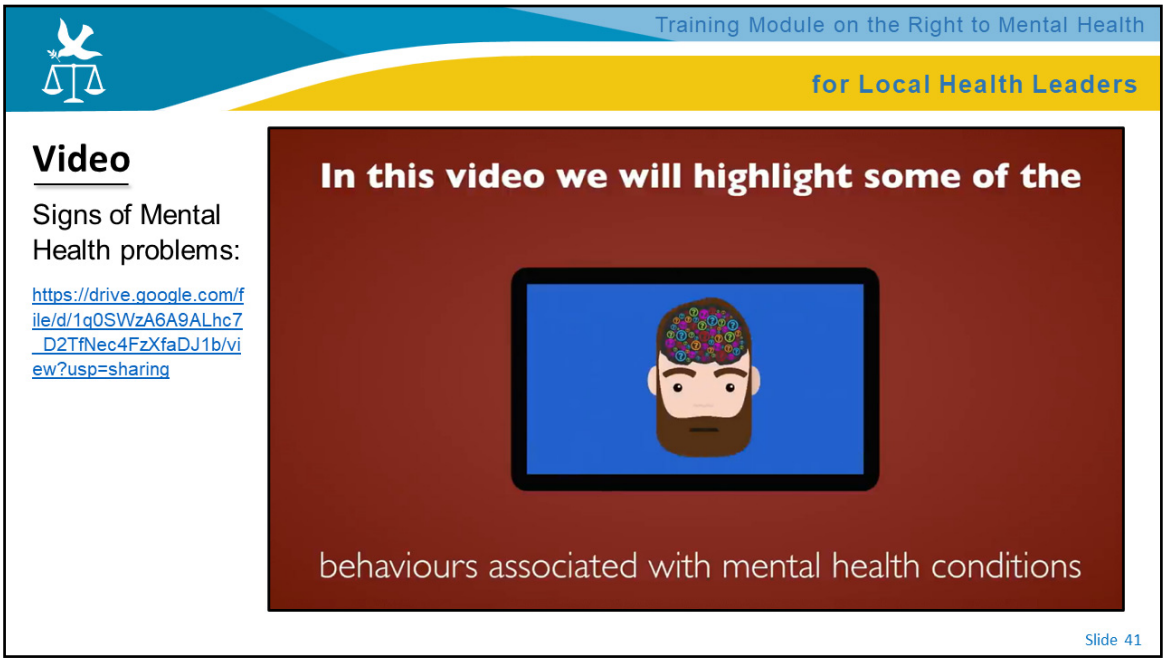




- This video presents how physical and mental health is related including the factors that affect a person's mental health.



- The video highlights the types of mental health problems and how the pandemic has affected people's mental health.



- This video discusses the signs and symptoms of mental health problems.

The aim of each video is to provide a graphical narration of the sub-topics covered in this session. Through these videos, the participants will have a recall on mental health problems.

Mental Health Problems

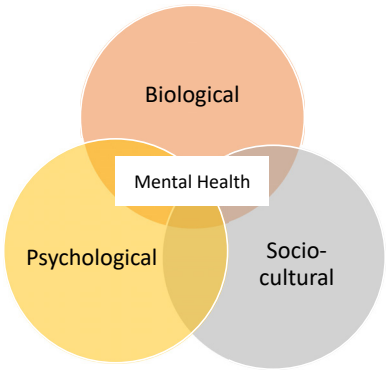
- Mental health problems are a common human experience that **can affect** anyone regardless of age, personality, or background.
- They **include a wide range of experiences** and can affect the way people think, feel, or behave.
- It **can be mild** or **moderate** while others may take on a more **severe form**, affecting a person's ability to cope with day-to-day living.

Mental health problems can have a wide range of causes. There is likely a complicated combination of factors for many people, although different people may be more deeply affected by certain things than others.

- Childhood abuse, trauma, or neglect
- Social isolation or loneliness
- Experiencing discrimination and stigma
- Social disadvantage, poverty, or debt
- Bereavement (losing someone close to you)
- Severe or long-term stress
- Having a long-term physical health condition
- Unemployment or losing your job
- Homelessness or poor housing
- Being a long-term caregiver for someone
- Drug and alcohol misuse
- Domestic violence, bullying, or other abuse
- Significant trauma as an adult
- Physical causes such as head injuries or neurological conditions

Source: WHO

Biopsychosocial Model of Mental Health



Biological Dimension

- Brain chemistry
- Environmental exposures
- Genetics
- Family medical and psychiatric history
- Current medical condition

Slide 33

Training Module on the Right to Mental Health
for Local Health Leaders

Psychological Dimension

- Personality and self
- Coping mechanisms
- Thought patterns
- Resilience
- Life experiences, stress and trauma and its impact in one's development
- Quality of relationships

Slide 34

Training Module on the Right to Mental Health
for Local Health Leaders

Social Dimension

- External to the self
- Social relationships and social support
- Family, community, and other social institutions
- Cultural influences and societal attitudes

Slide 35

Social Determinants of Mental Health

- Mental health as a product of social, environmental, and cultural influences
- Conditions in the environments
  - Born, live, learn, work, play, and age
  - Affects health, functioning, and quality of life

- Early childhood development
- Socio-economic status
- Education
- Employment
- Discrimination
- Housing and transportation
- Physical environment
- Access to quality health care

Slide 36

Table 1 Mental health determinants

Level	*Adverse factors*		*Protective factors*
Individual attributes	Low self-esteem	↔	Self-esteem, confidence
	Cognitive/emotional immaturity	↔	Ability to solve problems and manage stress or adversity
	Difficulties in communicating	↔	Communication skills
	Medical illness, substance use	↔	Physical health, fitness
Social circumstances	Loneliness, bereavement	↔	Social support of family & friends
	Neglect, family conflict	↔	Good parenting / family interaction
	Exposure to violence/abuse	↔	Physical security and safety
	Low income and poverty	↔	Economic security
	Difficulties or failure at school	↔	Scholastic achievement
	Work stress, unemployment	↔	Satisfaction and success at work
Environmental factors	Poor access to basic services	↔	Equality of access to basic services
	Injustice and discrimination	↔	Social justice, tolerance, integration
	Social and gender inequalities	↔	Social and gender equality
	Exposure to war or disaster	↔	Physical security and safety

Source: WHO

Slide 37

Classes of Mental Health Disorders

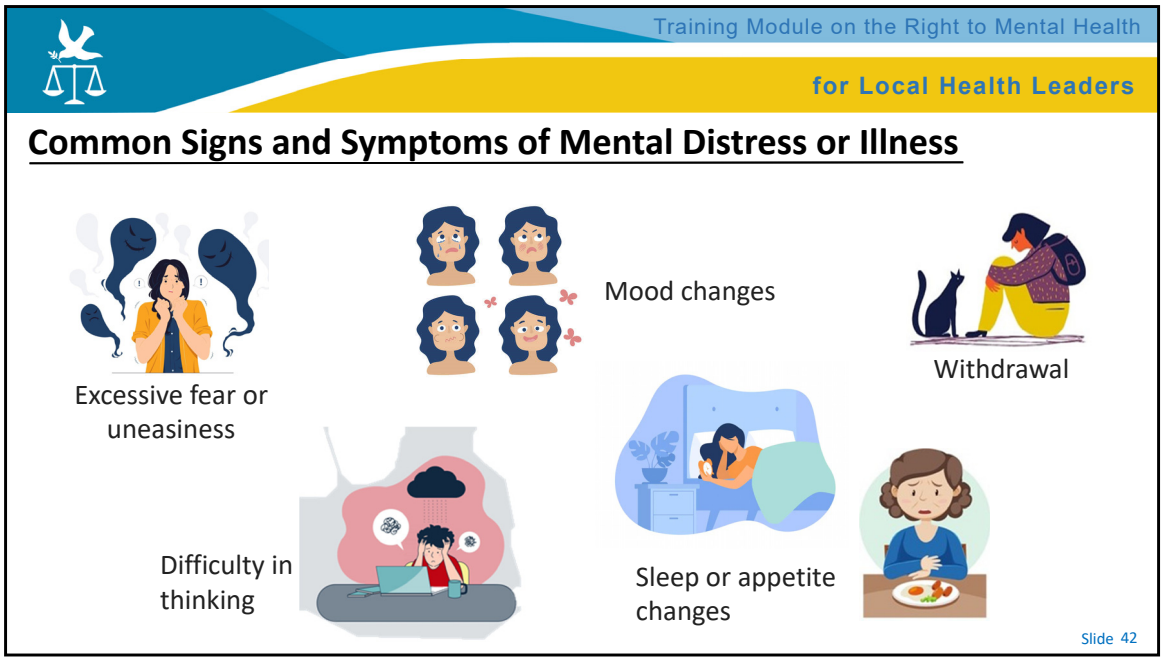
- Neurodevelopmental disorders
- Schizophrenia and other psychotic
- Bipolar disorders
- Depressive disorders
- Anxiety disorders
- OCD
- Post-traumatic stress disorder (PTSD)
- Personality disorders

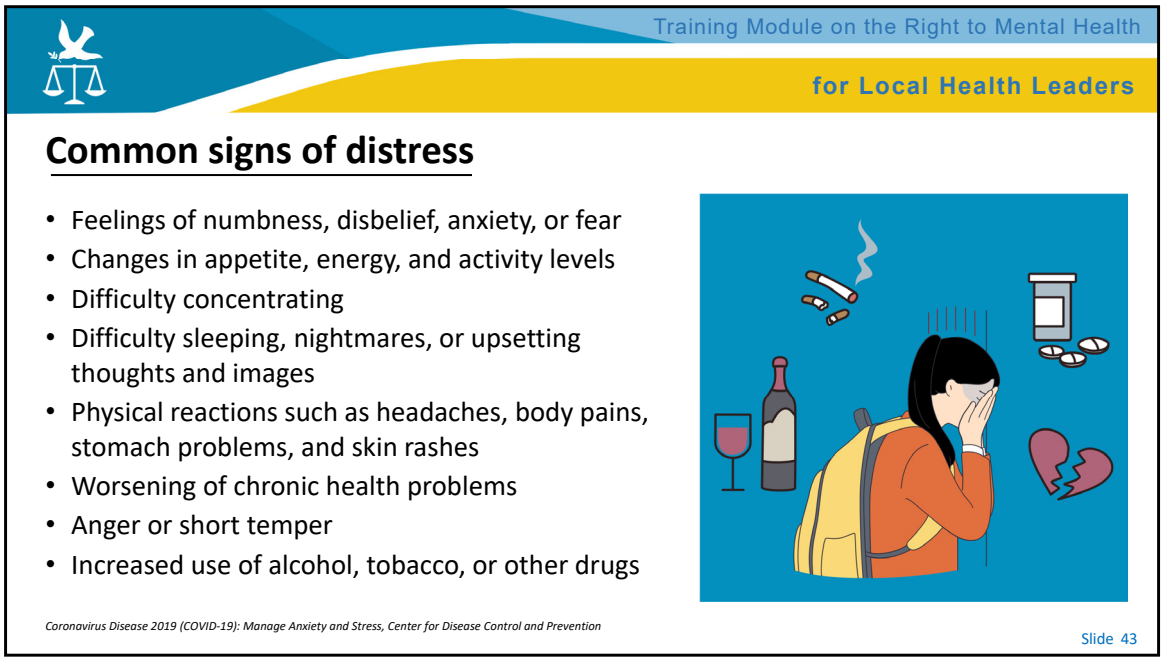
- Dissociative disorders
- Somatic symptom disorders
- Feeding and eating disorders
- Elimination disorders
  Sleep-wake disorders
- Sexual dysfunctions/paraphilias
- Gender dysphoria
- Disruptive, impulsive-control, and conduct disorders
- Substance-related and addiction
- Neurocognitive disorders

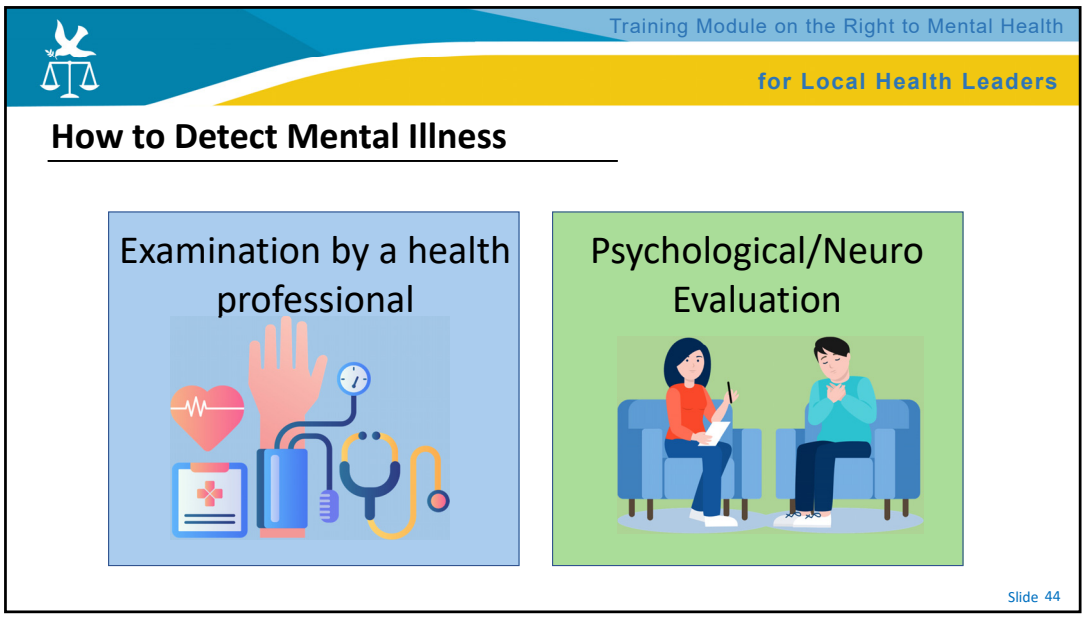
Slide 39

Mental Health Problems

- Explain what mental health problems are and what factors can cause them.
- Mental health problems can affect anyone and can range from common problems to rarer personality disorders (referring to clusters A, B, and C).
- LGU policies can cover awareness on mental health to avoid bias and social trauma/stigma.

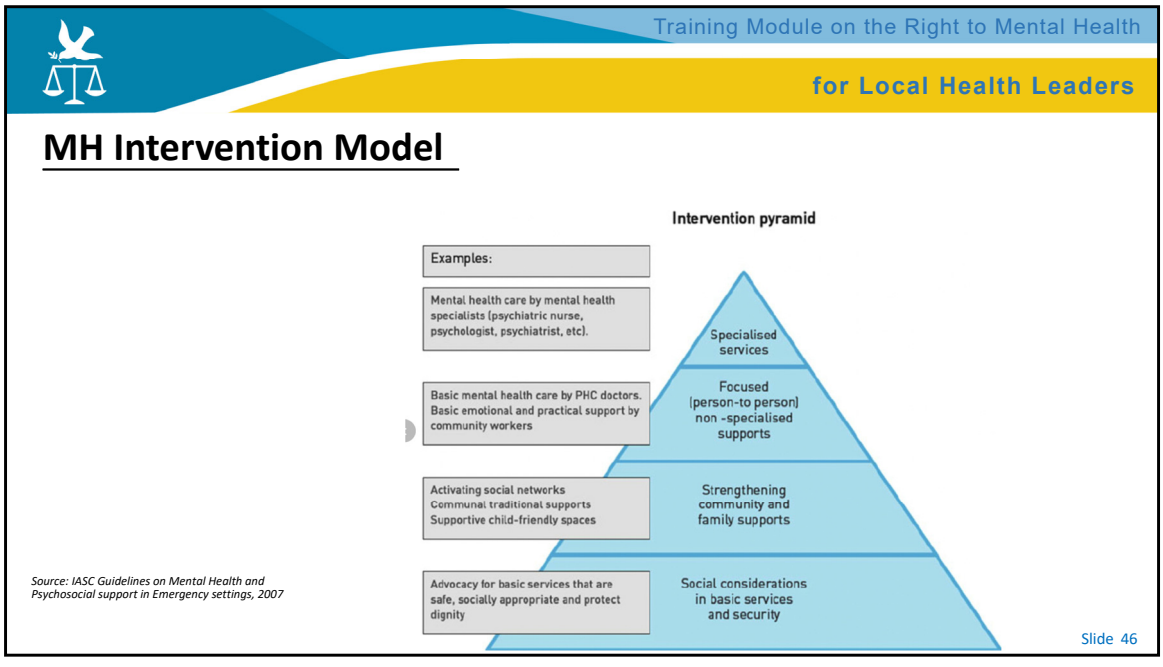






Detection of Mental Health Issues

- Learning about developing symptoms, or early warning signs, and taking action can help people understand the severity and how appropriate interventions can be given.
- Early detection can help reduce the severity of a mental health issue. It may even be possible to delay or prevent a major mental illness altogether if action is taken appropriately.
- LGU policies can cover detection activities.



MD16

Training Module on the Right to Mental Health

for Local Health Leaders

Types of Mental Health Treatments

- Hospitalization
  - Inpatient psychiatric care
  - Residential/ Custodial care
- Outpatient Mental Health Treatment
- Psychotherapy
- Medication

Slide 47

Mental Health Intervention Model

- To help people cope with their mental health issues, several activities and interventions can be made available to them
- LGU policies can cover cost-effective interventions for mental health.

Training Module on the Right to Mental Health

for Local Health Leaders

Activity 3: Local MH Factors

Based on the profile of your LGU, identify determinants or factors that can affect the mental health in your communities.

Individual	Social/Economic	Environmental

Slide 40

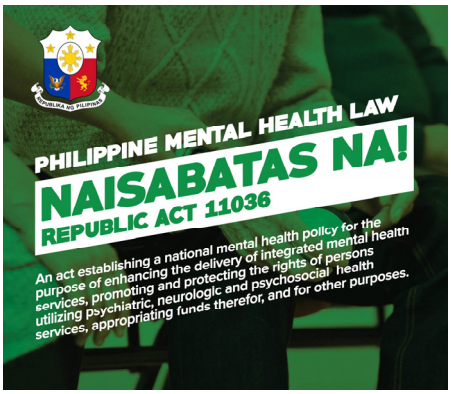
- This activity aims to surface possible factors or determinants that can affect mental health in their respective community (barangay, city, municipality).
- The matrix asks the participants to identify individual, social/economic, and environmental factors that may exist in their community.

Section 3

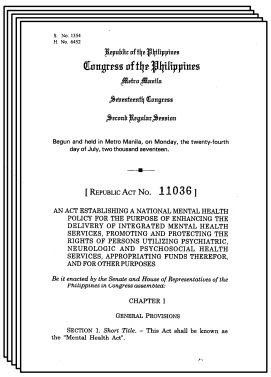
The Mental Health Law & Related Policies

Session Objectives

- Discuss the salient features of the Mental Health Law
- Identify complementary laws and policies
- Review existing local mental health policies and programs



The Mental Health Law (RA 11036)



S. No. 1354
H. No. 6452

Republic of the Philippines
Congress of the Philippines
Metro Manila
Seventeenth Congress
Second Regular Session

Begun and held in Metro Manila, on Monday, the twenty-fourth day of July, two thousand seventeen.

[REPUBLIC ACT NO. 11036]

AN ACT ESTABLISHING A NATIONAL MENTAL HEALTH POLICY FOR THE PURPOSE OF ENHANCING THE DELIVERY OF INTEGRATED MENTAL HEALTH SERVICES, PROMOTING AND PROTECTING THE RIGHTS OF PERSONS UTILIZING PSYCHIATRIC, NEUROLOGIC AND PSYCHOSOCIAL HEALTH SERVICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

CHAPTER I

GENERAL PROVISIONS

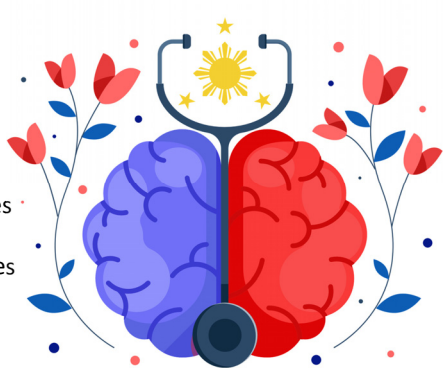
SECTION 1. *Short Title.* – This Act shall be known as the "Mental Health Act".

- This law recognizes that mental health is a basic right for Filipinos and people's fundamental rights for mental health services.
- The law aims to strengthen effective leadership and governance for mental health by formulating, developing, and implementing national policies, strategies, programs, and regulations relating to mental health.

The Mental Health Law (RA 11036)

Chapter 4

- Quality Mental Health Services
- Mental Health Services at the Community level
- Community-Based Mental Health Care Facilities
- Reportorial Requirements
- Psychiatric, Psychosocial, and Neurological Services in Regional, Provincial, and Tertiary Hospitals
- Duties & Responsibilities of Mental Health Facilities
- Drug Screening
- Suicide Prevention
- Public Awareness



Slide 55

The Mental Health Law (RA 11036)

Chapter 5

- Integration of Mental Health into the Educational System
- Mental Health Promotion in Educational Institutions
- Mental Health Promotion and Policies in the Workplace

Chapter 6

- Capacity-Building, Reorientation, and Training
- Capacity Building of Barangay Health Workers
- Research and Development
- NCMH

Chapter 7

- Duties and Responsibilities of:
  - DOH
  - CHR
  - DepED, CHED, TESDA
  - DOLE & CSC
  - DSWD

Slide 56

Role of LGUs:

- Develop and integrate mental health services in the community as part of basic health services at the city, municipal, and barangay levels (Sec. 16)
- Implement these mental health services at community-level inclusive of wellness promotion, prevention, treatment, and rehabilitation

Slide 57

Role of LGUs:

- Initiate and sustain nationwide multimedia campaign to raise public awareness on the protection and promotion of mental health and rights (Sec. 23)
- Take responsibility in training Barangay Health Workers and other volunteers with technical guidance from DOH on the promotion of mental health, advocacy of patient's rights, case finding, identification, and referral (Sec. 28)
- Create program in accordance to the guidelines of the Philippine Council for Mental Health and coordinate its implementation with a quarterly report

Slide 58

Training Module on the Right to Mental Health
for Local Health Leaders

Duties & Responsibilities of the Local Government Units (LGUs)

a) Review, formulate, and develop the regulations and guidelines

b) Integrate mental health care services in basic health care services

c) Establish training programs necessary to enhance the capacity of mental health service providers at LGU-level

d) Promote deinstitutionalization and other recovery-based approaches to the delivery of mental health care services

e) Establish, reorient, and modernize mental health care facilities

f) Provide or facilitate access to public housing facilities, vocational training and skills development programs, and disability or pension benefits

Slide 59

Training Module on the Right to Mental Health
for Local Health Leaders

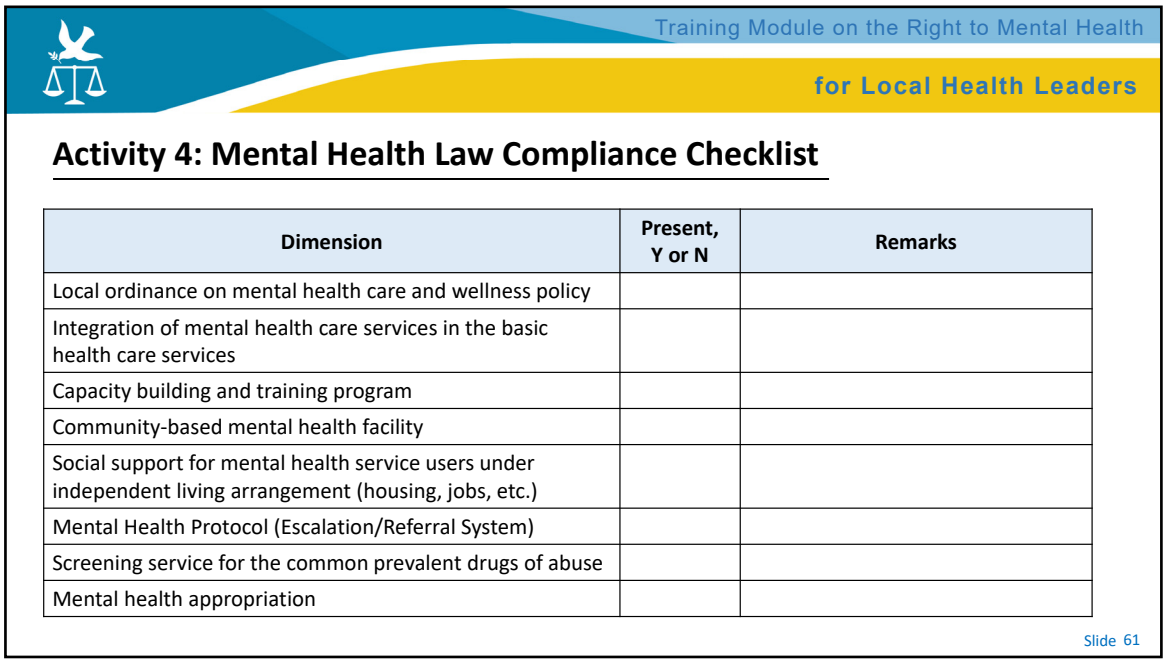
Other Related Policies

- RA No. 9442 Magna Carta for Persons with Disability
- RA No. 9262 Anti-Violence Against Women and Their Children
- RA No. 10173 Data Privacy Act
- RA No. 10627 Anti-Bullying Act of 2013
- RA No. 11223 Universal Health Care
- RA No. 11313 Safe Spaces Act

Slide 60

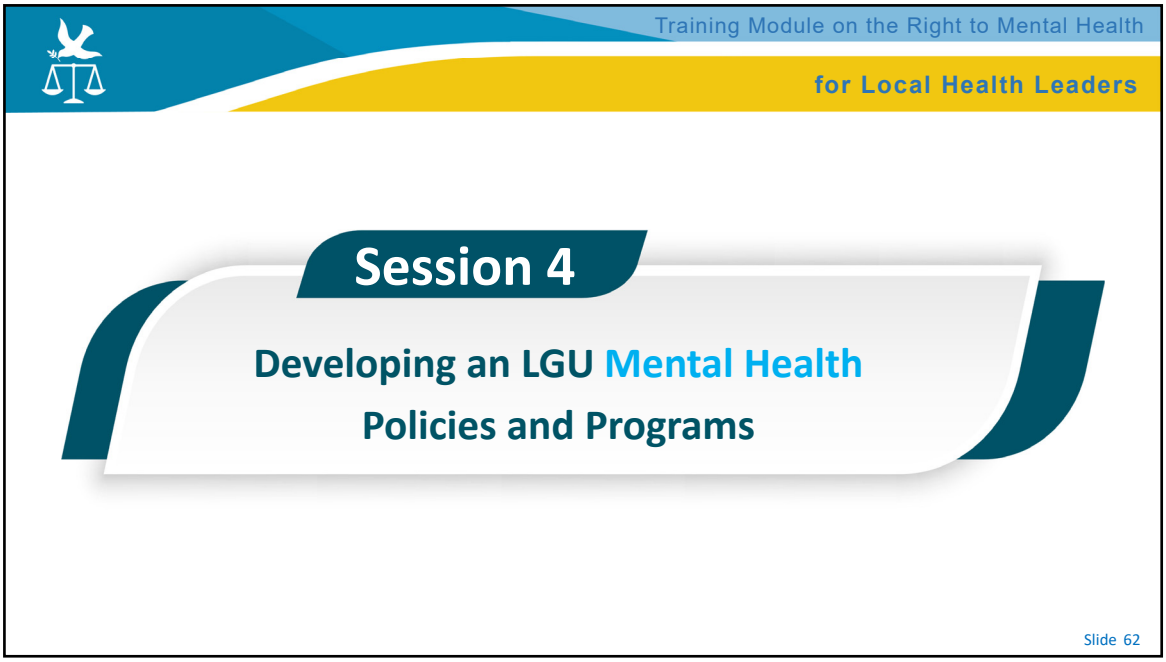
Salient Features of RA No. 11063

- Focuses on the key requirements of the law.
- Sample approaches to meeting these requirements can be mentioned.
- The role of the LGUs is identified.
- Related policies are discussed to serve as a reference in policy development.



Activity 4: Mental Health Compliance Checklist

- The purpose of the activity is to have a rapid review of their LGU's compliance with some of the Mental Health Law requirements. The matrix will gather information on the status of related compliance to Mental Health Law. This is linked to Activity 1 on the mental health profiling.
- Participants will still be organized into small teams and one to two (1-2) LGUs (barangay, city, or municipality) can be selected for sharing and evaluation.



- The video emphasis the WHO's commitment to promoting mental health as a human right.

Human Rights in Mental Health

The Philippines is a signatory to the 2008 Convention on the Rights of Persons with Disabilities (CRPD) and reaffirmed its commitment on June 12, 2018. This means that by ratifying the CRPD, we are under the obligation to put in place a full range of measures to ensure that people with disabilities:

- Have the same rights as everyone
- Are treated fairly and equally
- Are not discriminated against

Source: *https://www.un.int/philippines/activities/ph-reaffirms-commitment-implement-crpd-advance-rights-persons-disabilities-0*

Slide 65

Human Rights in Mental Health

To uphold this CPRD commitment, the Philippines shall:

CRPD CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

- ✓ **Respect**
- ✓ **Protect**
- ✓ **Fulfilling**

Human Rights

- A person with a psychosocial disability
- A person with an intellectual disability
- A person with a cognitive disability
- A mental health or other practitioner
- A family member, caregiver, or supporter
- A peer, advocate, lawyer, public official, etc.

Source: WHO Quality Rights

Slide 66

Local Mental Health Legislation

Key measures that must comprise the public health system include:

Availability – ensuring sufficient quantity

Accessibility – removing barriers to access health facilities, goods, and services imposed by economic, geographical, physical, and informational

Acceptability – health facilities, goods, and services must be satisfactory, according to cultural traditions and standards of medical ethics MD20

Slide 67

MD23

Local Mental Health Legislation

Republic of the Philippines
QUEZON CITY COUNCIL
Quezon City
19th City Council

PO19CC-493

75th Regular Session

ORDINANCE NO. SP-2456, S-2015

AN ORDINANCE PROVIDING FOR A COMMUNITY-BASED MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN QUEZON CITY AND APPROPRIATING THE NECESSARY FUNDS THEREFOR.

2015

Slide 68

MD24

Local Mental Health Legislation

CERTIFIED TRUE COPY

Republic of the Philippines
SANGGUNIANG PANLUNGSOD
City of Mandaluyong

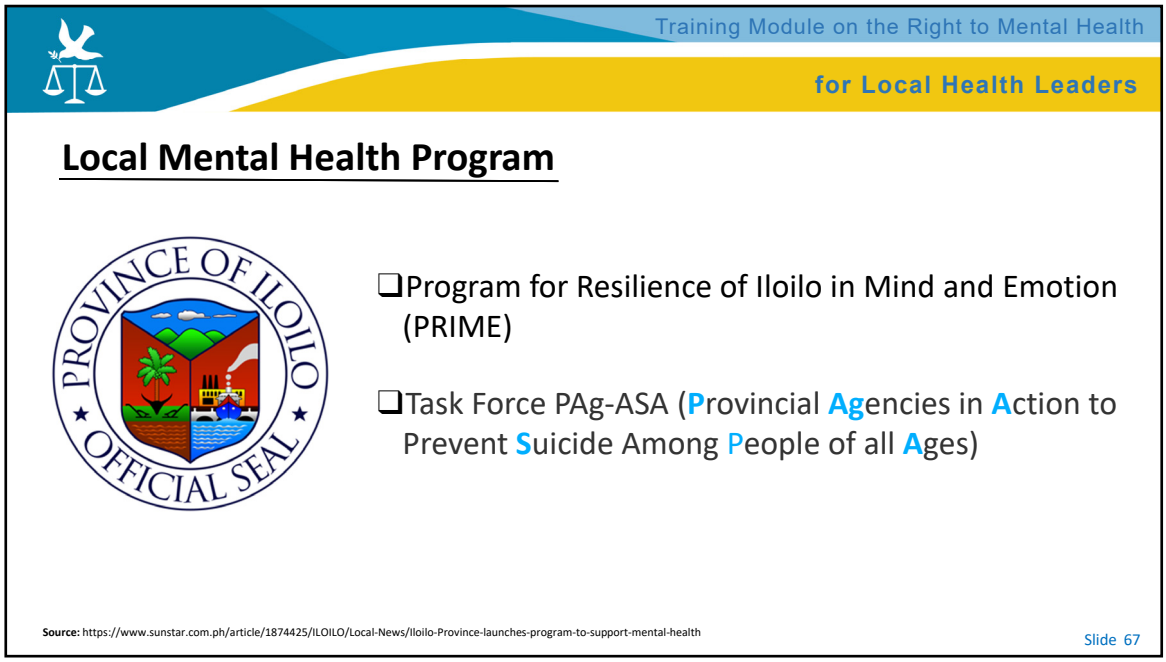
CHONA S. CELESTE
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

ORDINANCE NO. 695, S-2018

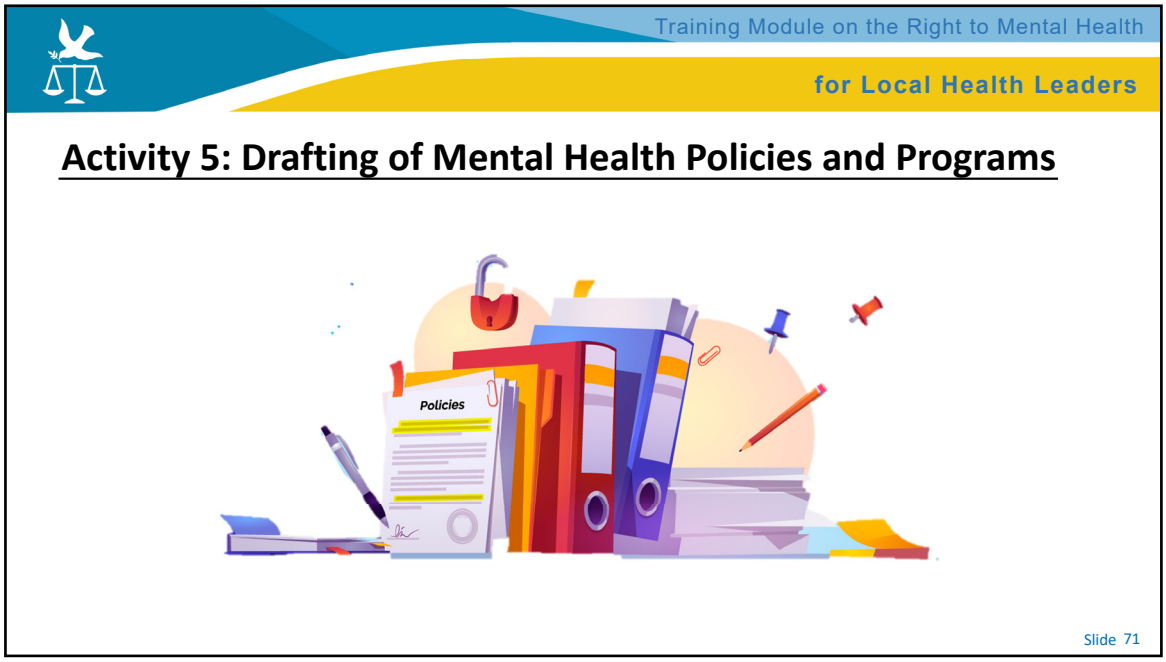
AN ORDINANCE PROVIDING FOR A COMMUNITY-BASED MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN THE CITY OF MANDALUYONG AND APPROPRIATING FUNDS THEREFOR

2018

Slide 69



- LGUs with local legislation and programs on mental health are discussed.
- Best practices and samples identified can serve as a basis when developing their own policies and programs.



Activity 5: Drafting the LGU Mental Health Policies and Programs

- The participants will prepare a draft mental health policy and programs.

HUMAN RIGHTS EDUCATION AND PROMOTION OFFICE

PROGRAMS

REPUBLIC OF THE PHILIPPINES COMMISSION ON HUMAN RIGHTS

HUMAN RIGHTS INSTITUTE

O R H A

Online
Human Rights Academy
EST.2020

https://humanrightsinstitute.ph

HUMAN RIGHTS HOTSPOT

HISTORICAL ONLINE TEACHING SPOT

https://humanrightsinstitute.ph

YouMy RIGHTS TV

www.facebook.com/humanrightsinstituteph

YSPEAK!

www.facebook.com/humanrightsinstituteph

COMMISSION ON HUMAN RIGHTS

Human Rights Education and Promotion Office

To access the softcopy of the training module with PowerPoint presentation, poster, pre-recorded video, and flyer, scan the QR code below:

To report human rights violations or abuses, please text, call, or email us at:

CHR Public Assistance and Complaints Desk
(Citizens' Help and Assistance Division)
publicassistance@chr.gov.ph
(02) 8294-8704
(0920) 506 1194 (Smart)
(0936) 068 0982 (Globe)

Tanggol Karapatan Online E-Lawyering

National Capital Region (CHR NCR)
Email: ncr@chr.gov.ph
(0906) 021 7146 (Globe)
(0919) 444 7720 (Smart)

Legal Division
elawyering@chr.gov.ph
(0956) 280 2686 (Globe)
(0961) 450 8590 (Smart)

Investigation Office
investigationdiv@chr.gov.ph
(0950) 369 9026 (Globe)
(0963) 660 1364 (Smart)

OFW Migrant and Complaint Portal
tinyurl.com/ofw-reports
investigationdiv@chr.gov.ph
(0920) 506 1194 (Smart)
(0936) 068 0982 (Globe)

E-Report sa Gender Ombud
https://gbvcovid.report

If you need someone to talk to, please contact the NCMH Crisis Hotline:
1553 (Nationwide toll-free landline)
(0966) 351 4518 (Globe)
(0917) 899 8727 (Globe)
(0917) 899 USAP (Globe)
(0908) 639 2672 (Smart)

YEAR 2022

CHR ng lahat: Naglilingkod maging sino ka man