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Department of Health
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ADMINISTRATIVE ORDER

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SUBJECT: THE NATIONAL MENTAL HEALTH POLICY

I. Introduction

The attainment of a better quality of life through the promotion of mental health has now become an imperative and essential goal for all countries and its people. Local and international data show the extreme burden mental health problems and disorders impose on individuals, families, communities and countries. International data show that about one percent of the population is affected with severe mental and neurological disorders, and another 4-5% suffers from mild to moderate neurological problems, including the abuse of alcohol and drugs. Given the changing and fast-paced lifestyle of people amid a very dynamic socio-economic and political environment, this burden from mental ill health, disorder and disability is expected to increase exponentially as enunciated by the World Health Organization (WHO).

Similarly, the Philippines has long been confronted with a volatile socio-economic condition compounded by natural and man-made disasters, garbage crisis, and drug menace.

In a local baseline survey in 1964-67 in Sta. Cruz, Lubao, Pampanga, Manapsal of the DOH Division of Mental Hygiene, Bureau of Disease Control, found that the prevalence of mental disorders was 36 per 1,000 adults, children and adolescents. The 1980 WHO Collaborative Studies for Extending Mental Health Care in General Health Care Services (involving seven countries) showed that 17 percent of adults and 16 percent of children who consulted at three health centers in Sampaloc, Manila have mental disorders. Depressive reactions in adults and adaptation reaction in children were most frequently found. In Sapang Palay, San Jose Del Monte, Bulacan, the prevalence of adult schizophrenia was 12 cases per 1,000 population in 1988-1989 (Manalang et al).

In Region 6 (Iloilo, Negros Occidental and Antique), Perlas et al. in 1993-94 showed that the prevalence of the following mental illness in the adult population were: psychosis (4.3 percent), anxiety (14.3 percent), panic (5.6 percent). For the

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children and adolescent, the top five most prevalent psychiatric conditions were: enuresis (9.3 percent), speech and language disorder (3.9 percent), mental subnormality (3.7 percent), adaptation reaction (2.4 percent) and neurotic disorder (1.1 percent).

The current DOH bed capacity for mental disorders is 5,465. Of these, 4,200 beds are in the NCR (at the National Center for Mental Health). The rest of the country share the remaining 1,265 beds (CAR-40 beds, Region 2-200 beds, Region 3-500 beds, Region 11-200 beds). Regions 1,4,10,12, CARAGA and ARMM do not have inpatient psychiatric facilities. Only 27 DOH medical centers and regional hospitals have mental health services. Cavite is the only province with a psychiatric facility.

These situations have hampered the delivery of basic services, aborted the national development, and reduced the quality of life of the Filipino. Life has become severely stressful to most, whether rich or poor, young or old. The resiliency of the Filipino people to adapt to his present life situation is being stretched too far. Warning signs of restlessness abound such as increasing reports of suicide and substance abuse. Decline in the socio-economic condition may translate into mental-ill health and therefore mental health disorders and mental disabilities.

However, the provision of mental health services in the country, has remained illness-oriented, institution-based, fragmented, inadequate, inequitable, inaccessible, prohibitive, and neglected.

The Department of Health (DOH), the national lead agency for health recognizes the magnitude of the mental health problem as contained in the National Objectives for Health (NOH) 1999-2004. Among the objectives set forth are the following:

- reduction of morbidity, mortality, disability and complications from mental disorder
- promotion of healthy lifestyle through the promotion of mental health and less stressful life.

However, the DOH has constraints in attaining these objectives given the limited government resources. Within the health sector, mental health has to compete for resources against other equally important health objectives. Concomitant reforms are therefore being pursued in hospitals, public health, local health systems, regulation as well as financing with the end-view of improving the health of all Filipinos as embodied in the Health Sector Reform Agenda.

The WHO, on the other hand, called for a timely global action to attend to the crisis in mental health. The year 2001 has been dedicated to mental health “in recognition of the burden that mental and brain disorders pose on people and families affected by them and with the aim to highlight the important advances made by researchers and clinicians in reducing suffering and the accompanying disability.” All

sectors have been enjoined “to work towards a day when *good health will also mean good mental health.*” This action emphasizes the fact that mental health is a concern of all.

In summary, it is within this whole context that the development of a national mental health policy is pursued. The core issues in mental health are the lack of conscious awareness of mental health as an integral component of total health care and of the general health care system and the lack of political will to implement a comprehensive national mental health program. The formulation of the national mental health policy by the DOH, is therefore a very significant step towards the advocacy for mental health.

This issuance prescribes the national policy framework towards the attainment of a good state of mental health for all Filipinos.

II. Coverage and Scope

The National Mental Health Policy shall apply to all sectors, disciplines and institutions whether government, non-government or private entities whose functions and activities contribute to the improvement of the state of mental health of the Filipinos.

Furthermore, this policy shall permeate health systems, programs and services at the national and local levels.

The mental health problems, disorders and disabilities shall include substance abuse and brain disorders such as epilepsy, dementia and cerebral palsy among others.

III. Vision – Better Quality of Life through Total Health Care for all Filipinos

The National Mental Health Policy is a commitment to ensure a community of Filipinos who are mentally healthy, able to contribute to the development of the country and attain a better quality of life through access to an integrated, well-planned, effectively organized and efficiently delivered health care system that responds not only to the physical health needs but also to mental health needs of Filipinos.

IV. Mission – A Rational and Unified Response to Mental Health

The National Mental Health Policy provides the direction for a coherent, rational, and unified response to the nation’s mental health problems, concerns and efforts through the formulation and implementation of the national mental health programme strategy.

V. Goal - Quality Mental Health Care

The National Mental Health Policy sets to achieve quality mental health care through the development of efficient and effective structures, systems, and mechanisms that will ensure equitable, accessible, affordable, appropriate, efficient and effective delivery to all its stakeholders by qualified, competent, compassionate; and ethical mental health care professionals and service providers.

VI. Objective – Implementation of a Mental Health Program strategy

The National Mental Health Policy shall be pursued through a Mental Health Program strategy prioritizing the promotion of mental health, protection of the rights and freedoms of persons with mental diseases and the reduction of the burden and consequences of mental ill- health, mental and brain disorders and disabilities.

VII. Policy Statements:

A. Leadership

Cognizant of the critical importance of leadership and political will in government to effect action, the Department of Health shall be the lead agency in the promotion and protection of the people's mental health.

Corollary to this, the Local Governments as embodied in the Local Government Code of 1991 shall ensure the delivery of basic mental health services.

B. Collaboration and Partnership

Cognizant of the multifaceted causation and management of mental health problems and disorders, the DOH shall ensure the creation of an enabling environment for collaboration and partnership among (a) sectors, e.g. academe, non-governmental organizations, other government agencies, civil society, professional societies, legislators, policymakers, business sector, pharmaceutical companies; (b) disciplines e.g. medical, nursing; social work, psychology, social sciences, arts, administration, and (c) levels of government, e.g. municipal, province, city, national.

C. Empowerment and Participation

Cognizant of the need for the empowerment and active participation of (a) persons at risk to develop, (b) persons with mental illnesses, (c) their families, in the effective treatment and management of mental health problems and disorders, they shall be involved in the planning and decision-making on matters that concern and pertain to them.

D. Equity

Cognizant of the immediate need to provide equitable and accessible quality mental health care, protective and non-discriminating mechanisms in the mobilization, allocation and utilization of resources from all sectors in all regions, provinces, cities and municipalities shall be created.

E. Standards for Quality Mental Health Services

Cognizant of the importance of ensuring the provision of the highest quality of care for mental health, national standards for ethical practice, facilities and services shall be developed and enforced.

F. Human Resource Development

Cognizant of the urgent need to develop adequate, appropriate and competent mental health care providers and ensure mental fitness of workforce in all sectors, disciplines and levels of government:

- a) the curriculum and training for mental health care providers shall be responsive to the national and local culture and human development goals,
- b) a good incentive and benefit system shall be formulated and provided for the mental health care providers, and
- c) the staff development programs shall include promotion of the mental health of the workforce.

G. Health Service Delivery System

Cognizant of the numerous requirements and difficulties in the provision of an equitable, accessible, affordable and appropriate quality mental health care,

- the integration into the general health care programs, services, and systems of hospitals, health centers, and other health units of the government and private sectors, and
- the availability of essential treatment and drugs shall be the priority.

H. Mental Health Care

That Mental Health is an integral component of Total Health Care and that the holistic approach is the essence of health care, programs, services, and activities shall address the biological, psychological, behavioral and social

activities shall address the biological, psychological, behavioral and social aspects in the care of persons with mental health problems, diseases and disabilities.

I. Stability and Sustainability

Cognizant of the prohibitive cost and financial burden of mental health care, regular government appropriation and attractive investment packages shall be secured and mechanisms such as subsidies, national health insurance and tax incentives shall be explored.

J. Information System

Cognizant of mental illness as an emerging global health problem and the need for accurate data in the surveillance of mental diseases and disorders, a national and local system of information generation, sharing and exchange shall be created and instituted in aid of developing appropriate programs, services, policies and legislation.

K. Legislation

Cognizant of the need to guarantee the promotion and protection of the rights and freedoms of persons with mental and brain disorders, the formulation and passage of a Mental Health Act shall be advocated.

L. Monitoring and Evaluation

Cognizant of the need to sustain the mental health initiatives and ensure continuing improvement in the delivery of mental health care, a regular review, monitoring and evaluation of existing policies, programs, facilities and services shall be done.

VIII. Roles and Responsibilities

A. General Roles and Responsibilities

1. The Department of Health (DOH) shall establish, strengthen and sustain capacities for implementation of the National Mental Health Policy within the DOH and in the executive and legislative branches of government, including partnership with non-government organizations and the private sector.
2. All units, centers, bureaus of the DOH shall implement as a priority the mental health policies through initiatives such as programs, projects and investment incentives and packages relevant to their functions and

responsibilities consistent with the National Objectives for Health and the Health Sector Reform Agenda.

3. In the planning and development of mental health programs, projects and other initiatives, all units are to ensure (a) a holistic and comprehensive approach, (b) the collaboration and partnership with appropriate sectors, disciplines, and levels of government (c) the active participation and empowerment of persons with mental health problems, disease and disabilities, their families and communities, (d) the continuity of care at all levels, and (e) their equitable distribution at the different regions, and (f) the provision and maintenance of resources for mental health.

B. Specific Roles and Responsibilities

1. The National Center for Disease Prevention and Control shall (a) oversee the implementation of the national mental health policy, and; (b) lead in the formulation of the mental health and neurological disease prevention, control, intervention and rehabilitation programs and strategies that will reduce the burden and consequences of mental diseases and disabilities and promote mental health.
2. The National Center for Health Promotion shall lead in the formulation of the standard and the development of mental health information, education and communication (IEC) and advocacy strategies to ensure the promotion of a totally healthy and less stressful lifestyle for the Filipinos.
3. The National Epidemiology Center and the Information Management Service shall ensure the development of a national reporting and surveillance systems and methodologies in the generation, availability, accessibility, sharing, exchange, and distribution of information and knowledge on mental health and the establishment of the national registry of mental and neurological cases.
4. The National Center for Health Facility Development shall ensure the development and implementation standards in the creation of mental health facilities as well as the equitable distribution, effective management and efficient operation of all these facilities in the country.
5. The Health Policy Development and Planning Bureau shall (a) assist in the proper and effective implementation, monitoring and evaluation of the National Mental Health Policy, (b) ensure its formulation into a national program plan of action, (c) its development into legislative actions, and (d) the inclusion of mental health in the priorities for the health research agenda.
6. The Health Human Resource Development Bureau shall ensure (a) the development of standards in the curriculum and the training of all types of

mental health professionals, practitioners, and care providers who are responsive, sensitive, and consistent with the national and local human development goals and culture, (b) the adequate and equitable distribution of mental health manpower through provision and protection of plantilla positions in the health care delivery system at the national and regional levels, and (c) the provision of a good incentive and benefit program to attract mental health caregivers in the unserved and underserved areas.

In addition, the HHRDB shall ensure the provision of standards, programs and mechanisms that will address the maintenance of a physically and mentally healthy workforce within and outside DOH.

7. The Bureau of Health Facilities and Services shall ensure the provision of quality mental health services through adequate regulatory mechanisms and facilitative licensing procedures for mental health facilities to ensure the availability of highest possible mental health care.
8. The Bureau of Food and Drugs shall develop the policies, structures and systems that will ensure the provision of affordable essential drugs, the review and update of the national formulary for drugs and treatment used in the management of mental health and neurological diseases.
9. The Bureau of International Health Cooperation shall establish strong network linkages with international mental health institutions, agencies, units that will continually ensure the inclusion, participation, cooperation and collaboration of the Philippine in the global scene.
10. The Bureau of Local Health Development shall ensure the development of systems for the integration of quality mental health into the primary care level.
11. The Centers for Health Development shall ensure the inclusion of mental health in their priority agenda and thus, develop the systems, structures, mechanisms for cost-sharing and financial and technical assistance as a start-up support to LGUs and other partners, and building capabilities for the effective implementation of the national mental health policy, program and strategy in their respective areas.
12. The DOH hospitals, medical centers, and sanitarium shall ensure the availability of quality mental health care to its clients through the establishment of appropriate capabilities and competencies in their respective units.
13. Local Government Units shall ensure the availability, accessibility, affordability and equitableness of appropriate and culturally sensitive

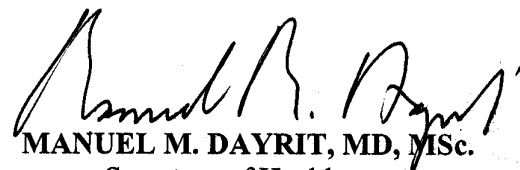
mental health services at the inter-local health zones, local hospitals, health centers, communities and homes.

14. Private sector, the academe and non-government organizations shall be partners in the advocacy, promotion and provision of mental health services and in the training of mental health care providers.

IX. Special Provisions

- A. The National Center for Mental Health and regional mental health facilities as special facilities for mental disorders shall ensure the development of models and standards for tertiary level of mental health care.
- B. Collaborating centers shall be created at the national and regional levels to ensure the coherent and rational implementation of the national mental health policy, program and strategy. In line with this, a National Collaborating Center for Mental Health and Psychiatry (NCC – MHP) is hereby created at the East Avenue Medical Center to serve as the convergence arena for mental health initiatives.
- C. The Technical Working Group on Hospital Rationalization and Streamlining shall immediately address the inequitable distribution of human resource and bed requirements of psychiatry and neurology units by ensuring their proper allocation in all DOH hospitals.

This Order shall take effect immediately.


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