Mental health represents an estimated 2.65% of the health budget in the Philippines, but most of the funds are used to sustain long-stay psychiatric hospitals.

60% of primary care clinic patients have at least one mental, neurological and/or substance use condition.

For every 200,000 people in the Philippines there is only 1 psychiatrist and one psychiatric nurse to provide professional mental health care. There is only 1 psychologist per every 1 million people.

The Philippines supports 4 large psychiatric hospitals, 46 psychiatric inpatient units, and 29 outpatient mental health facilities.

69% of Local Government Units (LGUs) have trained health providers in WHO mhGAP.

14% of the LGUs have trained staff on mental health and psychosocial support (MHPSS) disaster preparedness.

STRENGTHS

- National mental health legislation supports a universal right to mental health care
- Strong political commitment for mental health to be integrated to Primary Health Care
- A significant primary care workforce is already trained in WHO mhGAP
- The public health information system already includes mental, neurological and substance use conditions for data collection and analyses

CHALLENGES

- Low help-seeking behavior by people experiencing mental health conditions given high stigma and misunderstanding
- Lack of insurance coverage for mental health outpatient services
- Lack of mental health specialists in provinces to supervise mental health being managed through in primary health care services
- 20,000+ primary health care facilities managed through 2,590 district health bureaus in the Philippines makes the assurance of quality of services and equitable resources particularly challenging

THE PHILIPPINES’ DESIGN PROCESS

1. Participants were segmented into one of four groups (Governance, Services, Prevention and Promotion, or Information and Research) and collaborated during remote workshops.

2. Collaboration between Local Government Units and civil society representatives created the log frame and narrative document.

3. Review of the log frame and design document by technical working groups and stakeholders.

4. Narratives and log frames sent to the Department of Health for finalisation.
Mental health is valued, promoted and protected; conditions are treated and prevented; increased quality of life of persons affected by mental health conditions, and they can exercise their full range of human rights, supported by a strengthened leadership, sustainable accountability and inclusive governance through a whole-of-society, whole-of-government, and health systems approach.

OUTCOMES AND OUTPUTS

1. Develop sustainable mental health governance and accountability structure
   - Operationalize the Mental Health Act
   - Promote and finance the scale up of services
   - Protect human rights

2. Increase access to integrated, quality care
   - Expand community-based services
   - Integrate mental health services in humanitarian emergencies

3. Increase mental health research
   - Strengthen mental health information system
   - Improve evidence generation and utilisation

INDICATORS

1. % of government health expenditure allocated to mental health
2. Number of national government agencies implementing their mandate in accordance to the Mental Health Act
3. Increase in the number of persons with mental health conditions who are able to exercise their rights
4. Reduced human rights violations committed to persons with mental health conditions
5. % Treatment coverage for selected mental, neurological and substance use disorders in areas where affordable, quality mental health services are offered
6. Number of people from the emergency affected population who received psychosocial interventions
7. Reduced suicide rates
8. Increase in the number of persons with mental health conditions reintegrated in the community
9. # of facilities using standard information system
10. Routine data are collected and reported
11. Number of researches translated to policy, guidelines or guidance documents