

ASSIGNMENT FOR MODULE 10:

Exercise 1, Module 10	
Stigma	
<p>1. Filipinos in general, do not access MH services because of the stigma attached to mental illness. Because of the lack of proper education and public awareness about mental health, some Filipinos adhere to myths that create punishing labels for those who have mental health problems. This cultivates a society that prevents individuals and families of those with mental health problems to seek help only when symptoms become untenable.</p>	<p>Mental Health First Aid MHFA has been evaluated and proven to reduce stigma and increase mental health literacy.</p> <p>Philippines needs to increase and allot budget to introduce MHFA as a national literacy program starting with teaching the course to legislators, mental health providers, down to the last citizen interested in taking the course</p>
<p>2. WHO-AIMS (2011) report for the shows that the most frequent diagnosis for admission in the Philippines is schizophrenia. This may reflect and/ or perpetuate the idea that mental illness is only for those with severe symptoms and validate the stigma that prevents people from getting early intervention or help even during crisis situations.</p>	

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3. Politics and media portray people with mental illness as incapable and dangerous. The mud slinging to discredit political candidates create aversion from mental issues that could cost them their positions. The current president of the Philippines almost lost the election due to campaign slur that he is autistic. Another lost because she was accused of being crazy while all she had was depression.

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Political will (especially in pushing the Philippine Mental Health Act 2014 PMHA)

1. due to stigma, politicians do not want to advocate for mental health
 2. 5% of budget only and most of it (95%) goes to maintenance, operation and salaries of mental institutions (2 in the Philippines) shows lack of priority
 3. Weak advocacy from families and consumers who rely heavily on professionals to advocate for mental health in legislation.
 4. Due to calamities the government authorities are usually trying to provide basic subsistence for survival such as emergency food, clothing and shelter.
 5. Shifting priorities with leadership changes. The most recent Secretary of Health has not shown support for the PMHA because it was submitted to the Senate during the former Secretary's leadership. In fact, she cancelled a conference on mental health/autism because it was not part of her "High Five (5 top priorities)" Project.
 6. Political distractions PMHA progress slow because of next 2016 elections.
1. Lobby for increase in budget for public awareness.
 2. Require legislators to have Mental Health First Aid training.
 3. Use of media to raise mental health awareness and to sign petition for PMHA. Public figures with MH problems to share their stories
 4. Inform international bodies of human rights violations in institutions
 5. Cabinet Secretaries constantly change, therefore also maintain close ties with those in charge of mental health in DOH so that MH projects can continue despite leadership changes.
 6. The Secretary of Local Government can mandate executive of municipalities to allot a percentage of their budget toward mental health training for community health centers to include mental health services.

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Access to quality health care	
Transition and extend MH services to community health centers. In an interview with the staff from the National Center for Mental Health Institution (NCMH) the institution has become overcrowded, and unable to provide quality services to patients. Some personal observations in the institution revealed many human rights violations.	International bodies need to be informed to enforce CRPD article 19. Philippine E.O. (Executive Order) 437 was issued to strengthen the adoption of Community-Based Rehabilitation as a strategy in delivering services. Although used more for those with physical disabilities, this piece of legislation can be used to push for transitioning some patients into the community.
Disparity of treatment against those with MH disabilities. Currently, insurance coverage for mental health is only available for those with diagnosis who pass stringent criteria which is not the case for those with medical diagnosis.	Bring up this issue to international bodies to enforce CRPD Article 25 right to health/ insurance and Republic Act 7277 section 20 regarding equal treatment of patients in inpatient and outpatient settings. Advocates need to lobby for mental health privileges similar to that of those with other forms of disabilities.
Patients who can afford to pay or are insured for services at the institution are housed in better conditions than those who could not pay.	This discrimination needs to be pointed out to Department of Health, invoking Republic Act 7277 that whatever privileges payers/insured are enjoying, they are also to be given to the rest of the patients in the institution and outside of the institution.
58% (237 out of 412) psychiatrists in the Philippines practice at the National Capitol Region. Access issue.	Community centers Health workers were trained in May 5, 2014 to use MH gap to provide MH services to those suffering from depression and other forms of chronic MH problems included in the MH Gap. Evaluation and accountability should be done to see how MH gap is being implemented specially in rural health centers.

EXERCISE 2, Module 10

Suppose you have been invited to a drafting body for a new mental health law in your country.

Identify, giving specific examples, the most important potential barrier/obstacle in your country for each of the following stages: 1. drafting, 2. adopting, and 3. implementing a new mental health law, and list the strategies you could use to overcome each.

Note: The **Philippine Mental Health Act (PMHA)** was submitted to the senate on November 2014. It has not moved in Senate since its submission.

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Drafting

Section 13 *Duties of Health Authorities* of the PMHA gives too much authority to physicians, psychiatrists and head of medical/mental facilities to make decisions for patients. During the drafting stage of the PMHA, not all important figures in MH advocacy were represented. Culturally, consumers/ clients defer to professionals' decisions, therefore they need advocates who can speak on their behalf. When I emailed the Chief of National Council for Disability Affairs NCDA to inquire about about the PMHA status two months after it was submitted to the Senate, he intimated that he did not know about it. This NCDA position was instituted by Republic Act 7277 under the Department of Social Welfare Development **DSWD** to "promulgate rules and regulations" of people with disabilities in coordination with Department of Health. If someone his caliber was not invited/ informed during drafting of PMHA, I am suspicious about the proper representation of stakeholders.

Educate consumers about alternatives to substitute decision making and and empower consumers to process and voice out their preference. Also, there needs to be more Government inter sectoral representation with mental health issues. The Philippine Psychiatric Association PPA coordinates with the Department of Health whereas NCDA is under the DSWD.

Adopting

Since November 11, 2014, only 8,495 signatures have been signed out of 200,000 that need to be signed in the petition. In the span of 8 months only around 4% of needed signatures to push the PMHA has been signed. Stigma continues to play a role in legislators shying away from any mental health issues for fear that this might jeopardize their political careers. Moreover, stigma continues to plague the public's opinions about mental health and their lack of support in signing petition to move PMHA forward in legislation

Form committee to increase knowledge and public awareness, through campaigns Hold stakeholders accountable in spreading the petition for mental health laws.

Implementation

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Lack of political will / Resistance of Local Government Unit leaders to allocate resources to a stigmatized cause. Without their buy in, there is a lack of capacity and resources given to help MH providers in providing quality in patient and out patient services that causes human rights violations. For instance, because of lack of staff and facility resources institution staff may not comply with CRPD and PMHA . For example, during my visit to the MH institution, a man was laying down tied down to a wooden crate pallet (for shipping) in front of the nurse's station because he was being aggressive and they needed to protect the other patients in the cell from him. The staff mentioned they had no alternative because the smaller cell for for solitary confinement was occupied by a blind man with cognitive impairments who was being protected from the rest of the patients in the bigger cell who were experiencing psychosis.

Educate local government leaders about the economic, social, merits as well as the cost of not addressing the burden of mental illness in their communities

Lobby to mandate Local Government Unit heads to allocate a budget for mental health community trainings to reduce stigma and increase awareness.

An agency needs to be created to evaluate and monitor of these trainings and make recommendations as necessary.

Create a position from the Commission on Audit ensure that they are being used for mental health programs.

Media and international human rights bodies need to be alerted to expose these violations.