Philippines
WHO Special Initiative for Mental Health
Situational Assessment

I. CONTEXT

The Republic of the Philippines (the Philippines) is a country in Southeast Asia comprised of an archipelago of approximately 7,600 islands. The country of more than 106 million people (2018) is in the western Pacific with maritime borders with Taiwan, Japan, Vietnam, Palau, Malaysia, and Indonesia. Philippines had its first president in 1899 after its Independence Day in 1898 which marked the end of the Spanish colonization. The first Constitution, the Malolos Constitution, was enacted in 1899.

The country has a democratic government comprised of a constitutional republic and presidential system since 1899. The country has 17 regions and 81 provinces. The capital, Manila, is the most populous of the 146 cities, comprising 8% of the total national population. According to the World Bank the Philippines is one of the most dynamic economies of the Southeast Asian region with 5-6% growth over the previous decade. The national GDP is $330 billion US (2018), with an expected 6.1-6.2% growth in the next 2 years, which is among the highest in the region. Primary economic activities include services (46% of GDP), industry (30% of GDP), and agriculture (14% of GDP). The Philippines has a large overseas foreign worker population. An estimated 11 million overseas Filipino workers send remittances to family that contribute significantly to the national economy.[8]

The Philippines has a large medical educational system; however, a significant portion of trained health workers are exported and a relative shortage of medical workforce remains in the country.

The life expectancy in the Philippines is 71 years. The infant mortality rate is 21 deaths per 1,000 live births, and the maternal mortality rate is 121 maternal deaths per 100,000 live births.[2] The Philippines government reports that 94% of pregnant women attend at least one prenatal visit. Spousal violence (physical or sexual or emotional) is 24.4% of ever-married women age 15-49.[4] The HIV seroprevalence is low at <0.1%. The most common substances of misuse/abuse are alcohol, methamphetamine, cannabis, and MDMA.

Table 1: Demographics

Demographic information	
Population	106,651,922[1]
Under 14 years	*31%*[2]
Over 65 years	*6%*[2]
Rural population	53%
Literacy	98%[3]
Languages	Filipino (official) and English
Ethnicities	8 major ethnic groups – Tagalog 28%, Cebuano 13.1%, Ilocano 9%, Bisaya 7.6% Hiligaynon 7.5%, Bicol 6%, Waray 3.4%, Filipino- Chinese 2.5%
Religions	Christianity 92.2% (Islam 5.6%, others 2.1%, none 0.1%)
GDP per capita	2,989 USD
Electricity	91%
Sanitation	95%
Water	80%
Education	72% complete primary school[4]
Health information	
Life expectancy	71 years at birth
Infant mortality	21 deaths per 1000 live births
Maternal mortality	121 deaths per 100,000 live births[5]
Leading causes of death	Ischemic Heart Disease (24%), Neoplasm (10%)
Healthcare Access and Quality Index	51.2[6]
HIV seroprevalence	<0.1%[7]

The Department of Health created a national mental health policy in 2001 and this has moved forward with significant legislation to support the development of a strong mental health system in the country with the enactment in 2018 of the Mental Health Act or Republic Act No. 11036. Additional details are provided below in section III Mental Health Policies and Plans.

II. METHODS

The rapid assessment used a modified version of the Programme for Improvement Mental Health Care (PRIME) situational analysis tool[9] to assess the strength of the mental health system of the Philippines.. We expanded

the tool to include multi-sector entry points for mental health promotion and services, a focus on vulnerable populations, and stratification of relevant sociodemographic and health indicators across the life-course. The PRIME tool assesses six thematic areas: 1) socioeconomic and health context, 2) mental health policies and plans, 3) mental disorder prevalence and treatment coverage, 4) mental health services, 5) cultural issues and non-health sector/community-based services, and 6) monitoring and evaluation/health information systems. The complete situational analysis tool for the Philippines is available for review in **Appendix 1.**

Desk Review

The majority of data on socioeconomic status, population health, policies/plans, and the mental health-related readiness of health and other sectors came from secondary sources, including the World Bank, Demographic and Health Surveys, published peer-reviewed and grey literature, the Global Health Observatory, and a detailed review of available mental health policies and plans and other government documentation. We also accessed the National Health Management Information System to assess treatment coverage, staffing complements, and facility numbers. Finally, national-level estimates of the prevalence and rate of priority mental health conditions, stratified across the life course, were derived from the 2017 Global Burden of Disease Study (GBD).[10]

Key Informant Interviews

We used qualitative data to inform our description of the strength of the mental health system. Interviews followed structured guides. Participants were sampled purposively. We aimed to sample at least one participant from each group: people with lived experience of mental health conditions, advocates for mental health, clinicians and implementers of mental health programs, and mental health system policymakers. The final group of respondents included a key political leader in the federal government, and advocates - 2 from mental health services organization, and a spokesperson for people with lived experience of mental health conditions.

Facility Checklists

We also conducted visits to health facilities to document key indicators related to readiness to provide mental health services. We used an adapted version of the WHO Service Availability and Readiness Assessment (SARA) instrument.[11] Facilities were sampled purposively. We aimed to sample at least one facility from each group: specialist mental hospitals, psychiatric units within general hospitals, and primary care clinics. The final sample included a national specialist mental hospital, a regional mental hospital, one urban and one rural community health center, and one community drug recovery clinic.

Analysis

We estimated treatment coverage in the Philippines by dividing total national-level estimates of numbers of people treated for each mental health condition by national prevalence estimates from the 2017 GBD. For qualitative data, we used simple, deductive thematic coding to align interview content with the sections of the situational analysis tool, outlined below. We also abstracted and summarized data from each facility checklist.

III. RESULTS

Mental Health Policies and Plans

Political and financial Support

Substantial progress in policies and plans has been achieved in the Philippines for the prior decade alongside significant political support. The development and implementation of health policies and plans within the governmental agencies has been followed recently by legislative action. Mental health represents an estimated 2.65% of the health budget, which is 0.47 USD per capita. 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 unless it is for acute psychosis inpatient care or for drug dependence. The president has appointed a high-level multi-sectoral Philippine Council for Mental Health, which is an asset to the country

"Mental health involves the various sectors (not only Department of Health), therefore, all relevant sectors need to be involved. Departments of Education and Social Welfare and Development need to have more input--involvement is not effective, if any. Coordination among sectors is inadequate." - Leader of Mental Health and Psychosocial Services

Mental Health Policy, Mental Health Plan, and Legislation

The first mental health policy instituted by the Department of Health was DOH Administrative Order No. 8 series of 2001. This was followed in 2016 by DOH Administrative Order No. 2016-0039 Revised Operational Framework for a Comprehensive National Mental Health Program.[12] The Philippines has moved forward with a progressive, widely praised legislation to support the development of a strong mental health system in the country with the enactment of the Mental Health Act or Republic Act No. 11036, a national legislation approved by the President on June 20, 2018. Its Implementing Rules and Regulations was issued on January 22, 2019.

This legislation mandates that mental health is a basic right of all Filipinos and is a fundamental right of people who require mental health services. Mental health services shall be free from coercion and accountable to the service users; and persons affected by mental health conditions are able to exercise the full range of human rights, and participate fully in society and at work, free from stigmatization and discrimination.

Key Components of the Policy and Plan

Primary Health Care Integration

The law aims to integrate mental health care in the basic health services, including integration of strategies promoting mental health in educational institutions, workplace, and in communities. It mandates the development of responsive primary mental health services, integrated as part of the basic health services at the appropriate level of care, particularly at the city, municipal, and barangay or village levels. It mandates the establishment of community-based mental health care facilities. WHO mhGAP training has been planned for all of the administrative regions of the country.

Table 2: Components of National Mental Health Policies and Plans

		Policy	Plan
Components	Maternal		
	Child/adolescent		
	HIV		
	Alcohol/substance use		
	Epilepsy		
	Dementia		
	Promotion/prevention		
	Suicide		
Equity	Gender		
	Age/life course		
	Rural/urban		
	Socio-economic status		
	Vulnerable populations		

Present Absent

Decentralization

The Philippines' health care system has evolved since the enactment of Republic Act No. 7160 or the Local Government Code (LGC) of 1991. The code institutes—through a system of decentralization—more power, and a transfer of authority, responsibilities and resource management capacities, to the local government units (LGUs). The LGUs include the province headed by the governor, the city/municipality headed by the mayor, and the barangay (village) headed by the captain. The national government supports the LGUs through funding and technical assistance. Although the Department of Interior and Local Government (DILG), a national government agency, has some authority on the local governments (i.e., provincial, city/municipal, and barangay governments), the LGUs enjoy relative autonomy from the national government. In this regard, they are able to implement programs in the peripheral levels of the government system.[13]

Integration into General Hospitals

Republic Act No. 11036 requires all regional, provincial, and tertiary hospitals, including private hospitals rendering service to paying service users to provide psychiatric, psychosocial, and neurologic services.

Implementation Status[14]

The Mental Health Act's implementation is supported by the National Mental Health Strategic Framework. Since its enactment in 2018, many areas of the policy are still on the first phase of implementation. The strengthening of the National Mental Health Program through DOH-AO 39 s.2016 expanded the implementation of mhGAP, Mental Health and Psychosocial Support (MHPSS) (disaster preparedness) and MAP-MH, which are core mental health programs at the community level.

Prevalence and Treatment Coverage of Priority Mental Disorders

GBD 2017 estimates a population prevalence of 0.2% for schizophrenia, 0.5% for bipolar disorder, 1.1% for major depressive disorder (MDD), 0.4% for epilepsy, 0.9% for alcohol use disorders, and 0.7% for drug use disorders. The prevalence of alcohol use disorders is lower in the Philippines (0.9%) than globally (1.5%). The prevalence of MDD is lower in the Philippines (1.1%) than globally (2.2%). The Philippines has a much lower estimated suicide rate, at 5.4 deaths per 100,000 overall, compared to the South-East Asia regional average of 12.5 deaths per 100,000 population and the global average of10.4 deaths per 100,000 population.

The mental health advocates, particularly the youths and families are the driving force behind where we are now. – Political Leader

Mental Health Services

Governance

The Philippines health system is divided into public and private sectors. Public sector health services are provided by health facilities run by the National and local governments. The Philippines adopted a decentralized system with the enactment of the Local Government Code of 1991. The Department of Health (DOH) sets national policy, develops technical standards, enforces regulation, monitors services, and provides tertiary and specialized care, whereas local government units (LGUs) and city/municipal governments are responsible for financing and operating local public health systems. Provincial governments provide primary and secondary hospital care. Meanwhile, the private sector is composed of thousands of for-profit and not-for-profit providers.

With the Health Sector Reform Agenda (1999), the DOH began restructuring and introduced the Service Delivery Network (SDN) approach, in which a network of public and private health providers offers a core package of health services. This referral mechanism integrates health care service delivery, strengthens local health system capacities, and allows resource-sharing within an Inter-Local Health Zone (ILHZ). An ILHZ is governed by an Area Health Board, an oversight body that works to mobilize providers across various levels of healthcare.

We should not be complacent. Even us, we should create awareness campaigns. Even some health professionals resort to stigmatizing people affected with the condition - Leader of Mental Health Advocacy Organization/Mental Health advocate

Human Resources

The Philippines has health care workers employed by public institutions as well as working privately. Of those working in institutions there are 40,775 doctors, 43,044 midwives, 90,338 nurses.[16] There are an estimated 548 psychiatrists practicing in the country, or approximately 0.5

Table 3: Prevalence and Treatment Coverage of Selected Mental Disorders

		Prevalence[1] (UI)		Total[1] (UI)		Treated[3]
Schizophrenia	Overall	0.2%	(0.2%-0.2%)	213,423	(185,703-244,453)	18.5%
	Female	0.2%	(0.2%-0.2%)	101,476	(87,824-116,914)	*n/s*
	Male	0.2%	(0.2%-0.3%)	111,947	(97,073-127,590)	*n/s*
	Young adults (20-29)	0.3%	(0.2%-0.3%)	47,686	(35,458-62,108)	*n/s*
	Older age (70+)	0.2%	(0.2%-0.2%)	5,498	(4,817-6,260)	*n/s*
Bipolar Disorder	Overall	0.5%	(0.4%-0.6%)	520,614	(444,842-614,876)	5.0%
	Female	0.5%	(0.5%-0.6%)	263,114	(224,972-313,807)	*n/s*
	Male	0.5%	(0.4%-0.6%)	257,501	(217,928-303,241)	*n/s*
	Young adults (20-29)	0.7%	(0.5%-0.9%)	125,029	(96,886-157,929)	*n/s*
	Older age (70+)	0.6%	(0.5%-0.7%)	16,533	(13,702-19,805)	*n/s*
MDD	Overall	1.1%	(1.0%-1.3%)	1,145,871	(1,029,378-1,277,175)	0.8%
	Female	1.3%	(1.1%-1.4%)	617,957	(549,055-696,450)	*n/s*
	Male	1.0%	(0.9%-1.2%)	527,914	(472,583-590,185)	*n/s*
	Young adults (20-29)	1.4%	(1.1%-1.8%)	250,990	(191,032-322,092)	*n/s*
	Older age (70+)	2.0%	(1.7%-2.4%)	59,042	(49,768-69,813)	*n/s*
Epilepsy	Overall	0.4%	(0.1%-0.6%)	349,058	(96,617-583,985)	1.2%
	Female	0.4%	(0.1%-0.6%)	175,691	(48,119-296,132)	*n/s*
	Male	0.3%	(0.1%-0.6%)	173,367	(48,340-288,654)	*n/s*
	Young adults (20-29)	0.3%	(0.1%-0.6%)	57,885	(16,478-99,262)	*n/s*
	Older age (70+)	0.6%	(0.2%-0.9%)	15,977	(4,409-27,029)	*n/s*
Alcohol abuse	Overall	0.9%	(0.8%-1.0%)	875,145	(766,233-988,275)	0.6%
	Female	0.6%	(0.5%-0.7%)	284,000	(242,605-330,912)	*n/s*
	Male	1.2%	(1.0%-1.3%)	591,145	(516,292-668,493)	*n/s*
	Young adults (20-29)	1.5%	(1.1%-1.9%)	267,025	(200,710-344,695)	*n/s*
	Older age (70+)	0.7%	(0.6%-0.8%)	19,258	(16,168-22,569)	*n/s*
Drug abuse	Overall	0.7%	(0.6%-0.8%)	693,549	(588,346-821,087)	*n/s*
	Female	0.4%	(0.4%-0.5%)	210,814	(175,379-254,992)	*n/s*
	Male	1.0%	(0.8%-1.1%)	482,735	(407,836-574,380)	*n/s*
	Young adults (20-29)	1.8%	(1.4%-2.2%)	317,836	(251,001-397,156)	*n/s*
	Older age (70+)	0.1%	(0.1%-0.2%)	4,012	(3,036-5,139)	*n/s*
Suicide deaths	Overall	5.4[2]	(4.6-6.3)	5,570	(4,721-6,544)	*n/s*
	Female	2.5[2]	(2.1-3.1)	1,289	(1,052-1,570)	*n/s*
	Male	8.2[2]	(6.7-9.9)	4,281	(3,492-5,182)	*n/s*
	Young adults (20-29)	7.9[2]	(6.1-10.1)	1,451	(1,121-1,844)	*n/s*
	Older age (70+)	15.2[2]	(13.4-17.3)	446	(392-507)	*n/s*

[1]Estimates from GBD 2017; [2]Rate of suicide deaths per 100,000 population;
[3]DOH Regional Resource Mapping 2019-2020; UI: Uncertainty interval.

Table 3: Human Resources for Mental Health

		#	Rate per 100,000
Generalist	Doctor*	40,775	38.2
	Nurse*	90,308	84.7
	Pharmacist	n/s	n/s
Specialist	Neurologist	483	0.5
	Psychiatrist	548	0.5
	Psychologist	133	0.1
	Psychiatric nurse	516	0.5[15]
	MH social worker	1,241	1.2

*In institutions[16]

per 100,000 population, 516 psychiatric nurses[15,17] (0.5 per 100,000), and 133 psychologists (0.1 per 100,000) working in institutions in the country.

I would like to focus more efforts on the disability sector, particularly on the discussion of informed consent. They should understand that the process is more for the patients, to help them in exercising their rights. This deserves…highlighting: that the benefit is for the protection of the service users. - Leader of Mental Health and Psychosocial Services

Healthcare Facilities for Mental Health

The Philippines has a network of more than 20,000 primary health care clinics (barangay/village), and 2,590 district health bureaus. Most mental health services are offered by private providers, as the public sector has limited specialist mental health facilities. There are only four mental hospitals, 46 psychiatric inpatient units, and 29 outpatient mental health facilities for the whole country. In addition, there are an unknown number of people with mental health conditions in institutions run by the Department of Social Welfare and Development.

Table 4: Healthcare facilities for Mental Health

		Total Facilities	Facilities/ 100,000	Total Beds	Beds/ 100,000
Inpatient	Mental hospital	4	0.003	*n/s*	*n/s*
	General hospital psychiatric unit	46	0.04	*n/s*	*n/s*
	Forensic unit	*n/s*	*n/s*	*n/s*	*n/s*
	Residential care facility	63	0.06	*n/s*	*n/s*
	Child/adolescent facility	*n/s*	*n/s*	*n/s*	*n/s*
Outpatient	Hospital mental health	29	0.03	*n/a*	*n/a*
	Community-based /non-hospital mental health	1,362	1.3	*n/a*	*n/a*
	Alcohol/drug/other facility	*n/s*	*n/s*	*n/a*	*n/a*
	Child/adolescent	*n/s*	*n/s*	*n/a*	*n/a*
	Other facilities	*n/s*	*n/s*	*n/a*	*n/a*

The National Center for Mental Health (level 4 hospital) is the crowning jewel in the implementation of the law. They should help in the process of deinstitutionalization and helping patients be integrated in the communities and their families – Key governmental advocate

Five mental health facilities were visited during the assessment process (Table 6). A drug recovery clinic noted difficulty with recruiting experienced staff as well as changes in staffing due to a lack of security of tenure. A physician at an urban municipal health office had been trained in mhGAP, whereas the rural municipal health office employs health workers to support to people with mental health issues.

Table 5: Facility Checklist Results (n=5)

Description	Psychi.	Psych. Nurses	Psychol.	MH Beds	Psych. Meds	Psych. Interventions
Major mental hospital and research training center. MoH. Urban.	68	409	16	4200	Comprehensive, available[1]	PST, supportive counselling, CBT, IPT, MET, PP, family support
Regional mental hospital. Rural. MoH.	6	113	1	500	Comprehensive, available[1]	Supportive counselling, CBT, family support
Drug recovery clinic. No funding for medication. MoH. Urban.	1	1	1	0	none	PST, supportive counselling, CBT, IPT, brief alcohol, MET, PP, family support
Municipal health office providing some mental health services and outreach through community	0	0	0	0	Risperidone and phenytoin	Supportive counseling, brief intervention for alcohol

health workers. MoH. Urban.						
Municipal health office providing follow-up to patients referred from specialist care. MoH. Rural.	0	0	0	0	Risperidone	None (referrals only)

[1]Meets or exceeds criteria defined by World Health Organization Model List of Essential Medicines, 2019

Abbreviations. MoH: Ministry of Health. NGO: Non-governmental organization. PT: Part-time. BAT: behavioral activation therapy. CBT: cognitive behavioral therapy. PST: problem solving therapy. MET: motivation enhancement therapy. IPT: interpersonal therapy.

Primary Care Integration

A national effort to train primary care providers in mhGAP and MHPSS disaster preparedness is underway, and all regions of the Philippines participate in this training. The decentralization of health service delivery permits the DOH to conduct training-of-trainers to the regional mental health coordinators, and roll out to the health workers in the provinces and municipalities/cities. As of 2019, 69% of LGUs have trained health providers in mhGAP while 14% of the LGUs have trained staff on MHPSS disaster preparedness. No data on the number of individual health providers trained or their use of mhGAP were available.

Promotion and prevention strategies – we need to be noisy and work in collaboration with other sectors - Key political supporter

Psychiatric Medications

Essential antipsychotic, antidepressant, anxiolytic, mood-stabilizing, and antiepileptic medications are readily available at specialist mental health facilities in the Philippines. At basic PHC facilities run by general practitioners or family doctors, only risperidone and fluoxetine are generally available, while comprehensive PHCs that include mental health specialists generally have all psychotropics available in specialized units.

Psychosocial Interventions

Psychosocial/psychological interventions are provided at public specialist mental health facilities in the Philippines and by non-governmental organizations. MHPSS disaster preparedness is a program provided by the National Mental Health Program in the community; psychosocial interventions are available in mental hospitals. Evidence-based psychological interventions are not available through Government local health services.

Health Information System

The Philippines has implemented a facility-level health management information system called iClinicSys. iClinicSys supports the functions of primary health care facilities and provides a systematic way to manage patient records and generate standardized reporting requirements both at the local and national level. Indicators related to diagnoses of depression, psychosis, epilepsy, child/adolescent mental health, dementia, substance use, and self-harm are all managed through this system. Hospital Operations Management Information System (HOMIS) is the information system for hospitals. Data from HOMIS and iClinicSys are transmitted to DOH.

Community

Sociocultural Factors

Data on mental health help-seeking behavior among Filipinos is limited. A review article stated that cultural factors such as shame, stigma, and collectivist beliefs discourage Filipinos from consulting mental health professionals.[18] These factors account for the preference to seek help from folk healers and lay networks in treating mental illnesses.

The close family ties of Filipinos and the sense of community are the two strongest pillars of support to persons with mental illness in the Philippines. In some cases, however, families may not completely understand mental health and mental illness.

Non-health Sector Activities

There are many active groups and programs that support mental health that are not part of the health sector. Non-governmental organizations that are active in the field of mental health include the Philippine Psychiatric

Association, Psychological Association of the Philippines, Philippine Neurological Association, Philippine Mental Health Association, World Association for Psychosocial Rehabilitation-Philippines, Alliance of Filipino Families for Mental Health, #MentalHealthPH and Youth for Mental Health Coalition.

Education: There is formal involvement of the educational system in in mental health in schools. The Special Education program remains a priority program of the Department of Education.[19]

Military: Military hospitals propose to employ more mental health professionals.[20]

Criminal justice system: The Bureau of Jail Management and Penology (BJMP) has sponsored a mental health campaign and training for psychometricians.[21]

Social Welfare: Services include the creation of shelter facilities nationwide (for service users with no care takers), Community Resilience and Psychosocial Well-Being Training, including Psychosocial Support Services During and After Natural Disasters and Other Calamities.[22] There are also basic shelter and health services for informal settlers.[23]

Child Welfare: The Comprehensive Program on the Protection of Children is a joint effort by the Department of Justice and the Department of Social Welfare and Development.[24]

There is still more work to be done but it is not an impossible feat to conquer. Mental health should be viewed as a continuum or cycle, from prevention, to pre-clinical, clinical, to rehabilitative or reintegration, from womb to tomb. In addition, explore opportunities and maximize non-health sectors and professionals to help improve mental health i.e., uniformed personnel, teachers, and service crews. - Advocate

Promotion, Prevention, Advocacy and Awareness-raising

Many initiatives and programs aim to raise awareness in the community and reduce stigma, such as the Education, Advocacy, and Research Department (EARD) of the Philippine Mental Health Association. The EARD leads public awareness campaigns, workshops, training packages, school-based mental health clubs, research, as well as print and broadcast media. Some specific activities include the Youth Life Enrichment Program, Mental Health Community-Based Program, and Creative Approach to Parenting.[25]

There are also advocacy efforts led by the Christoffel Blindenmission Philippines (CBM) and Handicap International Philippines. CBM works to mitigate the environmental and structural factors that lead to mental health problems, aiming to provide access to quality services to people with mental health problems.[26] The iRestore project trains barangay health workers to conduct community health education assessments in home visits.[27]

For epilepsy, the Philippine League Against Epilepsy (PLAE) has been actively advocating since early 2000's. President Gloria Macapagal-Arroyo proclaimed the second week of September as the National Epilepsy Week. PLAE's flagship programs such as *Exemplar Awards* (recognizing persons with epilepsy who succeeded in their field of endeavor amidst their condition), PAVES Project (public awareness volunteers for epilepsy), the Epilepsy Manager (a community-based program where service users are managed by PLAE volunteers), Epilepsy Camp, School Caravan, BRIDGES (Bridging Referrals to Improve Delivery of Grassroots Epilepsy Services).

In addition to the breadth of promotion and awareness-raising activities conducted across health and other sectors, there are prevention efforts occurring such as those that specifically aim to reduce stigma and reach out to youth.

IV. CONCLUSION

The Philippines has a GDP of $2,989 USD per capita. The country has a strong medical education system, though many trained health staff work abroad. The country has very few mental health specialists and most work in Manila; many provinces do not have a psychiatrist.

Non-specialized health care is devolved to local government units, who decide how to invest in health care. This provides both opportunities and risks for the integration of mental health in PHC. Specialized care is mainly provided through tertiary care institutions. There is a gap in the availability of mental health specialists in provinces to offer mental health at secondary care hospitals and to supervise and support the integration of mental health in primary care and to oversee the provision of psychosocial support at the local level.

National policies for mental health in the Philippines lay a strong groundwork for increasing access to mental health care services across the country. The policy states that mental health care is a universal right. Following the policy, legislation that demands integrating mental health services into primary health care and decentralizing services to local government units offers 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 The Philippines has led many trainings on mhGAP in a model that supports building capacity of health workers in provinces and cities. There is an opportunity to integrate mental health in UHC packages.

The Philippines also has a strong non-health sector supporting mental health and psychosocial activities and many initiatives aimed at reducing stigma and raising awareness. In addition to stigma, many challenges exist for people to access care. Many Filipinos seek care for mental health from private providers or traditional resources..

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