

Mental Health (Philippines)

"Health for all" has been articulated for many decades now, bringing into focus that the state of physical, mental and social well being of every individual must be addressed and sustained . Yet, in 2008, the Director General of the WHO in presenting the Mental Health Global Action Program (MhGAP) wrote: "Now more than ever mental disorders are highly persistent, prevalent and burdensome worldwide. The resources continue to be insufficient, inequitably distributed and insufficiently used.. These result in a large majority of people with these disorders receiving no care at all". An editorial in "World Psychiatry" (October 2012) "From Madness to Mental Health" called attention to the fact that while mental disorders remain on top as a source of burdens from health, an evolving concern are the increasing psychosocial and mental health consequences of adversities and extreme life experiences (disasters, violence, terrorism, migration, etc. that do not seem to spare any country today, as far as the people's state of health and social conditions.To address this concern, a WHO Collaborative Study conducted in seven developing countries which included the Philippines undertook to test the feasibility of providing mental health care in general health care at the primary level. At the primary level, health care is expected to be accessible to the people.

The result showed that this is feasible and can be undertaken through the training and building the capacities of health staff team (physicians, nurses, midwives,) at the primary health centers. The need for this capacity building in mental health care, was supported by the finding that at least 20-25 % of adult and 10-17% of child patients ordinarily consulting these centers providing care for basic general health services had diagnosable mental health problems, but only 2-5% of these were recognized as such by the health staff. Further interviews with key informants in the community showed that people were aware of those with mental health concerns but left them untreated as they did not know whom to consult to; often these are brought to traditional healers. The consequent burden in the family and the community aggravates the state of social and economic disadvantage of the people.The Study mentioned above led to the design and development of training materials for these general health workers in the seven participating countries. These training materials were written in a language and style such that they are appropriate to the educational status of the health workers. They were also conducted in the language of the trainees. such that they were very participative and could also address the general attitudes of health workers towards mental health which are in the majority,negative. A brief presentation of this training in our program in the Philippines, will be made, since it will highlight the fact that as they have seen the effects of their training on themselves and the people they serve in their communities, these primary health care staff have been able to integrate mental health care within their ordinary daily health care activities. As they conduct their daily health care consultations , among children , adults and the elderly, their growing sensitivity to the emotional and psychosocial concerns of their patients have led them to address not just the symptoms for which a consultation was made. They have been more open to see that an individual's concern is interconnected with that of his community and that recovery from illness is not just improvement ffrom symptoms but regaining and promoting health in general. openness among the trained health staff have generated in them changes and some degree of transformation in the way they see themselves as health staff which they realize has not been the way they were. That, health is not just the absence of symptoms but a state of physical, mental and social well being.