National Mental Health Research Agenda in the Philippines 2019-2022

L. Lazo, Principal Investigator
L. Ignacio, Co-Investigator

Out of the shadows, into the sunshine.

NATIONAL MENTAL HEALTH RESEARCH AGENDA IN THE PHILIPPINES 2019-2022

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The Philippine Council for Health Research and Development -
Department of Science and Technology
The World Association for Psychosocial Rehabilitation

Printed in the Philippines

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Contents

List of acronyms

AIMS	Assessment Instrument for Mental Health Systems
APEC-SNA	Asia Pacific Economic Cooperation Strategic Needs Assessment
BOD	Burden of Disease
CAM	Combined Approach Matrix
CAR	Cordillera Administrative Region
CCNI	Climate Change Network for Community-Based Initiatives
CHED	Commission on Higher Education
DALY	Disability According to Life Years
DepEd	Department of Education
DOH	Department of Health
DOLE	Department of Labor and Employment
DOST	Department of Science and Technology
DSWD	Department of Social Welfare and Development
FGDs	Focus Group Discussions
GCRF	Grand Challenges Research Forum
HIV	Human Immunodeficieny Virus
HMO	Health Maintenance Organizations
IRR	Implementing Rules and Regulations
KP	Kalusugan Pangkalahatan
LGBT	Lesbian, Gay, Bisexual, Transgender
LGU	Local Government Unit
mhGAP	Mental Health Global Action Program
NCD	Non-communicable Disease
NCR	National Capital Region
NCMH	National Center for Mental Health
NGO	Non-Government Organization
NMHRA	National Mental Health Research Agenda
NOH	National Objectives for Health
NUHRA	National Unified Health Research Agenda
PCHRD	Philippine Council for Health Research and Development
PCMH	Philippine Council for Mental Health
PHIN	Philippine Health Information Network
PHO	Provincial Health Office
PIDSR	Philippine Integrated Disease Surveillance and Response
PMHA	Philippine Mental Health Act
PNHRS	Philippine National Health Research System
PTSD	Posttraumatic Stress Disorder
RO	Regional Office
RUHRA	Regional Unified Health Research Agenda
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
WAPR	World Association for Psychosocial Rehabilitation
WBG	World Bank Group
WHO	World Health Organization
WVHRDC	Western Visayas Health Research and Development Consortium
WVSU-COM	Western Visayas State University - College of Medicine

Foreword

Congratulations to the World Association for Psychosocial Rehabilitation Philippines (WAPR) for coming up with a monograph which highlights the proposed mental health research agenda. This will serve as an important reference for researchers who would like to produce evidences necessary to formulate and develop culturally-sensitive and relevant national mental health program. What I like about the content of this document is that it is based on participatory and multi-stakeholder consultations which means vulnerable groups such as women, disaster survivors, and youth were included in the determination of research priority areas.

We, at the Philippine Council for Health Research and Development (PCHRD), hope that through this monograph we can inspire more researchers to conduct studies on mental health. We also hope to influence our policymakers to make use of research results for evidence-informed policymaking. Rest assured that PCHRD is one with you in uplifting Filipino's mental health through research and innovation.

Mabuhay!

JAIME C. MONTOYA, MD, MSc, PhD, CESO III
Executive Director, PCHRD

Preface

In a developing country like the Philippines, the shortage of human and financial resources and facilitites, standing side by side with stigma on anything "mental" and the low prioritization for mental healthcare hamper national capacity to respond to the increasing needs of people to sustain a good quality of life, access mental health services, recover and regain their lives to contribute to nation building. Thus, non- government organizations like the World Association for Psychosocial Rehabilitation (WAPR) have stepped forward to fill the enormous capacity gap.

The WAPR–Philippines, a non-profit non government organization (NGO), is one of three civil society organizations elected to become a member of the Philippine Council for Mental Health (PCMH), the policy-making body created by the new Mental Health Law. WAPR has pioneered in the inclusion of psychosocial intervention programs in the over-all disaster program of the National Disaster Risk Reduction Management Council. Since 1989, WAPR has advocated for community-based mental health services that are now enshrined in the new mental health law. Its community mental health programs veered away from the traditional clinical initiation and steered towards integration into the public health service. WAPR pursues programs that improve the quality of life of individuals, and their families, who suffer from mental health problems. It has carried out advocacy programs that educate the public and pursue an anti-stigma campaign, organizing an annual "mini-olympics" for mental health patients - who have long been discriminated and isolated - to come together to have a day of fun "like anyone else".

Mental health is one of the research priorities in the National Unified Health Research Agenda (NUHRA) 2017-2020. However, there was no mental health research framework upon which the Philippine Council for Health Research and Development (PCHRD) could anchor its decisions to support studies in mental health. Thus, WAPR proposed a project on Defining the Mental Health Research Agenda in the Philippines, which PCHRD supported. The objectives of the project and the four project areas were agreed upon. To facilitate the conduct of this project, PCHRD and WAPR agreed to utilize the existing PCHRD Regional Research and Development Consortia so that mental health research is put in the consciousness of the national and local health researchers that comprise the consortia.

The project methodology included a review of internet and gray literature in the four project areas. Also reviewed were administrative reports and journalistic articles, which contained information that are not found in scholarly articles. The literature covering the top four mental disorders in the Philippines (depression, anxiety and post-traumatic disorders, substance abuse and schizophrenia) were subjected to the Combined Approach Matrix 2 (CAM 2). Details of the literature review are described in Section II, the Agenda Setting Process. As a result, the extensive information gaps in mental health in the Philippines came to fore through the review of literature. The findings were affirmed in the stakeholder consultations, and focus group discussions (FGDs) with the users and consumers of mental health services. This made the agenda setting process genuinely participatory.

"Everything happens in its own time" (the Ecclesiastes) is a saying that may well apply to the completion of this project. It is right on target occurring alongside the completion of the implementing rules and regulations of the Philippines Mental Health Act of 2018 and the publication of the World Health Organization's (WHO) Mental Health Action Plan 2013-2020, the Lancet Commission on Global Mental Health, and the Sustainable Development Goals. These significant events signal the need to reframe the mental health agenda to align with prevailing global developments and national development goals.

All told, defining mental health research priorities in the Philippines breaks ground on many fronts in the field of mental health. Defining them fills a huge knowledge gap that has made decision-making in health governance less than informed. Defining mental health research priorities is a pioneering attempt of PCHRD to rationalize investments in mental health research by having a framework and an organized empirical evidence base that systematically identifies knowledge gaps and information needs supporting effective service delivery. The National Mental Health Research Agenda (NMHRA) can be the springboard for various stakeholders to move toward coherence, convergence, collaboration, and cost-effective investments in mental health programs.

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Our sincere thanks to those who shared information that facilitated our research project towards defining the mental health research agenda in the Philippines.

A prime engine and sponsor of this endeavor is the PCHRD, especially Executive Director Dr. Jaime Montoya, who saw it from a global perspective, and his team: Paul de Leon, Lemuel Lozada, and Elizabeth Cajingas;

The PCHRD Research Consortia chairpersons and their respective staff members, especially Dr. Hilton Lam of Metro Manila; Dr. Geraldine Casipit of Cordillera Administrative Region; Dr. Marilyn Convocar of Iloilo; and Dr. Warlito Vicente of Davao Region. They helped us organize the stakeholder consultations in their respective areas.

The psychiatrists of the UP College of Medicine, Department of Psychiatry and Behavioral Sciences; experts and practitioners in the mental health field; service providers; and service users who participated in our multi-stakeholder consultations and shared their time and expertise free of charge;

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WAPR Board Members Corazon Alma de Leon and Mary Ann Fernandez-Mendoza, who painstakingly reviewed the draft reports, and Nadja Trinchera, who organized the stakeholder consultations and focus group discussions within a short span of time with the assistance of Jane Torres;

Trisha Saniel and Perla Lopez, our research associates; Razel Joy Quirante, Dr. Gail Ilagan, and Marianne Sanchez, who patiently and diligently collected literature and information for our research agenda setting project; Beverly Samson, who documented the proceedings of our stakeholder consultations and focus group discussions; and Giulia Soria, our editor and layout artist.

I. Defining Mental Health Research Priorities in the Philippines

The Philippines seeks to achieve Health for All. Cognizant of the fact that there is no health without mental health, the government passed the Philippine Mental Health Act (PMHA) in 2018.

The completion of the implementing rules and regulations of the Mental Health Act and the publication of the Lancet Commission on Global Mental Health and Sustainable Development Goals (SDGs) in October 2018 influenced the development of this Mental Health Research Agenda. These concurrent events signal the need to reframe the current mental health situation in the country, hence the vital need to undertake necessary studies.

In the past decade, mental health merited an increased global attention as shown below.

MILESTONES

2008

the UK Academy of Medical Sciences held a symposium that highlighted the need for a comprehensive epidemiological research and consideration of mental healthcare in primary care and emergency situations in low-and middle-income countries.

WHO also developed an evidence-based framework for scaling up mental health services in primary care to serve as an Intervention Guide as part of its Mental Health Global Action Program (mhGAP). WHO started releasing seminal publications to guide health practitioners on non-specialist settings of mental disorder treatments, track country level status of mental health systems, and establish standards of care.

2016

APRIL

the World Bank Group (WBG) and WHO Global Mental Health Event pioneered an ambitious effort to move mental health from the margins to the center of the global health and development agenda.

Figure 1. Milestones in mental health persepectives

A Global Call to Rethink and Reframe Mental Health Actions

Sustainable Development Goals and Mental Health

Mental health is now seen as a global challenge. A vital development is the positioning of mental health in the SDGs as reflected in the following targets:

> **Target 3.4.** By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.
>
> **Target 3.5.** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
>
> **Target 3.8.** Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The Lancet Commission Call for Reframing Mental Health

The Lancet Commission on Global Mental Health and Sustainable Development emphasized the opportunity of reframing the global mental health agenda in the context of the SDGs. It proposes to broaden the focus of the global agenda from reducing the treatment gap for people affected by mental disorders to improving the mental health of whole populations and reducing the contribution of mental disorders to the global burden of disease.

The Commission presents four fundamental principles to guide the process of reframing the mental health agenda shown below:

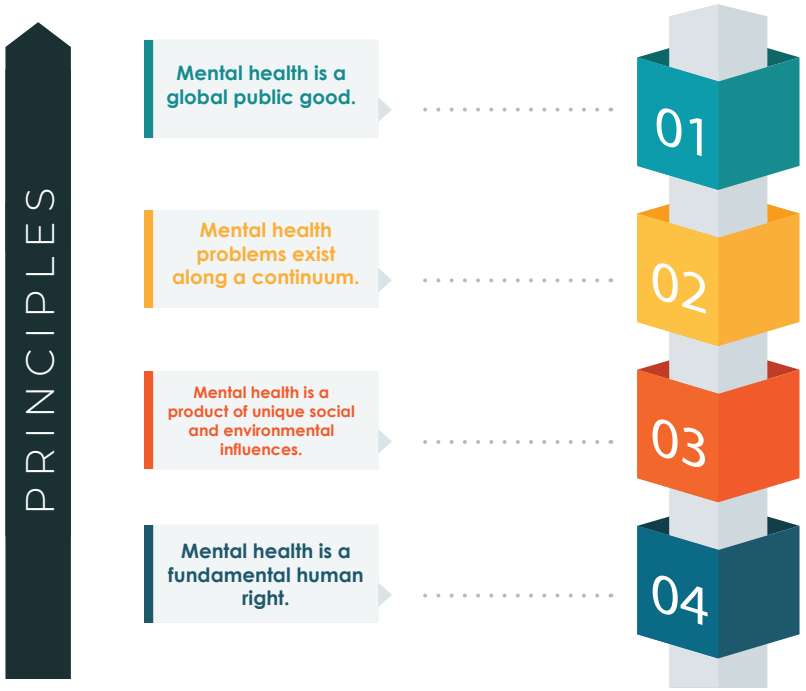


Figure 2. Fundamental principles for reframing mental health

Six key actions to reframe the mental health agenda

World Mental Health Action Plan 2013-2020

The "new" global mental health vision has expanded and included three key concerns: 1) balancing the focus on treatment, rehabilitation, and care with an equal emphasis on 2) promotion of mental health and 3) the prevention of mental disorder particularly early in life. This vision departs from the previous preoccupation with pathology and mental illness toward

prevention of mental disorders.

The 66th World Health Assembly adopted WHO's Comprehensive Mental Health Action Plan 2013-2020, which recognizes the essential role of mental health in achieving health. Its objectives are based on a life-course approach, which aims for equity through universal health coverage and prevention. WHO is monitoring the Plan's implementation, which aspires that by 2020, Member States will be routinely collecting mental health information.

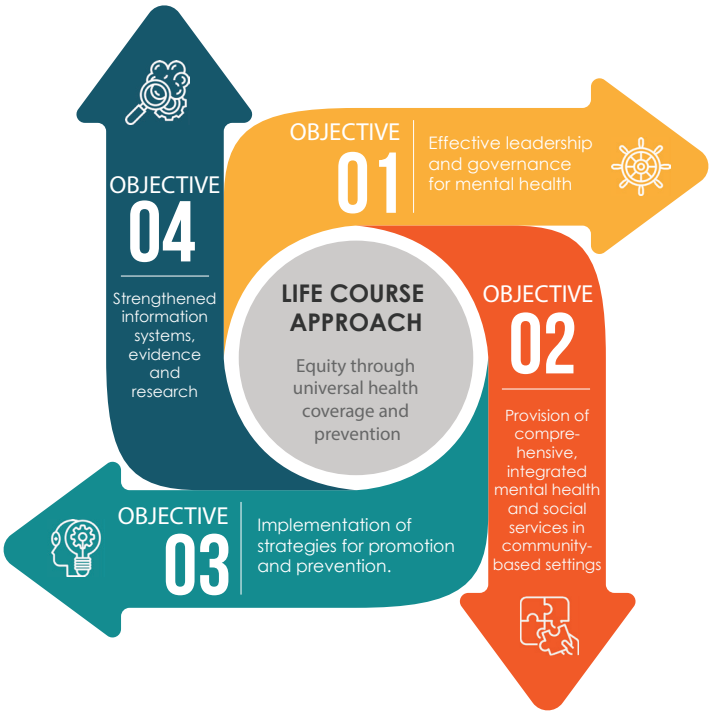


Figure 3. Global Mental Health Action Plan 2013-2020 objectives

Mental health research is the fourth objective of the Global Mental Health Action Plan 2013-2020: to strengthen information systems, evidence and research for mental health which are seen as critical ingredients for appropriate mental health policy, planning and evaluation.

The reframing of mental health actions were spurred by a number of concurrent events:

1. Passing of WHO's Comprehensive Mental Health Action Plan;
2. Ratification of international conventions protecting the rights of people with psychosocial disabilities;
3. Convergence of evidence from diverse scientific disciplines on the

nature and causes of mental health problems;
4. Ubiquitous availability of digital technology; and
5. Growing consensus among diverse stakeholders about the need for action and what this action should look like.

Regional Level Developments in Mental Health

At the regional level, the Asia Pacific Economic Cooperation's Strategic Needs Assessment (APEC-SNA) in 2016 reported three Philippine priorities in mental health. The first is to enhance disaster-related response to mental health to improve mental health knowledge among disaster responders and provide mechanisms to protect their mental health. Second is to seek the institutionalization of community mental health services, including the deployment of a human resource development plan to establish indicators for what community mental health networks (i.e. hospitals, specialists, provincial government, other authorities) must achieve. And third is to establish an efficient and sustainable drug supply chain to increase people's access to mental health medicines and improve regulatory and clinical guidance for mental health treatments.

National Developments in Mental Health

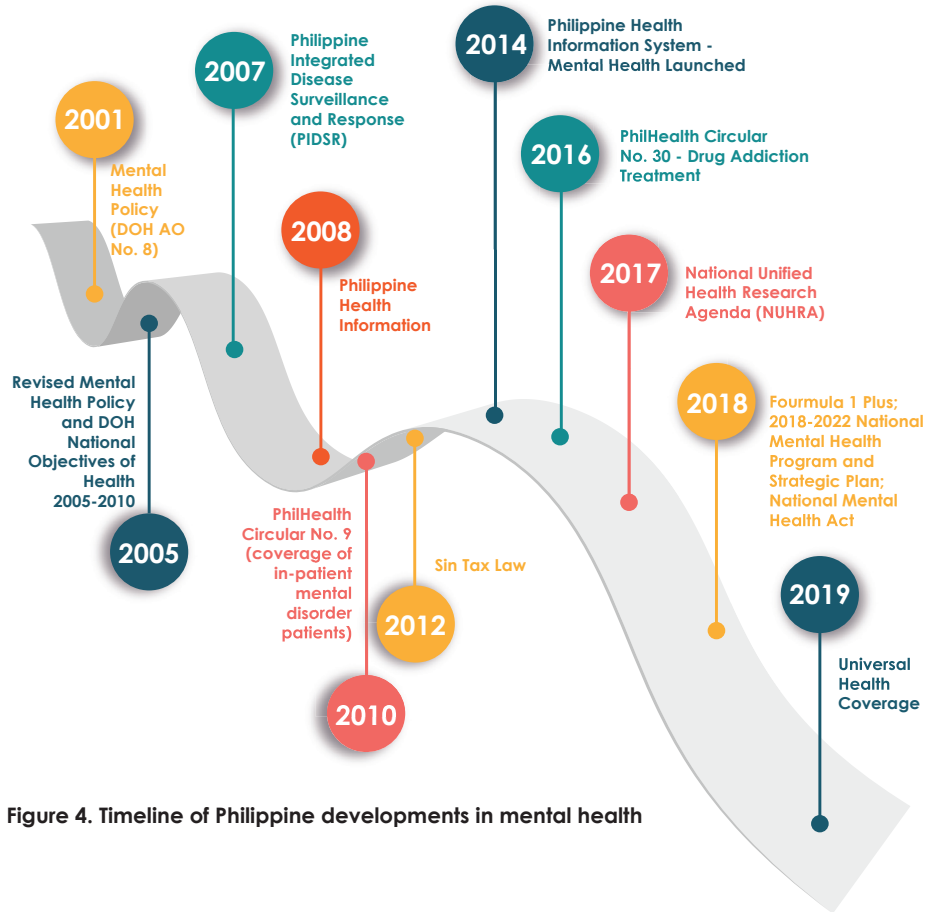


Figure 4. Timeline of Philippine developments in mental health

Two major waves of mental health development were seen in the Philippines. The first was initiated in 2001 by the National Mental Health Policy (Administrative Order No. 8 s.2001) issued by then Health Secretary Manuel M. Dayrit. Mental health plans were revised in 2005 and were made consistent with the National Objectives for Health (NOH) 2005-2010. Strategies for national reform were also specified, from an institution-based mental health system to one that is consumer focused with emphasis on supporting the individual in the community. There was also a disaster/ emergency preparedness plan for mental health (WHO-AIMS, 2007).

By 2007, the country was spending about 5% of the total health budget on mental health and substantial portions were spent on the operation and maintenance of mental hospitals. PhilHealth started covering mental disorders but was limited to acute in-patient care while psychotropic medications were made available in mental health facilities. The Department of Health (DOH) also established the Philippine Integrated Disease Surveillance and Response (PIDSR) system, then the Philippine Health Information Network (PHIN), followed by the Philippine Health Information System to gather epidemiological data. The 2016 APEC-SNA report, however, noted that the system needed enhancement.

The second wave marked major reforms not only in the general health sector but more specifically in mental health. This wave started with the Philippines' adoption of the 2012 Sin Tax Law, which show that substantial tax increases on tobacco and alcohol are good for public health and for resource mobilization of health investments. In the law's first three years of implementation, USD 3.9 billion additional fiscal revenues were collected, thus increasing DOH's budget threefold (Marquez and Saxena, 2016).

Meanwhile, the last two years (2017-2018) ushered policy reforms that are dramatically changing the Philippines' mental health landscape, namely the enactment of the Philippine Mental Health Act of 2018 and the promulgation of its Implementing Rules and Regulations (IRR) in February 2019; the formulation of NUHRA 2017-2022, DOH's Fourmula Plus One strategic thrusts, and DOH's National Mental Health Program Framework for 2018 to 2022; and the passage of the Universal Health Coverage Act of 2019 (its IRR is still underway as of time of writing).

On June 21, 2018, the PMHA was signed into law. This landmark legislation has the following objectives:

1. Strengthen effective leadership and governance for mental health;
2. Establish a comprehensive and integrated mental healthcare system;
3. Protect the rights of people with mental health needs;
4. Strengthen mental health information systems, evidence and

research;
5. Integrate mental health care in the basic health services; and
6. Integrate mental health promotion strategies in schools, workplaces, and communities.

Based on the law, research and development shall be undertaken in collaboration with academic institutions, NGOs, and psychiatric, neurologic, and related associations to gather information necessary to develop a culturally-relevant national mental health program. High ethical standards shall be promoted to ensure that a) research is conducted only with the free and informed consent of the persons involved; b) researchers do not receive any privileges, compensation, or remuneration from encouraging or recruiting participants; c) potentially harmful or dangerous research is not undertaken; and 4) all researches are approved by an independent ethics committee in accordance with applicable law. Research and development shall also be undertaken vis-à-vis non-medical, traditional, or alternative practices. A national epidemiologic study on mental health shall be undertaken at regular intervals to be determined by the Philippine Council for Mental Health.

In February 2019, the Universal Health Coverage (UHC) Act was signed into law. Also referred to as Kalusugan Pangkalahatan (KP), UHC provides "every Filipino [with] the highest possible quality of healthcare that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public." This involves the provision of adequate health resources – human resources, facilities, and financing. It provides health for all Filipinos as they are now immediately eligible for and have access to the full spectrum of healthcare (medical, dental, mental, and emergency health services), which includes preventive, promotive, curative, rehabilitative, and palliative care.

Summary

The impetus to rethink mental health was depicted in key events at the global, regional, and national levels. The global call started in the Lancet Commission Report in 2018, which reminds countries all over the world to reconsider the way they regard mental health and mental illness. One response to such call is the inclusion of mental health in the targets of the SDGs, which rallies member countries towards the attainment of 17 development goals. Another global event was the 66th World Health Assembly's adoption of WHO's Comprehensive Mental Health Action Plan 2013-2020.

At the regional level, there was the APEC-SNA of mental health systems

of participating countries, which includes the Philippines. At the national level, the Philippine Mental Health Act was passed after 15 years of lobbying and advocacy. This Act introduced additional information and perspectives that comprise the contemporary context of the mental health research agenda setting process.

In sum, the above events can be summarized in the figure below:

Figure 5. Development of the mental health research agenda

II. The Agenda Setting Process: Bottom Up Approach

The NMHRA evolved through a participatory and multi-sectoral approach. This involved a series of stakeholder consultations in the four project sites (Metro Manila, Baguio, Iloilo, and Davao) and focus group discussions (FGDs) among experts. Concurrent to these, online and gray literature in the project sites were reviewed. In the analysis of the literature, WHO's Two-Dimensional Combined Approach Matrix (2D CAM) was used, which yielded knowledge gaps in the field of mental health.

The Project Sites

The project sites were areas from four regions in the country:

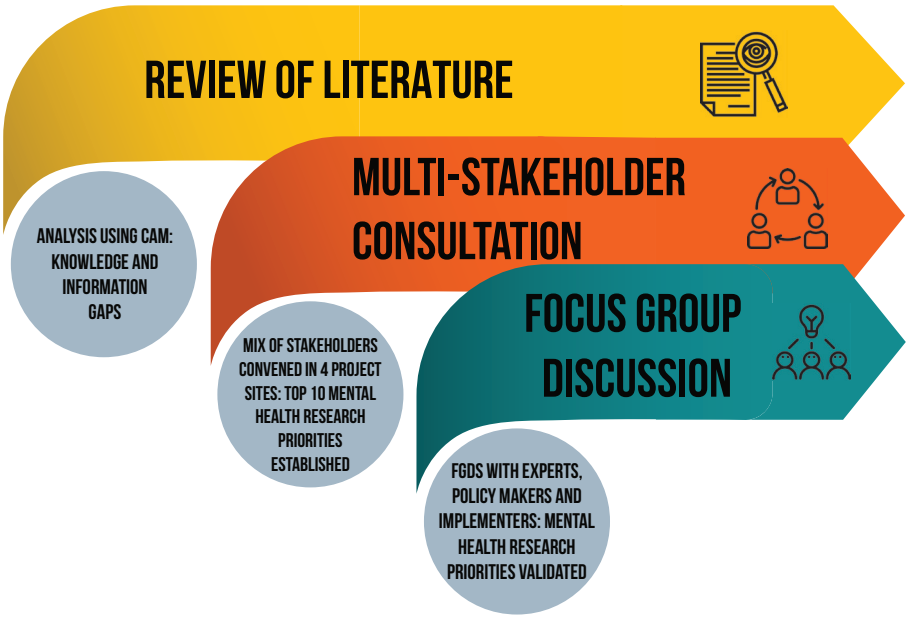
- Metro Manila, a megacity located in the National Capital Region, is the nation's economic and academic center.
- Baguio, a city in the Cordillera Administrative Region (Northern Philippines), has evolved into an urban area with major academic institutions. It also provides a glimpse to one of the Philippines' indigenous people - their way of life, especially their views and practices on health and illness.
- Iloilo, a province in the Western Visayas Region, exemplifies a city in the Philippines that experience rapid economic growth and strengthening of universities and academic centers, hospitals, and tertiary healthcare facilities.
- Davao, a province in the Northern Mindanao Region (Southern Philippines), is another fast-growing urban area with major academic institutions and commercial activities. Majority of the country's Muslim population live in Mindanao and Davao provides a view to this group of Filipinos whose traditions are influenced by the Islamic religion but have continued to assert their Filipino identity.

The selection of these project areas was largely influenced by their cultural and socioeconomic conditions, which are known to be significant social determinants to health, including mental health. These project sites capture and illustrate the typical health and social situation and concerns of the average Filipino, including the Indigenous People. These transcend the limitation of having only four areas, largely due to budget and time constraints. In addition, Manila is the center of mental health service

delivery while Baguio, Iloilo, and Davao serve as mental health service delivery hubs. The availability of WAPR research contacts in these areas were also considered.

The Mental Health Research Agenda is a document that must be periodically updated according to the Mental Health Law. Future consultation meetings for agenda setting studies could include other geographical sites in the country. It is difficult to make an outright claim that the four project sites are representative of the entire country due to the nation's diversity and heterogeneity. It is therefore appropriate to explore the other geographic sites as well.

The Process



1. Review of Literature

The literature covering the top four mental disorders in the Philippines (depression, anxiety and posttraumatic disorders, substance abuse, and schizophrenia) were subjected to the CAM 2. The CAM is a good first stage tool for organizing information into meaningful categories, though it has its share of challenges: 1) some categories could not be neatly classified, such as the Burden of Disease (BOD) category, which is not categorized according to the Disability According to Life Years (DALY), the global norm; 2) some topics, like mental health promotion and positive psychology, did

not fit the CAM because it is disease-oriented; and 3) there were overlaps in the categories that led to inconsistent classification. These showed the need for a further refinement of the CAM.

Two kinds of literature were gathered: online (scholarly and media articles) and gray literature (from universities and colleges of medicine that undertake psychiatry research and training). Initially, the collected literature covered only 2000 to 2017 but as the study progressed, earlier studies were also included, especially when there was a dearth of materials and if the literature contained information vital to the research. In each project site, abstracts and articles were collected.

Table 1. Data Sources

DOMAIN	SCHOLARLY ARTICLES	MEDIA ARTICLES
Internet	144	-
Metro Manila	146	17
Cordillera Administrative Region	104	30
Western Visayas	83	29
Davao	113	66
Total	***590***	***142***

Analyzing the Literature Using the 2D CAM

The 2D CAM provided a framework for categorizing the literature collected. It brought together a range of factors into a single analytic tool. It has three pillars: process, tools, and context. Guidelines were provided to classify the literature into meaningful themes and topics, namely:

- Public Health Dimension: Magnitude of the health problem or Burden of Disease, Determinants, Present level of knowledge, Cost-effectiveness, and Resource flows
- Institutional: Individual, household and community, Health sector, Sectors other than health, and Governance

Table 2. 2D CAM

	Individual, Household, Community	Health ministry & other health institutions	Sectors other than health	Macro-economic policies
Magnitude of the problem (Burden of disease)				
Determinants				
Present level of knowledge				
Cost effectiveness				
Resource flows				

The definitions of these categories followed the CAM Guidelines. The literature was classified and presented in a 5 x 4 table [factor (5)-x actor (4)] entailing five parameters of mental health/illness (disease burden, determinants, present level of knowledge, cost effectiveness, and resource flows) and four actors or institutional dimensions of public health (individual, family/community; the health sector, and the non-health sector and macroeconomic policies). Specific guidelines for analysis are contained in the CAM and in the Philippine National Health Research System's (PNHRS) Guide for Health Research Prioritization.

Process of CAM Analysis

The first step involved compiling the abstracts, organizing them by timeline, and producing the annotated bibliography. Following the CAM parameters, the abstracts were then sorted and entered into the CAM to discern trends and patterns. A literature can be used several times if it feeds on any of the CAM analytical factors. The CAM entries were indicative of what information is available and unavailable in the local literature. Cells with few or no entries indicate a severe information and knowledge gap.

Scientific studies provided information on cost-effectiveness and resource flows while media and journalistic articles provided details on topics like budgetary allocations for mental health and cost of treatment. Situation reports on mental health in each project sites were drawn from the desk review and these provided an initial list of research priorities and knowledge and information gaps. These were then consolidated to form a big picture.

The table on the next page summarizes the knowledge and information gaps across the four project sites.

Table 3. Knowledge and information gaps in mental health

CAM Parameters	Knowledge and Information Gaps
Disease Burden	A functional information system that will periodically generate required data. Prevalence data: overall and disaggregated by geographic region, type of mental disorder, and population groups (age, rural-urban, gender, indigenous people, LGBT, groups with dreaded diseases, and the like). Vital information is needed to rationalize mental health delivery system and resource allocation. Prevalence data analyzed by geographic and political districts will help define the accountabilities of duty bearers in mental health service delivery. NCMH's 2016 Strategic Needs Assessment calls for a unified information system and standardization of the mental health service delivery system, which require collaboration between public-private service providers. WHO Assessment Instrument for Mental Health Systems (AIMS) recommends institutionalizing community surveillance of specific mental disorders. In planning an adequate mental health delivery system, a life course approach is useful, where mental health policies, plans, and services take into account people's health needs at all life stages - infancy, childhood, adolescent, adulthood, and older age. Studies on the economic burden of disease in the Philippines must be conducted. Few studies on risk factors of posttraumatic stress disorder (PTSD) and substance abuse. There is "no study to date on the outcomes of schizophrenia or factors that may affect prognosis." (Bautista et al, 2014).
Determinants	Need to strengthen and nurture family ties to act as protector and support source. The family is a double-edged weapon that could work for or against mental health. More studies are needed to ascertain the effect of technology (internet and virtual gaming). Impact of dreaded diseases and extreme life experiences on mental health must be studied. Poverty could be the biggest risk factor in mental disorders but there is little evidence showing the link. Such a study is needed if the Philippines is to comply with the SDGs in erasing poverty and promoting mental health. Genetic studies need to be pursued to determine vulnerabilities to mental disorders. Cultural determinants, including the indigenous belief system on mental illness, are sorely lacking in literature. Present level of knowledge on diagnostics and treatment interventions show much has been going on in the clinical realm but there is great scope for further research cum action in community-based mental health services; school-based interventions; and prevention of mental disorders and promotion of mental health. There is need to document and evaluate cost-effectiveness of community- and school-based mental health interventions. It would be useful to take stock of good practices on the ground, draw lessons from them, and evolve a working model that could be replicated and sustained over time across geographic sites. Practical measures for the prevention of mental disorder and the promotion of mental health need to be defined. Aside from the government and the professionals, this process should engage various stakeholders, including local government units (LGUs), NGOs, advocates, service providers, and service users. Look into the specific recommendations of various studies that can aid in improving service delivery. An example is the study on vagrants under the care of the National Center for Mental Health that found majority who suffer from schizophrenia were treated with Risperidone. The study can be used in planning and implementing programs for this type of population in the center (Godines-Capuz, 2012).
Cost-effectiveness	Cost-benefit analysis of interventions, diagnostic tools, and medications – in order to determine replication or use for bigger population – is lacking in the current information base of mental health in the Philippines.
Resource Flows	Analyze trends in resource allocation for mental healthcare and cost of treatment of mental illness is imperative, especially if the Mental Health Act is to be implemented. Consider the resources invested by government departments like DOH and DSWD and other health and non-health institutions should be considered. Establish the resource gaps - how it can be addressed and how current health insurance schemes could be harnessed to cover mental disorders. A comprehensive study on resource flows should consider social insurance coverage by the state, Health Maintenance Organizations (HMO), and other forms of mental health financing. Such study should aid in rationalizing investments in mental health and should be the basis for the yearly allocations in the General Appropriations Act.

Institutional Actors	Other non-health sectors, whether public or private, hardly appeared in the literature except the military and academe. This could indicate a lack of concerted and whole-of-government approach in dealing with mental health problems in the country. There was no research encountered on interventions to prevent mental disorders, especially depression and suicide. Very little biomedical research. Studies on the accessibility of mental health and community-based services were very thin on the ground. Evaluation studies and assessment of state-initiated programs and services were rarely encountered. The currently available information tends to be fragmented, germinal, and insufficient to form a solid evidence base. Need for more in-depth study on many aspects of mental health is apparent. Basic information gaps exist like epidemiological data on psychiatric disorders and from weak evidence base of effective approaches to reduce mental illness. The lack of data on demand makes it difficult for the agency to be strategic in supplying needed services and allocating resources, hence there exist issues on access, adequacy, and affordability of services. Strategic and responsive implementation of the law necessitates reliable estimates on the magnitude of our mental health problems and robust knowledge base on strategies to prevent, control, and reduce the burden of psychiatric disorders.

2. Multi-stakeholder Consultations

The PCHRD Regional Consortia for Research and Development facilitated the search for stakeholders and convened them for consultations. WAPR facilitated the discussions. Stakeholders were grouped as shown in the figure below:

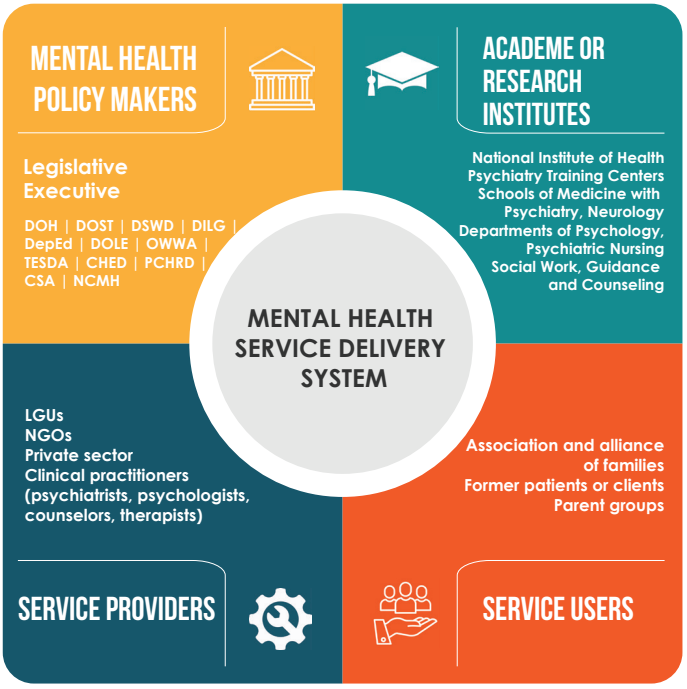


Figure 6. Stakeholders in the mental health service delivery system

During the consultations, the participants were asked for 1) a list of mental health research questions they believe must be prioritized in the national research agenda; and 2) their bases or criteria for choosing such questions.

They were divided into small discussion groups (policymakers, service providers, academe, and service users) where they shared their list of priority mental health problems. The groups deliberated each list to collectively come up with their top five research questions ranked based on their criteria for prioritization. The proposed mental health priorities were then compared, analyzed, and consolidated.

Thirty-four common research issues emerged from the group discussions. These were tallied according to frequency. The result was used as basis to rank and determine the top 10 research priorities (see figure below).

Figure 7. Top 10 research priorities

3. Focus Group Discussion

Four sets of FGDs were conducted to validate the stakeholders' research priorities. Among those consulted were psychiatrists, psychologists, psychiatric nurses, social workers, guidance counselors, academicians, NGO representatives, policy makers, and implementers. The FGDs were aimed at specific groups as indicated in the Guidelines of the PNHRS: policy implementers, policy makers in government, researchers and academe,

service providers, service users (e.g. alliance of families with mental health concerns), and NGOs and civil society working in the field of mental health.

The first 10 research issues of the stakeholder groups were presented to the experts and they were asked to rank the 10 issues and assign weights (in a scale of 100%) to the criteria the stakeholders established. A detailed description can be found in the Technical Report. In small groups, they deliberated what should be included in the final agenda and discussed recommendations and opinions. Overall, the experts concurred that the stakeholders' priority list should be in the final mental health research agenda and their deliberation focused on the order of prioritization.

III. Mental Health Research Agenda in the Philippines

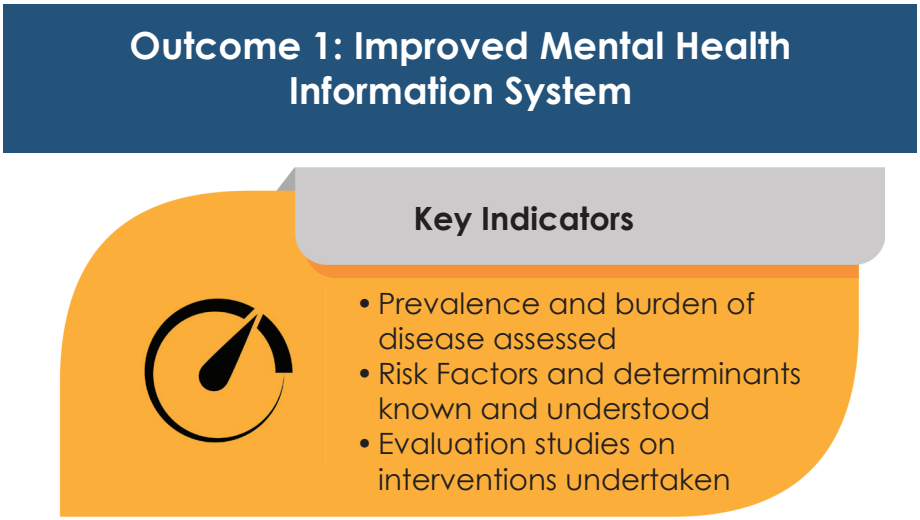
This agenda covers the priorities for research in the Philippines in the next five years (2019-2022) and possibly, even beyond. Out of the issues raised during the stakeholder consultations, three themes emerged (illustrated in the figure below). These were framed into outcome statements to be consistent with the results-oriented framework used by the national budgeting system of the Philippines.

Figure 8. Outcomes of the mental health research agenda in the Philippines

Outcome 1: What matters to every Filipino as claimholders is that they gain access to quality, available, affordable, and responsive mental health care and services.

Outcome 2: To develop an effective mental health care delivery system, leaders and duty bearers should have committed and concerted actions.

Outcome 3: A strengthened mental health information system is crucial as basis for the planning and timely implementation of the mental health program.



Fundamental to governance and service delivery is information that show the trends with respect to prevalence, risk factors, and determinants to mental disorders. Such information are stored in a national database, which is essential when planning programs and services. Studies of programs and services are not limited within the health system. These should also include programs and services provided by non-health sectors like schools, workplaces, non-government and professional organizations, and government institutions, especially the local government. A strengthened information system directs and steers the provision of programs, services, resource allocation, and governance processes. A robust information system lays the basis for innovations in the field.

Research Priorities

Prevalence studies and risk factors of mental disorders

- Illness-related studies:
  - » suicide and non-suicidal self-injury
  - » depression and anxiety disorders, including Posttraumatic Stress Disorder (PTSD)
  - » psychosis (acute states and early intervention, chronic states unreached, and untreated)
- Psychosocial problems associated with extreme life experiences like disasters (natural/human induced) and violence (individual and community, terrorism)
- Mental health problems among special sectors like children survivors of abuse, armed conflict, in conflict with law, lesbian,

gay, bisexual, and transgender (LGBT) groups affected by human immunodeficieny virus (HIV), groups affected by chronic non-communicable diseases, overseas workers and their families left behind, women in special circumstances of violence, gender inequality, single parenthood, the elderly left behind or suffering from increasing prevalence of dementia
- Substance abuse, co-morbidity with mental disorders

Risk Factors and Determinants for Mental Disorders and Mental Health Problems

- Biological Markers and genetic studies
- Social Determinants of mental disorders:
  - » social class and social disadvantage, income inequality
  - » unsafe neighborhoods subject to violence, inadequate housing
  - » climate change
  - » effect of technology on mental health, internet addiction

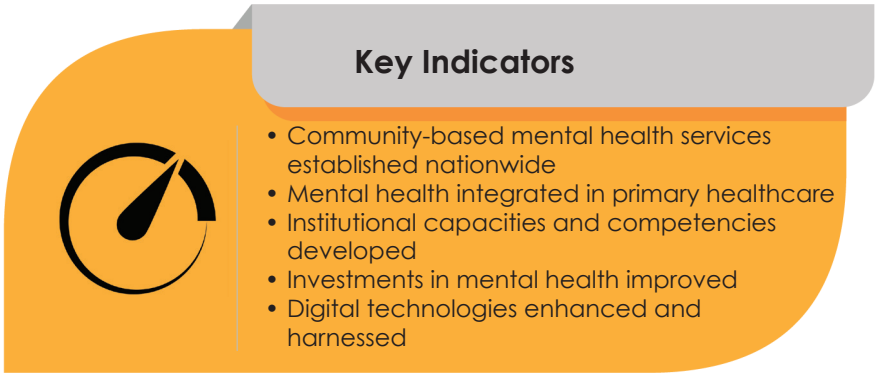
Social Burden of Mental Health Problems

- Social and economic outcome data, including levels of educational achievement, housing, employment, and income among persons and their families suffering from mental health problems and mental disorders
- Quality of life of persons and families with mental disorders
- Psychosocial disability among persons with mental health problems from diverse populations, (ex: rural-urban settings) areas vulnerable to extreme life experiences, climate change, etc.
- Attitudes at individual and community level towards persons and their families with mental health problems
- Stigma and other prevailing beliefs in the community about mental health problems/mental disorders
- Levels and determinants of mental health help seeking behavior

Evaluation Studies and Action Research

- Studies on "what works and what does not work" for specific mental health /mental disorders at individual/ community or institutional levels
- Mental health interventions relevant and appropriate to the Philippine setting

Outcome 2: Governance and Leadership



Mental health governance includes the process of policy making, planning, programming, resource allocation, and monitoring and evaluation to ensure that appropriate, relevant, and effective mental health programs and psychosocial care are available and accessible. The human rights perspective asserts that the decision-making process includes the users of these programs and services.

Mental health governance is closely intertwined with mental healthcare delivery but the difference is in the emphasis. Mental healthcare delivery emphasizes the perspective of the service users and claimholders while mental health governance emphasizes the duty bearer's obligations and responsibilities, as well as the systemic factors in delivering mental health services. In mental health governance, the duty bearers ensure that: 1) there is an adequate supply of affordable and accessible mental health services; 2) the standards for mental health services and quality psychosocial care are set, disseminated, and enforced; 3) mental health services are equitably distributed and are reaching the unreached; and 4) the reduction of burden of disease and treatment gaps are promoted.

A major objective of the Philippine Mental Health Law is the strengthening of governance and leadership. To achieve this, it is important to consider decentralizing and devolving health service delivery to the local government units. This is contained in the Local Government Code of 1991, which gives local governments full autonomy to finance and operate local health systems, including mental health care delivery system. The DOH, as the national health agency, is mandated to lay down national policies and plans, develop technical standards, enforce health regulations and

monitor, evaluate, and deliver tertiary health care. This governance and leadership situation in the mental healthcare delivery system pose major challenges that highlight the need for research.

Research Priorities

Localization of mental health services

- Map mental health services and programs in the community, determine the effectiveness, accessibility, responsiveness, and other factors affecting implementation
- Mental health literacy of local government officials, attitudes toward decentralization of services and integration of mental health services in the local health service, acceptance by local councils to provide financial/material support to integrated mental health service
- Knowledge, skills, and attitudes of local authorities and health workers toward mental healthcare and its integration to general healthcare delivery

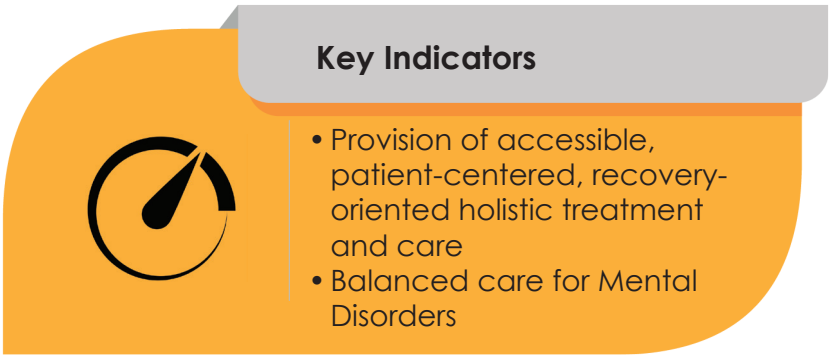
Factors to mental health literacy

- Mental health education of the public, a *baranganic* approach
- Define stigmatization in Philippine communities
- Understand local beliefs about mental disorders/health problems leading to stigmatization, reducing the impact of stigmatization
- Determine the competency standards in developing the capacity of mental health workers
- Develop diagnostic tools for mental health problems adapted to local setting

Factors to a sustained community mental health program

- Integration of mental health in primary health care, the development of a referral system with mental health specialists, collaboration with other sectors with mental health-related programs at the local level, the use of digital technologies, like telepsychiatry
- Determine criteria for accrediting community mental health facility
- Examine the constraints and challenges for the mental health system such as the shortage and inadequacy of human resources to implement community mental health programs, including government plantilla for staff in mental health
- Study the financial sustainability of mental health programs, i.e. cost expansion of PhilHealth packages to outpatient care and provision of medications, inclusion of mental health in the universal health care coverage

Outcome 3: Accessible, Affordable, Responsive, and Holistic Mental Health Services



With the passage of PMHA of 2018, the prevailing inaccessibility of mental health services is addressed. The Mental Health Law envisages balanced care at all levels of healthcare.

Mental healthcare will now be available and accessible because of the shift from the predominant mental hospitals, which are generally inaccessible, to the provision of mental healthcare in the community where the patients live. Studies can now be undertaken to answer the following questions: 1) How can service users access affordable and effective services and medicines? 2) What are the barriers to accessing mental healthcare? 3) Can there be modes of safe and effective interventions consistent with indigenous beliefs and practices of the Filipinos? and 4) What are the factors that promote resiliency and coping to recover from the illness and achieve mental health and well-being?

The Mental Health Law provides for the transformation of the National Center for Mental Health (NCMH) as an institution mainly providing treatment and rehabilitation for those with mental disorders to a center for training, education, and research in mental health. This is expected to initiate the process of deinstitutionalization of treatment and care for mental disorders and at the same time break the isolationist orientation of treatment and care in mental hospitals. This is expected to be carried out in the mental hospitals in other regions of the country. This deinstitutionalization of treatment and care will lead to strengthened community mental health services where patients are seen in outpatient clinics of local mental health facilities and in the integration of mental health services in the general health services of the community.

Research Priorities

Increasing the availability of mental health services

- Deinstitutionalization: shifting from predominantly mental hospital-based mental health care to strengthened community mental health care
- Inventory of community-based health facilities and the linkages to psychiatric hospitals/wards and integrated primary mental healthcare services in the community

Barriers to accessibility of mental health services

- Stigma, indigenous beliefs, and practices
- Lack of awareness of the capacity of community health workers to deliver mental healthcare in the community
- Prevalence of mental health problems/disorders among patients consulting in health centers
- Epidemiologic studies, using population surveys or key informants, to determine prevalence of untreated, unreached persons with mental disorders; strategies for reaching them

Enhancing the quality of MH services

- Collaboration/coordination with local non-health professionals with mental health-related programs; employment opportunities, protection for women and children
- Knowledge, skills, and attitudes of municipal/barangay health workers on mental healthcare integrated in the daily health care activities
- Strategies to establish and develop referral network with specialists, other sectors for collaboration and coordination of social support for patients and families to maximize recovery
- Installation of helpline or crises centers for mental and psychosocial problems in the community and monitoring their effectiveness
- Accessibility to medications; easing up procurement processes

Cross-Cutting Principles

Underpinning the outcomes are vital cross-cutting principles, as follows:

1. The promotion of mental health and well-being of every Filipino emphasizes the fact that a healthcare delivery system provides for the maintenance of wellness and health and not just the treatment of illness. Attention focuses on the majority of the population who are well and not on the minority who have been found to be sick. These are the individuals and groups with specific cultural backgrounds who live and sustain healthy, satisfactory lives and contribute to the development of their community.

2. The cultural background of the people for whom mental health programs and services are provided, including their indigenous beliefs and practices, must be taken into account.

3. Mental health care is seen now as no longer the sole responsibility of a specialist group. The tasks of promoting mental health, including the prevention and treatment of mental health problems, can be shared by health and non-health professionals. Mental health is everybody's business.

4. A life course perspective cuts across the outcomes so far identified. How a child is born, helped to grow and become mindful in experiencing and appreciating the sociocultural conditions of family where he thrives and grows, later acquiring the personality to negotiate as an adult, the complexity of the world as he balances traditional cultural values, and the effects of modernization. The individual's balancing act may not always be successful and may lead to some personal challenges and alienation from the environment. This could happen at any stage of the life cycle.

Overall, the promotion of mental health and well-being is a fundamental principle in managing mental health. It reverses the long-held view that mental health is the absence of mental illness. The same principle applies to the adoption of a life course perspective, cultural background and sensitivity, and the recognition that mental health is everyone's concern, including the non-specialist. Hence, this principle applies to all three outcomes.

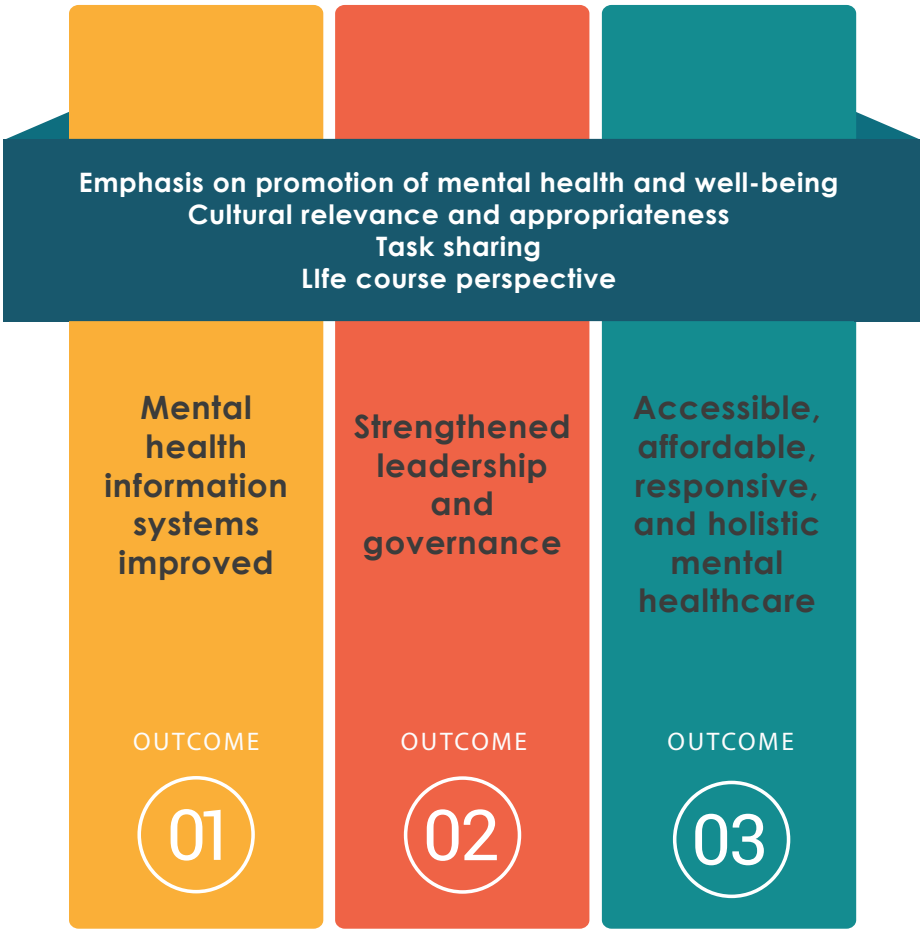


Figure 9. Cross-cutting issues in the mental health research agenda

Research Priorities

Promotion of Mental Health and Well-being

- Life Course Perspective for promotive mental health prioritizing child and youth mental health
  - » Positive child rearing and parenting as key to promoting wholesome stable personalities, influencing positively the developing brain, reduce impact of life course stressors
  - » Positive psychology (strategies for promoting wellness, nurturance and compassion)
- Resilience and coping at various life stages; attention to vulnerabilities

- Education as the prime mover of personality development; integration of psychosocial skills like mindfulness training in the curriculum from early childhood to postgraduate education

Awareness of and Sensitivity to the Cultural Background

- Indigenous beliefs and practices in mental health
- Culture-sensitive interventions/mental health approaches in the Philippine setting
- Cultural practices, Filipino values support systems, and protective factors, e.g. spirituality
- Scaling up local best practices in mental health
- Help seeking behaviors among Filipinos
- Stigma in Philippine context
- Family and parenting in current Philippine context

Task Sharing

If mental health is to be everyone's business, competencies in mental health must then be given high priority. This implies the need to determine and establish competency standards in mental healthcare.

The National Mental Health Research Framework and Agenda

The mental health research agenda was defined in accordance to the Philippine Mental Health Act of 2017. It is results-oriented and seeks to support the current policy reforms in mental health. The Agenda is informed by developments at the global level and continues to support a life course perspective on mental health research.

As depicted in the figure below, the strategic outcomes of this Agenda are mutually interlinked. The thrust toward promotion and prevention is cross-cutting and, at the same time, identified as a specific service that must be rendered to citizens.

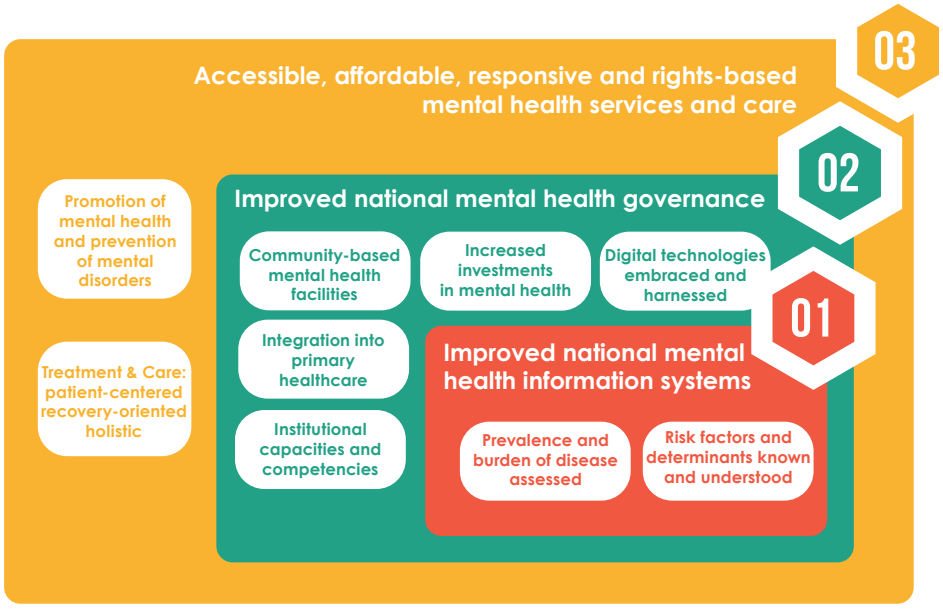


Figure 10. The national mental health research agenda framework

Highest priority must be given to strengthening the national mental health information system. Studies should seek to analyze not only the prevalence of mental disorders but also their magnitude in order to guide policy making and the development of interventions.

Another priority is to strengthen mental health governance in the country. In light of the decentralized health governance, the role of national and local governments should be elucidated. Ways to engage local officials in providing community-based mental health services must also be determined. Research must endeavor to define schemes and practices that would reach those unreached by mental health services.

There is a crying need for quality care that is accessible, affordable, patient-centered, recovery-oriented, ethical, and rights-based. Demand for mental health services is high but its supply is extremely wanting. Addressing the treatment gap requires an understanding of what mental health services are available where, when, who provides the services, and at what cost. Future studies must lead to a fundamental understanding of the barriers to accessibility from the perspective of service users. Studies should also identify the elements that promote mental wellness, well-being and wholeness at all stages of the life course. More emphasis should be given to socialization practices that could build mental wellness and resiliency and protective factors against mental disorders.

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Annex I: List of Participants and Participating Agencies

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workers: Lydia del Rosario, Wilma Coquia, Dr. Evangeline Guinto, Eva Ponce de Leon, Leonora Esguerra, Luzviminda Bautista

NGOs and Civil Society Organizations

HealthJustice Philippines/Non-communicable Disease (NCD) Alliance: Atty. Jacky Sarita; Youth for Mental Health Coalition, Inc.: Raymond John Naguit, Krizzia A. Udtohan, Jarvin Tan; Global Shapers Western Visayas: Kirstin Leigh Pareja, Clara Pantaleon; Climate Change Network for Community-Based Initiatives (CCNCI): Karlenma Mendoza, Jean Talens, MD; Balik Kalipay Center For Psychosocial Response, Inc.: Jim Rey Baloloy; Philippine Pediatric Society: Francis Dimalanta, MD; Philippine Red Cross (PRC): Susan P. Mercado, MD, Nicamil Sanchez, MD, Prednison Morales: Homer Foundation: Alfonso Pablo Jr.

Policymakers

Commission on Human Rights: Atty. Erwin M. Caliba; DOLE: Dir. Ma. Karina Perida Trayvilla, Felix F. Labanda Jr., Ma. Imelda S. Santos, MD, Jehremias M. Florante, MD; DSWD: Glenda D. Relova, Remilene Marcelino, Camia N. Ferrer; TESDA: Rebecca Vergara; Civil Service Commission: Dir. Cecilia F. Dela Fuente, Anita R. Cunanan; Senate of the Philippines Office of Senator Risa Hontiveros: Joseph Anthony Lachica, MD; House of Representatives: Atty. Gayle Isip Reyes: WHO: Jasmine Vergara, MD, Stephanie Sison, MD; DOH Mental Health Program: Ms. Frances Prescila L. Cuevas; DOH Health Policy Development and Planning Bureau: Gloria Nenita V. Velasco, MD; UST: Angelina M. Julom; UP Manila: Eva Maria Cutiongco-De La Paz, MD; De La Salle University: Jim Rey Baloloy; UP Visayas: Prof. Agustin G. Huyong, Teresa S. Hortillo; UP Mindanao: Prof. Larry N. Digal