

Implementation and Service Delivery Status of the Mental Health Law in the Province of Zamboanga del Norte

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Abstract

Mental health had been a growing concern while mental illness had been increasing in number worldwide. The enactment of the Mental Health Law or RA 11036 in 2018 hoped to bring about better delivery of mental health services as well as uphold the rights of patients. This led the proponent to investigate the implementation and service delivery status of the mental health law in the province of Zamboanga del Norte. Employing a descriptive-qualitative design, the study assessed the implementation of the various government agencies on the Mental Health Law as well as the delivery of mental health services in the province of Zamboanga del Norte. There were 50 mental health professionals interviewed through phone, messenger, and Google form using a structured interview guide. Data gathered through the interviews were analyzed using thematic analysis. Results revealed that most of the government agencies were able to implement the law rating from 35.72% to 100% of the implementation. Eleven themes emerged such as poor knowledge about the mental health law, no proper seminars/training about mental health law, mental health is not a priority program, lack of coordination with the various agencies involved, difficulty managing mental health crises, non-inclusive mental health program, insufficient mental health services, multitasking of mental health providers, lack of mental health professionals, stigmatized attitude towards mental illness and support from LGU. It was revealed in this study that the implementation of the mental health law in the province is not fully implemented. Furthermore, the delivery of mental health services is also insufficient. As a recommendation, the primary implementing agency must exert more effort in cascading the law to all implementing agencies and mental health professionals down to the barangay level for the law to be understood and implemented. In addition, mental health services should be improved as well as the inclusion of a mental health facility.

Keywords: Mental Health Law (RA 11036), mental health services, mental health facilities, Zamboanga del Norte



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INTRODUCTION

There has been an increase in public concern regarding mental health issues (Fundamental Facts About Mental Health 2016, n.d.). In the Philippines, mental illness is the third most common disability. Furthermore, Philippines has the third highest rate of mental health problems in the Western Pacific Region. With the total population of 100,981,437, there is an estimated 6 million Filipinos living with depression or anxiety. Suicide rates are also increasing in number summing up to an average of 3.2 per 100,000.00 of the population (Martinez et al., 2020).

The Philippine Mental Health Act or RA 11036 was approved as a law on June 21, 2018. The creation was based on the premise that there is no existing mental health law in the country. Since there is no law, there was a lack of

information and on legal and ethical aspects on the mental health professional practice and patients' rights and services. With this law, there will be a provision of a national mental health policy and the provision of rights-based mental health in all hospitals and basic mental health services such as those needing psychiatric, neurologic, and psychosocial health needs in the community (Lally et al., 2019; DOH, 2019). This aligns with the Convention on the Rights of Persons with Disabilities (CRPD), where countries are obligated to adopt a full range of legislation to ensure that persons with disabilities have the same rights as others, are treated fairly and equally and are not discriminated against (World Health Organization, 2020). Also, it is aligned with Sustainable Development Goal 3, achieves universal health coverage, which include access to quality essential health-care services specifically, on mental health care.

At present, there are 500 psychiatrists in practice in the Philippines. Majority of them work in private clinics and hospitals, mainly in the major urban areas, specifically in Metro Manila (Lally et al., 2019). There are only 5 government hospitals with psychiatric units for children, 84 psychiatric units in hospitals, 46 outpatient facilities and 2 to 3 mental health professionals per 100,000 population (Martinez et., 2020; WHO-AIMS Report; WHO and Department of Health, 2006).

Mental health care should be across the lifespan considering the different challenges a person has to go through at the different stages. Thus, mental healthcare should include children up to older adults (Fundamental Facts About Mental Health 2016, n.d.). This study aims to assess the status of the implementation of the Mental Health Law across the province, serving as a crucial insight into the necessity of enforcing these laws. It highlights the importance of addressing the mental health needs of individuals, many of whom require immediate support. Furthermore, the findings will provide valuable information to various agencies, emphasizing the need to prioritize the mental health concerns of the employees and the wider community.

Few studies were conducted monitoring the implementation of the mental health law in the country. Lally et al (2019), cited that the establishment of the law was a milestone in the field of psychiatry. There might be challenges, especially with the logistics of the implementation and the monitoring to ensure that mental health treatment is provided, and patients are protected.

Since, the law had been enacted in the year 2018, cascading of the Implementing Rules and regulations (IRR) should have been made in 2019. The Philippine Council for Mental Health (PCMH) is mandated to ensure planning, implementing, monitoring and evaluating the guidelines. This council is chaired by the Department of Health (DOH) members include the Department of Education (DepEd), Department of Labor and Employment (DOLE) , Department of Interior and Local Government (DILG), Commission on Human Rights (CHR) and

Commission on Higher Education (CHED). Furthermore, including medical or health professional groups, and non-government organizations (DOH, 2019). Furthermore, the nine government agencies and institutions that are implementers of the law are the Department of Health, Department of Labor and Employment, Civil Service Commission, Department of Education, Commission on Higher Education, TESDA, Commission on Human Rights, Department of Social Welfare and Development and the Local Government Unit (LGU).

Despite the difficulties involved in enacting this law, a few studies have been conducted to determine the extent to which it was implemented. This study aimed to determine the status of implementation of the RA 11036 or the Mental Health Act and the delivery of the mental health services in the community in the province of Zamboanga del Norte.

Conceptual Framework. This study was based on the Mental Health Act or RA 11036 Act “protects the rights of patients from discrimination, protection from torture, cruel or inhumane and degrading treatment, right to aftercare or rehabilitation, right to participate in treatment plan to be implemented, right to be adequately informed about psychosocial and clinical assessments, right to confidentiality, right to evidence-based or informed consent and right to counsel.”

Also, Section 4 of which states that the “mental health professional refers to a medical doctor, psychologist, nurse, social worker or any other appropriately trained and qualified person with specific skills relevant to the provision of mental health services. Their role is to integrate mental health into the educational system by promoting mental health programmes in schools and other organizations.”

Furthermore, in Chapter VII of the Mental Health Law, duties and responsibilities of the various government agencies that serve as implementers of the said law are specified. The nine government agencies and institutions are the Department of Health (DOH), Department of

Labor and Employment (DOLE), Civil Service Commission (CSC), Department of Education (DepEd), Commission on Higher Education (CHED), Technical Educational and Skills Development Authority (TESDA), Commission on Human Rights (CHR), Department of Social Welfare and Development (DSWD) and the Local Government Unit (LGU). Each of which has their distinct duty for the effective implementation of the law. The Department of Health and the LGU serves as full implementers of the law.

Mental Health Services according to the Implementing Rules and Regulations, Chapter IV Section 7 include “accessible, available, affordable and acceptable by an adequate number of competent health workers who have been trained to provide mental health care according to their level and setting”. Section 16 include mental health services at the community level, community-based mental health care, and reportorial requirements.

Since its approval in 2018, this law must be implemented. That’s why the services provided, and the awareness is essential at this point even with the presence of the pandemic.

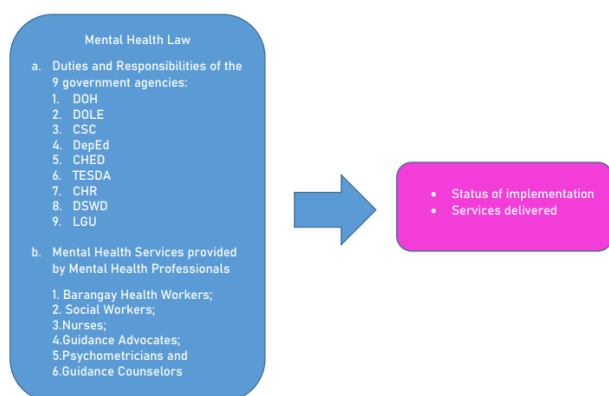


Figure 1
Implementation and Status of Delivery of the Mental Health Law

METHODOLOGY

Research Design. The study used a descriptive-qualitative research design to capture the status of implementation of the mental health law in the province of Zamboanga del Norte.

Data Source. The study used a descriptive method to assess the implementation of the involved agencies of the Mental Health Law. Agencies were selected purposively according to their inclusion as implementers in the mental health law under Chapter 7 Section 31-38 such as the City Health Office (CHO), Department of Labor and Employment (DOLE), Department of Education (DepEd), Commission on Higher Education (CHED), TESDA, and the Department of Social Welfare and Development (DSWD). All the agencies involved were given informed consent prior their participation. However, there were agencies that decided not to participate. The agencies/institutions who are implementers of the law answered a checklist through google forms. The checklist comprised of varied number of items based on the agency’s responsibility as prescribed in the law. For the CHO, there were 14 questions based on the IRR’s duties and responsibilities, for example, item #1. A national mental health program in coordination with relevant government agencies was developed. Each statement can be answered by implemented and not implemented. The form link was sent to the agency’s representative to their respective email or messenger. The researcher followed the IATF protocol, there were no face-to-face interview conducted.

There were 50 participants selected purposively based on Section 4 of the mental health law as mental health professionals. The selection criteria for the municipality were based on where they were assigned in their work as to the municipality that they serve. The participants were 10 barangay health workers, 10 barangay captains, 10 social workers, 10 nurses, 4 guidance advocates, 2 psychometricians and 4 guidance counselors in the various municipalities of Zamboanga del Norte.

They were given informed consent prior the interview and those who agreed to participate in the study were interviewed. They were interviewed using a structured interview guide. The data was gathered through interview via phone, email, messenger and Google form.

Research Instrument. The checklist statements were based on the IRR to which they have varied responsibilities. For DOH/ CHO, there were 14 responsibilities listed, DOLE had 5 responsibilities, Dep Ed had 6 responsibilities, CHED had 4 responsibilities, TESDA had 4 responsibilities and the DSWD had 4 responsibilities. The statements are written in English through Google Form sent to emails or messenger. The participants from each agency were asked to tick on the item as implemented and not implemented. The interview guide consists of 7 questions written in English and the vernacular.

Analysis of Data. Thematic analysis (Clarke and Braun. 2006) was used to analyze the data collected. The analysis followed six (6) steps. Based on the step, participants were selected based on the criteria that they were mental health professionals and were also asked to sign the informed consent form prior the interview. Upon their consent, the interview was scheduled. After the interview was conducted, the data was analyzed. The raw data was transcribed and analyzed by generating codes and codes were cross-coded for the finalization of the themes.

Ethical Consideration. This study followed ethical considerations in accordance with the ethics review committee of the university. As such maleficence, beneficence and confidentiality of the participants are safeguarded as indicated in the informed consent prior their being interviewed.

Pseudonyms were used to safeguard the participants' identity. Participants in this study were not harmed nor coerced to answer the interview questions and the checklist. In the same manner with how their answers are treated with utmost confidentiality and their identity will be kept anonymous in the study. Their participation is voluntary as signified in their consent. There was no equivalent remuneration involved as well.

Participants' answers to the study would help in measuring the status of implementation of the Mental Health Law and the mental health

services in the community. This would entail better planning, budgeting, and provision of mental health services to the people in the province.

RESULTS

Status of Implementation of Republic Act 11036 (The Mental Health Act). In Table 1 results show that after three years that the mental health act had been implemented, most of government agencies were able to implement the said act. There were a few who were having quite difficulty with the implementation such as the DOH/City Health Office with 35.72% of responsibilities being implemented and the DSWD with 25% of implementation. On the part of DOH, it is reasonable to understand that since the covid 19 pandemic occurred, most of the programs and budget were focused on prevention and treatment.

Table 1
Implementation Status of Government Agencies

Name of Agency	Number of Responsibilities	Implemented Responsibilities	Percentage	Not Implemented Responsibilities	Percentage
1. DOH	14	5	35.72%	9	64.28%
2. DSWD	4	1	25%	3	75%
3. CHED	4	4	100%		
4. TESDA	4	4	100%		
5. DepEd	6	3	50%	2	50%
6. DOLE	5	5	100%		

As the prime implementer, DOH has 14 responsibilities to be implemented. However, among their responsibilities there were only five (5) implemented, still there are nine (9) unimplemented responsibilities such as that all mental health facilities provide a safe, therapeutic, and hygienic environment with adequate privacy, appropriate human resources, equipment, and processes per level of care should be provided, collection and use of the core mental health disaggregated data, ensure that all public and private mental health institutions uphold patients' right to be protected from torture or cruel, inhumane, and degrading treatment, insurance packages are available to patients suffering from mental health conditions, and alternatives to institutionalization have been developed, a well-balanced system of community and hospital-based mental health services has been established and human rights training has

been provided to all health care workers (IRR, 2019). It is also the same for the DSWD where most of their focus was on referral of service users to mental health professionals, cash assistance during pandemic while catering to the usual duties of their office. The DSWD as an implementer was not able to implement four (4) of its responsibilities such as access to public or group housing facilities, counseling, therapy, and livelihood training, formulation, development, and implementation of community resilience and psychosocial well-being training in collaboration with the LGU and DOH, and development and implementation of training and capacity building programs (IRR, 2019).

On the other hand, some agencies were having 50% (Dep Ed) implementation. The Dep Ed has six (6) responsibilities, three (3) of which have been implemented; the remaining responsibilities, such as the integration of mental health in the curriculum, mental health and well-being in educational institutions are promoted, and mental health promotions in educational institutions are adequately supplemented with qualified mental health professionals, have yet to be implemented. TESDA, CHED, and DOLE had 100% implementation of their responsibilities.

Based on the results shown in Table 2, there were various services, activities, or programs of the different agencies on how to promote and implement the Mental Health law. It was revealed that tertiary schools were involved with the information dissemination and awareness regarding mental health through conduct of webinars/seminars, extension activities, providing counseling, home visits, psychosocial support and referral especially for severe cases. The release of a memorandum order in the Department of Education for high schools show great support to this endeavor. As well as the conduct of the various seminars for learners' protection. The already set functions of the government agencies in addressing mental health issues are also acknowledged.

Table 2
Mental Health Services provided by Agencies

Agency/Institution	Services/Activities
Higher Education Institutions	Conduct of Mental Health Awareness Webinars, Counseling, Home Visit, Psychosocial Support, Extension activity on Mental Health, referral to Psychiatrist
Department of Education	Conduct of Child Protection Seminars, Anti Bullying, Cyber Addiction, Alcoholism and Drug Prevention Creation of Dep Ed Memorandum (DM-OUCI-2021-359) Counseling & Referral System for Learners SY 2021-2022
Local Government Units	Conduct of seminars on mental health, HIV/AIDS Awareness, Teenage Pregnancy, Suicide Awareness
Department of Social Welfare and Development	Provide Intake Interview, medical and financial assistance and referral to RHU or Psychiatric assistance
Rural Health Units	Conduct identification of Mental Health concerns, perform primary medication and referral to hospitals/Psychiatrist
Hospitals	Provide service of an affiliate Psychiatrist on duty twice a week, free consultation

Delivery of Mental Health Services. Based on the result of the thematic analysis (Braun and Clarke, 2006) there were eleven (11) themes that emerged such as poor knowledge about the mental health Law, no proper seminars/trainings about Mental Health law, mental Health is not a priority program, lack of coordination with the various agencies involved, difficulty managing mental health crisis situations, non-inclusive mental health program, insufficient mental health services, multitasking of mental health providers in the community, lack of mental health professionals, stigmatized attitude towards mental illness and support from LGU.

The themes are divided into two (2) categories: mental health implementation and the delivery of mental health services.

Theme 1. Mental Health Implementation in the province.

Poor knowledge of the Mental Health law. Most of the interviewed participants are not knowledgeable of the Mental Health law. They were familiar of what mental health is but not the law. *Nita mentioned that they were not informed about the mental health law "Wala pa mi nainform anah. Dapat unta sa barangay officials nah maam noh. Wala paman pod mi gipatawag anah maam."* (We have not been informed yet. Barangay officials should have that. We weren't even informed about that, maam). Rafael also mentioned that he did not know the mental health law "*mental health law? Wala pa ko idea anah maam*". (Mental health law? I do not have any idea about that.). Bernard also confirmed that he had no knowledge about the mental health law as well its benefits "...ug

sa law man gud akong gamitun maam, wala man jud kaayu ko ka kuan anah sa benefits sa mga tawo anah, murag wala kaayu ko mga idea bahin anah maam bah". (Ma'am, I do not have any idea about the law also its benefits.) Sixto also confirmed that the Mental Health law was not implemented in their barangay "wala jud naimplement maam. So diri sa amua, kay wala jud mi laing naencounter." (It was not implemented here in our barangay, ma'am. Since we have not encountered it yet here.)

No proper seminars/trainings about MH law. Dissemination and cascading through seminars and trainings are important in the implementation of any law. Most of the participants (barangay captains, BHW, social workers, nurses and guidance advocates) are not trained nor have attended awareness seminars or even webinars about the MH law and how they are responsible for the said law. Shiela cited that they were able to attend a seminar about mental health awareness but not on the law "Wala man mi kuan nga mental health law wla man, mental health awareness disorders lang". (We do not have that mental health law, only mental health disorders). Estrella mentioned not having seminars or trainings "wala pa ko katambong maam." (I haven't attended yet, maam). Felisa mentioned about requesting to attend seminars related to mental health "wala pa sa pagkakaran wala pa mi training gikan sa region pero garequest unta mi anah psychological bah pero wala pa." (We haven't had any training from the region, but we already requested any psychological but still we do not have it yet.) Apple mentioned that she had not attended seminars or trainings on mental health because those who were sent were from the RHU "dili, wala ko so far wala ko kaattend ug trainings sa mental health kasagaran ang RHU man gud neh sya." (I haven't attended any mental health trainings since this should be from RHU.) Judith said that she had no seminars or trainings about the mental health law "Actually, I don't have any trainings and seminars yet about mental health law."

All Registered Guidance Counselors, Psychometrician and some social workers were already informed about the law prior to Covid-

19 pandemic. Angie mentioned attending seminars through professional organizations "I joined the PGCA Regional Seminar in Zamboanga City, one of the topics was the Mental Health Law in 2018. Then the rest PGCA's webinars, local or national and webinars from other mental health advocate groups or associations." The same for Tina who have attended seminars/webinars about the mental health law "I attended numerous seminars/webinars/trainings about mental health law and related concerns/issues". Rocky mentioned that in his previous job he had undergone several trainings already "Actually ma'am sa akong previous job, I have trained for series of activities na sya particularly on mental health and psychosocial support. Actually, sa mental health law ah first stages sya before we undergo ah trainings like this." (Actually maam, on my previous job, I have trained for how series of activities particularly on mental health and psychosocial support. Actually, in mental health, it was the first stage before we undergo this kind of trainings.)

Mental health is not a priority. Since the mental health law is not yet disseminated in the barangay level, it was not given much priority. According to Chito, in his experience about addressing mental health problems in the community was not given much priority by the local government "...dili sya sikat dili sya trend...so ang makahamper niya is dili sya priority dili kaayu sya in.anah ka priority sa atoang local government.(...this concern was not highly recognized or was not given much attention and was not the trend...thus hampers the provision of services especially it was not given much priority by the local government). Elsa appeals that there would be basic medication for mental health illness that must be provided by the local government to lessen the burden of going to other places "siguro hisgutan pa pod neh namu sa with the RHU noh para mga next kuan siguro matagaan jud sya ug pagtagad sa local pod nato nga bisan nalang unta sa mga basic nga medication mahatag jud sya sa galisud." (I think we would discuss it with the RHU so that it would be given much attention by the local government...to provide them with basic medication.)

Lack of coordination with the various agencies involved. In any program to be effective, there must be proper coordination with all that are involved in the implementation of the program. Mila cited that the mental health law should be planned by the health unit because they were the ones' who attended the seminars, orientation and the like and they were not invited. Mila said it's the responsibility of the health department *"wala mi anah plan kay sa health manah, sila may nagplano anah, sila raman pod mangatend ug kuan ug naya mga trainings, naay mga seminars, naay mga orientations. Dili man pod mi nila iinvite. Mao ng wala mi orientations bahin anah". (We do not have plans for that because that is for the health unit, they were the ones' who planned for it, they were the ones' who attended trainings, seminars and orientations. They won't invite us. That is why we didn't have orientations about that.)* It was also mentioned by Trudis that coordination should be done especially those who are practicing the mental health profession. *"Coordinate first with those who have knowledge about mental health."* Evelyn also cited that coordinating with other agencies and department should be done *"Meeting with other departments. Several public consultations and productive discussions with different government agencies and a balanced delivery of mental health services (community-based and hospital-based) with more focus on persons with psychiatric, neurologic, and psychosocial health needs, and overcoming society's attitudinal challenges that they may live free from stigma and discrimination."* Chito suggested some strategies on how to plan for the implementation of the mental health law in the locality *"First thing na buhatun namu to implement this is ah log sya to the local health board, part na sya Para the awareness siguro sa mga key persons for the implementation of the mental health..."(First thing we have to do to implement this is to log/record to the local health unit board, it was included for the awareness maybe key persons for the implementation of the mental health...)*

Non-inclusive mental health program. Existing mental health programs are focused only on adolescents specifically, teenage pregnant and

on children's development specifically children with special needs. Erica mentioned that the barangay's mental health program is mostly focused on teenagers and drug related concerns, *"Ang amoang program..mostly sa teenager or drug related.. naa mi mga session, seminars or mental health forum, invited are teenager sa barangay. Anti-suicide awareness, naay series of campaign. Mental health activities are focused on teenagers."* According to Gina, there were trainings provided in the year 2019, but only to those working in the child development section, *"Ang naay training ang mga naa sa child development workers. Naa sila'y training sa physical na level, child abuse, education psychology kabahin".* Isabel mentioned that in the provision of service mostly are for children, *"drop-in center for children who are sexually abused, neglected and exploited even those adolescents who violated the curfew."*

Multitasking of Mental Health Providers in the community. Efficient and effective delivery of services relies on manpower. For a law to be implemented, agencies are now looking at the additional tasks it entails. That's why Myrna mentioned that they were experiencing multitasking functions in their own profession and having this additional function entails hiring additional personnel *"MSWDO daghan kaayung multitasking then dili tah kaconcentrate nga mututok jud tah sa client kay kanag kulang tah ug personnel..." (MSWDO have multiple functions then we couldn't focus on the client because we lack personnel.)* Martin and Shiela have the same thought of designating a focal person *"...naa mi idesignate nga person or SB member with the team para sa ug amu ng ipaimplement ng naa." (...we'll designate a person or SB member with the team if ever we'll implement that law.)* This was also the same thought of Vangie about hiring a person for that task *"...to implement this particular law ahm mao to naa kay idesignate nga person in charge noh."(We have to make an executive order... who is suitable for that law so that there will be a team if we'll implement that.)*

Support from LGU. This is the only positive theme drawn from the interview, Isabel who is

a high-ranking official revealed that she recommended to the city mayor the plan to establish a mental health facility. Being aware of the needs of his constituents, the mayor approved her recommendation, *“Number one, gi recommend nako ni mayor na magtukod ug mental health facility. Very supportive sya ana. Gusto niya na mahipos sila sa isa ka facility na naay doctor.”* (Number one, I was recommended by the mayor to construct a mental health facility. He’s very supportive on that. He wanted a facility with a doctor.) It was postponed for now due to the pandemic as the budget was reverted to priority health matters. Another form of support was the consistent implementation of the referral system of the mentally ill clients. It was uniform all throughout the province from the city to the farthest municipality. *“Naay approved referral from the LGU or munisipyo or direct. Ang tagtungod maoy pakuhaon ug recommendation sa Municipal doctor...certification sa barangay captain...ipasaka sa opisina sa mayor aron maeskedyulan ug kasakyan.”* (We have approved referral from the LGU or municipal or direct. So the immediate family will be the one to get a recommendation from the Municipal doctor...barangay certification from the barangay captain...submitted to the office of the mayor for the transportation schedule for their safety.) *Naay LSI na ingon si Kap na ipa-check up daw sa Dapitan, Mental illness needs referral from the barangay (handled by the social worker in the barangay); referred clients are referred to Dr. Jose Rizal Hospital.”* (According to Kap, there is an LSI who needs to be checked in Dapitan. Mental illness needs referral from the barangay (handled by the social worker in the barangay); referred clients are referred to Dr. Jose Rizal Hospital.) Ara is supportive of being trained to be able to start entertaining mental health concerns *“kung kini maam, apil pod neh sya sa amung last training nga dapat sa LGU makasugud nami...magcreate mi ug team then if ever marealize, magprovide ug executive order or SB resolution ato nga mga technical working group or team”.* (This was included in our last training that the LGU should have started already...we’ll create a team, and if ever it will be realized we’ll provide

an executive order or SB resolution on the technical working group or team.)

Another strong support from the LGU was that most barangay captains were open to adapting the law once it was understood. Sheila mentioned of designating a focal person to take care of the concerns on mental health law *“kuan maam himuan jud namu na syag executive order, recognition sa mayor nga musdesignate mi ug kinsa ug angay nga usually depende kinsa maangay anah nga law so with the members arun naa jud team nga ug muimplement mi anah.”*

Anecito cited that he will present the concern to his council so that they can adapt and implement *“sa karun murag pma kuan dagway nko nah ug madala namu ug kuan sa amung session, adiser man gud mi mag kuan anang balaod mag agi paman gud na sa amung sessions sa ako ang mga council, amua pa ng iadopt”.*

Furthermore, one municipality was able to create a position of Mental Health Officer and was trained to respond to mental health issues and concerns and had created a mental health program through the Rural Health Unit. This municipality should be benchmarked by other municipalities.

Theme 2. Delivery of Mental Health Services in the province.

Insufficient mental health services. Mental health services in the community level are limited to counseling by social workers and nurses, financial assistance, medical assistance and referral of individuals with severe cases. Lita said that the mental health service they provided to clients were financial and medical support *“...tagaan importante kanang financial support ra jud maam unta sila mapadayun sila sa ilang tambal...”*(financial support must be given importance for them to continuously take their medication everyday must be given privilege). Lina mentioned that they provide medical assistance with food assistance to their clients *“yes maam, then kami pod naa pod mi medical assistance pod sa*

opisina maam. Then provide pod mi ug food packs assistance incase sa iyang pamilya for survival needs lang maam.” (*yes ma’am, we also have medical assistance in the office, maam. Then we provide food packs assistance in case for his/her family’ survival needs.*) SW “Kana ra sya, cash assistance ug food packs mao ra gyud na. mao ra nay amung mga serbisyo nga ikahatag anang mga mental clients.” (*we can only provide cash assistance and food packs to them. That is the only service we could give to those mental clients.*) Sheila mentioned once case of a client with depression and what mental health service was provided to her “Naa mi kuan murag depression siguro babaye mga past months agi sa murag sa pamilya...tagaan lang namu ug kuan murag vitamins...ipatawag kung kaya maestorya, counseling anah.” (*We have one, a woman who experienced depression, maybe because of the family, we only gave her vitamins, or we’ll talk to them, like counseling.*)

Referral was the only service that the barangay can provide individuals with mental health issues “Dili maam sa amuha lang sa council lang naa man mi womens desk nga officer, counseling sa namu ug katon na jud syag nahinaykan pila na kadays dili na sya mukaon dayun magsyagit na sya mao to, nagkuha nalang mi ug ambulance kay para maadmit kay mao man pod gusto sa pamilya.” (*In our council, we have women’s desk officer, we’ll have counseling first and to those patients who have been hasty for days and been shouting already, that’s the time we’ll call an ambulance for them to be admitted to the hospital as per requested by the family.*)

In high schools, a memorandum was created for counseling and referral but was not fully cascaded to all schools. Also, there were few Registered Guidance Counselors in the province. Amanda mentioned that registered Guidance Counselors are needed to ensure that students receive the right mental health service “ I would recommend putting registered guidance counselors in schools so that the students will receive the right mental health services that they deserve while preserving their dignity and worth.”

In higher education institutions, it was suggested by Charo a Registered Guidance Counselor that the top management be informed about the law so that it could be included in the annual plan and budget “Awareness on Mental Health with the higher ups. Allocation of proper budget for the program and activities. I will make a plan to be included in the strategic plan.”

According to Rina, in the academe, mental health is not given much importance but stresses the need for it “...disinterest regarding mental health law, they feel it’s not important. Advocacy on mental health is needed and it should be integrated in the subjects.”

Difficulty managing MH crisis situations. One of the dilemmas of the barangays was how to handle mental health crisis situations, as per experience of Dotie a barangay Captain cited that they are obliged to help as it is their mandate, however, when it comes to mental health concerns they have second thoughts on how to manage situations. “...sa amua lang pud diri nga concern naa mi isa pero on and off lang sya kay ug mapasmo lang man sya...makahatag jud ug kalangan sa silingan kay makadistorbo na sya...pero dili man pod maabot sa part nga ingun anah sa pagkakarun kay madala raman sya...” Lito cited that they don’t have existing mental health problem. “sa mental health diri sa amung barangay murag wala kaayu mi maam kay murag wala man pod kaay ray diri ingun, anah” (*It looks like we do not have mental health problem here in our barangay.*)

Lack of mental health professionals. Gina stated that one of the problems encountered when referring mental health related cases was the availability of doctors and counselors, “Availability sa counselors (coordinators) and doctors. One coordinator handles more than one program, maghulat sila before muabot sa doctor or counselor.” (*Availability of counselors (coordinators) and doctors. One coordinator handles more than one program, they have to wait for the doctor or counselor to come.*) Counselor mentioned were nurses trained to do counseling regarding mental health especially about teenage pregnancy. Rosa detailed that

she had never heard about mental health programs in the barangay, *"murag sa among barangay wa ko'y nadunggan ing ani nga program."* (...in our barangay I haven't heard this kind of program.) Isabel mentioned about a center for children needing special care where there are only two staff employed, 1 occupational therapist and 1 physical therapist catering to more or less 100 hundred children with disabilities. Most of the participants (social worker, nurses, barangay health workers and barangay captains) revealed that there is only one government affiliated psychiatrist who they refer their clients to, *"In the case of the mentally ill, referral is made to Dr. Biclar, ingon si Kap na ipa-check up daw sa Dapitan hospital..."* (In the case of the mentally ill, referral is made to Dr. Biclar Kap said they have to be checked in Dapitan hospital.) Ingrid a nurse mentioned that the hospital she works for had no mental health professional that could help patients with mental illness *"Our hospital currently has no mental health professional or something similar."* Jessa cited that registered guidance counselors in some schools are taken for granted and that there is a need for registered guidance counselors in schools, *"In the school setting, the absence of a registered guidance counselor is the biggest problem that hinders us to provide mental health services to our students."*

Stigmatized attitude towards mental illness. Esper shared her personal experience about her older brother who they thought suffered a mental disorder, *"Binisaya ra, wala namo sya napa check-up...namatay sya sa 2019. Atong higayuna gi preso namo sya ma'am."* (We did not have him checked up...we relied on faith healing instead...he died last 2019. We sort of imprisoned him that time.) Irma said that some family members do not want to report mental health conditions of their family members maybe out of shame *"kuan maam, some of them kanang dili jud bitaw dayun mureport maam, ang concerned family ihide pa bitaw nila, then makabalo mi sa laing tawo pa bitaw maam.Maybe maulaw sila,something like that."*(some of them won't report it immediately, the concerned family tend to hide them or the situation, maybe because they were ashamed,

something like that.) Mercedita conveyed her experience regarding the transportation request for clients with mental health concern *"ang kaapan pod kay bisan naschedule nah naa nay sakyanan dili pa jud muabot."*(...even though they have already been scheduled for check-up, some of the patients won't cooperate...I kept asking for the captain for them to come on scheduled appointment but still they won't attend.)

Lack of support from family. Isabel revealed that more of the families of the those having mental disorders are not supportive of their family members' recovery, *"Naa sa 20% ang saktong mu cooperate sa mga pamilya na naay mental illness. In fact, ang uban pasagdaan na lang nila. Kay ang government na lang ang mugasto..very frustrating."* (only 20% of the family having mental illnesses would cooperate. In fact, other families would just let them be. Because only the government would compensate for it.. very frustrating.) This was the same experience of Ella a nurse that family's lack of support hampers the delivery of mental health services *"common concerns that hamper the delivery of mental health of my working place is by not participating of the said significant other or the family."*

DISCUSSION

Everyone is concerned about mental health because it is a fundamental human right. It should be available and affordable to all those in need. The sole purpose of enacting a specific law is to protect patients' rights while also ensuring the delivery of mental health services.

As the Mental Health Law went into effect in 2018, a survey of agencies revealed that the primary implementer of the law, the DOH, had significant difficulty in implementation, owing to the Covid 19 pandemic. It is reasonable to recognize that they, like the DSWD, face significant implementation challenges as a result of the pandemic. The majority of the government's plans and budget are geared toward combating this pandemic. The study by Maravilla and Tan, 2021 confirms that the Philippine Mental Health Act has remained "only

an act," but there is still hope that mental health care will be recognized as a critical need to improve life and the economy (Maravilla and Tan, 2021). It is then the primary responsibility of the DOH and the LGU to inform stakeholders in accordance with Chapter IV, Section 23 of the Mental Health Act (IRR, 2019). There are agencies that have completely implemented their responsibilities according to the law, such as CHED, TESDA, and DOLE, while other agencies, such as the DOH, DSWD, and DepEd, were also attempting to cope with the responsibilities stated in the law. This implies that the primary agencies' inability to disseminate the law results in a mental health law that is inadequately implemented.

At the community level, mental health programs remain unchanged to this day. Primarily because agencies and related mental health professionals at the community level were unaware of the law and their responsibilities. The medical, food, and financial assistance provided to clients with mental health concerns remains the basic mental health service. The most commonly used mental health service is referral, which places a strain on the medical doctor in charge, who must cater to an increasing number of patients.

A readily available mental health facility is a primary concern that has yet to be met. However, a hospital in the province has already begun to construct a psychiatric ward, and the Dipolog city government is also planning to construct a psychiatric ward. Patients will not have to spend as much money on travel expenses to seek treatment outside of the province once mental facilities are in place. Although Dr. Jose Rizal Hospital in Dapitan City has extended its budget to provide free medication to patients, it is insufficient to cater to all of the province's patients. According to the findings of the Maravilla and Tan (2021) study, mental health is not well-established in the Philippines. Filipino mental health workers are unable to fully utilize their skills due to outdated practice guidelines and inadequate curricula.

Another source of concern is a scarcity of qualified health professionals in the area.

Because the province has only one government-affiliated Psychiatrist, mental health issues will take longer to address. There are no Registered Psychologists; the only mental health professionals available are Registered Guidance Counselors, who only provide counseling. The findings support the WHO situationer (2020) and Kemp et al. (2022) findings that there are no mental health specialists in the provinces because mental health specialists are concentrated in Manila.

Academic institutions were able to disseminate mental health law through webinars and seminars, as well as raise mental health awareness. When compared to higher education institutions, HEIs and Dep Ed do not have enough Registered Guidance Counselors. Clients with mental health issues were counseled by registered guidance counselors in the area. Nurses, social workers, guidance advocates, and psychometricians have the same limitation in that they can only listen, but they can help the Registered Guidance Counselor run the mental health program. Some institutions have also developed extension programs to disseminate information about mental health and the law.

The stigma associated with seeking professional help for family members suffering from mental health disorders is a major concern in helping. Shame for being labeled as having a mental disorder is still prevalent in the community. Because of this stigma, the Philippine government and public sectors have prioritized physical health over mental health (Maravilla and Tan, 2021). This confirms the World Health Organization's (2020) report that help-seeking behavior among Filipinos remains limited due to shame, stigma, and collectivist beliefs that prevent Filipinos from consulting mental health professionals, and families prefer to seek help from folk healers because they do not fully comprehend mental health and illness.

When mental health programs are implemented, a monitoring tool should be developed. This tool will be useful in determining the program's effectiveness and sustainability. Such tools were available on the

WHO's website and could be used by a variety of organizations. Close monitoring is required to determine whether the activities outlined in the plan were completed within the timeframe specified, whether inputs and outputs for activities were delivered, and whether targets were met, according to WHO (2009). If objectives are not met, it is critical to determine why.

Conclusion. The mental health law is not fully implemented in the province of Zamboanga del Norte. Due to the pandemic, which hampered budget allocation and even manpower constraints, some agencies were having significant difficulty with implementation.

The province's provision of mental health services is insufficient. It is only concerned with meeting the patient's basic needs, such as providing medical and financial assistance. There are insufficient competent mental health professionals and no mental health facility, which has a real impact on service delivery. Since there is a concern about the law's awareness, mental health activities designed are only focused on advocacy and information dissemination. Because they are unable to develop a mental health program, no monitoring tool is currently available.

The study's limitation is that it did not obtain the cooperation of all government agencies involved in the mental health law's implementation. Some agencies were hesitant to provide information about how they were implementing the mental health law.

As a recommendation, the DOH should make greater efforts to implement the mental health law. To achieve the goals of enacting the law, specific duties and responsibilities must be implemented. Priority should be given to raising awareness about mental health law among agencies and partner institutions that are still unaware of it. If they are still swamped with Covid 19 pandemic concerns, they may seek the assistance of other mental health professionals or organizations that can perform the same function, as this is a collaborative effort. It should also be considered to strengthen the

referral system from the barangay to the city or provincial level. As a result, the Sangguniang Barangay and the Barangay Council should be informed about the law in order to strengthen its dissemination and implementation at the grassroots level. Mental health services should not be limited solely to medical and financial assistance. The province requires a mental health facility to care for people suffering from severe mental illnesses. To ensure community applicability, the development of evidence-based or research-based mental health programs that include prevention and intervention programs for all ages ranging from childhood to adulthood is encouraged. The DOH could form a partnership with HEIs to conduct research on promoting well-being and mental health. A database on the number of mentally ill people, people with disabilities, older adults, drug addicts, sexually abused, neglected, and exploited people, the LGBT community, and completed and unsuccessful suicide attempts should be established at the barangay level.

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