



COMMISSION
ON HUMAN
RIGHTS

Right to Mental Health Handy Resource Book





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Right to Mental Health Handy Resource Book

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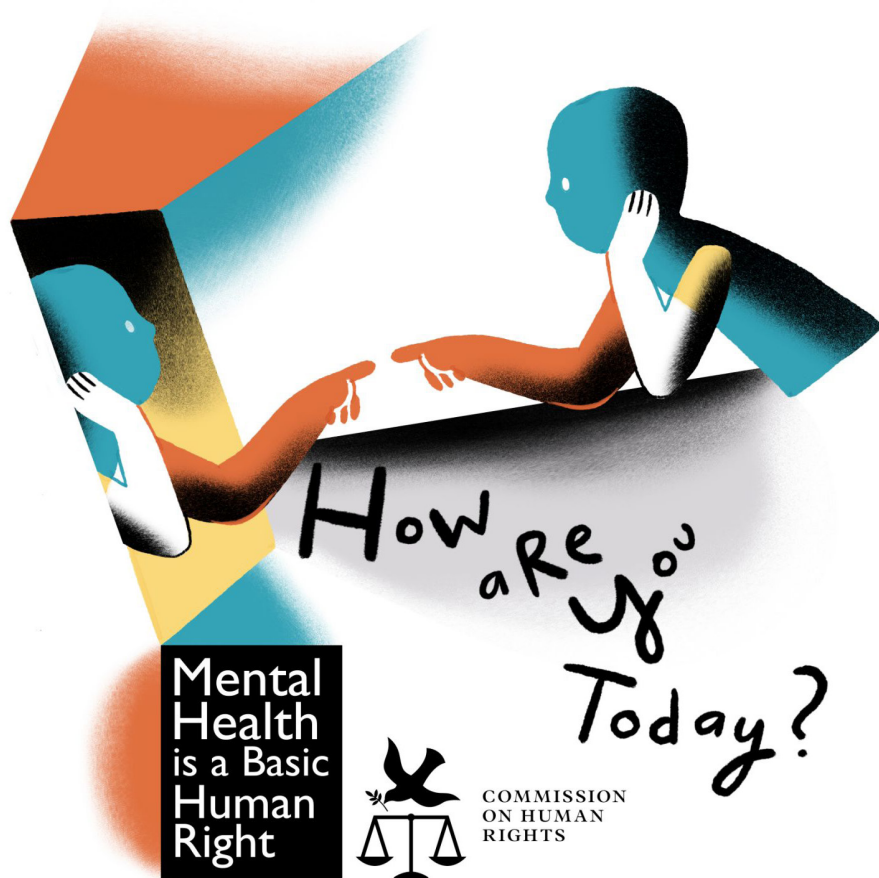
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INTRODUCTION

In the Philippines, great strides are being taken towards mental health. Taking the lead is the Mental Health Act, signed into law in 2018. Also known as Republic Act 11036, the Mental Health Act mandates that every Filipino is guaranteed their right to mental health.

This means that the 3.6 million Filipinos living with mental health disabilities in 2021, a number estimated by the Department of Health, can expect more humane treatment. Under the Mental Health Act, persons needing mental health services, their immediate family, and the professionals who treat them are entitled to particular rights.

Aside from legislative support, a shift in perspective is also fueling mental health enlightenment in the country. Generally, Filipinos today react with compassion and kindness, rather than ignorance and cruelty, to people living with mental health disabilities. This is encouraged by awareness campaigns set up by public and private agencies and organizations.

The Commission on Human Rights, specifically, is a proud and fierce advocate of Filipinos' mental health rights. Mental health, after all, is a basic human right.

Through this handy resource book, the Commission hopes to further educate individuals on the state of mental health services in the Philippines; and the ways each individual can support these.

There is a long way to go in terms of prioritizing mental health for all. But because it's finally okay not to be okay, it becomes easier to live with less fear and more sensitivity, respect, and love.



What is Mental Health?

Decades ago, when Filipinos talked about people whom they believed had mental health issues, they spoke in hushed tones. Those with mental illnesses were secrets to be discussed behind cupped hands. This behavior was not meant to be mean, generally. People did it because they didn't completely understand mental illness, and consequently, mental health.

It is time to set the record straight.

From early childhood to late adulthood, having good mental health is essential. It's just like being physically fit, except sometimes, mental health manifests in less obvious ways. Says the Centers for Disease Control and Prevention (CDC), "Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act."

In other words, mental health means a person's capacity and ability to sustain healthy mental activities. These include having fulfilling relationships, successfully handling stress, and being resilient amid change. If a person has poor mental health, it will lead to clouded judgment. And, consequently, a more stressful life.

Mental health contributes to a person's complete health

Nemuel S. Fajutagana, M.D., chairperson of Medical Action Group (MAG) puts it in simple terms: "You are not entirely healthy if all you do to stay fit is go to the gym. Neither are you completely healthy if your focus is just to eat vegetables. It is imperative that you also take care of your mental and social well-being, as well."

This is not just Fajutagana's opinion. The World Health Organization (WHO) recognizes the essential role of mental health. "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," says the preamble of the Constitution of WHO.

For a person to be considered completely healthy, they should not just be physically well. Their mental health needs to be in tiptop shape, too.

Mental health is a basic human right

"The relationship between mental health and human rights is an integral and interdependent one," according to the American Psychological Association. Human rights violations—torture and other war crimes, for example—impair mental health. Similarly, some mental health practices and programs, such as discrimination and forceful treatment, go against human rights.

In fact, there have been studies done on the effectiveness of a human rights-based approach to tackle mental health. This approach, according to a paper published on PubMed Central in 2020, is grounded on morals, not economics or commercial science.

Mental health is a global concern

In 2015, the United Nations (UN) included mental health as one of its 17 Sustainable Development Goals (SDGs). Member nations of the UN are expected to meet these goals—which were put together as a "blueprint for peace and prosperity"—by 2030.

The third SDG—good health and well-being—aims, by 2030, to "reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being."

One hundred and ninety-three member states are simultaneously working on the SDGs. Hopefully, this global focus on the importance of mental health, among other things, helps people understand it, and appreciate it, better.

Quick read:

- *Mental health is a person's ability to sustain healthy mental activities.*
- *One's emotional, psychological, and social well-being fall under mental health.*
- *Without good mental health, a person can't be completely healthy.*
- *Like education and shelter, mental health is a basic human right.*
- *The United Nations recognizes the importance of mental health globally.*

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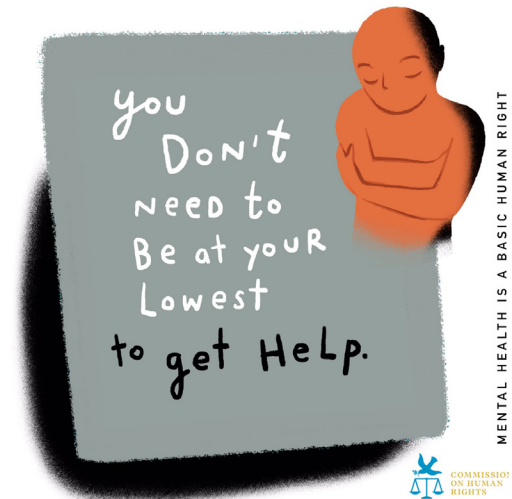
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Your Mental Health Dictionary

It's difficult to sound authoritative when you don't know which words to use. Mental Health is a deep well of information full of confusing terms. Take a look at the definitions of these terms and commit them to memory.

Addiction – a chronic, relapsing disease involving brain reward, motivation, memory, and related circuitry. It's a circuitry dysfunction that becomes apparent in biological, social, psychological, and spiritual manifestations. People with addiction are consistently unable to control their behavior. More often than not, they are not aware of their behavior, which impairs their relationships and makes it difficult for them to function according to norms.

Depression – a common mental disorder where the person experiencing it loses all interest in their daily routine. They are unable to sleep, eat well, focus, and take good care of themselves. In extreme cases, depression can lead to suicide.

Discrimination – when a person or group is treated differently from the rest because of some generalized traits they may have. In the case of people living with mental health disabilities, they experience discrimination because they may not react to situations as everyone else would. People are generally afraid of anything they don't understand; and so their natural reaction, albeit cruel, would be to shun anyone acting differently.

General anxiety disorder – persistent anxiety that is characterized by sweating, nervousness, overthinking, dizziness, loss of appetite, and illogical fears. Some people experience panic attacks due to their anxiety disorder.

Mental disorder – an illness that creates psychological and behavioral deviations from a person's usual demeanor.

Mental health condition – a neurologic or psychiatric condition that is recognized by a clinically significant disturbance in how a person thinks, regulates feelings, or behaves.

Mental health professional or mental health worker – a medical doctor, a psychologist, a nurse, a social worker, or any person trained and qualified with the specific skills needed to provide mental health services.

Mental health services – the methods and processes by which mental health interventions are given. Normally, these services take place in mental health outpatient facilities, psychiatric wards in hospitals, and community-supported mental health facilities.

Obsessive-compulsive disorder – having recurrent obsessive thoughts peppered by repetitive, compulsive actions. A person performs these actions because they believe that by doing them, they are preventing sickness or a disastrous event from happening. It is not enjoyable, and the person with this disorder often tries to resist doing the repetitive actions.

Psychosocial – the psychological development of a person that has something to do with their social environment. The psychosocial therapy a person living with mental health disabilities may receive would involve regular one-on-one talks with a psychologist.

Stigma – the attitude or belief that leads to discriminatory behavior. Mental health, for example, has a stigma because people in general don't understand it.

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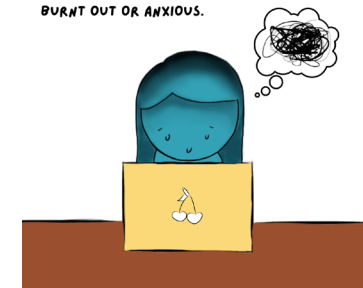
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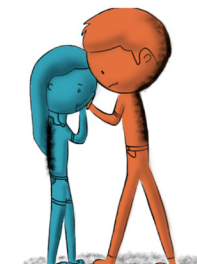
SELF CARE IS ESSENTIAL TO KEEPING YOUR MENTAL HEALTH IN CHECK.



BUT SOMETIMES, WE CAN'T AVOID FEELING BURNT OUT OR ANXIOUS.

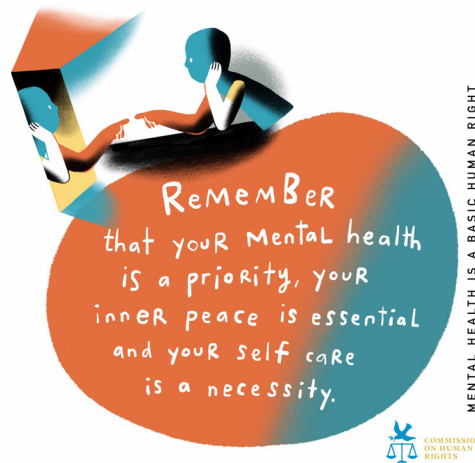


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A Global Concern

Before the COVID-19 pandemic wreaked havoc globally, mental health was already one of the least prioritized areas of public health even in developed countries. The World Health Organization (WHO) shares some sobering statistics:

- Almost 1 billion people live with a mental disorder around the world.
- 3 million people die annually because of unhealthy alcohol use.
- 1 person dies by suicide every 40 seconds.

Supporting this, Dr. Nemuel S. Fajutagana, chairperson of Medical Action Group (MAG), cites the findings of a report from the Office of the United Nations High Commissioner for Human Rights (OHCHR). He says, “Globally, mental health does not enjoy parity with physical health in terms of budgeting or medical education and practice.” Fajutagana explains, “This is a huge problem. But the financial and budgetary support it is being given is not enough.”

Unfortunately, the COVID-19 pandemic aggravated the already precarious situation of mental health around the world. To combat the spread of the virus, governments around the world, including in the Philippines, placed their citizens on lockdown.

The unprecedented stress caused by isolation, along with pervasive uncertainty and fear, triggered a global mental health emergency. In 2020, according to WHO, there was a 25-percent global increase in cases of anxiety and depression.

However, quality mental health care has not been available to everyone who needs it. WHO estimates that in developing countries, more than 75 percent of people who live with mental, neurological, and substance use disorders don’t get treated for their condition. The services just aren’t available to them. They either can’t afford it or don’t know where to get treatment. Additionally, the patients themselves generally face stigma and discrimination, making them hesitant to tell anyone about their mental struggles.

Because of all these circumstances, according to Fajutagana, only three in 10 people with mental health disorders will voluntarily seek treatment for their condition.

The pandemic doesn’t make the situation easier:

- The risk of infection has hampered face-to-face treatment.
- Manpower has been lost to infection or lay-offs, leaving long-term patients without caregivers.
- Mental health facilities have been either closed due to budget constraints or converted to isolation facilities to mitigate the overflow of COVID-19 patients from hospitals.

The work-from-home revolution

Many countries developed innovative systems to support mental health efforts. They set up hotline numbers where volunteer psychologists and psychiatrists could conduct consultations with patients online or over the phone. Some countries increased funding for mental health services during the pandemic. This included creating massive multimedia campaigns about self-care and mental health. Across the globe, government agencies and private companies also transitioned to hybrid work arrangements or complete work-from-home set-ups.

The flexibility, naturally, gave employees more free time. They could look after their children (who were doing online school), care for COVID-19-infected family members, and enjoy the time they saved by not having to commute to and from the office. The remote work set-up proved to be so successful that, according to a study done by Global Workplace Analytics, 77 percent of the workforce want to continue working from home even after the pandemic.

Ironically, it took a pandemic to demonstrate that when people have free time to enjoy life, it vastly improves their mental health.

Quick read:

- Before the pandemic, mental health services across the globe were among the least of governments' priorities. The COVID-19 pandemic aggravated this situation.
- Because of their circumstances, only three out of 10 people with mental health disorders will seek treatment.
- Government agencies and private companies implemented remote work set-ups amidst the pandemic.

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The Mental Health of Pinoys

At the height of the COVID-19 pandemic, the Department of Health (DOH) gave out some troubling numbers describing the state of mental health in the Philippines. Frances Prescilla Cuevas, chief health program officer of the DOH's Disease Prevention and Control Bureau, listed them down:

- At least 3.6 million Filipinos were battling mental health issues.
- About 1.14 million Filipinos were suffering from depression.
- Of these, 847,000 were dealing with disorders caused by alcohol use.
- A further 520,000 were diagnosed with bipolar disorder.

In itself, this is already troubling news. But because of a glaring lack of support, the situation gets worse, as explained by June Pagaduan Lopez, M.D., one of the founders of MAG and a retired professor of psychiatry at the University of the Philippines.

According to Lopez, the number of practicing mental health professionals in the Philippines is extremely inadequate. In May 2022, as reported by the Philippine Statistics Authority (PSA), the Philippines had a population of over 109 million. Servicing these millions at the height of the pandemic were 700 psychiatrists—7 psychiatrists for roughly 1.09 million people. Assisting the psychiatrists were over 1,000 nurses working in psychiatric care—one psychiatric nurse for about one million Filipinos.

These mental health workers are spread out over equally scarce mental health institutions. The following cater to the entire country, distributed among major cities:

- 2 mental hospitals offering tertiary care
- 46 outpatient facilities
- 4 day-treatment facilities
- 19 community-based psychiatric inpatient facilities
- 15 custodial home-care facilities

The National Center for Mental Health (NCMH) is the only mental hospital in the National Capital Region, which has a population of 13.5 million. NCMH houses 4,200 beds. Alarming, the hospital is being transitioned to become a general hospital. Once the transition is complete, NCMH will lose its tertiary care capabilities. This leaves only a small mental hospital in Mariveles, Bataan with tertiary care.

The Constitution upholds mental health rights

Until mid-2018, the Philippines was one of about 58 countries, and the only Southeast Asian nation, without a stand-alone mental health law. Fortunately, on 20 June 2018, the Mental Health Act, or Republic Act No. 11036, was signed into law, taking effect 15 days later.

Long overdue, the Mental Health Act protects Filipinos who need psychiatric, neurologic, and psychosocial health services. The law further gives them the right to access evidence-based mental health services without worry of stigma or discrimination.

Their caregivers and family members are likewise given the psychosocial support they need as they care for their patients. And to make sure that mental health workers and groups stay up-to-date with the latest psychiatric programs available, the Mental Health Act also gives them the right to voluntarily and continuously participate in professional development programs.

In a nutshell, such is the state of mental health care in the Philippines. The road is long yet. But with help from dedicated individuals, private and public institutions, and groups, great strides are being done in terms of educating the public about mental health in the Philippines. With education comes understanding, acceptance, and compassion; these, in turn, create a moral and human approach to mental health care.

Quick read:

- *The Philippines mental health sector is severely inadequate.*
- *There are only two tertiary-care mental hospitals in the Philippines. Only one of them—the National Center for Mental Health—is in the National Capital Region.*
- *The Mental Health Act, signed into law in 2018, ensures rights of mental health patients, their caregivers, and their professional healthcare workers.*

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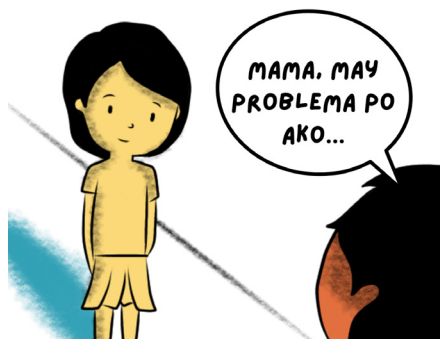
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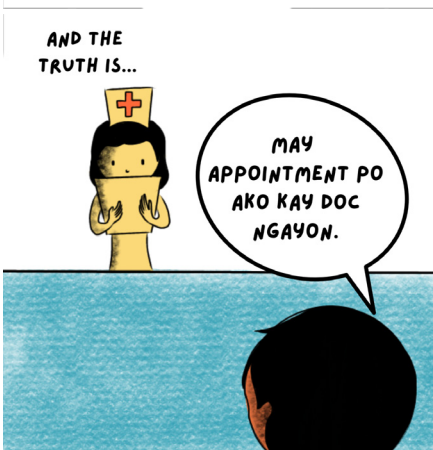
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YOU ARE
NOT ALONE

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THERE IS
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Why Take a Human Rights-Based Approach to the Mental Health Act?

"Human rights are rights we have simply because we exist as human beings—they are not granted by any state. These universal rights are inherent to us all, regardless of nationality, sex, national or ethnic origin, color, religion, language, or any other status. They range from the most fundamental—the right to life—to those that make life worth living, such as the rights to food, education, work, health, and liberty."

This is how the Office of the High Commissioner for Human Rights (OHCHR) defines human rights. It is from this approach that the Philippine Mental Health Act was written and is being implemented.

According to June Pagaduan Lopez, M.D., one of the founders of Medical Action Group (MAG), the mentally ill global population is one of the worst treated groups of people in the world. *"It is really important to craft mental health legislation that is rooted on the basic human rights of this particular population,"* Lopez says.

Public Health = Human Rights

A human rights-based health legislation takes a more holistic approach than one that focuses only on implementation of the law. It pays equal attention to the process (making sure that people's rights are respected within the health system) and the outcome (ensuring an improvement on patients' health). To prioritize one over the other is to violate the concept and principle of a human rights-based approach.

"Protecting human rights is synergistic with improving public health," says the World Health Organization (WHO). "Human rights are for everyone without discrimination. There should be no contradiction between public health and the goals of human rights."

The Humane Approach

Lopez is one of the experts who, along with the Commission on Human Rights (CHR) and other agencies and organizations, worked on the draft of the Philippine Mental Health Law, which is also known as Republic Act No. 11036. In their proposal, Lopez and her colleagues pushed for the government to commit to the following under the human rights-based Mental Health Act:

- Ensuring the protection of people who have mental disorders and their family from any form of discrimination and cruel treatment
- Properly defining the term "mental disorder" to include other disorders, such as drug addiction
- Identifying and upholding the rights of mental health service users, their carers, and other mental health professionals
- Pushing for the establishment of a national mental health service to incorporate clinical services, community-based prevention programs, and mental health services

- Setting the duties of primary government agencies, including the Department of Health (DOH), CHR, Department of Justice (DOJ), Department of Social Welfare and Development (DSWD), and the Department of Education (DepEd)
- Putting up a complaint and investigation mechanism against abuse, led by CHR and DOJ
- Including mental health education in grade school, high school, and college curricula
- Supporting research, especially on alternative forms of mental health therapy
- Creating a Philippine Mental Health Council to guarantee the implementation of the law
- Appropriating funds for the implementation of the law

On 20 June 2018, the Philippine Mental Health Law was signed by then President Rodrigo Duterte. The Law includes most of the points in the proposal drafted by Lopez and her colleagues. It is a significant step towards a Philippines where all Filipinos living with mental health disorders, and those who love them and care for them, are treated with dignity.

Quick read:

- *Human rights and mental health are synergistic with one another.*
- *The Philippine Mental Health Act takes a human rights-based approach because of proposals from concerned organizations and agencies. According to them, the Mental Health Act must make sure of the following:*

- o Protection of the rights of mental health patients, their carers, and family
- o Proper identification and definition of terms for better understanding of mental health
- o The smooth coordination and investigation of human rights violations with regard to mental health treatments
- o Mental health education for all school levels
- o Appropriate resources for research
- o A Philippine Mental Health Council to help implement the law

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Human Rights Violations Against People Living with Mental Health Disorders, and How Stigma Plays a Part in the Abuse

Sasha was born with Down syndrome, a condition where a person has an extra chromosome. This genetic disorder creates mental and physical challenges for 12-year-old Sasha, and for everyone else diagnosed with Down syndrome.

One of the challenges that Sasha has to deal with is extreme anxiety when she has to go through a transition of any kind. She needs extra time to process new information. Otherwise, any sudden changes to her routine and immediate surroundings triggers intense panic attacks.

Her parents, worried that Sasha might have one of her attacks in public, keep their daughter home all the time. When her panic attacks are severe, they lock her in a cage for a few hours until she calms down. The cage is not unlike a dog's, except Sasha's has a carpeted floor, a double-size bed, and some books and toys.

Sasha's neighbors have no idea she exists.

The role of stigma and discrimination

Special rapporteur Dainius Puras, a UN right to health expert, says that two of the main challenges to mental health are stigma and discrimination. Especially in lower-income countries where mental health education is not a government priority, a person with a mental health illness carries the label along with their family. Sasha's family, for instance, is experiencing "courtesy stigma." They are worried of being shunned by society because of Sasha's intense panic attacks.

Economic, cultural, political, and religious factors magnify discrimination against people with mental health illnesses, as well as their families. Because of this, globally, people living with a mental health disorder are not treated with dignity. Like Sasha, some of them experience violations of their rights within their family. Others, under the care of psychiatric institutions. Generally, they are denied better employment opportunities, higher education, marriage and the chance to have children, and holistic, long-term, and compassionate treatment for their condition.

According to research on stigma, people "with mental illness are often viewed as 'strangers' where this characteristic of 'strangeness' frequently results in social distancing." This treatment, unfortunately, is not specific to the Philippines and other developing countries. It's common in first-world countries, as well. Globally, there is a serious lack of understanding of the needs and rights of people with mental health disorders.

Rights violations in mental health care

Ironically, many of the violations of the rights of individuals with mental health disorders happen during "treatment."

Some patients are forced to admit their disabilities; others are coerced to accept treatment they don't understand. During such treatments, some individuals are restrained physically or are given medication to subdue them.

Some treatment facilities, especially those in under-funded hospitals and clinics, provide unsanitary living conditions to long-term patients. Additionally, the mental health workers in such facilities may not be trained comprehensively. This sometimes results in them physically and verbally abusing their patients.

It's imperative that the public perception of mental health become more holistic, compassionate, and informed. Until then, says Gerard Quinn, UN Special Rapporteur on the Rights of Persons with Disabilities, "the discrimination that prevents people with mental health conditions from leading full and productive lives will continue."

Quick read:

- *Stigma and discrimination aggravate human rights violations against people living with mental health conditions.*
- *Examples of rights violations include denial of employment and educational opportunities, marriage and procreation, and access to compassionate long-term treatment.*
- *Because of under-funding and lack of knowledge, mental health patients experience unsanitary living conditions in long-term facilities, forced admission and treatment, and physical and verbal abuse.*

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UNHEALTHY MIND,
UNHEALTHY BODY

OKAY NAMAN AKO AH.
BAKIT HIRAP AKO HUMINGA?

BILIS NG TIBOK NG PUSO KO.
SA KAPE KAYA ITO?

HINDI LANG SA
ISIP ANG MENTAL
HEALTH.

BAKIT ANG SAKIT NG
ULO KO?

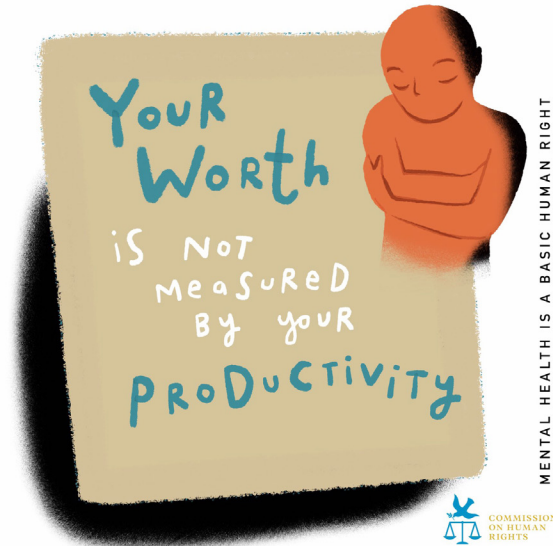
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5 Ways to Combat Mental Health Stigma

To heal the divisive wound of stigma and discrimination, you have to change the way you think about it. These six tips can help break through all the ignorance, fear, and misinformation you might have about mental health disorders.

Reframe the conversation about mental health.

“Often, the terms attached to mental health are ‘crazy, insane,’ and whatever mental health diagnosis the person has,” says Raymond John S. Naguit, M.D., R.N., founder and national chairperson of the Youth for Mental Health Coalition. “Only a few talk about wellness.”

Naguit says people should realize that mental health is multi-factoral in nature. It isn’t just about a diagnosis, how one was raised by their parents, or how a person seems when they interact with you. Rather than putting people with mental health disorders under one umbrella label—“He’s crazy.” Or “She’s always depressed.”—focus on the many ways to help them recover. “If we change the way we think about something, it will influence the way we act on them, too,” says Naguit.

Talk directly, but kindly and respectfully, with people living with mental health disorders.

In 2000, the Human Library movement began in Denmark to fight prejudice. Instead of books, this library had people. The public would come in and, instead of reading books, would talk to the “human books,” who would, in turn, share their life’s experiences. The concept has since spread throughout the world. Before the pandemic, the Human Library had partnered with the mobile library The Book Stop Project for its implementation in the Philippines.

This activity is the perfect way for people with mental health problems to clarify misconceptions about mental health. It’s also a good avenue to show the public that people living with mental health disorders are, first and foremost, human like everyone else.

Give respect.

Naguit once attended an exploratory meeting about mental health in the Philippines. “There was no representation from people with mental health conditions. It was weird because it was a discussion about mental health. But the ones directly concerned were not invited to the decision-making table,” he says. “The organizers explained it was because the people with mental health disorders had no organized group.”

Bureaucracy and prejudice have a way of obstructing the development of genuine discussions about mental health. Stand up and be among those who respect people with mental health disorders just as you would anyone else.

Change practices that enable stigma and discrimination.

The Mental Health Act uses a national framework. “Often, we have a hard time actualizing this framework because it doesn’t have a local counterpart,” says Naguit. What works on the national level may not necessarily be effective for smaller units, such as schools and the workplace.

To apply for a government position, for example, applicants need to answer this question: “Are you diagnosed with a mental health condition?” If jobseekers in private companies tick this box and disclose any diagnoses they may have, Naguit is afraid it will affect that prospective employee’s chances of getting promoted.

“If the company has yet to put up a mental health program, any employee who admits to having a mental health condition may suffer discrimination,” Naguit says.

It is up to us, then, to nudge the management of your company or school to update tone-deaf policies.

Create safe spaces to talk about mental health.

“We cannot encourage people to get mental health services if they don’t feel it is safe for them to do so,” says Naguit. “So while we are pushing for the reversal of the stigma, we should also create a safe space for them to talk about their concerns.”

It doesn’t have to be an official event. You can start small, such as spending lunch enlightening your colleagues about mental health. Seek out a friend who looks like they’re struggling and let them know they can talk to you. Refrain from giving unsolicited advice. Instead, listen.

Quick read:

- *To fight stigma against mental health, you must change the way you think about people with mental health disorders.*
- *Focus on ways to help patients recover instead of pinning blame on the cause of their difficulties.*
- *Interact with people with mental health disorders to better understand what they are going through.*
- *Respect them as you would everyone else.*
- *Work to update practices that enable stigma and discrimination.*
- *Give them a safe space to talk about their experiences.*

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How to Deliver a Talk About Mental Health

As a person of authority, you may be invited to speak about mental health. Whether or not you are a healthcare worker, see these invitations as opportunities to spread awareness about mental health. After all, especially in developing countries such as the Philippines, a person's mental, emotional, and psychosocial health is only secondary to physical health. It's a privilege to be able to advocate for mental health.

There is enough information online to help you gather material for your talk. However, it's important, too, to focus on how you will prepare for your talk and possible questions your audience may ask about mental health. Rodelen Paccial, M.D., of Mariveles Wellness and General Hospital, shares some tips on how you can get ready to tackle questions about mental health.

Before your talk:

- **Understand your facts well.** It's not possible to just wing a talk about mental health. "You are being brought in as a resource person," says Paccial. "So you have to do your best to be theoretically prepared. There's no need to deliver a perfect presentation, though."

- **Know your audience.** Who will you be talking to? Do they know much about mental health? How old are they? What's their educational attainment? These questions, says Paccial, will help you shape your language and delivery.
- **Pin down logistics.** Determine the location of your talk. How much travel time do you need to make it there on time? Do you need to manage your own presentation from a laptop or will a tech team help you?
- **Adjust your perspective about mental health.** Often, how we answer questions reveals our real feelings and thoughts about a subject. Paccial suggests that, before you get up on that podium, you adopt the correct attitude about mental health. "If you can relate genuinely to somebody with mental health issues," says Paccial, "or you can consider them as a human being, not as somebody below you; if you can treat them as your equal," then you would have achieved the right attitude toward mental health.

During your talk:

- **Be charming and funny.** "Charm delivers a message, too," says Paccial. "It makes people at ease and receptive." Just make sure that your jokes are well-placed and sensitive to the circumstances of your audience.
- **Master technique.** "You need formal technique," says Paccial. "If you are delivering in a large hall, experts say you have to look at the persons in the back row. This way, everybody sitting in front of them will think that you're looking at them. It will keep their attention." Also, gesture with your hands and move around so that you don't appear like a statue.

After your talk:

- Listen to questions well, and take time to answer them. A question-and-answer portion usually follows a formal talk. As the resource person, it's your job to answer these to the best of your ability. So don't rush into answering. Listen well, and see if you can circle back to points you mentioned in your talk. This makes your entire presentation cohesive.
- Offer communication channels. Paccial suggests you end your talk by sharing information where the audience can reach you in case they have further questions. This not only solidifies your credibility because you're willing to follow through, but also enriches your connection with your audience.

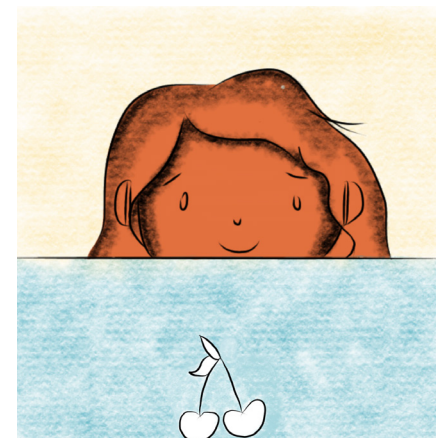
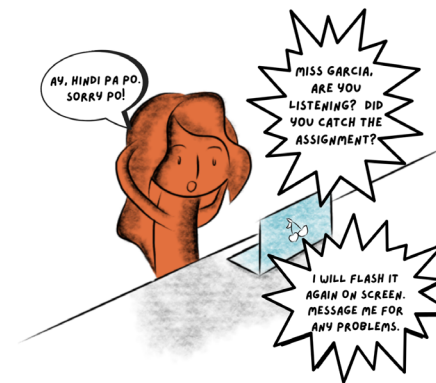
Quick read:

- Your preparations before giving a talk about mental health are as important as the facts you will be sharing during your presentation.
- Before your talk, understand all the facts, know who your audience is, find out where you'll be giving the talk, and, most importantly, adopt the correct attitude toward mental health.
- During your talk, be funny and charming. Use delivery strategies of professional speakers.
- After your talk, continue the conversation by listening to your audience's questions, and answering them well. You can also share your contact details.

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SCHOOL CAN BE A SAFE SPACE



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How to Speak to Someone with a Mental Health Condition

“When speaking with someone living with a mental health condition, the language you use must be respectful and accepting,” says Rodelen Paccial, M.D., of Mariveles Wellness and General Hospital. Without being condescending, it’s vital for you to carefully choose your words as the wrong ones may come off as insensitive, offensive, or incompassionate.

“The messages you give need to be clear, positive, and must show that you see that person as a [complete] individual,” says Paccial. He goes on to give suggestions on what you can say—and not say—to a person living with a mental health condition.

What to say:

- **“How would you like me to address you?”** If you are speaking to an acquaintance or a patient, this tells the person that you care about their opinion, and would like them to be comfortable around you.
- **“What can I do to help?”** Sometimes, a prompt like this question helps the person focus on what they do need help with—whether it’s groceries, laundry, or something else. And when they’re asked directly, they sometimes find the courage to ask for help.

- **“I can just listen if you want.”** Let them know that any kind of support is valid. Give them your opinion if they ask for it. Otherwise, you are there to just listen.
- **“I’m sorry you’re going through this. Some days are just more challenging than others.”** Acknowledging anyone’s feelings, whether they have mental health issues or not, makes people feel valued and seen. Saying this tells the person that you understand what they’re going through.
- **“How do you feel about what happened?”** “Never assume you know what they’re feeling and thinking,” says Paccial. “When you assume, you will be revealing your biases.”

What not to say:

- **“Take a walk in the sun, eat more veggies, and sleep more. You’ll snap right out of it.”** Although sunlight, vegetables, and sleep do make people healthier, those living with mental health disorders cannot be healed only by rays, greens, and some shut-eye. Often, they need professional intervention. And that’s what they should get.
- **“Are you sure it’s not all in your head?”** One of the worst things you can do is make the person feel like what they are going through is insignificant. A person’s mental health issues cast a shadow on their entire existence constantly. Don’t dismiss them just because you can’t see the shadow.
- **“I get you. I once got depressed watching Titanic.”** You are trying to see things from their perspective; that’s good. But to compare depression with what might have been a few tears you shed watching Jack Dawson freeze to death minimizes the person’s depression. Stop at “I get you,” but only say it if you really do.
- **“But you have a steady job, a family, and a home. Why are you still sad?”** Most probably, the person has already asked themselves this question countless times. You don’t need to further invalidate their struggle.

- “So, you’re bi-polar?” Don’t define a person using their mental condition. Instead, say, “So, you’ve been diagnosed with a bi-polar condition?”
- “If you stop dating losers, you won’t feel this way.” Blaming a person for their mental health disorder does nothing good.

Quick read:

- *When talking to someone diagnosed with a mental health disorder, respect and compassion must be at the forefront.*
- *Ask questions that don’t assume, judge, and condescend.*
- *Don’t blame and compare. Neither should you minimize their struggle.*

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Silent Skills You Need to Effectively Communicate About Mental Health

For eight hours a day every day for almost three months in 2010, performance artist Marina Abramović sat still on a wooden chair in the Museum of Modern Art in New York City. She invited strangers to, one by one, sit across a table from her and silently gaze into her eyes for however long they wanted. This was part of Abramović’s performance entitled *The Artist is Present*.

Participants sat with her anywhere from 10 minutes to an hour and a half. Most got up with tears in their eyes. “It was a complete surprise,” said Abramović later on. “This enormous need of humans to actually have contact.”

With her performance, Abramović wanted to demonstrate how an event that was stretched beyond what was acceptable altered people’s perception of time. Beyond that, Abramović successfully (albeit inadvertently) showed how silence is a significant part of communication.

When a person reaches out to you for help in their mental health struggles, what you don’t say is equally important as what you do say. Rodelen Paccial, M.D., a practicing psychiatrist, explains how each of the following three non-verbal methods of communication enriches your approach to mental health.

Listening

“Listening is the most important skill and, often, the most challenging,” says Paccial. This is because people think that when they just listen and not talk, they aren’t doing anything useful. On the contrary, “listening to [someone] does not mean you are doing nothing,” says Paccial. By listening, “you are allowing space for the person to talk.” When they get this space, people feel accepted, significant, respected, understood, and seen.

To listen well, make sure you do the following:

- Give the person time to speak. Do your best to not interrupt them.
- Listen with the purpose of understanding what they are saying. Focus on their words, not on what you want to say next.
- Tune out external distractions, such as background noise.
- Say verbal prompts, including: “Please continue,” “Oh, I see,” “Go on,” and “Say more about this or that.”

Body language

Physical behavior, gestures, and mannerisms can be clear methods of communication, too. As you listen, see to it that your nonverbal behavior reflects openness and kindness; not pity. The following mannerisms and gestures can get you on the right track:

- Lean forward and maintain steady eye contact.
- Nod to show that you are listening and understanding what the person is saying.
- Avoid fidgeting, staring, and smirking.
- Keep from looking at your phone or the clock. To help you do this, turn off your phone or put it on silent mode.

The SOLER method

In his book *The Skilled Helper*, Gerard Egan, professor emeritus of Loyola University Chicago, gives a concrete guide for non-verbal behavior. He calls it SOLER:

- S – Sit facing the person at a 5 o’clock angle so it keeps you from staring.
- O – Maintain an open posture. Uncross your arms and legs; crossing them may appear unwelcoming.
- L – Lean slightly towards the person you’re talking to. It will show that you are interested in what they’re saying.
- E – Sustain eye contact; but don’t stare.
- R – Relax. By doing so, the person you’re talking to will also loosen up.

Quick read:

- *Non-verbal communication is as important as talking.*
- *Listening is the most important communication skill. It gives people the space to talk.*
- *Body language that is open, encouraging, and kind is tantamount to telling someone, “I’m here with you and for you.”*
- *When in doubt, follow the SOLER method: Sit squarely or at a slight angle from the person you are talking to; an Open posture demonstrates your availability; Lean forward to show your interest; maintain steady Eye contact without staring; and be Relaxed and natural.*

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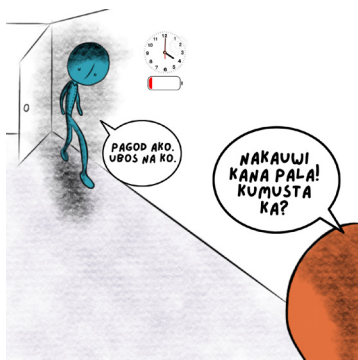
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EMOTIONAL BURNOUT IS REAL



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MENTAL HEALTH IS A BASIC HUMAN RIGHT

Stress-Relieving Exercises You Can Do

Stress has a direct impact on a person's mental health. According to the World Health Organization, "too much stress can overwhelm [a person], leading them to a fight, flight, or freeze response. So learning how to cope with stress is important for our mental and physical well-being."

To combat this, Justice Fernandez, a psychologist for MAG, teaches a few stress-busting exercises. These are simple and easy to do even while you're sitting at your desk or while you're on a coffee break.

Reflexology

A type of massage, reflexology involves putting pressure on the parts of the body that are, in theory, connected to body systems and organs. The most common body parts where reflexology is applied are the ears, feet, and hands.

Try this:

1. Pinch each of your fingertips for a few seconds.
2. Massage your inner wrist in a circular motion. You'll find this spot just below the crease on your wrist on the outer side of your hand. The dent you feel there is what you'll massage. This spot is called Heart7, an acupuncture point. It's connected to the heart and stimulates circulation.
3. Rub the edge of your ears with your thumb and forefinger. This increases blood flow to your head, making you more centered.

Palm massage

A vital part of a hand massage, rubbing and pressing the palm brings on calmness. Do this to conclude a hand reflexology session.

Try this:

1. Using your thumbs, rub each of your palms in a circular motion.
2. Gently knead the fleshy parts using your knuckles.
3. Deeply press the middle of each of your palms with your thumb. The pressure must be just right; it should not cause you pain.

Box breathing technique

Notice how people doing yoga or meditation make you focus on your breathing? That's because proper breathing has the power to help ease stress, depression, and anxiety. Box breathing is a type of stress-relieving breathing exercise done by the United States Navy SEALs, which people everywhere have picked up, as well.

Try this:

1. Imagine the four sides of a box. Each side represents four counts.
2. Exhale slowly and completely.

3. Slowly breathe in through your nose for four counts—the first side of the box.
4. Hold your breath for four counts—the second side.
5. Exhale for another four counts—the third side.
6. Hold your breath again for four more counts—the fourth side.
7. Repeat three to four times.

Quick read:

- *Use stress-relieving techniques to relax and take care of your mental health.*
- *Reflexology stimulates organs and body systems.*
- *Palm massage is a good conclusion to a hand reflexology session.*
- *The box breathing technique is a tried-and-tested way to stay calm amidst chaos.*

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The Commission on Human Rights' To-Do List to Uphold the Rights of Mental Health Care Patients

Under Section 18 of the Constitution of the Republic of the Philippines, the Commission on Human Rights (CHR) is mandated to investigate human rights violations against marginalized and vulnerable Filipino communities. People with mental health disabilities belong to these communities. Regardless of their economic status, Filipinos needing mental health care are at a disadvantage compared to patients with other disabilities because of the scarcity of available mental health services in the country.

The responsibilities of CHR

According to Section 31 of the Mental Health Act, CHR has the following duties and responsibilities in making sure each Filipino living with mental health disabilities is protected:

- Create methods to address and investigate complaints about impropriety and abuse during the course of a service user's mental health treatment.
- Inspect mental health facilities to make sure that the users of these resources are not treated cruelly and inhumanely.

- Investigate all cases that involve putting service users under involuntary treatment, confinement, or care. CHR must perform these investigations to make sure that treatment methods comply with domestic and international standards. The methods have to be done legally and appropriately; services should be of high quality.
- Appoint a commissioner for mental health. Their main task is to protect and uphold the rights of mental health service users and those confined in mental health facilities. The commissioner must do the same for the rights of mental health professionals and workers.

If the commissioner finds that a mental health facility, mental health professional, or mental health worker has violated the Mental Health Act, it's their duty to resolve the violation. If it takes filing administrative, civil, or criminal cases with the appropriate government agency, then the commissioner must do so.

Along with CHR, the Department of Justice (DOJ) is also responsible for receiving such complaints and resolving them in an appropriate manner.

What about other institutions and government agencies?

Upholding and protecting the rights of mental health service users is a group effort. Aside from the CHR and DOJ, other agencies and institutions help out, as well:

- **Department of Health (DOH)**
 - o Their task is to prioritize mental health research and academic collaboration on a national level.
 - o DOH is also responsible for identifying and reporting mental health data and use this to improve the delivery of mental health services throughout the country. They should also use the data they gather to come up with strategies to prevent cruel, inhumane, and discriminatory mental health treatment methods.

- **Philippine Council for Mental Health (PCMH)**
 - o Supporting DOH, PCMH is tasked to put together a unified and integrated mental health service delivery network.
 - o They'll also nudge government agencies and stakeholders to report information about mental health policies and programs.
- **National Center for Mental Health (NCMH); formerly the National Mental Hospital**
 - o As the Philippines' premier training and research center under the DOH, NCMH will collaborate with government agencies to perform and publish research on mental and neurological health. This role makes them the Repository of Research on mental health.
 - o They will also design capacity-building training programs and rights-based psychiatric, neurologic, and psychosocial services for people living with mental health disabilities and mental health service providers.
 - o It's also NCMH's responsibility to create a program that combines hospital-based and community-based mental health care.
- **Department of Labor and Employment (DOLE) and Civil Service Commission (CSC)**
 - o Focusing on workers' rights, DOLE and CSC need to develop guidelines on evidence-based mental health programs in the workplace.
 - o Address workplace stigma and discrimination against workers living with mental health disabilities. One way is to develop policies that promote mental health in the workplace.
- **Department of Social Welfare and Development (DSWD)**
 - o Refer people who need mental health services to mental health facilities, professionals and other service providers who can help them.
 - o Give access (or, in some cases, provide) group housing facilities, and opportunities for therapy, counseling, and livelihood training.
 - o Coordinate with the DOH and local government units (LGUs) to create and implement psychosocial support.

Quick read:

- The Commission on Human Rights (CHR), with help from the Department of Justice (DOJ), is responsible for investigating mental health services, facilities, and treatment methods. They also protect and uphold the human rights of people living with mental health disabilities.
- The Department of Health (DOH), like the National Center for Mental Health (NCMH), prioritizes mental health research and reporting of data.
- NCMH is tasked to develop wide-ranging training programs that combine hospital-based and community-based health care.
- The Philippine Council for Mental Health (PCMH) must develop and run a unified and integrated mental health service delivery network.
- It's the responsibility of the Department of Labor and Employment (DOLE) and Civil Service Commission (CSC) to establish guidelines in upholding workers' mental health rights in the workplace. They must also create programs that will discourage stigma and discrimination against workers living with mental health conditions.

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How Can Your Community Promote Mental Health Care?

Bayanihan is a way of life that's deeply ingrained in every Filipino. It's in how Pinoys use social media to raise funds to help a homeless banana cue vendor. It's in how help (in cash and kind) miraculously appears every time the country is ravaged by yet another typhoon. And it's in how community pantries sprouted up on streets all over the country to feed the hungry for free at the onset of the COVID-19 pandemic.

In the government's quest to uphold and protect the rights of people living with mental health conditions, as well as those of mental health professionals, the spirit of bayanihan is as necessary as ever. In fact, a 2018 study published in the National Library of Medicine found increasing evidence of the sweeping effectivity of mental health interventions done by communities outside of a hospital setting.

Unfortunately, says Rodelen Paccial, M.D., of Mariveles Wellness and General Hospital, there are still no community-based mental health services available in the Philippines. Given the lack of financial support, manpower, and resources, it's just not sustainable. The Rural Health Units (RHUs) are overwhelmed with other matters. And barangays don't receive enough funding to carry out mental health programs.

However, this doesn't mean that nothing is being done to fix this. Helping out the Department of Health (DOH), Paccial enumerates the possibilities of a plan DOH is putting together to empower communities to prioritize mental health. In this plan, each Filipino community can:

1. Strengthen the support system for mental health professionals and people living with mental health disorders. Says the Centers for Disease Control and Prevention, "A child's healthy development depends on their parents." Filipinos generally have strong family ties; the DOH plans to maximize these ties in establishing strong support systems for people working in mental health services or those living with mental health conditions.

2. Help determine when a person needs a professional's help. The accessible support of a community is vital in a person's mental health. But when someone's mental health issues begin to interfere with their daily life, a professional's help is needed. If community support is strong, they will be able to detect this need and call the necessary help.

3. Spread awareness; encourage empowerment. Mental health education begins at home and in the neighborhood, not in school. Parents and the other adults in the community have a responsibility to teach empathy and compassion for people living with mental health disorders. And when they feel this kindness towards them, people who are struggling mentally, emotionally, and socially will be empowered to be kind to themselves. Thus may begin healing.

4. Ensure continuity of care. In tight-knit Filipino communities, no one is left behind. When a person leaves a long-term care facility, or completes a short confinement in the hospital, their family, friends, and community should be in a position to continue their care.

When it comes to mental health care, the role of the Filipino family, barkada, and barangay is simple: be there, listen kindly, and reach out to professionals when they see their loved one needs it. (Also, hugs are always welcome.)

Quick read:

- *Community support is essential in carrying out mental health care. Unfortunately, there are no community-scale systematized mental health services in the Philippines.*
- *When the Department of Health (DOH) finally carries out its mental health care plan, they will look to promote community-based mental health care services.*
- *The family unit serves as a strong support system.*
- *Community support can also come in the form of mental health education, empowerment, and continuity of care.*

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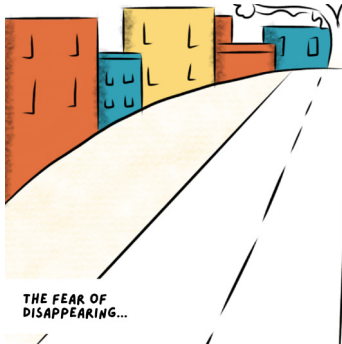
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OF DREAMS, FEARS, AND RIGHTS

AND JUST LIKE YOU,
WE HAVE OUR FEARS...



THE FEAR OF
DISAPPEARING...



JUST LIKE YOU, WE HAVE
DREAMS...



THE FEAR OF LOSING OUR
CULTURE...



BUT JUST LIKE YOU,
WE HAVE OUR RIGHT...

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your
anxiety
is Lying to
you.

- you are beautiful
- you are safe
- you are Loved
- you are going to
be okay

MENTAL HEALTH IS A BASIC HUMAN RIGHT



Myths and Facts About Mental Health

It's a familiar joke among Filipinos. When they want to describe someone who's "lost their mind," they mimic Sisa, a tragic character in Jose Rizal's Noli Me Tangere. The Pinoy jokesters walk in circles, imitating Sisa screaming the names of her sons, "Basilio! Crispin!" The comedians then collapse in laughter.

They don't understand that they are portraying an abused wife who, because of multiple traumas, was actually going through a mental breakdown in that scene in Rizal's novel. There's really nothing funny about it.

The long journey towards Filipinos' enlightenment about mental health begins with education. We can't help anyone living with mental health conditions if we don't understand what they're going through. Anthony Abala, M.D., general and adult psychiatrist, lays down some misrepresentations about mental health.

Myth: Sadness and depression mean the same thing. So do fear and anxiety.

Fact: Sadness and fear are normal emotions. These pass when the source of the sadness and fear go away. On the other hand, depression and anxiety are inexplicably persistent and can potentially become excessive. These can then interfere with a person's daily life, leaving them unable to function properly.

Myth: When a person is diagnosed with a mental health disorder, that means they're crazy and have to be admitted into a mental hospital.

Fact: The diagnosis of a disorder doesn't necessarily mean the person needs immediate treatment. If they can perform their daily tasks properly, they may not need medication for their disorder. Regular supportive treatment, though—i.e., sessions with a therapist not necessarily focused on healing the disorder—is a good idea.

Myth: Mental health disorders are only for the rich.

Fact: Anyone can struggle with their mental health. Just like how cancer doesn't choose its victims, neither do mental health disorders.

Myth: Psychiatrists and psychologists are the same. If one is busy, book a session with the other.

Fact: Psychiatrists are medical doctors; psychologists are not. Psychiatrists can prescribe medication; psychologists can't. Psychiatrists focus on diagnosing mental illnesses and creating a treatment plan involving a wide range of therapies. Psychologists focus on using talk therapy to treat mental illness.

Myth: People living with mental health disorders are crazy and may have been possessed by some spirit.

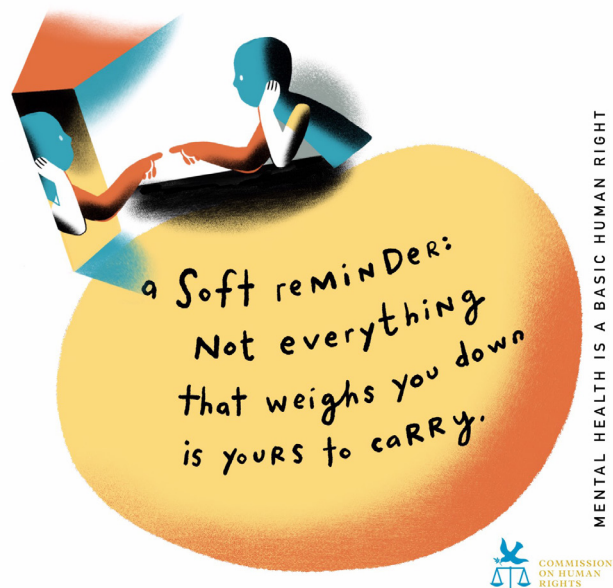
Fact: It's terms like "crazy" that perpetuate the stigmatization of people living with mental health disorders. In fact, they are doing their best to appear normal in a society that shuns any person or concept that seems different. No spirit possessions take place. Behaviors that are socially deviant don't necessarily mean someone has a mental health disability. A disability is diagnosed only if the deviant behavior is caused by a dysfunction in the person's psychological, biological, or developmental processes.

Quick read:

- *Unpleasant emotions don't constitute a mental health disorder. Persistent and progressive conditions, such as depression and anxiety, do.*
- *Not all disorders require immediate medical treatment. Some can be managed with just regular psychotherapy sessions.*
- *Mental health disorders are indiscriminate. They affect anyone regardless of economic or social status.*
- *If you need a diagnosis and prescriptions, go to a psychiatrist. If you need to just talk to someone, go to a psychologist.*
- *Socially deviant behavior doesn't translate to a mental health disorder unless the behavior interferes with a person's daily functioning.*

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11 Important Points in the Mental Health Act

With 10 chapters and 49 sections, Republic Act No. 11036 (RA 11036) or the Mental Health Act covers much ground in establishing rights and extending protections. Below are some of the items to pay special attention to.

1. The objective of the Mental Health Act is to nationalize and systematize the delivery of integrated mental health services to Filipinos. Also, the Law exists to protect and promote the fundamental rights of people using psychiatric, neurologic, and psychosocial health services. (Section 1)

2. It's the Philippine government's duty to affirm for all Filipinos, regardless of economic and social status, their basic right to mental health. This covers the basic rights of people who need mental health services, as well as the rights of mental health professionals. Mental health services have to be timely, affordable, of high quality, and culturally appropriate. (Section 2)

3. Mental health services are to be based on medical and scientific research. These services should also be responsive to the clinical, cultural, gender-based, and age-related needs of each individual. The services are to be provided by mental health professionals in a manner that ensures accountability. (Section 14)

4. All regional, provincial, and tertiary hospitals are tasked to provide psychiatric, psychosocial, and neurologic services. Home care services must also be readily available for those who have special needs because of, among others, long-term hospitalization, lack of treatment, and absence of immediate family. (Section 18)

5. These hospitals must also coordinate with drug rehabilitation centers to facilitate the care, treatment, and rehabilitation of individuals living with substance-induced mental health conditions. Hospital personnel should further refer these individuals to public or private health and social welfare service providers. The purpose of this clause is to make sure that individuals living with mental health conditions have access to preventive programs. (Section 18)

6. People living with mental health conditions can expect, by law, to live without stigma or discrimination. RA 11036 ensures that people using mental health services are treated "without discrimination on the basis of physical disability, age, gender, sexual orientation, race, color, language, religion or nationality [whether of] ethnic or social origin." (Section 5)

7. Users of mental health services must have "access to affordable essential health and social services for the purpose of achieving the highest attainable standard of mental health." The best possible mental health care should be available to all Filipinos needing it. (Section 5)

8. Family members, carers, and legal representatives of people using mental health services have rights, too. They are entitled to psychosocial support (including talk therapy) from government agencies. They can also help in the development and implementation of the treatment plan, provided that the person they're caring for agrees. (Section 6)

9. Mental health professionals are protected by the law. RA 11036 dictates that workers in the mental health industry enjoy a safe and supportive work environment. If they want to, they can take part in continuous professional development programs. And if their patient's wishes are not aligned with those of their family or legal representative, a mental health professional has the right to fight for their patient's rights. (Section 7)

10. Each person needing mental health services, regardless of age and disability, are considered by the government to have legal capacity. This means they have to give written consent to any prescribed mental health treatment before it's implemented. Children must be consulted regarding their opinion about their treatment. (Section 8)

11. Mental health promotion and education must be provided in schools and the workplace. From kindergarten to senior year in college, students' curricula should include mental health. Public and private employers are also required to integrate mental health promotion in their workplace policies. They must also promptly correct any discriminatory practices against people living with mental health conditions. (Chapter 5)

There is much more to look forward to about the Mental Health Act. It is a law that's long been anticipated. Now that it's finally being implemented, Filipinos, regardless of status and state of health, must educate themselves about what they're entitled to by law. It's time for them to claim their birthright.

Quick read:

- *The Mental Health Act aims to nationalize integrated mental health services.*
- *It's the Philippine government's mandate to guarantee and enforce every Filipino's basic human right to mental health.*
- *Mental health services must be based on science and medical research.*

- *All hospitals in the country are required to provide psychiatric, psychosocial, and neurologic services if a patient needs them.*
- *If there's a need for such, hospitals must coordinate with drug rehabilitation centers to continue a patient's treatment plan.*
- *All people needing mental health services must be given treatment without discrimination.*
- *Everyone needing mental health treatment is entitled to affordable, high-quality services.*
- *Family members, carers, legal representatives, and mental health workers have special rights, too.*
- *Before their treatment is implemented, people living with mental health conditions, regardless of age, must either give written consent or at least be consulted.*
- *All public and private schools and workplaces are required to promote mental health whether through their curricula or programs and policies.*

Sources:

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