

**Completion Report of Student Exchange Programme  
“Education of Global Medical and Health Science Leaders in the Coming  
Generation in Cooperation and Collaboration with ASEAN Countries”**

**at the City Health Office, City Government of Muntinlupa  
and the University of the Philippines**

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## 1. Objective

I joined this student exchange programme to learn about the following three things in the Philippines; 1) the mental health programmes provided by the local government; 2) the current situation of people with mental disorders living in the community; 3) the primary health care system. This report focuses on the first purpose, the mental health programmes provided by the local government, and summarises my knowledge based on the experiences of my one-month field work at the City Health Office of the city government of Muntinlupa.



Figure 1. Home visits to people with mental disorders with a nurse and midwife and barangay health workers by tricycle.



Figure 2. Interviews were conducted with about 40 people with mental disorders and their families to learn about their current situations.

## 2. Mental health programmes provided by the local government

### 2.1. Current situation of primary health care and mental health care provision

Muntinlupa city has 9 “barangays” (the local administrative division) and operates 13 health centres. The health centres offer a wide range of primary health care programmes such as consultation, treatment, health education, immunization, check-ups, and home visits. Since health centres are located in each barangay and the services are offered without any charge, those programmes are accessible and affordable for the community people including the destitute. The standard



Figure 3. Prenatal check-up by a midwife at a health centre.

contents of each programme are defined by the Department of Health (DOH), the national governmental body. The major nation-wide programme contents for health centres include mother and child care, immunization, communicable disease, non-communicable disease, dental health,

environmental sanitation, and public nutrition.

Since the DOH has not developed any programme for mental health care at health centre level, health centres in Muntinlupa city does not cater for people with mental health problems. If a physician judges that a patient needs some psychiatric consultation and treatment, the patient will be referred either to a psychiatric out-patient service at the city general hospital or to a national hospital which is specialised in mental health care in another city. According to the physicians at health centres, the frequency of the referrals from each health centre to those facilities with psychiatric care is less than once or twice a year.

## 2.2. Challenges on integration of mental health care into primary health care

The Philippines does not have mental health legislation but there are ongoing efforts to pass the bills such as “Philippine Mental Health Act of 2014” and “Philippine Mental Health Act of 2015” which aim to create a mental health care system that responds to the people’s mental health needs in equity with their physical health needs (1). According to the mental health programme coordinator of the city, the DOH has a plan to integrate mental health care into primary health care and might be developing clinical tools such as diagnostic and treatment guidelines of mental disorders for medical doctors at health centres.

To learn about the challenges on the integration of mental health care into primary health care, I conducted interviews with the stake holders. The interviewees were 25 people in total. The number by the affiliation (and qualification) of the interviewees were as follows: DOH 3; City Health Office 4, health centres 18 (medical doctors 6, nurses 7, midwives 2, barangay health workers 2, health education and promotion managers 1). The summary of challenges perceived by the interviewee are as follows:

- Only the medical doctors with a “S2 license” are allowed to prescribe psychotropic medicines. However, there is only a very limited number of medical doctors who has the S2 license at health centres, because they have to bear the cost for S2 license acquisition and renewal.
- Medical doctors need to pay the fee for a special type of prescription pads, which is required for prescription of psychotropic medicines.



Figure 4. Health centres have medical doctors, nurses, nursing aids, midwives, dentists, dental hygienists, sanitation inspectors, nutritionists, barangay health workers, and health education and promotion managers.

- There is no data on mental health needs such as prevalence of mental disorders.
- Medical doctors, nurses, midwives, and barangay health workers do not have enough knowledge, skills and experience on mental health care and the welfare services for people with mental disabilities.
- Health centres do not have enough educational materials on mental health.
- Community people might try to hide their mental health problems and avoid to visit health centres.
- Health centres lack the facilities which can protect patients' privacy.
- Health centres lack the facilities which care for people who are at risk of harming self and others.

### 2.3. Mental health care programme after natural disasters

Muntinlupa city has an original Mental Health Psychosocial Support ( MHPSS ) programme which caters for people who are affected by disasters. Since the Laguna de bay is located east of the city, eight out of nine barangays are prone to flooding. Also, the West Valley Fault line lies within the eastern part of the city. Moreover, in summer season there are a number of fire incidents in the city. I am reporting about an activity of MHPSS which I observed in the following paragraphs.



Figure 5. Burnt houses after the fire.



Figure 6. Child victims colouring pictures.

A fire incidence which burned 40 houses and affected 160 people occurred in an area where the informal settlers live. The Health Emergency Management Staff (HEMS) of the City Health Office, which is comprised of a variety of specialists such as doctor, nurse, epidemiologist, logistician, driver, sanitation inspector, social worker, and nutritionist), visits the affected area on

a daily-basis and provides health services from the day of the fire until the evacuation centre was closed.



Figure 7. The HEMS Nurse implementing MHPSS to the children.

I observed a nurse of HEMS implementing a part of MHPSS for affected children one day after the fire incident. When we arrived there, there were about a hundred people who lost their houses and stayed in the evacuation area in the middle of the burnt houses without adequate shelter. As the nurse called children together under a tent, about 25 children from toddlers to about 10-year-olds gathered around. First, the nurse and children prayed together and sang songs. Then the colouring books were distributed to children. The children looked so happy and concentrated on colouring their favourite pictures. After that, the nurse called

each of the children to come to the front and encouraged him/her to introduce his/her name, age and what he/she coloured to a round of applause. At the same time, the nurse gave some snacks to the children. The children looked so content despite being under a stressful situation. The session lasts about 40 minutes.

#### 2.4. Programmes for illicit drug users

The Comprehensive Dangerous Drugs Act of 2002 (R.A. 9165) regulates illicit drug use as well as defines the responsibilities of stake holders on reintegration of drug users into society. I will report about the reintegration programme of the city.

After the new administration of president Duterte in 2016, Philippine National Police visited those suspected of being involved in the illicit drug market to encourage them to surrender. The name of surrenderees will be on the watch list but they receive an amnesty and gain services for their recovery.



Figure 8. Group therapy for surrenderees with drug use.

The estimated number of people who are involved in the illicit drug market in Muntinlupa city is 13,000 (2.6% of the entire population) and 9,351 people have surrendered before the 15<sup>th</sup> January 2017. The Drug Abuse Prevention and Control Office (DAPCO) of the city government implements a comprehensive reintegration programme, named MAPALAD programme, in collaboration with the City Health Office and the Social Service Division. (Please refer to the appendix of my summary of the programme for further information based on the interviews with DAPCO officers.)

First, the drug dependence severity and other basic profiles of surrenderees are assessed. Those who are assessed as severely dependent are referred to national or private treatment rehabilitation centres. On the other hand, those who are assessed as mildly or moderately dependent undergo the community based rehabilitation.

The community based rehabilitation is comprised of two programmes, which are group therapy and livelihood support. In group therapy, surrenderees attend group sessions such as 12-steps programme once a week which are facilitated by religious organisations and operated by the Barangay Anti-Drug Abuse Councils.

There are 5 types of livelihood supports, which are micro finance, skills training, scholarship, job finding, and food processing. To gain those livelihood supports, surrenderees need to attend the group therapy for at least 3 months.



Figure 9. Livelihood support for surrenderees with drug use. (The lecturer is showing how to produce some washing-up liquid for sale.)

## 2.5. Other health programmes related to mental health

The other programmes of the city which are related to mental health care includes psychosocial care for people with HIV/AIDS. Also, the City Health Office has recently implemented some training related to mental health for health professionals, such as training on stress management at work place, community-based rehabilitation for drug users, MHPSS for children, and palliative care.

## 3. Acknowledgments

I would like to express my sincere gratitude to Muntinlupa City Mayor Jaime Fresnedi, and the members of the Muntinlupa City government, especially City Health Office, health centres, Drug Abuse Prevention and Control Office, Barangay Anti-Drug Abuse Councils, Bahay Pag-asa, Social Service Department, and Hospital ng Muntinlupa, and its citizens as well as the graduates, researchers, and administrative staff of the Graduate School of Health Sciences of Kobe University for their supports of my field work.

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## Reference

1. Tina G. Santos (2016, July 18). DOH makes mental health bill priority. *INQUIRER.net.*, Retrieved from <http://newsinfo.inquirer.net/796693/doh-makes-mental-health-bill-priority>



Figure 10. The members of social service department after the transfer of the minors with drug dependence to the national treatment and rehabilitation centre.



Figure 11. Dr. Tuliao (right) kindly took us to many places such as Manila Zoo with her family on weekends.



Figure 12. Night out with the members of Drug Abuse Prevention and Control Office who also gave me many opportunities to learn about MAPALAD programme



Figure 13. Having a fun time with Professor Cecilia Llave at her house.



Figure 14. Certificate awarding. Dr. Meana, me, Mayor Jaime Fresnedi, Dr. Tuliao (From left)