



N-108 Care for Clients with Psychosocial Problems in Adaptation and Adjustment

First Semester, Academic Year 2023-2024

STUDY GUIDE

UNIT 1B

INTRODUCTION TO MENTAL HEALTH AND PSYCHIATRIC NURSING

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Introduction

Mental health conditions observed a 13% increase in the last decade, with a growing burden that significantly impacts health and major social, human rights and economic consequences worldwide (World Health Organization, n.d.). The presence of mental health disorders has a substantial effect on all areas of life, including relationships with family and friends, participation in the community, and responsibilities in either school or work.

Determinants of mental health and mental health disorders include individual, social, cultural, economic, political, and environmental factors. Examples of individual attributes include the ability to manage one's thoughts, emotions, and interactions with others, while other factors include living standards, working conditions, family and community social supports, and even existing national policies on promoting the rights of clients with mental health disorders and delivery of mental health services.

Mental health has been given little attention due to the stigma brought about by it, not until at present times whereby the COVID-19 pandemic has triggered mental health conditions or has exacerbated existing ones. The vulnerability of individuals and groups to psychosocial and psychological effects of the pandemic gave rise to several discussions on how to promote mental health and treat mental health disorders. Examples of these psychological impacts include the emotional distress experienced by healthcare providers due to fear of contracting the virus or shortage of resources, and for some, isolation, bereavement, and loss of income brought about by the pandemic.

This section will focus on epidemiological trends of mental health disorders including sociodemographic and health indicators and national information on mental health services in the Philippines, legal and ethical considerations in mental health issues, and other factors that contribute to the mental health of individuals, especially of Filipinos.

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Learning Outcomes

At the end of Unit 1B, you should be able to:

1. Understand epidemiologic findings on mental health in the Philippines and its importance in developing health policies;
2. Appreciate the national efforts in addressing the mental health needs of individuals and communities;
3. Identify legal and ethical considerations in dealing with a mental health client; and
4. Discuss individual attributes and other factors that affect the mental health of individuals in the Philippine context.

Topics

Epidemiological Trends of Mental Illness in the Philippines

Prevalence of Mental Disorders

Mental health conditions are increasing worldwide. Untreated mental health disorders account for 14% of the total global burden of disease (World Health Organization, 2018). An estimated 20% of the world's children and adolescents have a mental health condition, causing 1 in 5 years lived with disability.

The Philippines is a Southeast Asian country with an estimated population of over 110 million in 2021 (Philippines, n.d.). Mental illness is the third most common disability in the Philippines. According to the 2010 census, 200,000 people were identified to have a disability due to a mental disorder, equating to 14% out of 1.4 million Filipinos with a reported disability (Philippine Statistics Authority, 2013). The Philippine World Health Organization (WHO) Special Initiative for Mental Health conducted in the first quarter of 2020 reported that at least 3.6 million Filipinos suffer from one kind of mental, neurological, or substance use disorder (World Health Organization, 2020). The estimated suicide rate at 5.4 deaths per 100,000. Though at a much lower rate compared to the global average, the incidence of suicide has increased through the years from 0.23 to 3.59 per 100,000 in males and from 0.12 to 1.09 per 100,000 in females between 1984 and 2005 (Redaniel, Lebanan-Dalida, & Gunnell, 2011).

The 2017 Global Burden of Disease Study (GBD) estimates a population prevalence of 0.2% for schizophrenia, 0.5% for bipolar disorder, 1.1% for



major depressive disorder (MDD), 0.4% for epilepsy, 0.9% for alcohol use disorders, and 0.7% for drug use disorders (Roth et al., 2018)

After the World Health Organization (WHO) declared the coronavirus disease-2019 (COVID-19) to be a pandemic, a dramatic increase in the prevalence of mental health problems both nationally and globally was observed. Reports of psychological effects of COVID-19 on patients and healthcare workers particularly those in direct contact with affected patients were reported as well as negative emotions and psychological distress among the general population due to public health response such as quarantine and national lockdowns. In the Philippines, the Philippine Statistics Authority reported that death because of “intentional self-harm” rose by 57.3% in 2020 as the pandemic and resulting national lockdowns led to the loss of livelihood or income of millions of Filipinos (Philippine Statistics Authority, 2021).

Philippine health system

Human Resources for Health (HRH)

The Philippine health system is divided into public and private sectors with an adopted decentralized system (Local Government Code of 1991). Human resources for mental health consist of 548 psychiatrists (approximately 0.5 per 100,000 population), 516 psychiatric nurses (0.5 per 100,000), and 133 psychologists (0.1 per 100,000) working in institutions in the country (Dayrit, Lagrada, Picazo, Pons, & Villaverde, 2018). HRH in the mental health specialty is very few and most are employed in Metro Manila. Most provinces even have no access to a psychiatrist.

As of 2019, 69% of local government units (LGUs) have trained health providers in the mental health Gap Action Programme (mhGAP) while 14% of the LGUs have trained staff on Mental Health and Psychosocial Support (MHPSS) disaster preparedness.

Mental health facilities and services

Specialized care is mainly offered by private provider and in tertiary health institutions. There are only 2 government-owned psychiatric hospitals, 46 psychiatric inpatient units, and 29 outpatient mental health facilities nationwide. The Department of Social Welfare and Development (DSWD) also handles individuals with mental disorders but the number under their supervision is unavailable.



The scarcity of health facilities offering specialized mental health care leads to a gap in the availability of mental health specialists in provinces to offer mental health at secondary health institutions and those who are capable of supervising the integration of mental health services in the primacy care setting.

The Mental Health Act seeks to develop and establish access to comprehensive and integrated mental health services, responsive to the needs of the clients. The majority of mental health services are provided in hospital settings. An example of a psychiatric hospital is the National Center for Mental Health (NCMH) located in Mandaluyong city. NCMH is categorized as a special research training center and hospital under the Department of Health (DOH). It has a total bed capacity of 4,200 inpatients, which accounts for 67% of the available beds nationally (Conde, 2004).

The DOH institutionalized the National Mental Health Program in the mid 1990s to integrate mental health services in community settings through trainings of municipal health doctors and nurses on the identification and management of psychiatric morbidities and psychosocial problems. Though there are mental health services offered in the community, these services are known to be underdeveloped and lack the resources needed for its full implementation and evaluation.

Other facilities offering mental health services are community residential facilities (or known as “home care facility”) and forensic and other residential facilities.

Mental Health Policies and Plans

Legislation

Mental healthcare remains an under-resourced and neglected aspect of healthcare in the Philippines, lacking a formal structure to protect the rights of individuals with mental illness including their families.

The first mental health policy instituted by the DOH was DOH Administrative Order No. 8 series of 2001, followed by DOH Administrative Order No. 2016-0039 Revised Operational Framework for a Comprehensive National Mental Health Program. During this period, there was still no singular mental health legislation, and the laws concerning mental health services are governed by



different laws (i.e.: Revised Penal Code, Family Code of the Philippines, and Magna Carte for Disabled Persons, among others).

A national legislation to support the development of a strong mental health system in the country took effect with the enactment of the Philippine Mental Health Act or Republic Act. no. 11036 in 2018. This legislations seeks to establish a national mental health policy which will enhance the delivery of integrated mental health services while promoting and protecting the rights of individuals accessing mental health services (Congress of the Philippines, 2018). The enactment of the law (RA 11036) created a platform for the organization of hospital- and community-based mental healthcare in the Philippines while ensuring protection of the rights of clients.

Under its provisions, the Philippine Mental Health Act commits to promoting the mental well-being of individuals and allows for persons affected by mental health conditions to exercise the full range of human rights (i.e.; informed patient consent for treatment) and participate fully in society free from stigmatization and discrimination. The Act also incorporates the rights of patient relatives and/or guardians and the provision of psychosocial support to concerned individuals as required. It further recognizes the role of mental health professionals (medical doctor, psychologist, nurse, social worker, or any other appropriately-trained and qualified person with specific skills in mental health service provision) (Congress of the Philippines, 2018; Lally, Samaniego, & Tully, 2019).

In addition, the law establishes the Philippine Council for Mental Health (PCMH), a policy-making advisory body chaired by the DOH and composed of other government agencies such as the Departments of Education, Labor and Employment, Interior and Local Government, the Commissions on Human Rights (CHR), and Higher Education (CHED). Sectoral representatives from the academe/research and health professional groups are also part of the council.

Political and financial support

Mental health represents an estimated 2.65% of the health budget (0.47 USD per capita) and is largely allocated to mental hospitals (World Health Organization, 2020). Meanwhile, payment for mental health care is mostly from an out-of-pocket basis by service users (unless it is for acute psychosis inpatient care or for drug dependence). The PCMH, under the Mental Health Law, is tasked to coordinate with relevant agencies to ensure adequate funding for mental health projects and programs (Congress of the Philippines, 2018).



Legal and Ethical Issues in Caring for Clients seeking Mental Health Services

Code of Ethics

The code defines accepted behaviors and establishes a framework for professional responsibility and accountability. The core values that mental health nurses are obliged to exercise are professional accountability, unconditional respect, wholistic health, and quality practice milieu. Mental health nurses play a key role in ensuring that interventions are based on ethical and human rights principles. Nurses must also instruments in protecting clients with mental illnesses against discrimination, respect their autonomy, and more importantly, keeping the client at the center of ethical discourse (Ventura, Austin, Carrara, & de Brito, 2020).

Legal issues

The core principles of the Philippine Mental Health Act of 2017 aside from definition of mental illness and establishing an integrative mental health system for delivery of services include informed consent and supported decision making.

Informed consent

The act provides for “Free Prior Informed Consent” or “Informed Consent”, referring to consent voluntarily given by a service user to a plan for treatment. This necessitates an informed consent from the client before receiving treatment or care, including the right to withdraw such consent. Provision to treatment without consent can be valid only during psychiatric or neurologic emergencies which renders the service user with temporary loss of capacity. Human rights of the client should be reasonably protected and the client should be informed about the nature of his/her illness and treatments available so that he/she can be involved in the decision-making process for the plan of care.

Supported decision-making

A legal representative designated by the client is responsible for providing support and help represent his or her interest, receive medical information about the service user, and the exercise of any right, all in accordance with the Act. In the absence of designating a legal representative, the spouse, non-minor children, and either parent by mutual consent (in case the service user is a minor) can act as legal representative.

The Act also addresses protection of the rights of persons with mental disorders and the protection of minors. In discussing legislations pertaining to mental health, the issue on whether the legislation is compatible with the United Nations (UN) Convention on the Rights of Persons with Disabilities is



incorporated. In drafting and revising the law, the UN regional authorities and the Commission on Human Rights, among others, were involved.

Other legal issues

Outcomes of insanity pleas

If an accused calls an insanity plea and has proof that he or she was under treatment prior to the crime, the treatment psychiatrist will most likely be summoned to court. It has to be taken into consideration the expertise of the psychiatrist (underwent medical and specialty boards, certification, committee meetings, etc.) and the time interval between the visit to a psychiatrist and subsequent date of crime.

Absconding behavior

An enormous burden is placed on the hospital staff when a patient absconds from psychiatric units/hospitals. Legal implications of this scenario include the inability of the absconders to care for themselves and the potential harm to self, others, and property.

Ethical issues

Ethics covers the morality and desirable way of behaving, and ethics in healthcare are essential requirements on which healthcare professionals are legally bound to do. The goal of exercising ethics in the care of clients with mental illnesses is to deliver competent and compassionate care, respect the rights and autonomy of the client, and act within the boundaries of the law. Legal aspects of mental health care are determined by country-specific regulations, and are governed by healthcare ethics, thus, the ethical and legal responsibilities are intertwined.

Confidentiality and disclosure

The nurse-patient relationship is bound by the moral and ethical sanctity of confidentiality. This clause is waived in instances when the client is accompanied by caregivers such as family members during the course of treatment. This can be attributed to Filipinos having close-knit families who render care to members with physical and psychological illnesses. In some cases, wherein the client refuses to divulge her mental illness to others (especially to their spouse in the fear that the spouse may use the disclosed information for any purpose such as annulment), a written informed consent should be required from the client, including permission as to how much can be disclosed. This must also be reflected in the nurses' notes and patient records. Such written authorization from the client may protect the nurse, or any healthcare professional, in the Court of Law.



Respect for the client's human rights

Each patient has to be respected as an individual with human rights. The aim of the treatment should be towards an early and optimal restoration of functioning. Unnecessary restraints and afflicting physical punishment would be considered as unethical practices. Every treatment method should be in conformity with the basic human rights and aversive methods which may inflict pain or torture have to be avoided.

Psychiatric research

Research involving human beings must strictly follow the Helsinki Declaration regarding the use of human subjects. Written informed consent is necessary after explaining the research study and intervention and anonymity of personal information must be ensured in publishing research findings.

The Filipino as a Client in Mental Health and Psychiatric Nursing

To understand a mental health client means that aside from assessing the mental status and performing of psychometric studies, it is also necessary for the nurse to assess historical and socio-cultural realities and even (attitudes toward and barriers to) help-seeking behaviors. Having a good grasp of social, cultural, economic, political, and environmental factors that affect a client's mental well-being will help unravel characteristics in relation to the context of study. For example, a crucial barrier for local and overseas Filipinos to achieving well-being and improved mental health is their propensity to not seek psychological help (Ho et al., 2018). With this in mind, the assessment entails questions such as "What are differences in societal perceptions on mental health among communities in the Philippines compared to those living overseas?" and "How are mental health programs and services being offered in the Philippines as compared to other countries?" to better understand the situation which leads to increased capacity of nurses to render responsive care to clients.

The Philippine culture is an amalgamation of different cultures- Western, Indo-Malay, Chinese, and Islamic. Roman Catholicism is the predominant religion, followed by Islam. Indigenous beliefs are still practiced, such as in the folk healing practices. Mental health services in the Philippines are considered to be underutilized and stems from possibly a lack of health professionals and services, rather than a general reluctance to seek these services. In seeking professional help, the cost of counseling in the Philippines range from 500 to 2,000 Philippine pesos (Php) which is relatively high when juxtaposed with the daily minimum wage, which potentially prohibits the seeking behavior from a trained mental health professional, rather, seek alternative medicine because of its affordability.

Lay conceptualizations of physical and psychological disorders implicate help seeking behaviors on the issue of the preference for indigenous or folk healers.

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Indigenous or folk healers were sought for 'disturbed behavior', as well as for somatic complaints with unverified underlying medical causes. Understanding of the conceptualizations of mental illnesses will help understand the discrepancies in utilization of mental health services among Filipinos.

Filipino values and characteristics

The Filipino cultural belief of *bahala na* was analyzed in comparison to fatalistic resignation or withdrawal from a crisis or distancing from personal responsibility. From another perspective, it is interpreted as determination and risk taking. When Filipinos utter the expression "*Bahala na!*", they are accepting the difficult situation before them and will do their best to achieve their objectives, rather than leaving their fate to God (Pe-Pua & Protacio-Marcelino, 2000).

Hiya or shame is defined as "the uncomfortable feeling that accompanies awareness of being in a socially unacceptable position, or performing a socially unacceptable action" (Lynch & De Guzman, 1961). *Hiya* could be a potential barrier or a compounding problem to seeking mental health services. It is a painful emotion arising from real or imagined transgressions of social norms or authority figures. Therefore, if having a mental disorder or psychological problems are frowned upon then the individual will avoid divulging these issues to the public at all costs.

Pakikisama or having smooth interpersonal relations by going along with the group or the majority decision is also at the heart of the structure of Filipino values, while *pakikipagkapwa* is treating the other person as a fellow human being. These characteristics would help mental health professionals transition from being an ordinary person to someone a client can trust. Responding immediately and being sensitive to the needs of the patient, as well as avoiding being rude and conceited can help foster trust among Filipinos. As the interaction progresses from being an ordinary person to someone labeled as 'one-of-us', Filipino clients are more likely to articulate their emotions and concerns directly and more easily accept the care of health professionals.

Indirect communication or *pakikiramdam* means to feel or to be sensitive to. Part of socializing is being sensitive to non-verbal cues, being truthful, and having concern for others' feelings. It is very important to take time to establish rapport, in the case of interviewing other people. Letting the other person to interview the interviewer first will make them comfortable enough to disclose their opinions, knowledge, and experiences. Verbal exchange, expressive body language, and voice intonations are to be considered when extracting what a person tries to relay.

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The word honor is known among Filipinos as *puri* and *dangal*. *Puri* refers to honor which is physical, such as that bestowed through compliments or applauses for a good performance and *dangal* is honor from within-knowledge of one's true worth, character, achievement, and success. This internal-external dimension is unique to the Filipinos and is something to be conscious about when trying to understand the Filipino personality.

A wide variety of Filipino characteristics such as *katalinuhan*, *pagkarelihiyoso*, *kaasalang sekswal*, *kakayahang magdala ng tension*, *pagkamabahala*, *kahustuhang emosyonal*, to name a few, are being measure in personality testing and psychological measurement. While external aspects of the Filipino personality is a blend of East and West, the internal aspect which is at the core of the Filipino is Asian- deference for authority, modesty/humility, concern for others, etc. (Pe-Pua & Protacio-Marcelino, 2000).

Conceptualization of mental disorders

The role of supernatural beings such as gods, spirits, and deities; or individuals with supernatural powers such as *mangkukulam* are linked to developing psychological disorders. Dissociative disorders relate the symptoms as a result of spirit possession (having offended spirits), rather than that of a psychological disorder (Tan, 2008).

Another concept involves the lack of balance, as is seen when an individual worries too much and overworks, thereby leading to increased stress that causes illnesses. For Filipino older adults who immigrate to other countries with a winter season, a rapid shift from a warm to a cold environment causes illnesses.

Filipinos believe that causes mental illnesses can also be caused by relationship problems. Emotional problems are considered transitory and relationship-related, and can be treated by talking to family members, friends, or other trusted individuals, instead of seeking professional help. (Thompson, Manderson, Woelz-Stirling, Cahill, & Kelaher, 2002).

Developing a mental disorder is also thought by some as the personal responsibility of the person with the illness, which is caused by a 'softness' in character and individual attributes (Thompson et al., 2002). The media also portrays those with psychological and physical illnesses as an evil act. With this in mind, it is also believed that it is the responsibility of the person suffering from the mental disorder to cope with their existing distress.



Filipino beliefs also suggest that physical and psychological illnesses are caused by *sumpa* or curse brought about by violating strict family or cultural values. The type of traditional and complementary medicine (prayers, herbs, and medicinal plants; massage; 'magnetic healing') that Filipinos typically resort to complements the lay conceptualizations of physical and psychological disorders delivered by shamans or herb doctors (*arbolarios* or *herbelarios*). Therefore, the type of help sought depends on how the illness is defined and what the etiological attributions are. It can be expected that continued underutilization of mental health services will exist while there is a disconnection between etiological beliefs of psychological disorder and the type of services provided by mental health professionals.

Correlates of mental health help-seeking behavior

Culture plays a big role in shaping the attitudes and social interactions among individuals with mental illness, as well as in its treatment. Stigmatization discourages individuals from seeking mental health services, and its detrimental effect on mental health has been reported in developed countries and among Asian cultures. The public's discriminatory response (public stigma) is then internalized (private stigma) resulting in diminished self-worth and self-efficacy, shame, low self-esteem, and subsequent reluctance to seek treatment (Corrigan & Watson, 2002). For those receiving treatment, stigma is also reported to have negative effects on recovery.

Another variable that is associated with mental health help-seeking behaviors is gender. Gender's effect on help-seeking behavior revealed mixed results. Some studies from other countries report that women exhibited more favorable intentions to seek help from mental health professionals than men (Mackenzie, Gekoski, & Knox, 2006), which is in contrast to findings from a study done among Filipinos (Bunagan, Tuliao, & Velasquez, 2011).

Assessing a client's perceptions, knowledge, and attitudes toward mental illnesses and its treatment entails an understanding of the client's individual attributes as well as other factors (cultural, social, etc.). Conceptualization of mental illness, beliefs about the etiology of illnesses, cultural-specific variables, and social interaction norms, to name a few, must be considered in dealing with clients seeking for mental health services.

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