A Study of the Public Education Domain of the Philippine Mental Health Association (1996-2002)

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Abstract

This research is an assessment of the public education domain (prevention education information services) of the Philippine Mental Health Association (PMHA) for the period 1996 to 2002. The Education Information Services (EIS) is the primary program of PMHA.

PMHA is a non-government organization recognized by the DOH as one of the leading stakeholders in the Philippine mental health system. Based on its 3 Programs and 9 provincial Chapters, PMHA participates at all levels of the system through grass-roots level delivery of services as well as national level advocacy.

Permission was obtained from WHO Western Pacific Regional Office to use the WHO (2003) Monitoring Mental Health Systems and Services: Monitoring Instrument (Pilot Trial Version-December 2003), MER, WHO, Geneva as framework for data analysis. The said Instrument is structured on the concepts of "domain," "facets," and "indicators." In the said study, the domain identified is public education while the facets include agencies, institutions, and services promoting public education and awareness campaigns. The indicators refer to the a) policy for public education, b) agencies/institutions for public education and awareness campaigns, c) target populations, d) coverage of educational campaigns, and e) media used in campaigns.

It is important to assess the public education domain of the PMHA in order to rationalize the different programs and services of the national head office and

the 9 regional chapters coordinating and overseeing campaigns for public education and information on mental health. Since there is no coherent data base on public education and information services on mental health in the country, an information system is proposed for collecting and reporting mental health information. Likewise, a monitoring system is needed to prioritize expenditures for public education and awareness campaigns of identified target populations as well as for optimal utilization and coverage of media in preventing mental disorders and promoting mental health campaigns.

The methodology used was exploratory-qualitative evaluation. Documents for the six-year period were reviewed: the yearly accomplishments, minutes of board meetings, newsletters, articles, and other relevant publications of and about the PMHA national head office and nine provincial chapters. Key informants -- the president, the executive director and other key officers of the national and provincial chapters -- were interviewed. Available data on other aspects of the PMHA public education domain were gathered, collated and analyzed. These included data on campaigns and activities for public education and information on mental health, existing programs and services and plans related to these, policy for public education, agencies (affiliated with PMHA) for public education, target population in the educational campaigns, coverage of educational campaigns and media used in the campaigns.

The study shows that PMHA has a wide range of educational materials and a potential nation-wide audience of 15 to 35 million a year for its annual public education and information campaigns (PMHA *Focus*, on Mental Health 1996-2002). The national office in Quezon City, Philippines and the nine provincial chapters coordinate and oversee the extensive promotional campaigns and activities for public education and information on mental health. Media is used nationwide preventing mental disorders and promoting mental health campaigns. Brochures, pamphlets, leaflets, posters, newsletters are distributed and talk shows, dialogues, radio and television programs are tapped. Face-to-face initiatives in conferences, meetings, group discussions, and other public events are also utilized. Communities, consumers and their families as well as local government agencies and non-government organizations are involved in the program. So are three (3) international

agencies: the World Health Organization, the World Federation of Mental Health, and the World Association for Psychosocial Rehabilitation-Philippines.

The study concludes that the yearly public education and information campaigns of the PMHA have a nationwide coverage. However, no feedback mechanism is in place to assess the delivery and effectiveness of the education information programs. A monitoring system is recommended, with the option of PMHA management to supplement the in-house monitoring effort with out-sourced survey instruments developed by professionals. Utilizing its critical mass of programs and activities, the PMHA can lead a public education movement by the NGOs and other major stakeholders nationwide.

Keywords: public education, Philippine Mental Health Association (PMHA), Education Information Services (EIS)

Introduction

As cited in the Department of Health's (DOH) National Objectives (2002), the World Health Organization (WHO) defines mental health as

> a state of well being where a person can realize his or her own abilities to cope with the normal stresses of life, work productively and is better able to make a positive contribution to his or her community. Mental health covers the psychosocial concerns of daily living encompassing the stages of life: from the womb to a newborn, an infant, a preschooler, a child, an adolescent, middle age, late adult, and elderly until death. It is equally important as physical health.

The DOH National Objectives are echoed in the New Zealand Ministry of Health document (2002) *Building on Strengths: Mental Health Promotion Framework*, which cites that "an important feature of any definition of mental health is an acknowledgment of the inter-connectedness between physical, spiritual, environmental and mental health" and that "the health of the individual, and ultimately of society, mirrors a complex relationship of mental, physical, spiritual, family, community and environmental factors." In the same document, health promotion has been defined as "the process of enhancing the capacity of individuals

and communities to take control of their lives and improve their mental health." To promote mental health, "strategies that foster supporting environments and individual resilience, while showing respect for culture, equity, social justice and personal dignity" should be deployed. Any action that enhances "the mental health and well being of individuals, families, organizations and communities" is a way to promote mental health. The document also asserts "that mental health promotion and prevention activities can be seen as two sides of the same coin and entirely compatible, even mutually reinforcing."

The DOH is the Philippine Government's lead agency in the health sector and the convenor of all health stakeholders to ensure strong collaboration for health promotion and disease prevention and control. Through the DOH, the government formulates and enforces national health policies, standards and regulations. In the "National Objectives for Health 1999-2004," the DOH envisions improved health for the nation by providing directions for health programs and services. The DOH has formulated The National Objectives for Health for 1999-2004 as a vision of improved health for the nation, providing the direction and national plans for health programs and services. It recognizes that the challenge for the attainment of improved health for all lies in the partnerships of all stakeholders in the delivery of health programs and services at all levels, particularly at the grassroots.

The delivery of basic services and the operation and maintenance of local health facilities are devolved under the Local Government Code of 1991 to the provinces, cities, and municipalities, also known as Local Government Units (LGUs). Non-government Organizations (NGOs) are among the health stakeholders that have the capacity to mobilize communities for health promotion and prevention of risk behaviors and practices, advocate social action, generate resources at their level, and organize communities for direct service delivery and technical assistance.

The Philippine Mental Health Association (PMHA) is an NGO "dedicated to the promotion of mental health and prevention of mental illness" (PMHA 2003). It was founded on 15 January 1950 to provide clinical services at a time when the nation was recovering from the devastation of World War II. Today the PMHA administers three Programs, namely: the Education Information Service (EIS) as its Primary Program, the Clinical and Diagnostic Services (CDS) as its Secondary

Program, and the Rehabilitation Service (RS) as its Tertiary Program. The PMHA also coordinates nine (9) autonomous provincial Chapters based in Cebu (the first), Bacolod, Baguio, Cabanatuan, Cagayan de Oro, Dagupan, Davao, Dumaguete, and Lipa. It has international affiliations with the World Federation for Mental Health (WFMH), The World Health Organization (WHO), and The World Association on Psychosocial Rehabilitation (WAPR).

In its National Objectives, DOH holds the view that a well-informed public is responsive to interventions concerning its health and well-being. The key is the individual's sense of responsibility towards his/her own health, which leads him or her to health-seeking decisions and actions. The DOH document also stresses that a strong public opinion is the best advocacy for an informed, responsive decision-making and effective policy-making at the national level.

The primary program of the PMHA, the Education Information Service (EIS) was "organized to focus its efforts on prevention education information on mental health." PMHA's initial thrust in 1950 was to provide clinical services, which today is called the Clinical and Diagnostic Services (CDS). It is currently identified as the Association's Secondary Program " providing out-patient psychiatric services to individuals suffering from mental and emotional disorders." In 1965, the Rehabilitation Service (RS) was created and has become the Tertiary Program "for the rehabilitation of recovering patients with mental disabilities."

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Being a lead agency in the field of mental health in the country today, the PMHA can strengthen its effectiveness in partnership with both national and local government and non-government organizations, as well as international organizations such as the WFMH, the WHO and the WAPR by bridging the information gap through the development of a reliable information and monitoring system. With the data infrastructure using a set of indicators (WHO 2003), monitoring of mental health programs and activities at country level can give a clearer picture of the main mental health issues and concerns in the country. This information can lead to better planning, decisions and recommendations for sustainable actions to improve mental health of specific target populations in specific areas, and also allow PMHA to assess improvement over time.

Objectives of the Study

General Objective: This study was conducted with the following general objective:

> To assess the public education domain of the Philippine Mental Health Association (PMHA). This study aims to contribute to the PMHA's optimization of its programs and activities on education-information services.

Specific Objectives:
1. To review the performance of the public education and information program and services of the PMHA using the WHO guidelines
2. To formulate recommendations to improve the implementation of the public education and information program and services of the PMHA.

Methodology

This is a descriptive study of the "prevention education information services" program of the PMHA. Using the qualitative-exploratory method, it utilizes available records on the subject. Secondary data formed the bulk of the research data and materials used. Frequency distribution was used to describe some data. The study covered the six-year period from 1996 to 2002. Since the data is incomplete

and lacks coherence, all data available was included, and this aspect is a limitation of the study. This also prompted the researcher to piece together information from the PMHA President's Annual Reports, accomplishment reports of the national office and the nine (9) provincial chapters, the PMHA's *Focus on Mental Health* (Focus is a bi-annual news-magazine published by the PMHA as service to its members and supporters) and newsletter items gathered from the nine different

provincial chapters. Whenever possible, the figures and events mentioned were cross- checked for clarification and verification through unstructured interviews with the President, the Executive Director, the program manager of the PMHA Education-Information Services, 2 members of the administrative staff in the national office and a member of each of the 8 out of the 9 provincial chapters' executive board. There were 13 respondents in all.

Data collected from these documents and interviews included items on policies, plans, legislation and funding. Affiliating agencies and service providers, media used by PMHA in public education and information campaigns are shown in Tables 1 and 2 respectively. Table 3 is about the regular programmes offered by the PMHA education and information services. The target population constantly identified in the PMHA education information services is shown in Table 4. Table 5 shows the coverage of the educational campaign categorized in 10 subheadings. Tables 6, 7, and 8 show the comparative number of people reached by the PMHA national office and provincial chapters using different media for the six-year period at every two-year interval.

Permission was obtained from the WHO Western Pacific Regional Adviser on Mental Health and Substance Abuse to use the set of indicators in the World Health Organization (2003) Monitoring Mental Health Systems and Services: Monitoring Instrument (Pilot Trial Version-December 2003), MER, WHO, Geneva as framework of the study.

Both the PMHA and the DOH lack the sophistication of collecting and reporting mental health information and this translates to inadequate mental health policy and impeded mental health service development.The implementation of the WHO set of indicators, however, can bridge this information gap and allow both the PMHA and DOH to monitor the mental health system and services at the country level. Using the WHO set of indicators can describe the strengths and weaknesses of the

local mental health programs and services, on the one hand, and on the other such information can form the basis for developing sustainable actions in specific areas.

The World Health Report (WHO 2001) listed ten recommendations for monitoring mental health systems and services. The recommendations suggest actions addressed to all parts of the mental health system at country level, from treatment to prevention, promotion of services, monitoring of research. From the 2001 Report, the 2003 Monitoring Instrument was developed. Every recommendation represents a domain of the mental health system, while the facets of each of the domain represent the contents that should be assessed to monitor the domain. Indicators are derived from these facets to monitor the mental health systems and services at country level, and thus improve the extension and quality of information addressed by the Ten Recommendations.

FIGURE 1. Monitoring Mental Health System and Services: Domains, Facets and Indicators
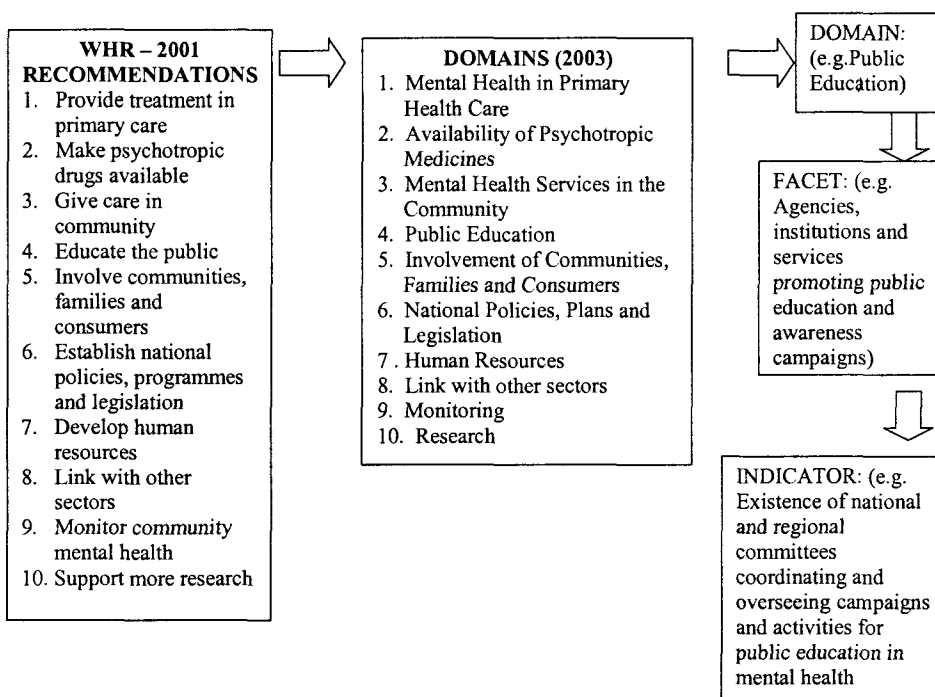
Ref: *World Health Organization (2003) Monitoring Mental Health System and Services: Monitoring Instrument (Pilot Trial Version-December 2003) MER, WHO, Geneva.*

Domain 4: Public Education is one of the 10 domains identified in the WHO WHR-2001 recommendations. To quote the WHO Monitoring Mental Health System and Services 2003 document, " Once affordable services are available, the single most important barrier to overcome in the community is the stigma and the associated discrimination towards persons suffering from mental and behavior disorders. Education in public schools should also include information on prevention of mental disorders and promotion of mental health."

Public education and awareness campaigns on mental health educate and inform the community about the nature, extent and the impact of mental disorders in order to dispel common myths and encourage more positive attitudes and behaviors. Public campaigns may also reduce the barriers to treatment in mental health services and in primary care.

The media can be used to inform the public, to persuade or to motivate individual attitude and behavior change, and to advocate a change in social, structural and economic factors that influence mental health.

The public education domain includes five facets.

1. Policy for public education
   * mental health policy, programs and legislation necessary should be based on current knowledge and human rights considerations
   * mental health legislation to serve as legal framework for addressing vital issues such as community integration of persons with mental disorders, the provision of care and the protection of civil rights, as well as the protection and promotion of rights in other critical areas as housing, education and employment

2. Agencies for public education and awareness campaigns
   * existence of national and regional committees coordinating and overseeing campaigns and activities for public education in mental health
   * agencies, institutions and services promoting education and awareness campaigns
   * expenditure for public education and awareness campaigns by agency

3. Target population in educational campaigns for fighting stigma, reducing barriers to mental disorders treatment, preventing mental disorders and promoting mental health
   - populations and groups targeted by campaigns against stigma and discriminations
   - populations and groups targeted by campaigns for recognition and treatment of common mental disorders
   - populations and groups targeted by campaigns for prevention of mental disorders and promotion of mental health

4. Coverage of educational campaigns for fighting stigma, reducing barriers to mental disorders treatment, preventing mental disorders, and promoting mental health
   - coverage in the campaigns against stigma and discriminations
   - coverage in the campaigns for recognition and treatment of common mental disorders
   - coverage in the campaigns for preventing mental disorders and promoting mental health

5. Media used in the campaigns for fighting stigma and reducing barriers to mental disorders treatment
   - utilization of educational materials (brochures, pamphlets, leaflets, posters, video, slides, web sites, etc) in campaigns against stigma and discrimination
   - utilization of print media (books, articles, newspapers and magazines) in campaigns against stigma and discrimination
   - utilization of electronic media (talks/ dialogues/ programs) through radio and TV programs, video, films against stigma and discrimination
   - utilization of educational materials (brochures, pamphlets, leaflets, posters, video, slides, web sites, etc) in campaigns for recognition and treatment of common mental disorders
   - utilization of print media (books, articles, newspapers, magazines) in campaigns for recognition and treatment of common mental disorders

- utilization of electronic media (talks/dialogues/programmes on mental health through radio and TV programs, video, films) in campaigns for recognition and treatment of common mental disorders
- utilization of face-to-face initiatives (conferences ,meetings, group discussions, public events, etc.) in campaigns for recognition and treatment of common mental disorders
- utilization of educational materials (brochures, leaflets, pamphlets, posters, video, slides, web sites, etc) in campaigns for preventing mental disorders and promoting mental health
- utilization of print media (books, articles, newspapers and magazines) in campaigns for preventing mental disorders and promoting mental health
- utilization of electronic media (talks/dialogues/programmes on mental health through radio and TV programs, video, films) in campaigns for preventing mental disorders and promoting mental health
- utilization of face to face initiatives (conferences, meetings, group discussions, public events, etc) in campaigns for preventing mental disorders and promoting mental health

Results and Discussion

The PMHA-EIS record of accomplishments 1996-2002 was viewed according to the facets discussed below

Policy, Plan, Legislation, and Funding

1. Policies and Plans. The existence of PMHA mission and goals is evidenced in its brochure (PMHA 2003). A review of its publications (Focus and the Annual Reports for the period made available) also reveals the regular or continuing activities of PMHA National Office and its Chapters.
2. Legislation. A news item in a 2000 issue of Focus cites a bill sponsored by Rep. Neptali Gonzalez to create the National Mental Health Coordinating Council to empower and benefit consumers and their

caregivers and families. However, no indication of this proposed legislation was found in the DOH National Objectives 1999-2004 and no further mention of the Council was found in subsequent issues of Focus.

3. Funding. The funding realities for health programs in general, and for mental health in particular, may be seen from the following:

   3.1   DOH Funding

       a.   The share of DOH in the 2003 national budget was only 2-3 % or P9.9B, of which only 0.02% was spent on mental health (Tolentino 2003). Indicative of this funding lack is the mental health budget for the Central Office amounting to only PhP 200,000 (approximately about US$ 3,570) in 2003.

       b.   The current DOH capacity for hospitalization related to mental disorders is 5,465 beds. Based on the WHO estimate of 1% of the population requiring hospitalization for mental disorders, the requirement is 84,000 beds, a gap which simply highlights another dimension of the lack of funding.

       c.   An allocation for mental health programs may be tapped from grants and technical assistance from foreign donors through or outside of the DOH.

   3.2 PMHA Funding

       a.   Income from property (lease rentals) is a source of funds for operations. In 1990, the Board of Trustees decided to construct a commercial building on its property in Quezon City and lease part of it on a build-operate-transfer scheme (PMHA, 2003).

       b.   Membership fees are: PhP 100,000, Corporate (US$1,785 approximately), PhP2,000, Life (US$35 approximately), PhP500 Contributing (US$9 approximately), PhP50

(US$.90 approximately) Regular, and PhP10 (US$.17 approximately), Junior. Figures in US$ are based on the exchange rate of PhP56 = US$1 (2003).

c.   Local donation of P1million (US$ 17,857current value) from the Luis Lim Foundation was brought in by the incumbent President in 2000 during the WFMH Congress. Other funds and support for joint activities came from the Dangerous Drugs Board (DDB), The Civil Service Commission (CSC), and some Local Government Units for Chapter activities.

d.   Although DOH has acknowledged that NGOs like PMHA could participate in its National Mental Health Program, it is also admitted that there are no coherent (*read: well-funded*) efforts to rationalize their activities.

e.   PMHA has established linkages with international organizations (WFMH, WHO, WAPR, etc.) which can potentially be sources of grants and technical assistance, although the same sources are available as well to DOH.

Agencies

The numerous agencies, institutions, service providers and consumer groups which have partnered with PMHA in public education and awareness campaigns may be gleaned from Table 1.

Three (3) international organizations and seventy-seven (77) local institutions are affiliated with PMHA and are involved in implementing programs and services promoting public education and awareness campaigns. There is no recorded data on the expenditures for the public education and awareness campaigns by the above agencies. EIS managers of the national office co-manage the implementation of EIS programs with their provincial chapter counterpart/duly assigned agency representatives, in the respective localities. The president and the executive director deal directly with the representatives of the international organizations in areas of capability building relative to program implementation.

Table 1. Agencies/ Institutions/ Service Providers and Consumer Groups Affiliated
with PMHA (1996-2002) Agencies/ Institutions/ Service Providers

A. International
1. World Federation for Mental Health
2. World Association for Psychosocial
   Rehabilitation – Philippines
3. World Health Organization

B. National
1. Government
   • Department of Education Culture and
     Sports
   • Department of Social Welfare and
     Development
   • Department of Finance
   • Department of Health
   • Department of Interior and Local
     Government
   • Department of Labor and Employment
   • Dangerous Drugs Board
   • Philippine Charity Sweepstakes
   • Philippine Information Agency
   • Philippine National Red Cross
   • Narcotics Command Philippine National
     Police
   • Parish Pastoral Council for Responsible
     Voting-National Movement for Free
     Elections
   • Commission on Elections
   • Commission on Human Rights
   • National Center for Mental Health
   • Civil Service Commission
   • National Labor Commission
   • Barangay Health Center
   • Bacolod City Drug Council
   • Mayor's League of Negros Occidental
   • City Disaster Management &
     Coordination Council (Lipa)
   • Provincial Social Welfare and
     Development Office (Cabanatuan)
   • Provincial Sub-committee for the Welfare
     of Children (Cabanatuan)
   • City Council for the Welfare of Women
     (Cabanatuan)
   • Cabanatuan City Gender and
     Development Council
   • Occupational Safety and Health Center
   • Davao City Government
   • Quezon City Anti-Drug Abuse Council
     (QCADAC)
2. Non-Government/Private
   • Luis H. Lim Memorial Foundation
   • Coca Cola Bottlers Philippines, Inc. Plant
   • Print and Broadcast Media

Radio
DZEQ Baguio
Bombo Radyo
DWAM Batangas
GV 99.9 FM
TV
NORTHCOM
RMN TV
GMA TV 12
Newspaper
Sunstar Daily
Daily Forum
3. Academe
   Universities/ Colleges
   University of St. La Salle
   Siliman University
   Wesleyan University
   College of Immaculate Concepcion
   Mindanao State University
   Lyceum of the Philippines
   Our Lady of Fatima Colleges
   Philippine Women's University
   Manila Central University
   Colegio de San Juan de Letran
   Philippine Normal University
   University of Sto. Tomas Graduate Studies
   St. Paul College
   Adamson University
   Gregorio Araneta Foundation University
   Polytechic University of the Philippines
   Liceo de Cagayan University
   High Schools
   Claret School
   Pines City National High School
   San Jose High School
   Daniel Aguinaldo National High School
   Pangasinan National High School
   Elementary Schools
   Seventh Day Adventist Elementary School
   Navarro Elementary and High school
4. Professional and Specialty Groups
   Philippine Nurses Association
   Philippine Women's Medical Association
   Philippine Psychiatric Association
   Soroptomist International
   Psychological Societies Association on Mental
   Health (PSAMH)
5. Socio-civic Organizations
   Rotary Clubs (Commonwealth, Lipa South)
   Lipa Jaycees
6. Others
   Parish of Our Lord of Divine Mercy

While the PMHA uses varied forms of media to reach the public, there is no clear data as to the content or message of the media campaigns (be it for fighting stigma and reducing barriers to mental disorders treatment, promotion of healthy lifestyles, etc).

Table 2. Media used by PMHA in public education and awareness campaigns (1996-2002)

Programs/Activities
- Orientation lectures
- Symposia
- Lecture-fora
- Seminar-workshops
- Panel forum
- Group dynamics activities
- Film showing
- Information materials / Brochures and pamphlets, FOCUS (official publication)
- Streamers / Bulletin boards
- Inter-agency networking
- Library assistance (Initiated in 2003)
- Exhibit in school affairs (Initiated in 2003)
- Radio & TV interviews and guestings / Print media
- Talk shows

Table 3. Regular Programmes for Education-Information Services, PMHA (1996-2002)

Regular Programmes

- Orientation to PMHA
- National Mental Health Week (NMHW) and World Federation for Mental Health Day Celebrations (October every year)
- Systematic Training for Effective Parenting (STEP)
- Youth Life Enrichment Program (YLEP)
- Continuing Mental Health Education Program (CMHEP)
- Mental Health Community Outreach Program (MHCOP)

Program materials of the above mainstays need to be studied and updated. They have been implemented for decades but need to be reviewed if they are in keeping with the changing times. Mental health experts are needed to improve the

materials. Funding these programs / activities is a problem and there is a need for grants from business organizations and international NGOs for their sustainability.

In addition to the particular groups, there is a need to realign target populations with those identified by the World Health Organization and the Department of Health and implement programs and activities that complement/strengthen mental health services to the general public. Effectiveness and efficiency of the Program implementation will be more effective and more efficient when the activities are synchronized and resources are shared with the two agencies mentioned above.

Table 4. Target Populations Constantly Identified in PMHA Public Education-Information Services Program (1996-2002)

Target Populations

- Parents, particularly mothers
- Children and Youth
- Students (high school, college)
- Teachers (public and private)
- Disabled persons
- Urban and rural poor
- Professionals (government and private employees)
  Barangay Health Workers
- Government organizations
- Non-government organizations
- Civic organizations
- Other institutions
- Local government offices
- Mental health trainees (doctors, nurses, psychologists, social workers, occupational therapists, care givers, and consumers and their families)

Target Population

1. PMHA target populations or audiences may be gleaned from Table 4.
2. In its National Objectives specifically for mental health , DOH narrowed its focus to the following (DOH, 1999):
   2.1 High-risk populations
      a. Victims of violence and disasters

b. Overseas Foreign Workers (OFW's)
c. Children in extremely difficult circumstances
d. Adolescents
e. Workforce (esp. government employees)
f. Children

DOH also has a comprehensive list of target populations for its overall health programs in the same National Objectives, and could have covered also the following target populations were it not for limitations in budget

1. Mothers (after birth)
2. Adolescents and youth
3. Children in need of special protection
4. Women in difficult circumstances
5. Persons with disabilities
6. Rural and urban poor
7. Indigenous peoples
8. Migrant workers

Coverage

The DOH National Objectives for mental health covered only the following areas of concern:

1. Mental health problems: major depression disorders, schizophrenia, alcohol and drug abuse
2. Stress concerns in the workplace (esp. government offices)
   2.1 Educational campaigns for fighting stigma, reducing barriers to mental disorders treatment, preventing mental disorders and promoting mental health

Table 5. Coverage of Educational Campaigns of Public Education Information Services of PMHA (1996-2002)

A. Family and Mothers
- Coping with Family Problems
- Effective Parenting
- Coping with Everyday Problems
- Psychological and Social Aspects of Responsible Parenthood
- Building Satisfactory Relationships
- Reproductive Health
- Marriage in Crisis: Its Effects and Legal Implication on Family and Children
- Parenting: Parent-Child Relationship
- When Kids Are Fighting
- The Role of Family in a Drug-Free Society
- Participation of Families in the Treatment and Regimen of Psychiatric Patients
- Activities, Opportunities and Potentials of Parents

B. Children and Youth
- Early Detection of Potential Child Behavioral Problems
- Common Behavioral Problems among Children and Adolescents
- Why Children Misbehave
- Love, Courtship and Marriage
- Sexuality and Relationships
- Trauma and Violence of Children and Adolescents: A Cause for Alarm
- Situationer on Children Today
- Identifying Children and Adolescents at Risk. Developmental Impact of Domestic Abuse and Community Violence on Children and Adolescents
- The Effects of Media Violence on Children and Adolescents
- Children and Adolescents: Soldiers and Victims in Armed Conflict
- Trauma and Its Consequences on Children and Families
- Psychotherapeutic Intervention for Traumatized Children and Adolescents
- A World Fit for Children, Our Obligation and Joy
- Children and Youth

C. Older Persons
- How to Grow Old Gracefully
- Mental Health and Ageing
- The Filipino Elderly: an Overview
- Midlife Crisis from a Biophysiological Perspective
- Preparing for and Coping with the Realities of Midlife Crisis and Ageing
- The Elderly as Family Member
- The Needs of the Elderly and How to Deal with Them
- Psychosocial Needs and Care of the Elderly

D. Children in Need of Special Protection
- Playing by Heart
- Handling Special Children
- Symptoms of Attention Deficit-Hyperactivity Disorder
- Understanding Attention

E. Women in Difficult Circumstances
- Extramarital Affairs
- Violence against Women
- Domestic Violence

F. Persons with Disabilities
- Disabled of the Millennium

G. Work -related
- Stress Management
- Mental Health Issues in the Workplace
- Building Your Workplace in the Future
- Mental Health and Work
- Anxieties and Depression in the Workplace
- Work Placement for Mental Health Consumer
- Overcoming Job Burnout
- Child Labor: A Challenge to Mental Health
- Dual Career Couples
- Lifestyles and Mental Health: A Visayan Perspective
- Life after Work
- The Workplace as a Center of Wellness
- Anger Management

- Emergency Literacy
- Instant Confidence
- The Art of Managing Emotion
- How to Manage Our Moods
- Coping with Emergency Problems
- How to Tame Anger
- Getting Rid of Feelings of Betrayal and Anger
- Choosing a Career
- Building Self-confidence

H. Mental Health/ Illness
- Managing Your Depression: Nature, Causes, Signs and Symptoms
- Caring for Your Mental Health
- Most Common Type of Mental Illness
- Team Work in a Psychiatric Level
- Human Rights and Mental Health
- Mental Health: A Sound Mind for a Sound Body
- Mental Health Care Delivery System In the Philippines
- Protection of Persons with Mental Illness and the Improvement of Mental Health Care

I. Suicide
- Depression and Suicide
- Sensing Signs of Suicide

J. Substance Abuse
- Effects of Drug Addiction on Mental Health
- Drug Abuse and Prevention
- A Key to Substance Abuse Prevention
- Kilos Laya Laban sa Droga (KILL Droga)
- The role of Community in the Prevention of Drug Abuse
- Drug Prevention Tips

K. General Topics
- Communication
- Personality Development
- Values Education
- Mental Health and Self-awareness Spirituality as a Way of Life.

The coverage of the PMHA EIS for the period 1996-2002 included 90 different topics categorized under 10 major headings: family and mothers (13.3%), children and youth (15.6%), older persons (10%), persons with disabilities (1%) , work-related stresses (28.4%), mental health/illness spectrum, (8.8%) suicide (2.2%), substance abuse (6.7%), children in need of special protection (4.4%), women in difficult circumstances (3%) and general topics (5.6%). General topics included communication, personality development, values education, self awareness, and spirituality as a way of life. The topics most emphasized were those on work-related stress 28.4% followed by the topic on children and youth 15.6%. However, the WHO program thrusts on fighting stigma and discrimination and reducing barriers to mental disorders treatment were not covered. DOH identified 2 major areas of concern: mental health problems including depression disorders, schizophrenia, alcohol and drug abuse, on one hand, and stress in the workplace, on the other hand. There is also need for education and information campaigns addressing the problems of depression and suicide.

Media used

1. Educational materials (brochures, pamphlets, leaflets, posters)
2. Electronic data (talks, dialogues, programs through radio and television, video, films)
3. Print media (books, articles, newspapers and magazines) in campaigns
4. Face-to-face initiatives (conferences, meetings, group discussions, public events) in campaigns
5. The focus of PMHA regular activities may be gleaned from Table 5 on Coverage, showing the content of the communications to targeted audiences. The following activities are regularly undertaken: conferences, seminar workshops, school-based mental health clubs, programs on parenting, mental health community outreach program, public information through print and broadcast media, training, research and library services. PMHA also leads the annual celebration of National Mental Health Week and World Mental Health Day in October.

Tables 6,7, & 8 (and the totals plotted in Figure 2) show the extensive reach of media in the PMHA education and information campaigns. There is no indication, however, as to the content of these various campaigns on mental health promotion and prevention of mental illness. Also, there is no data on the budget/expenditures, target population, and feedback on the results of the campaigns.

The tremendous drop in the number of people reached by the EIS campaign in 2000 – 2002 as shown in Fig.2 may be indicative of unreliable reporting/recording. At best, the figures are rough estimates and not validated by surveys or any form of feedback mechanisms. (This is a pronounced limitation of the study).

Table 6: Number of People Reached by PMHA National Office and Provincial Chapters using different media for the period covered from September 2000 to August 2002

Media used in campaigns:	National Office	Batangas (Lipa)	Benguet (Baguio)	Cagayan de Oro	Cebu	Davao	Negros Occ. (Bacolod)	Negros Or. (Duma-guete)	Nueva Ecija (Cabana-tuan)	Panga-sinan (Dagupan)	Total
Utilization of educational materials (brochures, pamphlets, leaflets, posters)	30,148	535	430	1,131	1,061		125	764	872	663	5,581
Utilization of electronic data (talks, dialogues, programmes through radio & TV, video, films)	3,602,415	150,843	476,662	390,372	34,134	2,150,905	153,497	3,503,590	55,970	1,820,111	8,736,084
Utilization of print media (books, articles, newspapers and magazines) in campaigns	2,955			68			48	59	36	24	235
Utilization of face to face initiatives (conferences, meetings, group discussions, public events) in campaigns	8,842	5,027	2,939	2,326	943	1,709	8,905	6,509	1,592	1,933	31,883
Total	3,644,360	156,405	480,031	393,897	36,138	2,152,614	162,575	3,510,922	58,470	1,822,731	8,773,783

Note: The assessment study did not include verification of data supplied.

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Table 7: Number of People Reached by PMHA National Office and Provincial Chapters using different media for the period covered from August 1998 to July 2000

Media used in campaigns:	National Office	Batangas (Lipa)	Benguet (Baguio)	Cagayan de Oro	Cebu	Davao	Negros Occ. (Bacolod)	Negros Or. (Duma-guete)	Nueva Ecija (Cabana-tuan)	Panga-sinan (Dagupan)	Total
Utilization of educational materials (brochures, pamphlets, leaflets, posters)	59,978	2023	377	338	467	2539	193	1597	809	506	8,849
Utilization of electronic data (talks, dialogues, programmes through radio & TV, video, films) 8,451,922	24,979,559		540,249	1,745,283	255,042	189	290,259	1,354,223	3,751,015	20,545	495,117
Utilization of print media (books, articles, newspapers and magazines) in campaigns	3,393			130	7	110	41	104	1	27	420
Utilization of face-to-face initiatives (conferences, meetings, group discussions, public events) in campaigns	7345	204788	7749	3736	1056	1992	22649	41561	1306	3185	288,022
Total	25,050,275	747,060	1,753,409	259,246	1,719	294,900	1,377,106	3,794,277	22,661	498,835	**8,749,213**

Note: The assessment study did not include verification of data provided

Table 8: Number of People Reached by PMHA National Office and Provincial Chapters using different media for the period covered from September 2000 to August 2002

Media used in campaigns:	National Office	Batangas (Lipa)	Benguet (Baguio)	Cagayan de Oro	Cebu	Davao	Negros Occ. (Bacolod)	Negros Or. (Duma-guete)	Nueva Ecija (Cabana-tuan)	Panga-sinan (Dagupan)	Total
Utilization of educational materials (brochures, pamphlets, leaflets, posters)	30,148	535	430	1,131	1,061		125	764	872	663	5,581
Utilization of electronic data (talks, dialogues, programmes through radio & TV, video, films)	3,602,415	150,843	476,662	390,372	34,134	2,150,905	153,497	3,503,590	55,970	1,820,111	8,736,084
Utilization of print media (books, articles, newspapers and magazines) in campaigns	2,955			68			48	59	36	24	235
Utilization of face-to-face initiatives (conferences, meetings, group discussions, public events) in campaigns	8,842	5,027	2,939	2,326	943	1,709	8,905	6,509	1,592	1,933	31,883
Total	3,644,360	156,405	480,031	393,897	36,138	2,152,614	162,575	3,510,922	58,470	1,822,731	**8,773,783**

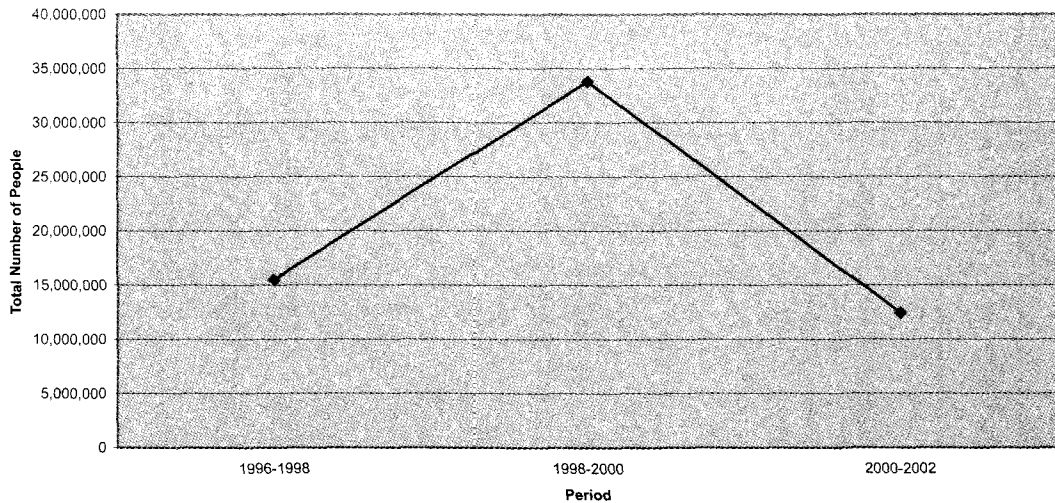Note: The assessment study did not include verification of data provided

FIGURE 2
Total number of people reached through various media by the
PMHA National Office and Provincial Chapters from 1996 to 2002

Conclusion

On Policy & Plans. There is a gap in the WHO Report recommendations on Public Education, on one hand, and the "lack of coherent efforts" in rationalizing NGO activities recognized by DOH, on the other. This gap suggests opportunities for PMHA initiatives in the national mental health system.

PMHA may align its program more closely with the WHO Recommendations on the Public Education Domain which emphasize the following aspects:
1. reducing barriers to mental health treatment with campaigns for
   a) fighting stigma and discrimination (the single most important barrier)
   b) recognition and treatment of common mental disorders
2. preventing mental disorder and promoting mental health through campaigns to inform the public, motivate individuals to develop positive attitudes towards, and to advocate changes in social, structural, and economic factors that influence mental health.

PMHA may also move from being an exemplary NGO to being a national coordinator of NGO action nationwide in the public education domain of the mental health system.

On Funding. No thorough analysis has been made of all PMHA sources and uses of funds for the period. Based on the published fees and annual membership levels, it can be calculated that about PhP300,000 (US$5,357 approximately) was the contribution to PMHA every two years. This can be broken down and correlated for each of the three Programs (Primary, Secondary, and Tertiary). This aspect can be the subject of subsequent studies in order to determine the optimum service mix and priorities in the PMHA programs and activities.

Aligning PMHA with the Recommendations of WHO and assuming national leadership in this domain can give potential advantages to PMHA, such as enhancing its chances of being beneficiaries of grants and assistance from foreign donors for mental health public education programs.

> The admission by the DOH that it lacks coherent efforts to rationalize the activities of NGOs is an indication of the opportunity for a PMHA initiative to provide advocacy and coordination, thereby also enhancing its chances of obtaining funding or assistance from various sources.

On Agencies. The admission by the DOH that it lacks coherent efforts to rationalize the activities of NGOs is an indication of the opportunity for a PMHA initiative to provide advocacy and coordination, thereby also enhancing its chances of obtaining funding or assistance from various sources. Despite the lack of budgetary allocation for mental health public education programs, DOH (as well as other agencies like the Philippine Information Agency, DILG, etc) can make available their existing resources to enable PMHA-EIS to "ride on" the other agencies' existing infrastructures, thus minimizing incremental costs for its own programs. However, the potentials of these working relationships need to be maximized. For example, PMHA cited WAPR-Philippines as one of the agencies they networked with, but so far only 2 seminars for families and caregivers in 2000 were jointly done.

On Legislation. Advocacy for relevant legislation may be followed up and/or initiated, such as the proposed bill of Rep. Neptali Gonzalez in 2000. This action is consistent with the WHO recommendation in the public education domain "to advocate for a change in social, structural and economic factors that influence mental health."

On Target Populations & Coverage. Accurate and useful information on target populations and their health needs is critical to quality as well as to successful campaigns in public education on mental health. Materials on public education and information (as well as training materials for facilitators) can thereby be designed for the intended target populations or audiences. PMHA can also lead in these efforts on focused data gathering and literature design.

PMHA has "undertaken many projects" on its Primary Program on education information services. On the other hand, the limited DOH budget allocation for mental health is reflected in the limited target populations and coverage (content) stated in its National Objectives, as cited in the previous chapter on Results under the facets Target Population and Coverage. The national mental health situation appears ready for PMHA to take the leadership initiative, should it decide to do so.

> Advocacy for relevant legislation may be followed up and/or initiated, such as the proposed bill of Rep. Neptali Gonzalez in 2000. This action is consistent with the WHO recommendation in the public education domain "to *advocate for a change in social, structural and economic factors that influence mental health.*"

On Media Used. The PMHA Annual Reports highlighted the data on the *numbers of audiences reached*, which ranged in the millions (15 to 35 MM) as shown in Figure 2. The national office in Quezon City and the nine provincial chapters coordinate and oversee the promotional campaigns and activities for public education and information on mental health. However, there is *not much analysis of this data*, nor is there a conscious effort, to assess the *level of effectiveness* of the said activities of the Public Education Information Service.

The mental health public education domain of the PMHA lacks a systematic monitoring, assessment and evaluation program because generating such a program is difficult to do, is time-consuming and requires large resources. While the public education information program is massive, it continues without the benefit of systematic review and feedback.

It is possible to develop and implement the use of participatory methods as suggested by the WHO (2003). These methods are inexpensive, relatively easy to

implement and readily reach the target audiences. Examples of methods that have been reported in Western Pacific countries include:

a. Video documentation on individual behaviors or community environments at pre- and post-intervention periods and presenting these to the appropriate bodies for discussion,

b. Polling on health attitudes, beliefs and behaviours and dissemination of *results* through mass media, and

> The mental health public education domain of the PMHA lacks a systematic monitoring, assessment and evaluation program because generating such a program is difficult to do, is time-consuming and requires large resources. While the public education information program is massive, it continues without the benefit of systematic review and feedback.

c. Focused group discussions among target clients, beneficiaries, and populations.

Recommendations

The PMHA-EIS assessment detailed in the preceding chapters shows a wide coverage of public education and information campaigns conducted year in, year out, undertaken under a primary program in pursuit of its stated mission. Some PMHA programs hold potentials for undertaking this mission; likewise, PMHA has the opportunities for effectiveness as well as opportunities for expanding its roles under this primary program.

Founded on this solid base, PMHA can consider the following initiatives:

1. Utilize a feedback process, such as a systematized information and monitoring system. PMHA can further assess effectiveness of its activities and pinpoint areas of improvement in its primary program. The process may also include socially-oriented surveys, done by or with the assistance of professionals (such as but not limited to SWS and Pulse Asia, etc.) in the conduct of surveys.

2. Utilize its critical mass of activities. PMHA can lead a coherent public education effort by the NGOs and other major stakeholders nationwide.

3. PMHA can study its own financial and human resources for undertaking the above initiatives, as well as optimize the allocation of said resources for its programs and activities.

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