



# MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

## SITUATION OF CHILDREN IN THE PHILIPPINES REPORT



**SITUATION**  
OF  
**CHILDREN**  
IN THE PHILIPPINES



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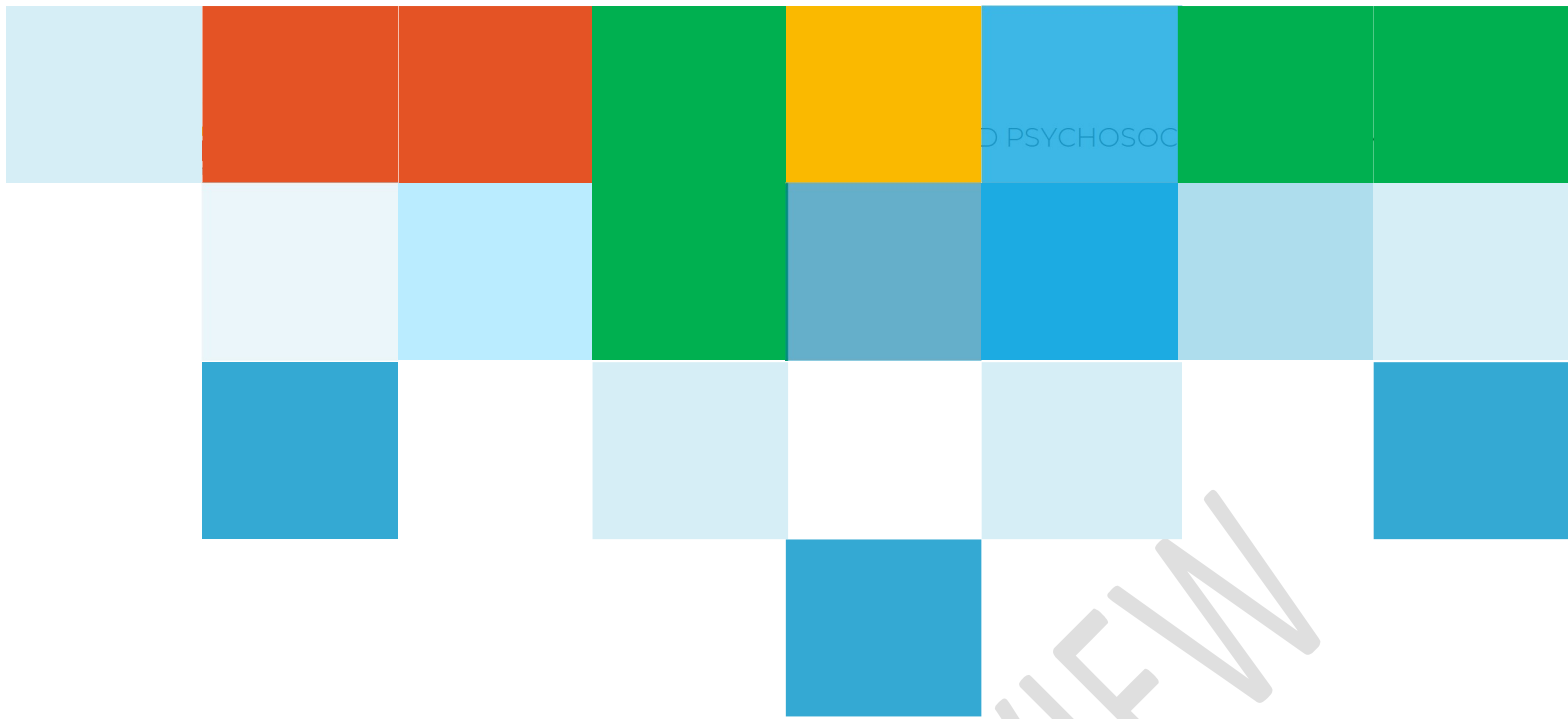
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**Mental health is a fundamental part of overall human health and well-being. It is especially important in the critical stages of childhood and adolescence.**

Children and adolescents depend a lot on their parents, caregivers and their environment to help develop social and emotional skills towards a healthy and fulfilled life. As children and adolescents go through the growth stages, they become exposed to various factors in school, social circles, religious groups, social media and the wider community that may affect their mental health and well-being.

# Increasing trends in youth suicide ideation and a significant rise in calls to the National Center for Mental Health Crisis Hotline highlight a growing mental health crisis.

Measures to monitor mental health in the country, among the population and especially among children and adolescents, are currently inadequate.

While some data on suicide ideation and mortality are available, the number of calls received through the National Center for Mental Health Crisis Hotline may provide some interim indication of mental health state among the population.

While suicide mortality rate has been steady for years, suicide ideation and attempts have increased from 2013 to 2021.

Since 2019, the total number of calls received at the National Center for Mental Health Crisis Hotline has increased by nearly 600 per cent, which can be attributed more to the impact of COVID-19 on mental health. Those aged 17 and below made around 10 per cent of those calls.

## Child Rights Situation Analysis

Indicators pertaining to mental health included in this analysis are the suicide mortality rate between 2000 and 2019, suicide ideation and attempts, and the number of calls received at the National Center for Mental Health Crisis Hotline between 2019 and mid-2022, disaggregated by sex and age.

**The suicide mortality rate stood at 2.2 deaths per 100,000 people as of 2019 and has been stable between 2014-2020.**

**Suicide ideation or the thought of committing suicide among the youth — young persons aged 15-24 years, increased from 8 per cent in 2013 to 17 per cent in 2021, higher among**

**females at 24 per cent to 10 per cent among males.**

Suicide attempts likewise rose from 3 per cent in 2013 to 7 per cent in 2021 with females having a higher rate of 11 per cent than males with 4 per cent. Family problems were cited as the top reason for suicide attempts.

A significant proportion of youth that had suicide ideation, 62 per cent, did not reach out to anyone regarding their thoughts and only 11 per cent knew of any suicide prevention program or service.

Since 2019, the total number of calls received at the National Center for Mental Health Crisis Hotline has increased significantly.

From 3,129 calls in 2019, the number had risen to 21,468 calls in 2021, representing a nearly 600 per cent increase. Of the total number of calls received in 2021, approximately 35.4 per cent of them were suicide-related calls.

The data highlights the impact that COVID-19 had on people's mental health. Prior to the pandemic, the Hotline received 3,991 calls. During the pandemic, this number rose to a much larger 43,357 calls. Those aged 17 and below constituted 4,222 of the calls received.

These findings are supported by a study conducted by Aligam et al during the early months of the pandemic which noted that a quarter of respondents aged 12-21 years recorded moderate to severe anxiety during this period.

## Equity & Risk

### EQUITY

Gender	<p>Among the youth, females are mostly likely to harbour thoughts of suicide and to attempt at one or more.</p> <p>Female callers made up a large majority of the total calls to the Mental Health Crisis Hotline, received both prior and during the pandemic (62 per cent and 63 per cent respectively). A 2020 study conducted by Plan International indicates that COVID-19 has particularly impacted the mental health and psychosocial well-being of girls.</p>
Disability	<p>This situation analysis has not been able to determine any data which disaggregates by disability under this subdimension.</p>
Subnational	<p>This situation analysis has not been able to determine any data which disaggregates by region under this subdimension. However, it can be noted that mental health and psychosocial well-being is likely to be worse-off in regions subject to high rates of conflict, or more susceptible to climate risk.</p>
Others	<p>Younger populations are disproportionately affected by mental health issues. Of the total number of callers, nearly 67 per cent were aged below 30.</p>

In recent years, one study indicates that children and young people face a trifecta of threats in the Philippines: COVID-19 and its outcomes, interruption of essential services and increasing poverty and inequality.

Additionally, it is noted that climate-related factors like typhoon season can impact rates of stress, anxiety and depression in children and young people

## RISKS

**Natural hazards** As the Philippines is a climate-vulnerable country, Filipino children and adolescents are likely subject to the mental health distress that is caused by climate anxiety, and the existing social and physical health inequalities that climate change exacerbates.

**Conflict** **Conflict risks children's and adolescents' health and development.** It increases the risk of their facing anxiety, loneliness and insecurity; risks their becoming desensitized and emotionally numb; can increase their likelihood of showing aggression and withdrawal in their behavior with family and friends; can lead to psychosomatic symptoms; and can push some into negative coping mechanisms including self-harm.

It follows that children living in areas with high conflict incidence - like Mindanao - are more at risk of these developmental challenges.

**Health Crisis/Pandemic** COVID-19 posed significant challenges with regard to mental health and psychosocial well-being; a similar event in future would pose the same risk.

**Other risks** Changes to personnel and leadership within the DoH affect the delivery of child health services in the Philippines.

Each new senior official or representative appointed or elected may introduce new structures and priorities, which can make it challenging for INGOs and other partners to work effectively as they need to rebuild connections, networks and relationships, particularly for advocacy work. Such changes affect all health services.

# Legislation & Policy Analysis

The nutrition of children and adolescents has been a long-standing concern of the Philippine government.

Prior to 2018 the Philippines was one of a minority of countries in the world to have no official mental health legislation. Republic Act No. 11036 (Philippine Mental Health Act), enacted on June 21, 2018, became the first mental health act legislation passed in the Philippines.

The bill mandates “for the provision of psychiatric, psychosocial and neurological services in all hospitals, and basic mental health services in community settings.”

It also guarantees the rights of patients to be free from discrimination, torture or any other cruel and degrading treatment. The act also recognizes the rights of “concerned individuals,” be it relatives, friends or mental health professionals.

The core principles which the act is based on include: Definition of mental illness - this covers the determination of whether a mental health condition exists in a patient; Informed consent - the act ensures that consent must be voluntarily given by the service user, although there may be exceptions in cases of psychiatric or neurological emergencies; Legal representation and supported decision-making - the act allows for any patient to designate a legal representative; Other considerations - the act enshrines the rights of those suffering from mental disorders, covers protection of children, confidentiality and professional standards of care among other things.

As of the mid-2000s, according to WHO, 3-5 per cent of the Philippines’ total health budget was spent on mental health, with the majority of what was allocated “spent on the operation and maintenance of psychiatric hospitals.” This was despite the enactment of the Philippine National Mental Health Policy in 2001.

## Bottleneck Analysis

### Demand

- **Seeking help.** Low self-esteem, anxiety, depression and affordability can make it challenging for many with poor mental health to take the step to seek help. This is a key personal barrier for many in seeking mental health support.
- **Stigma.** Local mental health and psychosocial support providers in the Philippines report perceived stigma at the community level is a key barrier preventing mental health help-seeking behaviours as a key challenge in Filipino communities. Concerns that they “might be perceived as crazy” was a barrier listed by 31 per cent of respondents to a 2023 study on the subject.
- **A lack of finances to travel to health care facilities.** This is particularly a bottleneck in more deprived regions and among families affected by issues like unemployment. Social protection schemes go some way to providing

safety nets for these families, but the reach of these programmes varies significantly across the Philippines. Furthermore, this is likely to be a bottleneck particularly for families with children with disabilities who may need greater accessibility requirements, or with parents with disabilities who are more likely to have employment challenges.

- **Continued fear of contracting COVID-19 when accessing health care facilities.** This was reported to be a bottleneck impacting demand for health care services.

Supply

- **Women and girls have limited access to health care facilities due to gendered norms related to household responsibilities.** Prevailing gendered norms which view women and girls as the primary duty bearers of household responsibilities are a major bottleneck for the realization of women and girls' access to health care services. For instance, it was reported that women often cannot take the time out to travel to health care facilities due to childcare responsibilities.
- **Inadequate provision of adolescent-friendly health services at health care facilities.** This is a significant bottleneck, as it impacts adolescents' demand for health care services. Even for those in contact with the health system, the assistance received is often inadequate and fails to address their needs. For instance, a 2019 study found that teenage girls who were in contact with the health system still continued to use no contraception, or used traditional and other less-effective methods as they did not receive adequate family planning counselling.
- **Inadequate supply chains for health.** Bottlenecks throughout the health sector supply chain remain an important challenge. These include bottlenecks in the financing, procurement, delivery and storage of medical supplies. The lack of reporting on supply usage was also reported to be a major issue, which leads to issues of tracking procured commodities for health. Evidence shows that these bottlenecks have led to delays in the delivery of health services, including child immunization and reproductive health services.
- **Limited access to health care facilities due to long travel distances and inadequate transport links, particularly in rural areas.** The number and distribution of accessible health care facilities varies greatly by province and municipality. For instance, a 2019 UNICEF study highlighted that all study participants from San Jorge, a first-class municipality in Region XIII, had a travel time of less than 15 minutes to a health facility, while of those from Dipolog, a third-class municipality in Region IX, a lower 46.2 per cent were this near. This bottleneck is particularly important given that poorer families often lack the necessary finances to travel to health care facilities, as identified in the Immediate bottlenecks.

- **A lack of technical capacity among rural populations to carry out social development programmes such as health promotion activities.** These programmes and activities rely heavily on local participation. While this is positive in improving the localization of social development initiatives, it has also been identified as a key bottleneck. Local populations are often engaged in the implementation of programmes without being given the necessary skills and knowledge needed to effectively carry out their responsibilities, which leads to inefficiency.

Enabling environment

- **Legislation.** Prior to 2018, the Philippines had no official mental health legislation. While this has now changed, it appears that many MHPSS providers recommend that training for mental health providers be improved, that more mental health providers be established, that more government funding is set aside for mental health, and that more awareness-raising activities are undertaken to better reach communities in need of mental health services.
- **Limited coordination between national and local levels of government.** The provision of health services is devolved in the Philippines, and thus requires robust coordination and coherence between different levels of government. While the introduction of policies and passing of laws happens at the national level, LGUs are the main duty bearers for implementation. Although a range of policies and laws have been introduced, there are major gaps in implementation due to issues of capacity, financing, human resources and motivation at the LGU level. At the root of these issues is the overarching bottleneck of a lack of coordination between national and local levels of government.

As reported by one key informant, “there is a major disconnect in what the national government tells LGUs what they should do, versus what they can do.” Another key informant, a national government stakeholder, noted that knowledge and capacity-transfer from the national to the subnational needs to be a top-down process with national government agencies leading these efforts. It was, however, also noted that national agencies lack the budgetary requirements to do this widely and therefore rely on LGUs to seek technical assistance as and when needed.

- **Varying LGU capacities and appreciation at subnational level limits LGUs’ capacity to implement nutrition and health laws.** LGUs are the main duty bearers for the implementation of national laws and policies on health. However, some LGUs suffer from a lack of capacity in terms of human resources, technical skills and the necessary budgets for adequate implementation. A commonly cited bottleneck across KIIs conducted under this situation analysis was that decision-making on focus areas within LGUs relied heavily on the LCEs. As such, LCEs’ willingness, motivation, and ability to prioritize health and nutrition issues is a major determinant of the realization of an LGU’s prioritization of health service delivery.



While it is difficult to ascertain the extent of this bottleneck, it was suggested that LCEs often make decisions on these matters based on political factors rather than population needs. Furthermore, as LGU elections are held every three years, there are regular changes in health staff and leadership. This is reportedly a significant bottleneck, as knowledge and expertise around health at LGU level fluctuates regularly. For partner organizations, this turnover also requires the rebuilding of relationships to carry forward collaborative endeavours.

- **Inadequate progress indicators being measured and a resultant lack of robust data being collected to inform policymaking.** This is a critical bottleneck, as without the right data, it is difficult to determine where challenges lie and how they should be addressed. Furthermore, it is essential that data be disaggregated in order to inform more targeted policymaking.

DRAFT FOR REVIEW

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