



CARE, MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

SITUATION OF CHILDREN IN THE PHILIPPINES REPORT



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IN THE PHILIPPINES

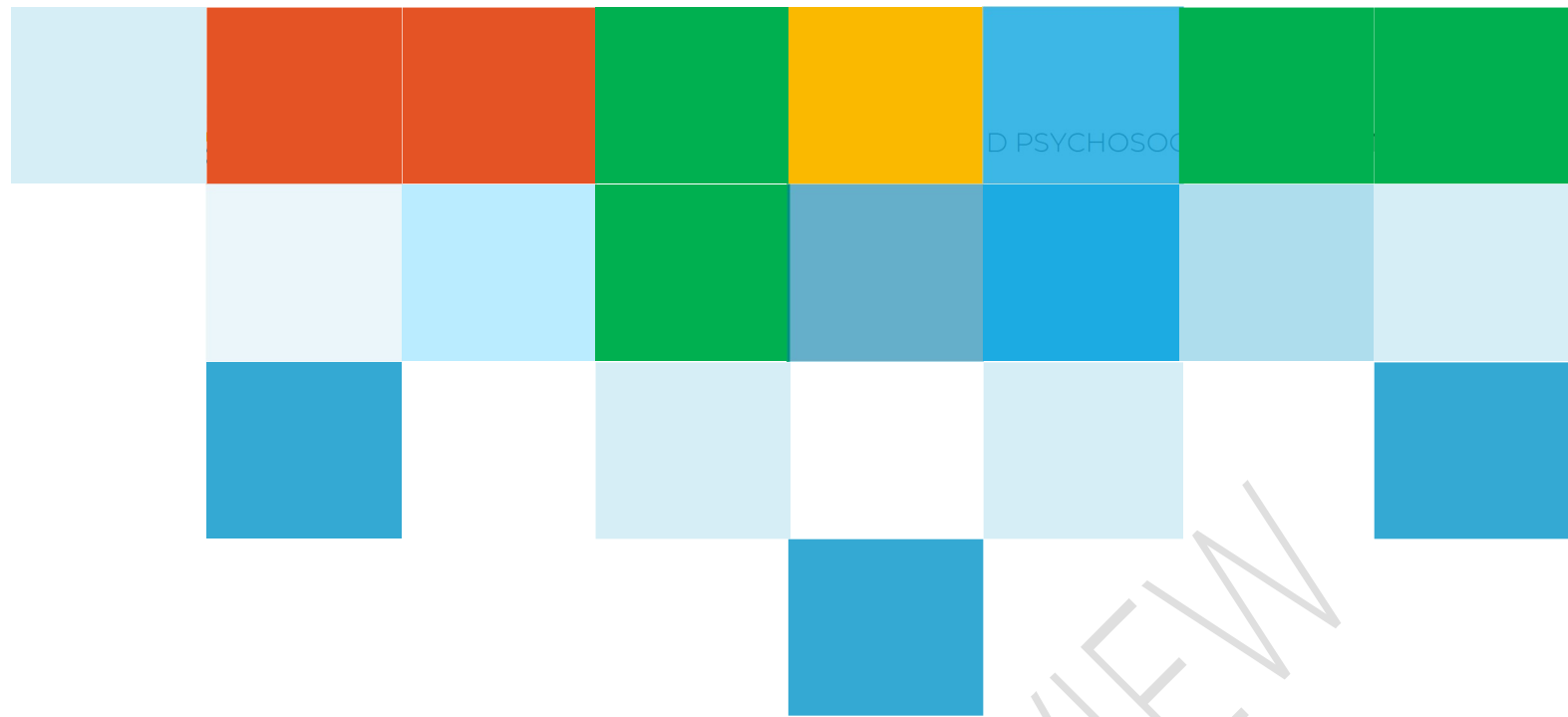


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Situation of Children Reports provide in-depth analyses of child rights issues in the Philippines to help facilitate informed decision-making in child welfare and rights, covering areas like health, education, and protection. To view interactive dashboards and access the latest data, please visit www.situationofchildren.org



Children and adolescents experience a high burden of poor mental health in the Philippines. Risk factors for poor mental health as identified in a 2022 UNICEF report include exposure to violence, peer victimization, bullying, loneliness and social isolation, particularly in the context of the COVID-19 pandemic.

Despite the high burden of mental health issues, there is a substantial shortage of mental health and psychosocial support (MHPSS) for children and adolescents.

The Philippines has made crucial efforts to address child and adolescent mental health through the integration of mental health services into the social welfare and justice sectors.

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DSWD workers, psychologists and child protection officers provide psychological first aid and counselling, mostly in institutional settings such as residential care of facilities for children who are victims of trafficking, exploitation or abuse. These include Women and Child Protection Units (WCPUs), rehabilitation centres and institutional care facilities such as the Bahay Pagasa, to name a few.

There are currently 115 WCPUs in 59 provinces and 10 independent cities and more than

98,000 children and adolescents have been served.

These units provide psychosocial support and services through multidisciplinary approaches involving health professionals, social workers, lawyers and community members to provide care to child victims. Within the justice sector, the DSWD and the Department of Justice (DOJ) are “tasked with providing multidisciplinary care, including for mental health, to children in conflict with the law.”

This includes institutional care through Bahay Pag-asa centres, which are funded and managed by local government units (LGUs) or accredited NGOs. As of 2022, 98 Bahay Pag-asa centres were operational nationwide, with all but two being operated by LGUs.

Child Rights Situation Analysis

Despite the significant resources invested in integrating mental health service provision in child protection systems and significant challenges remain.

Residential care facilities nationwide continue to face issues including a lack of psychologists and other essential mental health personnel, budgetary constraints to support all children who need support, and issues of access for children particularly from marginalized backgrounds.

For instance, one key informant stated that despite there being published standards and

guidelines on the functioning of a Bahay Pag-asa centre in terms of aspects such as personnel, infrastructure and budgetary allocations, not all LGUs can afford to comply due to resource constraints.

Furthermore, it was also highlighted that there are significant regional disparities in the distribution of Bahay Pag-asa centres across the Philippines.

For instance, Region IV-B was highlighted as a region where access to Bahay Pag-asa centres is particularly difficult for children due to the large size of the region. Efforts to establish Bahay Pag-asa centres in BARMM were also highlighted as particularly challenging due to land availability issues, a lack of willingness

from LGUs to develop them, and the unstable security situation.

MHPSS services specific to children are in short supply nationally; for example, while the DSWD has a WiSupport online portal, this is not accessible by the public.

Equity & Risk

EQUITY

Gender	There is insufficient data to conduct equity analysis under this subdimension.
Disability	Children with disabilities are more at risk of bullying , and less able to respond to and cope with victimization and bullying.
Subnational	There are significant regional disparities in the provision of care and services for mental health and psychosocial well-being, with the BARMM region particularly affected. Given the prevalence of conflict incidence and natural hazards in the region, this is a concern for children and young people who may require additional support to manage the psychological impacts of such events. Mental health and psychosocial well-being is not referenced to any level of detail in the BARMM's 2020-22 or 2023-28 development planning documents, suggesting that this child rights dimension is not an area that has been prioritized in the region.
Others	<ul style="list-style-type: none"> • Socioeconomic: Studies show that individuals from lower socioeconomic backgrounds often face barriers in accessing mental health care services. Limited financial resources may prevent them from seeking help or accessing private mental health providers. Additionally, individuals with lower socioeconomic status may have limited access to health insurance coverage, which can further restrict their options for mental health care. • Mental health: Certain mental health issues are more prevalent among specific genders. For example, women may experience higher rates of depression and anxiety while men may face challenges in seeking help due to societal expectations of masculinity. Gender-specific factors and biases can influence the availability and quality of mental health care services tailored to the needs of different genders.

RISKS

Natural hazards	Climate change-related anxiety is a key emerging mental health risk among young people.
Conflict	Children in conflict situations are at increased risk of poor mental health and challenges to their psychosocial well-being. Additionally, there are reportedly instances of children in conflict zones being arrested on suspicion of terrorism despite little basis for these arrests.
Health Crisis/Pandemic	<ul style="list-style-type: none"> • Individuals with chronic health conditions, such as diabetes, heart disease or cancer, may experience increased stress, pain, limitations in daily functioning and changes in body image. These factors can lead to higher rates of depression, anxiety and other mental health disorders. • People with physical disabilities may face challenges in mobility, self-care and social interaction. These difficulties can result in feelings of frustration, low self-esteem, social isolation and mental health concerns.

Legislation & Policy Analysis

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,” —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

Bottleneck Analysis

Demand

- **Seeking help is a recognized personal challenge for many with poor mental health.** 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.
- **Perceived stigma at the community level is a key barrier preventing mental health help-seeking behaviours.** Local MHPSS providers in the Philippines report this 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.

Supply

- **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.

- **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, had a travel time of less than 15 minutes to a health facility, while of those from Dipolog, a third class municipality, 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.
- **Limited knowledge on how to look after the mental and psychosocial well-being of those with disabilities.** Disabilities are often not well understood, even among care professionals, with incorrect terminology often used. This is a bottleneck to the effective delivery of mental health services to those with disabilities.

Enabling environment

Limited legislation to inform effective mental health service provision in the Philippines, and limited service provision. 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.

DRAFT FOR REVIEW

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