

## Community-based mental health project in Davao Region

Caridad L Matalam,<sup>1</sup> Mariano S Hembra<sup>2</sup>

<sup>1</sup>Davao Center for Health Development, Department of Health, J.P. Laurel Avenue, Bajada, Davao City

<sup>2</sup>Don Jose S. Monfort Medical Center, Barotac Nuevo, Iloilo

**Correspondence**

Caridad L Matalam,  
matalamcaridad03@gmail.com

**Received**

10 December 2021

**Accepted**

5 December 2022

**Published online**

15 December 2022

**Cite as**

Matalam CL, Hembra MS. Community-based mental health project in Davao Region. *SPMC J Health Care Serv.* 2022;8(2):5. <http://n2t.net/ark:/76951/jhcs64m8mb>

**Copyright**

© 2022 CL Matalam, et al.

Mental health has profound effects on an individual's quality of life, and it can also affect the families and the communities of persons with mental illness. In early 2020, the World Health Organization (WHO) Special Initiative for Mental Health in the Philippines recorded at least 3.6 million Filipinos suffering from a mental, neurological, or substance abuse disorder.<sup>1</sup> In 2015, schizophrenia was the top mental disorder in the Philippines,<sup>2</sup> and it is estimated that 1 million Filipinos (1% of the population) suffer from schizophrenia.<sup>3</sup>

Schizophrenia, a debilitating mental health condition, is characterized by both positive (e.g., hallucinations, delusions, confused thoughts, etc.) and negative (e.g., lack of pleasure, flattening, withdrawal, etc.) symptoms.<sup>4-6</sup> The condition can affect the individual's personal and social aspects of daily life, such as self-care, interpersonal relationships, education, and employment.<sup>7-10</sup> Hospitalization is generally indicated for patients who are actively experiencing delusions/hallucinations, those who pose a serious threat of harm to themselves or others, or those who are unable to care for themselves and need constant supervision and support. Other possible indications for hospitalization include the presence of general medical or psychiatric problems that may render outpatient treatment unsafe or ineffective.<sup>11-12</sup>

Recent therapeutic advances, especially the introduction of atypical antipsychotic medications that have demonstrated better efficacy rates compared to older generation oral antipsychotic drugs, have allowed the reintegration of persons with mental health disorders (e.g., schizophrenia, other psychotic disorders, major depression, mood disorder, or bipolar disorder) into the society.<sup>13-15</sup> Yet, despite the availability of such medications, there still exists substantial gaps in the delivery of mental health services. In the Philippines, mental health has remained poorly-resourced, with only 3-5% of the total health budget spent on mental health care.<sup>16</sup> Mental health specialists have been in shortage, and a large proportion of these specialists work in urban for-profit services or private practices.<sup>16</sup> Mental health

care services are delivered largely in hospital and private clinic settings,<sup>16-18</sup> while community-based services remain underdeveloped.<sup>17-19</sup> Prohibitive economic conditions and stigma on mental illness<sup>20-21</sup> are some of the factors that contribute to low diagnosis and treatment rates. These factors, as well as funding issues that limit patient access, especially to newer innovative drugs, have rendered mental health care relatively inaccessible, leaving many patients undiagnosed and untreated or under-treated.<sup>17</sup>

In 2015, the Davao Center for Development (DCHD) Mental Health Program facilitated the establishment of Community-Based Mental Health Programs (CBMHPs) and the implementation of the WHO Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) in several municipalities in the region. Since their launching, CBMHPs in Davao Region documented annual increases ranging from 10 to 13% in the number of patients availing mental health services in primary and tertiary care facilities from 2016 to 2019.<sup>22</sup>

During the program implementation review conducted by the National Mental Health Program in 2019, two Centers for Health Development (CHD)—those in Davao and in CaLaBaRZon—planned to implement a common project for patients with schizophrenia in some areas with CBMHPs in their respective regions.<sup>22</sup> This is in accordance with the Republic Act 11036, also known as the Philippine Mental Health Act, which mandates that basic mental health services be provided in community settings.<sup>23</sup> The Schizophrenia Project was designed to make mental health services accessible and antipsychotic medications readily available in municipalities with the highest burden of schizophrenia, the most common mental health condition in the region. The project involves community-level assessment, management, and follow up of patients with schizophrenia through the process described in the mhGAP-IG.

In Davao, the ongoing Schizophrenia Project implementation has been made possible by the collaboration of primary care providers in rural health units (RHU) with psychiatrist consultants. Johnson & Johnson



Philippines, the marketing authorization holder of paliperidone palmitate in the country, conducts training of health care workers involved in the project. DCHD finances the project and provides technical assistance to the RHUs. A pilot phase of the project was planned to run for one year in four implementation sites—Boston in Davao Oriental, Santo Tomas in Davao del Norte, Sta. Cruz in Davao del Sur, and Jose Abad Santos in Davao Occidental—which have been identified by DOH DCHD as having the highest numbers of patients diagnosed with schizophrenia in Davao Region.

DCHD purchased paliperidone palmitate needed for project implementation in December 2019. In March 2020, Johnson & Johnson conducted the first training for health workers. Patient enrollment into the pilot phase started in July 2020 and was completed in October 2020. RHUs in the four implementation sites identified patients with probable schizophrenia through a community-based case-finding and referral strategy patterned after the mhGAP-IG. Among the four municipalities, a total of 49 patients—9 from Boston, 10 from Santo Tomas, 11 from Sta. Cruz, and 19 from Jose Abad Santos—were enrolled into the program. The enrolled patients were diagnosed, treated, and monitored at least every six months by the collaborating psychiatrists and RHU physicians. The RHUs were also tasked with setting-up communication lines for emergency consultations with the collaborating psychiatrists during crisis, providing counseling to the patients' families, and conducting health promotion events to raise awareness on schizophrenia.

After the one-year implementation of the pilot phase, health care providers were highly satisfied with the project. After initiation of treatment, most of the patients demonstrated improved symptoms, and some of them were able to perform household chores or return to work within a few months. None of the patients experienced hospitalization or relapse during the pilot phase. Health workers involved in drug dispensing and patient monitoring observed that the intravenous preparation of paliperidone

palmitate used in this project facilitates easier supply inventory and patient tracking. DCHD also noted cost savings in expenditure on antipsychotic drugs when paliperidone palmitate was used in this project instead of the oral and conventional depot antipsychotic drugs used in the past.

Health workers involved in the project also encountered some challenges during implementation. Many caregivers and families of patients in the project were not very cooperative in complying with the demands of the treatment sessions and social reintegration. After initiation of antipsychotic treatment, many patients could not comply with the regular follow up sessions, mostly because they live very far from the RHUs and could not afford the transportation costs of the visits. The Schizophrenia Project did not have a structured reintegration program, so many patients who were already in remission after a few months of treatment could not be properly reintegrated into their respective families and communities.

During the project review after the pilot phase, stakeholders pointed out several good practices of individual municipalities that can possibly be scaled up or replicated by other CBMHPs implementing similar projects in the future. In Boston, the municipal health officer conducted a series of lectures on the social dimensions of mental health disorders to the caregivers and families of patients in the project. Those who attended the lectures have expressed an increased understanding of the nature of their patients' condition. In Sta. Cruz, the RHU provided food (rice and snacks) and fare reimbursements to the families of patients who came during follow up checkups. The RHUs of Santo Tomas and Sta. Cruz involved the social welfare service units of their respective municipalities in the process of family and community reintegration of patients on remission.

The pilot phase implementation of the Schizophrenia Project in the four municipalities in Davao has demonstrated that it is highly possible to integrate mental health services at the primary care and community settings, and achieve positive outcomes for patients, caregivers, health care providers, and the health system.

**Contributors**

CLM and MSH conceptualized the article. CLM wrote the original draft, and performed the subsequent revisions. Both authors have agreed to be accountable for all aspects of this report.

**Acknowledgments**

We would like to thank the following.

For providing the data used in this article: Dr Amparo Lachica, Jose Abad Santos Municipal Health Officer (MHO); Dr June Lim, Santo Tomas MHO; Dr Raygene Madronero, Santa Cruz MHO; Ms Mariel Bebanco, Santa Cruz Mental Health Nurse and focal person of the Regional Health Unit; and Dr Al Raymond Tupas, Boston MHO.

For collecting data, following up and monitoring the implementing sites: Mr Mark Miscala, Ms Sittie Soraya Dataya and Ms Mary Angela Victoria Baraaq of the Department of Health - Davao Center for Health Development (DOH DCHD) Mental Health Program.

For facilitating the feedback meetings and online consultations: Ms Jennifer Castillo of Johnson & Johnson (J&J).

For writing and providing inputs on schizophrenia and paliperidone in Community-Based Mental Health Programs (CBMHP): Dr Erwin Benedicto and Dr Myki Manaio of J&J.

For supporting CBMHP: Dr Annabelle Yumang, Regional Director of DOH DCHD.

**Article source**

Submitted

**Peer review**

External

**Competing interests**

None declared

**Access and license**

This is an Open Access article licensed under the Creative Commons Attribution-NonCommercial 4.0 International License, which allows others to share and adapt the work, provided that derivative works bear appropriate citation to this original work and are not used for commercial purposes. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/>.

**REFERENCES**

1. Department of Health. Your mind matters: DOH calls for unified response to mental health. 2020 Oct 10 [cited 2022 Dec 13]. In: Department of Health [Internet]. Manila: Department of Health; c2022. Available from: <https://doh.gov.ph/press-release/YOUR-MIND-MATTERS-SDOH-CALLS-FOR-UNIFIED-RESPONSE-TO-MENTAL-HEALTH#:~:text=The%20Philippine%20WHO%20Special%20Initiative,neurological%2C%20and%20substance%20use%20disorder>.
2. Uy JR. Schizophrenia top mental disorder afflicting Filipinos who seek help, says study. 2015 Jun 8 [cited 2022 Dec 13]. In: Inquirer [Internet]. Makati: Philippine Daily Inquirer; c2022. Available from: <https://newsinfo.inquirer.net/696823/schizophrenia-top-mental-disorder-afflicting-filipinos-who-seek-help-says-study>.
3. Department of Health. Mental Health Program. 2018 [cited 2022 Dec 13]. In: Department of Health [Internet]. Manila: Department of Health; c2022. Available from: <https://doh.gov.ph/national-mental-health-program>.
4. Esan OB, Ojagbemi A, Gureje O. Epidemiology of schizophrenia—an update with a focus on developing countries. Int Rev Psychiatry. 2012 Oct;24(5):387-92.
5. NHS. Symptoms – Schizophrenia. Essex: NHS; 2022 Nov 11. Available from: <https://www.nhs.uk/mental-health/conditions/schizophrenia/symptoms/>.
6. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th Edition. Washington: American Psychiatric Association Publishing, 2013.
7. Knapp M, Mangalore R, Simon J. The global costs of schizophrenia. Schizophr Bull. 2004;30(2):279-93.
8. Mueser KT, McGurk SR. Schizophrenia. Lancet. 2004 Jun 19;363(9426):2063-72.
9. Rosenheck R, Leslie D, Keefe R, McEvoy J, Swartz M, Perkins D, et al. Barriers to employment for people with schizophrenia. Am J Psychiatry. 2006 Mar;163(3):411-7.
10. Charlson FJ, Ferrari AJ, Santomauro DF, Diminic S, Stockings E, Scott JG, McGrath JJ, Whiteford HA. Global Epidemiology and Burden of Schizophrenia: Findings From the Global Burden of Disease Study 2016. Schizophr Bull. 2018 Oct 17;44(6):1195-1203.
11. Lehman AF, Lieberman JA, Dixon LB, McGlashan TH, Miller AL, Perkins DO, et al. Practice guideline for the treatment of patients with schizophrenia, second edition. American Psychiatric Association; Steering Committee on Practice Guidelines. Am J Psychiatry 2004;161(Suppl 2):S1-S56.
12. American Psychiatric Association. Treating Schizophrenia: A quick reference guide. Washington: American Psychiatric Association Publishing. Available from: [https://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/schizophrenia-guide.pdf](https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia-guide.pdf).
13. Morris MT, Tarpada SP. Long-Acting Injectable Paliperidone Palmitate: A Review of Efficacy and Safety. Psychopharmacol Bull. 2017 May 15;47(2):42-52.
14. McAlpine DD, Mechanic D. Utilization of specialty mental health care among persons with severe mental illness: The roles of demographics, need, insurance, and risk. Health Services Research. 2000;35(1):277-292.
15. Swanson JW, Holzer CE, Ganju VK, Jono RT. Violence and psychiatric disorder in the community: Evidence from the epidemiologic catchment area surveys. Hospital and Community Psychiatry. 1990;41(7):761-770.
16. World Health Organization, Department of Health. WHO-AIMS report on mental health system in the Philippines. 2007. Available from: <https://bit.ly/3W7dSJ5>.
17. Lally J, Tully J, Samaniego R. Mental health services in the Philippines. BJPsych Int. 2019 Aug;16(3):62-64.
18. Lally J, Samaniego RM, Tully J. Mental health legislation in the Philippines: Philippine Mental Health Act. BJPsych Int. 2019 Aug;16(3):65-67.
19. Conde B. Philippines mental health country profile. Int Rev Psychiatry. 2004 Feb-May;16(1-2):159-66.
20. Tuliao AP. Mental health help seeking among Filipinos: a review of the literature. Asia Pacific Journal of Counselling and Psychotherapy. 2014; 5:124-136.
21. Tuliao AP, Velasquez PA. Revisiting the general help seeking questionnaire: adaptation, exploratory factor analysis, and further validation in a Filipino College Student sample. Philippine Journal of Psychology. 2014; 47(1):1-17.
22. Health Technology Assessment Council. Davao Region Experience in the use of PALIPERIDONE PALMITATE in the Primary Health Care Setting [unpublished]. Quezon: Health Technology Assessment; 2021 Sep 21.
23. Congress of the Philippines. An Act Establishing a National Mental Health Policy for the Purpose of Enhancing the Delivery of Integrated Mental Health Services, Promoting and Protecting the Rights of Persons Utilizing Psychosocial Health Services, Appropriating Funds Therefor and Other Purposes, Republic Act No. 11036 (2018 Jun 20).

**Southern Philippines Medical Center Journal of Health Care Services Editors**

**Editor in Chief:** Alvin S Concha • **Associate Editors:** Christine May Perandos-Astudillo, Rodel C Roño, Melivea I Melgazo, Seurinane Sean B Españaola

**Managing Editor:** Clarence Xiasi D Ladrero • **Layout Editor:** Clarence Xiasi D Ladrero

**SPMC JHCS OFFICE** Research Utilization and Publication Unit, Acacia Room, Level 3 Outpatient Building, Southern Philippines Medical Center, JP Laurel Avenue, Davao City, Philippines  
Landline (+6382) 2272731 loc 4127 • Website [www.spmcjournals.com](http://www.spmcjournals.com) • Email [spmcjournals@gmail.com](mailto:spmcjournals@gmail.com)