

Promoting Mental Health and Stress Management

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PAGBA 2019 3rd Quarter Seminar
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The Saga of the Raisin



Objectives

- define mental health, mental health problems, and mental illness;
- explain the determinants of mental health and mental illness;
- enumerate some facts on mental illness, gender and mental health
- identify practical tips to promote mental health
- define stress and types of stress
- identify practical tips on managing stress
- appreciate the Mental Health Act and its impact to mental health in the country

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Mental Health

- is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
(WHO 1999)

Psychological Dimensions of Mental Health

- A person who has mental health:
 - realizes one's own potential (Self Image)
 - can cope with the normal stresses of life (Resiliency)
 - can work productively and fruitfully (Productivity and Creativity)
 - can contribute to the community (Sense of Purpose)

Social Dimensions of Mental Health



Concepts of Mental Health

- Concepts of mental health vary from one *culture to the other*;
- Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, realization of one's intellectual and emotional potential, spirituality and quality of life among others.
- Although the variation existing across cultures cannot be avoided, there is general agreement that mental health is more than a lack of mental illness.

Mental Illness /Mental Disorder

- is a diagnosable illness that significantly interferes with an individual's thinking, feeling, or social activities and even daily functioning
- are of different types of severity
- major mental disorders perceived to be public health problems are depression, anxiety, substance disorders, psychosis and dementia

Mental Health Problem

- also affects a person's thinking, feeling, or social relationships but not to the extent that significantly hampers functioning like that of a mental disorder
- are complaints and include the mental ill health temporarily experienced as a reaction to life stressors
- are less severe and of shorter duration than mental disorders, but may develop into mental disorders

Ten facts on mental health

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Fact 1

- About half of mental disorders begin before the age of 14.
- Around 20% of the world's children and adolescents are estimated to have mental disorders or problems, with similar types of disorders being reported across cultures.
- Yet, regions of the world with the highest percentage of population under the age of 19 have the poorest level of mental health resources.
- Most low- and middle-income countries have only one child psychiatrist for every 1 to 4 million people.

Fact 2

- Depression is characterized by sustained sadness and loss of interest along with psychological, behavioural and physical symptoms.
- It is ranked as the leading cause of disability worldwide.

Leading causes of years of life lived with disability

1	Unipolar depressive disorders	10.9%
2	Hearing loss, adult onset	4.6%
3	Refractory errors	4.6%
4	Alcohol use disorders	3.7%
5	Cataracts	3.0%
6	Schizophrenia	2.7%
7	Osteoarthritis	2.6%
8	Bipolar affective disorder	2.4%
9	Iron-deficiency anaemia	2.2%
10	Birth asphyxia and birth trauma	2.2%

Philippine Data

- 20 Government Agencies surveyed: (DOH 2006)
 - 32% - experienced mental health problem at least once in their lifetime
 - 3 most prevalent diagnoses:
 - Specific phobias – 15%
 - Alcohol abuse – 10%
 - **Depression – 6%**
 - Males more likely to have substance abuse problems
 - Associated with age 20-29 years, with big families, those with low educational attainment

Fact 3

- On average about 800 000 people commit suicide every year, 86% of them in low- and middle-income countries.
- More than half of the people who kill themselves are aged between 15 and 44.
- The highest suicide rates are found among men in eastern European countries.
- Mental disorders are one of the most prominent and treatable causes of suicide.

SUICIDE RATE (Philippines, 2017)

- 3.2 /100,000

Fact 4

- War and other major disaster have a large impact on the mental health and psychosocial well-being.
- Rates of mental disorder tend to double after emergencies.

Fact 5

- Mental disorders are among the risk factors for communicable and non-communicable diseases.
- They can also contribute to unintentional and intentional injury.

Fact 6

- Stigma about mental disorders and discrimination against patients and families prevent people from seeking mental health care.
- In South Africa, a public survey showed that most people thought mental illnesses were related to either stress or a lack of willpower rather than to medical disorders.
- Contrary to expectations, levels of stigma were higher in urban areas and among people with higher levels of education.

Fact 7

- Human rights violations of psychiatric patients are routinely reported in most countries.
- These include physical restraint, seclusion and denial of basic needs and privacy.
- Few countries have a legal framework that adequately protects the rights of people with mental disorders.

Fact 8

- There is huge inequity in the distribution of skilled human resources for mental health across the world.
- Shortages of psychiatrists, psychiatric nurses, psychologists and social workers are among the main barriers to providing treatment and care in low- and middle-income countries.
- Low-income countries have 0.05 psychiatrists and 0.16 psychiatric nurses per 100,000 people, compared to 200 times more in high-income countries.

75-85% of people in
Low and Middle
Income Countries do
not receive the needed
mental health services

Fact 9

- In order to increase the availability of mental health services, there are five key barriers that need to be overcome:
 - the absence of mental health from the public health agenda and the implications for funding;
 - the current organization of mental health services;
 - lack of integration within primary care;
 - inadequate human resources for mental health;
 - lack of public mental health leadership.

Fact 10

- Governments, donors and groups representing mental health workers, patients and their families need to work together to increase mental health services, especially in low- and middle-income countries.
- The financial resources needed are relatively modest: US\$ 2 per person per year in low-income countries and US\$ 3-4 in lower middle-income countries.

GENDER AND MENTAL HEALTH

- Gender is a critical determinant of mental health and mental illness.
- Gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in society, susceptibility and exposure to specific mental health risks

GENDER AND MENTAL HEALTH

- Gender differences in common mental disorders:
 - Women predominate these disorders...depression, anxiety and somatic complaints
 - Unipolar depression is twice as common in women
 - Alcohol dependence is more than twice as high in men than women
 - Men are more than three times more likely to have antisocial personality disorder
 - Disability associated with mental illness is predominantly seen in women

GENDER BIAS

- Occurs in the treatment of psychological disorder
- Doctors are more likely to diagnose depression in women than in men even if they present the same symptoms
- Female gender is a significant predictor of being prescribed mood altering psychotropic drugs.
- Females more likely to seek help from primary care physician, while males go to specialist care and main users of inpatient care.
- Gender stereotypes regarding proneness to emotional problems in women and alcohol problems in men, appear to reinforce social stigma and constrain help seeking along stereotypical lines.

GENDER BIAS

- WOMEN ARE RELUCTANT TO DISCLOSE A HISTORY OF VIOLENT VICTIMIZATION UNLESS PHYSICIANS ASK ABOUT IT DIRECTLY.
- THE COMPLEXITY OF VIOLENCE RELATED HEALTH OUTCOMES INCREASES WHEN WHEN VICTIMIZATION IS UNDETECTED AND RESULTS IN HIGH AND COSTLY RATES OF UTILIZATION OF THE HEALTH AND MENTAL HEALTH CARE SYSTEM.

Gender specific risk factors for common mental disorders affecting women

- Gender based violence
- Socio economic disadvantage
- Low income and income inequality
- Low or subordinate social status and rank
- Unremitting responsibility for the care of others

3 main factors which are highly protective against the development of mental problems especially depression

- having sufficient autonomy to exercise some control in response to severe events.
- access to some material resources that allow the possibility of making choices in the face of severe events.
- psychological support from family, friends, or health providers is powerfully protective.

Mental health is more than the absence of mental disorders

- Mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
- Mental health is the foundation for well-being and effective functioning for an individual and for a community.
- Mental health promotion involves actions that create living conditions and environments to support mental health and allow people to adopt and maintain healthy lifestyles. This includes a range of actions that increase the chances of more people experiencing better mental health.

Mental health is determined by socio-economic and environmental factors (1)

- Mental health and mental health disorders are determined by multiple and interacting social, psychological, and biological factors, just as health and illness in general.
- The clearest evidence is associated with indicators of poverty, including low levels of education, and in some studies with poor housing and poor income.
- Increasing and persisting socio-economic disadvantages for individuals and for communities are recognized risks to mental health.

Mental health is determined by socio-economic and environmental factors (2)

- The greater vulnerability of disadvantaged people in each community to mental health disorders may be explained by such factors as the experience of insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health.
- A climate that respects and protects basic civil, political, socio-economic and cultural rights is also fundamental to mental health promotion.
- Without the security and freedom provided by these rights, it is very difficult to maintain a high level of mental health.

Mental health is linked to behaviour

- Mental, social, and behavioural health problems may interact to intensify their effects on behaviour and well-being.
- Substance abuse, violence, and abuse of women and children on the one hand, and health problems such as HIV/AIDS, depression, and anxiety on the other, are more prevalent and more difficult to cope with in conditions of high unemployment, low income, limited education, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, and human rights violations.

Enhancing the value and visibility of mental health promotion

- National mental health policies should not be solely concerned with mental health disorders, but also recognize and address the broader issues which promote mental health.
- These would include the socio-economic and environmental factors, as well as behaviour.
- This requires mainstreaming mental health promotion into policies and programmes in government and business sectors including education, labour, justice, transport, environment, housing, and welfare, as well as the health sector.
- Particularly important are the decision-makers in governments at local and national levels, whose actions affect mental health in ways that they may not realize.

Cost-effective interventions exist to promote mental health, even in poor populations

- Low cost, high impact evidence-based interventions to promote mental health include:
 - Early childhood interventions (e.g. home visiting for pregnant women, pre-school psycho-social interventions, combined nutritional and psycho-social interventions in disadvantaged populations).
 - Support to children (e.g. skills building programmes, child and youth development programmes)
 - Socio-economic empowerment of women (e.g. improving access to education, microcredit schemes)
 - Social support to old age populations (e.g. befriending initiatives, community and day centres for the aged),

Cost-effective interventions exist to promote mental health, even in poor populations

- Low cost, high impact evidence-based interventions to promote mental health include:
 - Programmes targeted at vulnerable groups, including minorities, indigenous people, migrants and people affected by conflicts and disasters (e.g. psycho-social interventions after disasters);
 - Mental health promotion activities in schools (e.g. programmes supporting ecological changes in schools, child-friendly schools)
 - Mental health interventions at work (e.g. stress prevention programmes)
 - Housing policies (e.g. housing improvement)
 - Violence prevention programmes (e.g. community policing initiatives); and
 - Community development programmes (e.g. 'Communities That Care' initiatives, integrated rural development)

Individual Factors	Family Factors	School Context	Life Events and Situations	Community and Cultural Factors
<ul style="list-style-type: none"> ▪ easy temperament ▪ adequate nutrition ▪ attachment to family ▪ above-average intelligence ▪ school achievement ▪ good problem solving skills ▪ good self control ▪ social competence ▪ social skills ▪ good coping style ▪ optimism ▪ moral beliefs ▪ values ▪ positive regard for self 	<ul style="list-style-type: none"> ▪ supportive caring parents or caretakers ▪ family harmony ▪ secure and stable family ▪ small family size ▪ more than two years between siblings ▪ responsibility within the family (for the child or adult) ▪ supportive relationship with other adult (for a child or adult) ▪ strong family norms and morality 	<ul style="list-style-type: none"> ▪ sense of belonging ▪ positive school climate ▪ prosocial peer group ▪ required responsibility and helpfulness ▪ opportunities for some success and recognition of achievement ▪ school norms against violence <p style="text-align: center; font-size: 2em; font-weight: bold;">Protective Factors</p>	<ul style="list-style-type: none"> ▪ involvement with a significant other (partner/mentor) ▪ availability of opportunities at critical turning points or major life transitions ▪ economic security ▪ good physical health 	<ul style="list-style-type: none"> ▪ sense of connectedness ▪ attachment to and networks within the community ▪ participation in church or other community group ▪ strong cultural identity and ethnic pride ▪ access to support services ▪ community/ cultural norms against violence

Individual Factors	Family Factors	School Context	Life Events and Situations	Community and Cultural Factors
<ul style="list-style-type: none"> ▪ prenatal brain damage ▪ prematurity ▪ birth injury ▪ low birth weight, birth complications ▪ physical and intellectual disability ▪ poor health in infancy ▪ Insecure attachment in infant/child ▪ low intelligence ▪ difficult temperament ▪ chronic illness ▪ poor social skills ▪ low self-esteem ▪ alienation ▪ Impulsivity 	<ul style="list-style-type: none"> ▪ having a teenage mother ▪ having a single parent ▪ large family size ▪ antisocial role models (in childhood) ▪ family violence and disharmony ▪ parental marital discord ▪ poor supervision & monitoring of the child ▪ low parental involvement in child's activities ▪ neglect in childhood ▪ long-term parental unemployment ▪ criminality in parent ▪ parental substance misuse ▪ parental mental disorder ▪ harsh or inconsistent disciplining ▪ social isolation ▪ lack of warmth and affection 	<ul style="list-style-type: none"> ▪ bullying ▪ peer rejection ▪ poor attachment to school ▪ inadequate behavior management ▪ deviant peer group ▪ school failure 	<ul style="list-style-type: none"> ▪ physical, sexual and emotional abuse ▪ school transition ▪ divorce and family breakup ▪ death of family member ▪ physical illness/impairment ▪ unemployment, homelessness ▪ incarceration ▪ poverty/economic insecurity ▪ job insecurity ▪ unsatisfactory workplace relationships ▪ workplace accident/injury ▪ caring for someone with an illness/disability ▪ living in nursing home or institution ▪ war or natural disasters 	<ul style="list-style-type: none"> ▪ socioeconomic disadvantage ▪ social or cultural discrimination ▪ isolation ▪ neighborhood violence and crime ▪ population density and housing conditions ▪ lack of support services including transport, shopping, recreational facilities

Factors Potentially Damaging

MENTAL HEALTH CONTINUUM MODEL



<ul style="list-style-type: none"> • Normal fluctuations in mood • Normal sleep patterns • Physically well, full of energy • Consistent performance • Socially active 	<ul style="list-style-type: none"> • Nervousness, irritability, sadness • Trouble sleeping • Tired/low energy, muscle tension, headaches • Procrastination • Decreased social activity 	<ul style="list-style-type: none"> • Anxiety, anger, pervasive sadness, hopelessness • Restless or disturbed sleep • Fatigue, aches and pains • Decreased performance, presenteeism • Social avoidance or withdrawal 	<ul style="list-style-type: none"> • Excessive anxiety, easily enraged, depressed mood • Unable to fall or stay asleep • Exhaustion, physical illness • Unable to perform duties, absenteeism • Isolation, avoiding social events
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Actions to Take at Each Phase of the Continuum

<ul style="list-style-type: none"> • Focus on task at hand • Break problems into manageable chunks • Identify and nurture support systems • Maintain healthy lifestyle 	<ul style="list-style-type: none"> • Recognize limits • Get adequate rest, food, and exercise • Engage in healthy coping strategies • Identify and minimize stressors 	<ul style="list-style-type: none"> • Identify and understand own signs of distress • Talk with someone • Seek help • Seek social support instead of withdrawing 	<ul style="list-style-type: none"> • Seek consultation as needed • Follow health care provider recommendations • Regain physical and mental health
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Helpguide's 6 Keys to Mental Health



WHAT IS STRESS

- Stress is the body's natural defense against predators and danger.
- When faced with a challenge the body activates resources, larger quantities of the chemicals cortisol, adrenaline, and noradrenaline, to protect us by preparing us either to stay and fight or to get away as fast as possible, also known as the "fight-or-flight" mechanism.
- These trigger an increased heart rate, heightened muscle preparedness, sweating, and alertness.
- All these factors improve the ability to respond to a hazardous or challenging situation.

GOOD OR BAD? DEPENDS!

CAUSES

- We all react differently to stressful situations. What is stressful to one person may not be stressful to another. Almost anything can cause stress. For some people, just thinking about something or several small things can cause stress.
- Common major life events that can trigger stress include:
 - job issues or retirement
 - lack of time or money
 - bereavement
 - family problems
 - illness
 - moving home
 - relationships, marriage, and divorce/breaks up/separation

ACUTE STRESS

- Short-term, most common way that stress occurs, often caused by thinking about the pressures of events that have recently occurred, or upcoming demands in the near future.
- For example, if you have recently been involved in an argument that has caused upset or have an upcoming deadline, you may feel stress about these triggers. However, the stress will be reduced or removed once these are resolved.
- It does not cause the same amount of damage as long-term, chronic stress. Short-term effects include tension headache and an upset stomach, as well as a moderate amount of distress.
- However, repeated instances of acute stress over a long period can become chronic and harmful.

EPISODIC ACUTE STRESS

- People who frequently experience acute stress, or whose lives present frequent triggers of stress, have episodic acute stress.
- A person with too many commitments and poor organization can find themselves displaying episodic stress symptoms. These include a tendency to be irritable and tense, and this irritability can affect relationships.
- Individuals that worry too much on a constant basis can also find themselves facing this type of stress.
- This type of stress can also lead to high blood pressure and heart disease.

CHRONIC STRESS

- This is the most harmful type of stress and grinds away over a long period. It occurs when a person never sees an escape from the cause of stress and stops seeking solutions.
- Ongoing poverty, a dysfunctional family, or an unhappy marriage, a traumatic experience early in life can cause chronic stress.
- Chronic stress can continue unnoticed, as people can become used to it, unlike acute stress that is new and often has an immediate solution. It can become part of an individual's personality, making them constantly prone to the effects of stress regardless of the scenarios they come up against.
- People with chronic stress are likely to have a final breakdown that can lead to suicide, violent actions, heart attacks, and strokes.

PHYSICAL SYMPTOMS

- sweating
- pain in the back or chest
- cramps or muscle spasms
- erectile dysfunction and loss of libido
- fainting
- headache
- heart disease
- high blood pressure
- lower immunity against diseases
- muscular aches
- nervous twitches
- pins and needles
- sleeping difficulties
- stomach upset

EMOTIONAL REACTIONS

- anger
- anxiety
- burnout
- concentration issues
- depression
- fatigue
- a feeling of insecurity
- forgetfulness
- irritability
- nail biting
- restlessness
- sadness

Behaviors linked to stress

- food cravings and eating too much or too little
- sudden angry outbursts
- drug and alcohol abuse
- higher tobacco consumption
- social withdrawal
- frequent crying
- relationship problems

Key points on stress

- Stress helps the body prepare to face danger.
- The symptoms can be both physical and psychological.
- Short-term stress can be helpful, but long-term stress is linked to various health conditions.
- We can prepare for stress by learning some self-management tips.

STRESS MANAGEMENT

- Managing stress is all about taking charge: taking charge of your thoughts, your emotions, your schedule, your environment, and the way you deal with problems. The ultimate goal is a balanced life, with time for work, relationships, relaxation, and fun – plus the resilience to hold up under pressure and meet challenges head on.
- IT STARTS WITH IDENTIFYING THE CAUSE OF YOUR STRESSOR, AND DOING SOMETHING ABOUT IT.

SANDOSENANG S “IWAS STRESS”


- SELF AWARENESS
- SPIRITUALITY
- SCHEDULING, TIME MANAGEMENT
- SPEAK TO ME
- STRESS PROCESSING
- SOUNDS AND SONGS
- SOCIALS
- SPORTS
- SENSATION TECHNIQUES LIKE MASSAGE
- STRESS REDUCTION/ RELAXATION EXERCISE
- SIESTA
- SMILE


Republic Act 11036, “The Mental Health Act”

“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 PSYCHIATRIC, NEUROLOGIC AND PSYCHOSOCIAL HEALTH SERVICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES”

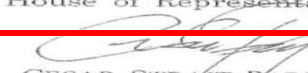
SEC. 49. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two (2) newspapers of general circulation.


Approved.


PANTALEON D. ALVAREZ
Speaker of the House of Representatives



AQUILINO "KOKO" PIMENTEL III
President of the Senate


This Act which is a consolidation of Senate Bill No. 1354 and House Bill No. 832 was finally passed by the Senate and the House of Representatives on February 17, 2018.



CESAR STRAIT BAREJA
Secretary General House of Representatives



LUTGARDO B. BARBO
Secretary of the Senate

Approved: JUN 20 2018


RODRIGO ROA DUTERTE
President of the Philippines




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ATTY. CONCEPCION TERRY E. FERROLINO-ENAD
DIRECTOR IV
6-21-2018

Chapters of the Mental Health Act

CHAPTERS	CHAPTER TITLE
I	General Provisions
II	Rights of Service Users and Other Stakeholders
III	Treatment and Consent
IV	Mental Health Services
V	Education & and Promotion of Mental Health in Educational Institutions and in the Workplace
VI	Capacity Building, Research and Development
VII	Duties and Responsibilities of Government Agencies
VIII	The Philippine Council for Mental Health
IX	Mental Health for Drug Dependents
X	Miscellaneous Provisions (IRR Drafting and Funding)

Sec VII Duties and Responsibilities of Government Agencies

- Department of Health
- Department of Interior and Local Government
- Department of Social Work and Development
- Department of Education
- Department of Labor and Employment
- Commission on Human Rights
- CHED
- TESDA
- Local Government Units

CHAPTER VIII - THE PHILIPPINE COUNCIL FOR MENTAL HEALTH

SEC. 41. *Composition.*

1. Secretary of DOH as Chairperson;
2. Secretary of DepEd;
3. Secretary of the DILG;
4. Chairperson of CHR;
5. Chairperson of CHED;
6. Secretary of DOLE;
7. One representative from the academe/research;
8. One representative from medical or health professional organizations
9. One representative from non-government organizations (NGOs)

CHAPTER X - MISCELLANEOUS PROVISIONS

SEC. 45. Appropriations. - The amount needed for the initial implementation of this Act shall be charged against the 2018 appropriations of the DOH for the following: maintenance and other operating expenses of the national mental health program, capital outlays for the development of psychiatric facilities among selected DOH hospitals, and formulation of the strategic plan for mental health.

- For the succeeding years, the amount allocated for mental health in the DOH budget and in the budget of other agencies with specific mandates provided in the Act shall be based on the strategic plan formulated by the Council, in coordination with other stakeholders. The amount shall be included in the National Expenditure Program (NEP) as basis for the General Appropriations Bill (GAB).

"THERE IS NO HEALTH
WITHOUT MENTAL
HEALTH"

THANK YOU!



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