Implementation, Best Practices, and Challenges in Mental Health Strategies among Local Government Units in the Province of Negros Occidental, Philippines

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ABSTRACT. One of the health priorities of the 2030 Sustainable Development Goals (SDGs) is to promote mental health and well-being. The mental health agenda of the ASEAN region include public health strategies at the community level. The study employed a descriptive design to assess the extent of implementation of mental health strategies, the best practices, and the challenges encountered in local government units. It was administered to a total population of 90 respondents comprising healthcare workers, responders, and social workers. The findings revealed a poor extent of implementation of mental health strategies which means that only some strategies are implemented. The area on treatment and recovery was rated highest, interpreted as poor extent, while capacity building for mental health program administrators was rated lowest, poor extent. It was found that local government units are implementing best practices in mental health. However, several challenges were noted, such as the lack of formally trained mental health experts, mental health professionals, mental health facilities, and financial resources, which are indicators of poor and weak implementation. These challenges require strict enforcement by its integration into the primary healthcare program, one of the objectives of the law. The study significantly contributes to the few existing literature on the implementation of mental health strategies at the local government level identified as necessary, especially at this time of the pandemic.

1.0. Introduction

Mental health has become one of the most pressing issues. However, it is also one of the most neglected, even if its importance has been recognized worldwide (Estrada et al., 2020). The World Health Organization (WHO) urged governments to prioritize mental health and allocate more resources to implementing policies to address the issue (Thornicroft, 2012). However, due to a lack of financial resources at the local level, very few have availed of mental health services (Tennyson et al., 2016).

Most of the countries in the ASEAN region face significant mental health challenges because they belong to the low-income group. This was recognized as a significant burden due to several factors, including a lack of financial and human resources and government priority for mental health. However, several initiatives are to bridge this gap through effective interventions and evidence-based delivery mechanisms (Hans & Sharan, 2021). A successful mental health policy aids in the planning, organization, and coordination of various aspects of a mental health system at the national level (WHO, 2018).

In the Philippines, the implementing rules and regulations of Republic Act No. 11036, otherwise known as the Mental Health Act, was released in 2018. The Mental Health Act established the Philippine Council for Mental Health (PCMH), mandated to develop a national multi-sectoral strategic plan for mental health and ensure its implementation by monitoring and evaluating policies and guidelines. In response to RA 11306, the Civil Service Commission (CSC) issued Memorandum Circular No.04 series of 2020, requiring the implementation of mental health programs in the public sector (Lally et al., 2019).

In Negros Occidental, mental health services are implemented through the Department of Health (DOH) at the health centers of every LGU. While the provincial government implemented the

Mental Health Program model of the Civil Service Commission (CSC) by psycho counseling services to provincial government employees thru the Provincial Health Office (Octaviano, 2018). Information on mental health services of LGUs is maintained in the Provincial Health Office; however, compared to other healthcare services, data on mental health services are very insignificant such as only focal point persons, which motivated this researcher to conduct this study.

Several studies on mental health have been conducted over the years: Ferrolino (2017); Ling et al. (2014); Benti et al. (2016); and Kamimura et al. (2018) on the inadequacy of mental health facilities, obstacles in seeking mental health services and reducing mental health problems. Local studies concentrated on awareness of the mental health law by Patricio and Verdeprado (2020); mental health of incarcerated women by Villanueva (2019); mental health of students by Matutino and Singson (2020) and Sablaon and Madrigal (2020). Implementation of mental health strategies in local government units is unexplored, hence a gap in the literature.

This study examined the extent of implementation by LGUs of mental health strategies in the areas of prevention, promotion, information and education campaigns about mental health well-being, treatment and recovery, integration of mental health into human resource development and management policies and programs, the establishment of institutional networks and referral systems, capacity-building for mental health administrators, and review of working conditions. It also identified the best practices and challenges encountered by respondents in implementing mental health strategies. The study's findings were used to draft a strategic plan to strengthen and enhance the implementation of mental health strategies in local government units.

2.0. Framework of the Study

This study theorized that implementation of mental health strategies in compliance with provisions of mental health circulars and application of best practices are relevant to addressing challenges encountered. Effective implementation of mental health strategies is an exercise of good governance to respond to mental health needs contributing to the general well-being of the workforce, thereby realizing mental health outcomes of the sustainable development goal in health.

The study primarily anchors on the Theory of Good Governance by the World Bank (2013). Because the principles demand for community participation in the planning and implementation, the program should be clear and understood by the people, responsive to the needs of the citizens, effective and efficient, applied to everybody, and in accordance with the law. These principles of good governance squarely apply in this study as local government units are expected to comply with the mandates of the law.

This theory is relevant as its principles were instrumental in understanding the extent of implementing mental health strategies in local government units. The survey of the respondents revealed that the principles of being participatory and transparent, and consensus-oriented were inadequate because of the absence of activities leading to awareness of employees. The mental health strategies suggested by the Civil Service Commission were found responsive, equitable, and conclusive by respondents. However, it was discovered that due to several difficulties encountered in the implementation, the implementation outcome was inefficient and ineffective. Hence, implementation was poor in local government units primarily because of a lack of financial and human resources and institutional governance mechanisms.

3.0. Methodology

The study employed a descriptive methodology with a quantitative research design. The objective of descriptive research is to characterize the occurrences seen by the researcher, count, delineate, elucidate, and classify the variables under study (Polit & Beck, 2010). The descriptive design was used to describe the extent to which mental health strategies are being implemented in local government units in the areas of prevention, promotion, information and education campaigns on mental health well-being, treatment and recovery, integration of mental health in human resource development and management policies and programs, the emergence of institutional networks and a referral system that can serve as a support system for employees who have mental health problems and training for implementers in the agency, and review of working conditions. It was also used in determining the best practices and challenges encountered by the implementers.

Data gathering was conducted after permission from the local chief executives of the LGUs. The survey was administered by barangay nutrition scholars as enumerators face-to-face to the total

population of 90 respondents comprising 51 healthcare workers (doctors, nurses, midwives, and barangay healthcare workers), 31 responders coming from the disaster management division, and eight social workers. They were chosen because they are primarily responsible for implementing mental health strategies. Although data gathering was conducted during the COVID 19 pandemic, 100% of the respondents participated in the survey.

Based on the Mental Health Program model created by the Civil Service Commission (CSC) under Memorandum Circular No. 4, Series of 2020, a researcher-made survey questionnaire was employed. The questionnaire is composed of three (3) parts where Part I is for the profile of the respondents, while Part II is the survey proper composed of Likert-type statements designed to solicit responses on the extent of implementation of the different mental health strategies. The extent of implementation was measured from 1 to 4, with 4 representing a very high level of implementation and 1 representing a very low level of implementation. Part III is a checklist of the issues that respondents had to deal with. Meanwhile, the respondents enumerated the finest practices of local government units. These best practices are mental health strategies that have realized positive mental health outcomes actually adopted by LGUs, grouped according to the mental health program model, and recorded according to the number of LGUs that utilized these practices.

Since the instrument was researcher-made, this was subjected to validity and reliability tests. Validity tests were conducted using the Content Validity Ratio by Lawshe (1975) by a jury of 10 experts on mental health law coming from cities of the province who are designated as point persons in implementing the mental health law. Their suggestions and recommendations were incorporated into the final questionnaire. It involved rating the items into three categories: "essential," "useful but not essential," and "not necessary," while those failing to achieve the critical level were discarded. The content validity score was 0.962, indicating that the questions were valid.

A pilot test was done with 30 mental healthcare workers from cities in Negros Occidental who were not involved in the actual data collection; the Cronbach Alpha method was used to calculate the reliability of the scaled items in the survey instruments on the extent of implementation of mental health strategies. The questions had a reliability index of 0.941, indicating reliability.

Descriptive methods were used to evaluate quantitative data using mean and standard deviation. Frequency count and percentage distribution were used to determine and measure the challenges and best practices employed by the local government unit.

The researcher addressed ethics in the conduct of this research by employing safeguards for anonymity, voluntariness, and privacy. The participation of the respondents will not endanger their employment, and the information gathered is well protected by the researcher.

4.0. Results and Discussion

Extent of implementation of mental health strategies

Table 1 shows the extent of implementation of mental health strategies in local government units. As a whole, the extent of implementation of mental health strategies in municipalities was poor (M=2.29; SD=1.00), which means that only some strategies on mental health were implemented. Treatment and recovery were rated highest (M=2.44; SD=1.01), interpreted as poor extent, while capacity building for mental health program administrators was rated the lowest (M=1.94; SD=0.96), both indicating a poor extent of implementation.

The finding indicates that local government units have not recognized the burden of mental health of their workforce, as shown in the best practices where only one LGU required neuro examination upon entry and promotion. It demonstrates that although there is a Mental Health Law, implementation is very limited, which may lead to the deterioration of the workers' capacity to respond to the delivery of services, and, ultimately, the demand for greater resources for health services.

The study of Murray et al. (2014) affirmed that the implementation of mental health services is inadequate. The study of the WHO (2015) that there is a lack of involvement of primary health care services in mental health is one of the factors why local governments do not give mental healthcare its priority is likewise confirmed. Studies by Stratton et al. (2014) and Ferrolino (2017) showed that mental health treatment in the Philippines is inaccessible and costly, facilities are not accessible, and a lack of validated mental health information systems. Also, Adams and Eaton (2016) strengthened the findings of the poor extent of implementation of mental health strategies due to a lack of awareness of mental health. Ayano (2018) reinforced the findings that despite the enactment of the Mental

Health Law, implementation at the local level remains inadequate.

Despite the poor extent, treatment and recovery were found highest on the premise that one of the Philippine Mental Health Law aims to integrate mental healthcare services into primary healthcare (PHC), but implementation is still limited. The study of the WHO (2015) affirmed that the country has a mental health policy; however, in comparison with other countries, the policy was put into operation with limited community care. There is poor involvement in the primary healthcare services performed by the municipal health offices. The study of Stratton et al. (2014) substantiated that treatment for mental health illness is inaccessible and costly other than the cultural factors of shame and stigma that hinder people from seeking mental health services.

Meanwhile, in terms of capacity building for mental health administrators, which was the lowest-rated variable interpreted poor extent, it was revealed that even frontliners did not receive training as needed. These include the policymakers, who are also considered program administrators, considering that they are the authorities responsible for providing human and financial resources for delivering mental health strategies and care. This finding also demonstrates the incapacity of implementers in delivering mental healthcare.

The finding of the lowest rating on capacity building for mental health program administrators is in accord with the study of Abdulmalik et al. (2014) that few policymakers have mental health backgrounds and a modest understanding of the mental health system. Further, the finding affirmed the study of Minas (2012) that frontline mental health workers are not certain about their training needs on mental health but acknowledged the relevance of capacity building on mental health services. Studies by Thornicroft (2012) and DeCorby-Watson et al. (2018) emphasized that capacity-building interventions enhanced mental health services and delivery of knowledge. Also, Semrau et al. (2018) and Keynejad et al. (2016) recommend building capacity for policymakers and planners to deliver mental health services and implement mental health strategies.

Table 1. Extent of Implementation of the Mental Health Strategies

Variables	M	SD	Interpretation
Prevention, Promotion, information and education campaign	2.32	0.84	Poor Extent
Treatment and Recovery	2.44	1.01	Poor Extent
Integration of mental health in human resource development and management policies and programs	2.24	0.93	Poor Extent
Establishment of institutional networks and referral system as a mechanism for employees with and/or at risk for mental health conditions	2.16	0.91	Poor Extent
Capacity-building for mental health program administrators	1.94	0.96	Poor Extent
Review of working conditions	2.29	1.00	Poor Extent
As a whole	*2.29*	*0.77*	*Poor Extent*

Best practices on mental health strategies in local government units

Table 2 presents the best practices of local government units on mental health strategies. LGUs conducted health education in every barangay as part of mental health prevention, promotion, information, and education campaign, training in handling stress, seminars on HIV-AIDS, coping strategies on excessive use of alcohol and tobacco, and training on the implementation of rules and regulations on COVID 19.

This finding demonstrates that most local government units engaged in information and education campaigns to raise awareness of employees and the general public. It also indicates that health protocols are made known to employees, and they are required to practice the same. The finding implies that local government units exert efforts to address mental health problems at their level.

The finding supports Ahorsu et al. (2021), who found that governments are combining mental health promotion with coping strategies workshops, and Lopez et al. (2018), who emphasized community involvement through the conduct of intervention and planning, and management of beneficiaries of the program. The studies of Ngo et al. (2013) and Whiteford et al. (2013) all claimed that mental health services should be integrated into specialized services for other chronic non-communicable diseases such as HIV-AIDS. Although studies by Adams and Eaton (2016), Benti et

al. (2016), and Kamimura et al. (2018) all affirmed the lack of awareness and engagement on mental health in some low-income countries.

Other best practices include check-ups and medication to employees, distribution of psychiatric medicines, providing mental healthcare to DRRM personnel, providing rehabilitation services to PWDs, referrals of clients to mental health institutions, creating the psychosocial team, and conducting neuro examinations upon entry and promotion.

The finding strengthened the study of Wainberg et al. (2017) on the initiatives undertaken in local government units to provide access to mental health treatment using evidence-based interventions. It also affirmed the study of Patel et al. (2013), identifying best practices in mental health illness such as mental health screening, referral, and treatment. The study of Ayano (2018) also affirmed government support for mental health, although limited.

This finding implies that interventions on mental health problems and protection provided to workers, such as implementing the four-day workweek and paying salaries when employees are in quarantine, demonstrate that local government units are assisting employees. Further, LGUs lack resources, both human and material, such that they engage in the referral of their employees with mental disorders to health institutions. This is also attributed to the lack of professionals who can practice psychosocial activities.

The finding aligned with the study of Lal (2019) that mental health interventions include self-management tools, counseling, and various psychological and social therapies. This finding aligned with studies by Newnham et al. (2020), Lim and Nakazato (2020), and Block et al. (2019) that governments are implementing programs that assist employees. Paterson et al. (2021) also mentioned government interventions on the mental health problems of workers and employees. The study of Rajgopal (2010) affirmed this finding that designing and managing work to minimize harm

Table 2. Best Practices in Mental Health by Local Government Units

Best Practices	f	%
Prevention, Promotion & Information & Education		
Conduct of health education to every barangay	5	5.6
Conduct of training to handle stress	4	4.4
Conduct of training on HIV-AIDS	4	4.4
Conduct of training on coping strategies on excessive use of alcohol and tobacco	4	4.4
Training on implementing rules and regulations on COVID 19	3	3.3
Conduct of discussion with Municipal Health Office and the Office of the Municipal Social Welfare on mental health service delivery	1	1.1
Treatment and Recovery		
Check-ups and medication to employees with mental problems	4	4.4
Distribution of psychiatric medicines	4	4.4
Providing mental healthcare to DRRM personnel	3	3.3
Providing rehabilitation services to PWDs	2	2.2
Establishment of institutional networks and referral system		
Referral of clients to the mental health institutions	3	3.3
Creation of the psychosocial team	1	1.1
Integration of mental health in human resource development and management policies and programs		
Requiring neuro examination upon entry to service and promotion	1	1.1

by providing flexible working hours, team-based interventions, health screening, and enhancing personal resilience, among others, are practices recognized in human resource development policies and programs of local government units.

The finding also illustrates that the local government units have exerted efforts to respond to mental healthcare. However, there remains a limited implementation of mental health strategies at the local government level. This indicates that although the Mental Health Law was enacted in CY 2018, there is a gap between the need for services and the access to treatment available at the local level. Only promotion and education campaigns are practiced by most municipalities. There is none on capability building of mental health administrators.

Challenges encountered by implementers

The majority of respondents highlighted a shortage of professionally trained mental health professionals and a limitation of mental health facilities as the key problems frontline workers face in implementing mental health measures. Another big issue that frontline workers face is a lack of financial resources.

These challenges indicate how limited the implementation of mental healthcare is, specifically even in implementing mental health strategies. These three challenges are major concerns that need the immediate attention of policymakers at all levels of governance. During this time of the pandemic, immediate actions are needed.

These findings strengthened the studies of Tennyson et al. (2016) and Murray et al. (2014), who claimed that there are difficult challenges in mental health care, such as the shortage of medical professionals. Also, the findings were affirmed by Estrada et al. (2020) as it was discovered that health facilities and human resources for mental health remain limited and by Zhou et al. (2018) that there is a lack of mental health professionals, lack of mental health facilities, and lack of financial resources.

Table 3. Challenges encountered by Frontline Workers in the Implementation of Mental Health Strategies

Challenges	f	%
Lack of formally trained mental health experts	78	86.7
Lack of mental health facilities	78	86.7
Lack of financial resources	71	78.9
Lack of mental health professionals such as psychiatrists, psychologists, and teachers	68	75.6
No mental health training of health workers	64	71.1
Absence of mental health promotion	53	58.9
Inadequate mental health policies	51	56.7
No mental health education	49	54.4
Stigma about mental health	46	51.1
Relocation of some health workers to other assignments	41	45.6
Attrition of lay workers taught to provide interventions	40	44.4
Lack of leadership	29	32.2
Lack of trust in the system	27	30.0

Note: Challenges encountered are multiple responses of respondents

Other challenges identified by respondents are no mental health training, absence of mental health promotion, inadequate mental health policies, and no mental health education, all of which concentrated on providing mental health workers' capability. These challenges demonstrate that there is still inadequate knowledge on the part of implementers due to the lack of appropriate training and seminars. Further, the findings indicate that mental health implementers are incapable of implementing mental health strategies. The study of Burau et al. (2018) substantiated the findings that mental health staff found health promotion inadequate, for engagement was mixed and included some resistance, which is a challenge in implementation.

The last set of challenges concerns relocation of health workers, attrition of mental health trainees, lack of leadership, and lack of trust in the system, which was outcomes of the political system in the country. These challenges imply that even in the implementation of mental health strategies, there is the influence of political leadership which caused the attrition and relocation of some health workers. This finding is supported by Whiteford et al. (2013) that there should be collaboration in delivering mental healthcare services between the implementers and policymakers.

Overall, the researchers' theory that the extent to which mental health strategies are implemented in accordance with the provisions of mental health circulars would address challenges encountered was validated by the finding of "poor extent," which implies that there is inadequate compliance by local government units with the mandates of the Mental Health Law and that of the Civil Service Commission (CSC), specifically Memorandum Circular No. 4, Series of 2020 that provides for programs to be undertaken to protect the mental health of government employees.

Also, the theory of Good Governance of the World Bank (2013) used as a framework generated the findings using the principles of participatory, consensus-oriented, accountability, transparency, responsiveness, efficiency and effectiveness, equitability, and conclusiveness, which follows the rule of law (Booth & Cammack, 2013) were followed but hindered by some challenges. The use of these principles identified the gaps in implementation. The study uncovered the deficiencies in implementing mental health strategies and the mental health law at the local level.

5.0. Conclusion

There is a poor extent of implementation of mental health strategies in local government units, which suggests inadequate governance mechanisms. As a result, mental health strategies face numerous challenges and require increased resource allocation. Most governance principles, such as transparency, accountability, responsiveness, inclusiveness, and equity, are still in their developing stage and require the attention of the national government agencies such as the Civil Service Commission (CSC) and the Department of Interior and Local Government (DILG) in monitoring the observance of the law and government circulars. This implies a wide gap in the implementation of the Mental Health Law as this was not integrated into the primary healthcare program.

Delays in implementing the Mental Health Law and mental health strategies violate every Filipino's fundamental right to mental health services and aggravate stigma and discrimination against people with mental health conditions. The government should make every effort to implement plans and programs that promote the efficient and effective delivery of mental health services because mental health problems negatively impact work performance and can drain the budget for financing the health needs of employees. The need for training of mental healthcare workers and mental health program administrators should be prioritized.

The best practices identified must be strengthened, and adequate funding must be provided to achieve better health outcomes and contribute to the long-term goal of ensuring healthy lives for all people of all ages.

6.0. Limitations of the Study

The findings of this study do not apply to all areas of the country since the locale was only local government units in three congressional districts. Also, the respondents were limited to government frontline workers, and the general population's views were not gathered due to the current pandemic. The results did not capture the opinions and views of political leaders, retired health workers, and members of non-government organizations who also have a stake in the implementation of mental health strategies. Due to the small number of respondents and time constraints, it was impossible to address the findings by group, which might have influenced the data gathered.

Despite best practices and the enactment of the Mental Health Law as facilitating factors, there is a lack of institutional mechanisms at the local level and an inadequate implementation of policies. Further research is required to understand better the local governments' economic and social advancement and their overall health systems.

7.0. Declaration of Conflicting Interest

The authors have no conflicts of interest to declare. Both authors have seen and agree with the contents of this manuscript, and there is no financial interest to report. We certify that the submission if original work and is not under review at any other publication.

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