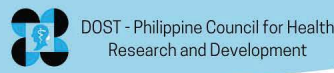


Technical Assistance on the Development of Comprehensive PhilHealth Benefits for Mental Health



Mental Health is...

the state of well-being, wherein an individual can realize his/her own potential and live their lives fully. People with mental health disorders are often stigmatized, marginalized, and discriminated, making them one of the most vulnerable groups in society.

In the Philippines, a mandate of the Mental Health Act is the development of financing mechanisms for mental health conditions. With this need, **it is an opportune time for PhilHealth to develop such mechanisms that will provide financial risk protection for mental health service users.**

This project aims to improve health outcomes, quality of life, and productivity of Filipinos with mental health conditions by developing a comprehensive PhilHealth benefit to ensure financial risk protection.



Study Phases

The **Evidence Synthesis and Standards Setting** focused on the review of mental health services to determine the interventions to include in the proposed benefit packages.

The **Costing Analysis** determined the direct medical costs, direct non-medical costs, and indirect costs of providing the services.

The **Epidemiologic Analysis** described the prevalence and incidence of diseases requiring mental health services to identify the number of potential benefit package users.

Proposed Benefit Package

After several meetings with key stakeholders, the scope of mental health services to be covered included primary to tertiary care services. The general areas of package implementation include Mental Health Gap Action Programme (mhGAP) services, Psychiatric and Neurologic Services (Tertiary), and Emergency Services. The following table summarizes the proposed inclusions in the proposed benefit packages.

Services	Primary	Secondary	Tertiary
Assessment	<ul style="list-style-type: none"> Mental and neurological assessment Basic Laboratory Services 	<ul style="list-style-type: none"> Mental and Neurological assessment Basic Laboratory Services Emergency Unit Assessment Services 	<ul style="list-style-type: none"> Psychiatric, Neurologic, & Psychological Assessment Laboratory and Radiology Services Emergency Unit Assessment Services
Referral	<ul style="list-style-type: none"> Referral to specialists 	<ul style="list-style-type: none"> Referral to specialists 	<ul style="list-style-type: none"> Referral to specialists
Interventions	<ul style="list-style-type: none"> Pharmacologic (mhGAP) and Basic Psychosocial Interventions 	<ul style="list-style-type: none"> Pharmacologic (mhGAP) and Basic Psychosocial Interventions Emergency Management 	<ul style="list-style-type: none"> Pharmacologic and Psychosocial Interventions Inpatient and Emergency Management

Challenges and Gaps in Data and Implementation



- Limited areas providing mhGAP services
- Impartial adoption of Consensus Treatment Guidelines
- Absence of Clinical Practice Guidelines
- Limited resources
- Low capacity for mhGAP services
- Information on most commonly used and available medicines
- Best mechanisms in medicines procurement

Policy Considerations in the Benefit Package Development

- Implement a service network model at the province level** - assigning sub-packages to rural health units (primary care), provincial and district hospitals without psychiatrist and neurologists, and hospitals with psychiatrists and neurologists.
- Acquire support from DOH and professional societies in early implementation** - for mapping and ensuring the availability of specialists in each province, network, at different levels of care, as may be allocated.

Recommendations

- Enhance the capacity of health facilities to deliver mental health services
- Roll-out the MHGAP training program in all local government units
- Develop a benefit coverage for emergency services for both intentional and unintentional injuries or conditions
- Develop a monitoring and evaluation framework
- Contextualize the benefit packages within the mechanisms of the Universal Health Care law
- Implement pilot networks as initial implementers of the policy before national roll-out
- Present the proposed inclusions to relevant stakeholders (i.e., HTA secretariat or council, PhilHealth board)