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Commentary

inTENsity: How inTENse and COSTly is Mental Illness

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INTRODUCTION

Studies all over the world present the global burden of mental illness in TEN points:

First, around 20% of the world's children and adolescents have mental disorders or problems, which is equivalent to one in every five persons. Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s. In the Philippines, the prevalence of mental illness among children is estimated to be 16% (Cagande, 2015);

Second, mental and substance-use disorders are the leading cause of disability worldwide. Depression accounted for more than 40% of disability. Researchers also looked at illicit drug-use and found opioids caused the most illness, followed by amphetamines. Drug dependence was highest in men aged 20 to 29. Furthermore, according to the Global Burden of Disease (GBD) (2010) study which quantified burden for 291 diseases, injuries and risks for 187 countries, 21 world regions, 6 super-regions and the world, five drug disorders along with alcohol use disorders were included (Murray et al., 2010);

Third, about 800,000 people commit suicide every year, and for every one adult who died of suicide, 20 others are committing the act. Latest figures from the Philippine Statistics Authority (PSA) showed that suicide incidents rose to 25.7% in 2020, making it the 27th leading cause of death in 2020 from its 31st spot last 2019. Most suicides are related to psychiatric diseases, such as depression, substance--use disorders and psychosis being the most relevant risk factors. Other contributory factors are anxiety, personality-, eating-, and trauma-related disorders, and organic mental disorders (Bradvik, 2018);

Fourth, rates of mental disorder tend to double after emergencies like war and natural disasters. The WHO estimated that in situations of armed conflicts throughout the world, "10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behavior that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches" (WHO, 2001). When the Super Typhoon Haiyan ("Yolanda") made landfall in the Philippines last November 2013, it brought significant psychological impact to the survivors as well as to the responders. Chan, et al. (2016) reported that 192 Filipino adult survivors who were also disaster-relief responders were more distressed and suffered from more symptoms of post-traumatic stress than the unaffected disaster-relief responders, though the difference in terms of prevalence of post-traumatic stress disorder among the two groups were not statistically significant;

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Fifth, mental disorders increase the risk of getting ill from other diseases, such as HIV, Cardiovascular diseases, Diabetes Mellitus, and vice versa. Although many factors contribute to the poor physical health of people with severe mental illness, the increased morbidity and mortality seen in this population are largely due to a higher prevalence of modifiable risk factors, many of which are related to individual lifestyle choices (Parks, et al.; 2006);

Sixth, stigma and discrimination against patients and families prevent people from seeking mental health care. People with mental illness are often deprived of their civil rights, such as the right to vote, or the right to marry and have children. They experience discrimination in all areas of life, including employment, education and the right to shelter (Mental Health, Human Rights and Legislation: WHO's Framework, 2015). Public display of discrimination may be internalized by patients with mental illnesses, leading them to develop self-stigma. They may begin to believe the negative thoughts expressed by others, and in turn, think of themselves as unable to recover, undeserving of care, dangerous, or responsible for their illnesses (Corrigan et al., 2014). Stigma is also prevalent- even among those with a background in mental health or illness (e.g., nursing students) and could face mental health challenges. For instance, in a local study which explored the attitudes of second year nursing students towards mental illness prior to their actual clinical exposure, 32% of the student subjects had negative attitudes (Chu, et al., 1981). Tuliao & Velasquez (2014) also reported that perceived or internalized stigma has been shown to be a barrier to help-seeking behavior in Filipinos;

Seventh, human rights violations of people with mental and psychosocial disability 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. Examples of how people with mental disorders are sometimes treated are as follows:

> "In one country, people are locked away in traditional mental hospitals, where they are continuously shackled and routinely beaten. Why? Because it is believed that mental illness is evil and that the afflicted are possessed by bad spirits."
>
> "Children [are] tied to their beds, lying in soiled beds or clothing, and receiving no stimulation or rehabilitation for their condition."
>
> "Countries continue to lock up patients in 'caged beds' for hours, days, weeks, or sometimes even months or years…A couple of patients have lived in these devices nearly 24 hours a day for at least the last 15 years" (The WHO Resource Book on Mental Health, Human Rights and Legislation)

Eight, globally, there is a huge inequity (among low-, middle-, and high-income countries) in the distribution of skilled human resources for mental health. This inequity is realized in terms of shortages of mental health professionals in low-income countries. For instance, the rate of psychiatrists in high income countries is 170 times greater and for nurses 70 times greater than in low income counterparts. For the Philippines, the mental health worker per population ratio is two to three per 100,000 population (WHO & Department of Health, 2006);

Ninth, there are 5 key barriers to increasing the availability of mental health services, namely: (a) absence of mental health from the public health agenda and the implications for funding, (b) current organization of mental health services, (c) lack of integration within primary care, (d) inadequate human resources for mental health, and (e) lack of public mental health leadership; and

Tenth, financial resources that help increase services are relatively modest, two dollars per person per year in low- income countries, while three to four dollars per person per year in lower and middle-income countries.

Moreover, 30% of countries do not have a specified budget for mental health. Of those that do, 20% spend less than 1% of their total health budget on mental health. As a lower-middle-income country (World Bank, 2017) the Philippines spends only three to five percent of the total health budget, and 70% of this is spent on hospital care (WHO & Department of Health, 2006).

To worsen the burden, no one has immunity against mental illnesses;- even health care practitioners, who are supposed to provide services, are at risk of developing the disorder. Studies show that doctors, nurses, dentists, and even emergency medical practitioners are also at risk of developing depression and post-traumatic stress disorder:

- Of all physicians who committed suicide, psychiatrists have the highest rate (Rich & Pitts, 1980);
- The rate of depression is higher among surgeons married to surgeons than surgeons married to non-surgeons (Dyrbye et al., 2010);
- Hospital nurses in the US experience depressive symptoms at a rate twice as the general public (Letvak et al., 2012);
- Dentists are suicide-, divorce-,drug-, and alcohol abuse-prone (Lysen & Riemer, 1988);
- Nearly one in ten EMTs has a probable clinical level of depression (Bennet et al., 2004); and
- EMTs who experienced greater job-related stress were significantly more depressed and anxious (Boudreaux et al., 1997).

During the pandemic, healthcare workers responding to the COVID-19 pandemic are indeed at risk of developing mental illnesses. In a cross-sectional study of 1257 health care workers in 34 hospitals equipped with fever clinics or wards for patients with COVID-19 in multiple regions of China, a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress (Lai, et al., 2020). Many Kenyan healthcare workers also suffered from various common mental disorders in the early phase of the pandemic,with young, female professionals who are not married bearing the bigger burden (Kwobah et al., 2021).

To further gauge the burden of mental illness, the cost of mental health-related treatments, which can be categorized according to direct and indirect costs, should be considered. Direct costs are the expenses for medicines, consultations, and therapies. Consultations with a psychiatrist start at Php 500.00 per visit, therapy at Php 1,000.00 per session, and admission to private psychiatric facilities at Php 10,000.00 per month. These are just conservative estimates and may be higher depending on the case, type of therapy, and facility. Meanwhile, the cost of antidepressants are also quite high, if out of pocket expenditure it is 11.14% of the minimum wage. A farmer who is diagnosed with depression would need to spend Php 55.70 for his maintenance medication, which he would need to take for weeks or months. The Department of Labor and Employment-National Wages and Productivity Commission new daily minimum wage rates per sector in NCR (Per Wage Order No. NCR-22b, effective November 22, 2018) and the corresponding cost of antidepressant can be seen in Table 1

Table 1. Cost of antidepressants vis-à-vis the new minimum wage rate

Sector/Industry	New Minimum Wage Rate	Cost of Antidepressant (MWR x 0.1114)
Non-Agriculture	₱537.00	₱59.82
Agriculture (plantation and non-plantation)	₱500.00	₱55.70
Retail or service establishments employing 15 workers or less		
Manufacturing establishments regularly employing less than 10 workers		

On the other hand, indirect costs are the consequences of having a disorder. These include loss of income due to unemployment, decrease in productivity, lost contributions to insurance systems (eg., GSIS, SSS, PhilHealth), and lost taxes (income tax). To cite some examples, USA spent $201 billion in 2013 for mental disorders (Roehrig, 2016), while Australia increased its spending on mental health services from AU$5.3 billion in 2004 to 2005 to AU$8.5 billion in 2014 to- 2015 (AIHW, 2016). In the European Union, it is estimated that the cost of mental health problems in the workplace may amount to three to four percent of the gross national product (Liimatainen & Gabriel, 2000). When it comes to personal income, Kesslar et al. (2008) found out that people with serious mental illnesses have a mean reduction in earnings of $16,306.

Corresponding to the ten points of global burden of mental illness are the following TEN proposals to alter mental health challenges and somehow minimize its weight:

First, identifying and addressing mental health concerns among children should be done as early as possible. This can be made possible when mental health is integrated into places where children spend most of their time - at school. Teachers and students should be educated on early warning signs of mental health problems while school clinics can be equipped with basic training on handling these problems. Linkages with psychological clinics and/or psychiatric institutions, together with the creation of support groups may help a lot. Furthermore, a 30 to 45 minute mental health break every Friday can be done to give students the opportunity to voice out their feelings, problems or stressors;

Second, capacitate the community to intervene in the growing problem of substance use disorders through a multi- sectoral approach. A team composed of representatives from the local government, health, school, and religious sectors must approach the community through strict implementation of policies against illicit substances, provision of community rehabilitation programs, mental health education, and spiritual guidance of substance users. The National Center for Mental Health and other psychiatric institutions may also reach their services to the community through: (1) periodic visits (monthly or quarterly) and (2) promotion of its online services e-konsultasyon and crisis hotline;

Third, interventions for those at risk of committing suicide, especially those with previous attempts, should be offered immediately (within 24- to 48 hours at most). A program entitled RAM (Reducing Access to Means) may be implemented, which aims (as the name implies) to reduce access to lethal means through policy and support. Policies related to purchasing guns and on dispensing of medications, (which should be based only on recent prescriptions), must be drafted and implemented strictly. Support for persons at risk of committing suicide include: (1) free therapeutic sessions, (2) teaching coping and problem solving skills, (3) access to support groups, and (4) distribution of low-cost (or free) gun locks/gun safes to those with personal weapons. In addition, a short course on suicide risk assessment and management can be provided to non-health personnel, such as teachers, police officers, religious leaders in the community. On the other hand, social media may also be a good platform to distribute infographics about suicide, such as the following:

Fourth, from the time of Yolanda and even earlier calamities and natural disasters like Mount Pinatubo eruption, mental health and psychosocial support (MHPSS) is already a part and parcel of disaster relief management of the government. It is an overarching mental health intervention for the victims or survivors of traumatic events. Besides MHPSS, investing in mental wellness is highly recommended. A mental wellness program may include, but are not limited to, stress management and coping strategies, regular follow ups (e.g., monthly or quarterly), and psychotherapy (e.g., play therapy for children). Moreover, spiritual assistance to the (1) sick, (2) wounded, (3) sustained disability, and/or (4) families who lost their loved ones should also be considered. This comes in the form of anointing of the sick, spiritual healing, blessing and final prayers to the deceased, in collaboration with spiritual or religious representatives in the area;

Fifth, to curb the co-occurrence of mental and physical disorders, a proposal to make psychological assessment and intervention a partner or "twin" of medical intervention is plausible. As an example, a nurse researcher at the Philippine Heart Center (PHC) is currently developing a set of assessment guide questions for symptoms of anxiety and depression among admitted adult cardiac patients. Through early recognition of anxiety and depressive symptoms, an initial treatment may be provided, which may equate to better prognosis and lesser chances of chronic disability. Alternatively, an annual physical examination to assess the general health of the employees may come with psychological assessment. Medical hospitals with no psychiatric facility may also prepare their staff on how to do basic mental health assessment and eventually make referrals. For instance, the Dr. Jose Fabella Memorial Hospital sought for basic mental health and psychiatric nursing training at the National Center for Mental Health for ten of their nurses from September 8 to 10, 2021, with the main objective to assess and manage postpartum blues, depression, and psychosis;

Sixth, a multi-layered stigma and discrimination strategy may be tested. The first layer is education of the general public, or even the community, on mental health and illness, such as myths and facts. Social media medical-related apps, television, movies, radio, newspapers, and magazines can all be used as platforms to disseminate mental health information. The dissemination in whatever platform should be in coordination with and approval of the Department of Health in order to prevent misinformation and improper portrayal of mental illness. For instance, mental illness was somehow stereotyped in the poster of the 2021 movie Tililing. The poster had its actors stick their tongues out, sideways, which is an inaccurate representation of mental illness because it does not cause such behavior; it is actually one of the side effects of antipsychotics (which is not so common). Moreover, mental health professionals are avoiding the use of the term tililing to describe patients, as it discriminatory and stigmatizing in nature. Besides accuracy of mental health information, the extent of its dissemination should also increase by reaching people with visual and hearing impairments, −which is possible through the use of Braille and sign language. On the other hand, the second layer focuses on encouraging representation of persons with mental illnesses in groups, societies, or organizations. Their active involvement in public activities is one step towards reintegration in the community, that they belong and that there is no need to be isolated, for they are accepted. Nationwide celebration (public and private sector) of mental health month may also be intensified. Finally, the last layer is advocacy −efforts to protect and support stigmatized and discriminated groups. It may include wider coverage in health insurances, discounts on consultations, and price cuts on psychiatric medications. Perhaps it is time to develop and manufacture locally-made psychotropic medications. In strengthening our pharmaceutical industry and lessening importation, the assumption is that exorbitant prices shall be lowered down−, making it more affordable to patients, such as India. With cheaper medicines, there will be less "skipping" and "splitting" of prescribed doses among patients, −which they do in order to cut their medicine expenses. Another added price-lowering strategy is to reinforce the Generics Act of 1988 (Republic Act 6675) by promoting and gaining the trust of the public on the use of generics: − that the price is not equivalent to its effectiveness;

Seventh, the key to prevent incidence of human rights violation related to the use of physical restraints and seclusion is to reduce the use of these interventions, and this is only possible in the presence of several factors. There should be enough staff to monitor and interact with the patients, avoid overcrowding, environmental manipulation, and provide them with activities. Therapeutic activities will keep the patients distracted, calm, happy, and motivated (Wilson, Ray, & Kar Ray, 2018). Thus, lessening the need to place them in restraints. A small room in the ward can be repurposed into a music room, arts and crafts room, or a café where the health worker can do his or her activities for the patient. Moreover, a space or a garden within hospital premises may be used for strolling patients, −both ambulatory and patients in wheelchairs. Furthermore, all wards and isolation or seclusion areas should be equipped with high-resolution, 360- degree, and audio-equipped CCTVs to enable monitoring of ward activities. This will also provide impartial evidence for investigations of any complaints related to restraint, seclusion, or other patient care activities;

Eight, more emphasis in terms of training hours, on mental health should be given to medical, nursing, and other allied health students. It is indeed difficult to solve the huge inequity in the skilled mental health workforce, but if future health professionals would be capacitated to provide basic mental health assessment and treatment to any patient that they would encounter, then the country could at least partially achieve equitable mental health care. Health and other health-allied courses could either add more related-learning experience (RLE) hours or dedicate a certain percentage of their RLE to clinical practice on psychiatric facilities with strict observance of patients' confidentiality. If face−to−face activity is not yet permitted, then a simulated experience with trained or experts of the field is also possible. In relation to this, state universities and colleges (SUCs) and hospitals can work together to make psychiatry and psychiatric nursing more popular fields of specialty through exhibits or social media promotions; only few among medical and nursing graduates pursue a mental health career;

Ninth, to increase the availability of mental health services is to include mental health into the public health agenda. In order to emphasize mental health into public health, data is necessary; thus, there is a need to focus on mental health information and research. Even though there is the Republic Act No. 11036 (Philippine Mental Health Law) with strengthening information systems, evidence and research for mental health as one of its objectives, the streamlining of mental health information across the country is still a challenge. Recent prevalence rates of common mental disorders, trends, and other pertinent mental health data are yet to be determined. With an information system, mental health surveillance may be plausible, which would guide policy making and decisions. Also, researchers may definitely utilize the data and look further on the risk factors and other underlying mechanisms of various mental disorders. They may also study new treatment regimens and evaluate the effectiveness of several mental health therapies; and

Tenth, instead of addressing financial limitations on mental health, the welfare of health care practitioners who are at risk of developing mental illnesses must be considered. The institution or hospital must remember that aside from salary and other material benefits, health workers also need to be taken care of in terms of psychological and social aspects. The COVID-19 pandemic brought an insurmountable demand to the health system, and there is a possibility that the health workers may be affected. The long hours of work wearing those personal protective equipment (PPEs), fatigue, fear of being infected may−all impact the mental health of workers. This might be detrimental to the health worker in terms of both his or her performance and own health. During and even when the pandemic ends, helping them to deal with stress may significantly help their mental health. Sometimes, they do not need pieces of advice or suggestions, they are just looking for someone to vent on. The hospital can also open an employees' clinic for those in need of psychological intervention, which will be available for everyone, and at the same time, it has a less stigmatizing name. When it comes to the social aspect of health workers, the hospital priest may also conduct regular rounds to pray for the health workers and their patients. Unlimited coffee in the hospital lobby, free haircut (like the Rescute program in Philippine General Hospital), discounted facial, nail treatment, or massage may be

provided. If permitted, team building activities without body contact, such as team computer games, may be considered.

The global burden of mental illness is further complicated by the COVID-19 pandemic, as it introduced a considerable degree, in varying levels, of stress and worry among us-, such as the fear of getting infected, stress brought by isolation and quarantine, sadness from death of loved ones, and loss of jobs due to closure of businesses and borders. With a high unemployment rate, (6.6% in December of 2021), providing job opportunities needs to be heightened through partnership and coordination with: (1) private local and international corporations, (2) private individuals or groups that represent the rights and interests of people who lost their jobs and those with mental illness, (3) the Department of Labor and Employment (DOLE), and (4) local government units. Shopping malls may host monthly or quarterly job fairs, which cover white and blue-collar jobs. These job fairs may be set up near vaccination centers, −a scheme called Bakunapbuhay, derived from [bakuna (vaccine) and hanapbuhay (work)], provides two opportunities: − to get protection against COVID-19 and to have work.

Mental illness, being a global problem, yields pressure on countries, especially to low-to-middle income ones like the Philippines. These proposals were fashioned to release some of the weight and prevent upsurge of cases of mental health problems. Perhaps, some or a majority of people are not yet aware of this burden, but it is time to recognize its existence. While the government is doing its job, something else must be done because in a status quo approach, sooner or later one may encounter a load so intense and costly that no one is prepared for; - just like COVID-19.

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