**BACHELOR OF SCIENCE IN NURSING: COMMUNITY HEALTH NURSING**

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| **COURSE MODULE** | **COURSE UNIT** | **WEEK** |
| **CM3** | **CM3-CT1** | **13** |
| **mhGAP (MENTAL HEALTH GLOBAL ACTION PROGRAM)** | | |



* Read course and unit objectives
* Read study guide prior to class attendance
* Read required learning resources; refer to unit terminologies for jargons
* Proactively participate in classroom discussions
* Participate in weekly discussion board (Canvas) Answer and submit course unit tasks



At the end of this unit, the students are expected to:

Cognitive:

1. Describe the Mental Health Global Action Program
2. List several objectives of mhGAP.
3. Enumerate the Rights of Mental Health Professionals

Affective:

* 1. Listen attentively during discussion.
  2. Demonstrate tact and respect when challenging other people’s opinion and idea

Psychomotor:

1. Take part in discussion and group activities.

2. Confidently express personal opinion about the topic.



Nursing Care of the Community “A comprehensive text on community and public health nursing in the Philippines” 1st Edition Zenaida Famorca

Nursing Practice in the Community 4th Edition Araceli Maglaya

Public Health Nursing in the Philippines 10th Edition National League of Philippine Government Nurses



In 2008, WHO launched the mental health gap action programme (mhGAP) in response to the wide gap between the resources available and the resources urgently needed to address the large burden of mental, neurological, and substance use disorders globally. Through mhGAP, WHO aims to provide health planners, policy-makers, and donors with a set of clear and coherent activities and programmes for scaling up care for mental, neurological and substance use disorders.

WHO recognizes the need for action to reduce the burden, and to enhance the capacity of Member States to respond to this growing challenge. mhGAP is WHO’s action plan to scale up services for mental, neurological and substance use disorders for countries especially with low and lower middle incomes. The priority conditions addressed by mhGAP are: depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to use of alcohol, disorders due to use of illicit drugs, and mental disorders in children. The mhGAP package consists of interventions for prevention and management for each of these priority conditions.

Successful scaling up is the joint responsibility of governments, health professionals, civil society, communities, and families, with support from the international community. The essence of mhGAP is building partnerships for collective action. A commitment is needed from all partners to respond to this urgent public health need and the time to act is now!

**THE TREATMENT GAP**

Mental, neurological, and substance use disorders are highly prevalent in all regions of the world, and they are major contributors to disease, premature death, and disability worldwide. They are also frequently associated with high levels of stigma and human rights violations, particularly in low- and middle-income countries.

**Objectives of mhGAP**

The development of the mental health action programme (mhGAP) reflects WHO’s commitment to closing this gap by scaling up care for mental health and substance use disorders. The key objectives of the action programme are:

to reinforce the commitment of governments, international organizations, and other stakeholders to increase the allocation of financial and human resources for care of mental health and substance use disorders.

to achieve much higher coverage with key interventions in the countries with low and lower middle incomes that have a large proportion of the global burden of mental health and substance use disorders.

Through these objectives, mhGAP provides evidence-based guidance and tools to advance toward achieving the targets of the mental health action plan 2013-2020.

**[REPUBLIC ACT NO. 11036]**

**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**

**CHAPTER I**

**GENRAL PROVISIONS**

**Section 1**. Short Title. - This Act shall be known as the "Mental Health Act."

**Section 2**. Declaration of Policy. - The state affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services.

The state commits itself to promoting the well-being of people by ensuring that; mental health is valued, promoted and protected; mental health conditions are treated and prevented; timely, affordable, high quality, and culturally-appropriate mental health case is made available to the public; mental health service are free from coercion and accountable to the service users; and persons affected by mental health conditions are able to exercise the full range of human rights, and participate fully in society and at work free from stigmatization and discrimination.

The State shall comply strictly with its obligations under the United Nations Declaration of Human Rights, the Convention on the rights of Persons with Disabilities, and all other relevant international and regional human rights conventions and declarations. The applicability of Republic act No. 7277, as amended, otherwise known as the "Magna Carta for Disabled Persons", to person with mental health conditions, as defined herein, is expressly recognized.

**Section 3**. Objectives. - The objectives of this Act are as follows:

(a) Strengthen effective leadership and governance for mental health by, among others, formulating, developing, and implementing national policies, strategies, programs, and regulations relating to mental health;

(b) Develop and establish a comprehensive, integrated effective and efficient national mental health care system responsive to the psychiatric, neurologic, and psychosocial needs of the Filipino people;

(c) Protect the rights and freedoms of persons with psychiatric, neurologic, and psychosocial needs; Filipino people;

(d) Strengthen information systems, evidence and research for mental health;

(e) Integrated mental health care in the basic health services; and

(f) Integrate strategies promoting mental health in educational institutions, the workplace, and in communities.

**Section 4.** Definitions. - As used in this Act, the following terms are defined as follows:

(a) Addiction refers to a primary chronic relapsing disease of brain reward, motivation, memory, and related circuitry. Dysfunctions in the circuitry lead to characteristic biological, psychological, social, and spiritual manifestations. It is characterized by the inability to consistently abstain impairment and behavioral control, craving, diminished recognition of significant problems with one's behavior and interpersonal relationships and a dysfunctional emotional response;

(b) Carer refers to the person, who may or may not be patient's next-of-kin or relative, who maintains a close personal; relationship and manifests concern for the welfare of the patient;

(c) Confidentiality refers to ensuring that all relevant information related to persons with psychiatric, neirologic, and psychological health needs is kept safe from access or use by, or disclosure to, persons or entities who are not authorizes to access, use, or possess such information;

(d) Deinstitutionalization refers to the process of transitioning service users, including persons with mental health conditions and psychosocial disabilities, from institutional and other segregated settings, to community-based settings that enable social participation, recovery-based approaches to mental health, and individualized care in accordance with the service user's will and preference;

(e) Discrimination refers to any distinction, exclusion or restriction which has the purpose or effect of nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. Special measure solely to protect the rights or secure the advancement of persons with decision-making impairment capacity shall not be deemed to be discriminatory;

(f) Drug Rehabilitation refers to the processes of medical or psychotherapeutic treatment of dependency on psychoactive substances such as alcohol, prescription drugs, and other dangerous drugs pursuant to Republic Act, 9165, otherwise known as the "Comprehensive Dangerous Drugs Act of 2002". Rehabilitation process may also be applicable to diagnosed behavioral addictions such as gambling, internet and sexual addictions. The general intent is to enable the patient to confront the psychological, legal, financial, social, and physical consequences. Treatment includes medication for co-morbid psychiatric or other medical disorders, counseling by experts and sharing of experience with other addicted individuals;

(g) Impairment or Temporary Loss of Decision-Making Capacity refers to a medically-determined inability on the part of a service user or any other person affected by a mental health condition, to provide informed consent. A service user has impairment or temporary loss of decision-making capacity when the service user as assessed by a mental health professional is unable to do the following:

(1) Understand information concerning the nature of a mental health condition;

(2) Understand the consequences of one's decisions and actions on one's life or health, or the life or health of others;

(3) Understand information about the nature of the treatment proposed, including methodology, direct effects, and possible side effects; and

(4) Effectively communicate consent voluntarily given by a service user to a plan for treatment or hospitalization, or information regarding one's own condition;

(h) Informed Consent refers to consent voluntarily given by a service user to a plan for treatment, after a full disclosure communicated in plain language by the attending mental health service provider, of the nature, consequences, benefits, and risks of the proposed treatment, as well as available alternatives;

(i) Legal Representatives refers to a person designated by the service user, appointed by a court of competent jurisdiction, or authorized by this Act or any other applicable law, to act on the service user's behalf. The legal representative may also be a person appointed in writing by the service user to act on his or her behalf through an advance directive;

(j) Mental Health refers to a state of well-being in which the individual realizes one's own abilities and potentials, scopes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community;

(k) Mental Health Condition refers to a neurologic or psychiatric condition characterized by the existence of a recognizable, clinically-significant disturbance in an individual's cognition, emotional regulation, or behavioral that reflects a genetic or acquired dysfunction in the neurological, psychosocial, or developmental process underlying mental functioning. The determination of neurologic and psychiatric conditions shall be based on scientifically-accepted medical nomenclature and best available scientific and medical evidence;

(l) Mental Health Facility refers to any establishment, or any unit of an establishment, which has, as its primary fucntion, the provision of mental health services;

(m) Mental Heath Professional refers to a medical doctor, psychologist, nurse social worker or any other appropriately -trained and qualified person with specific skills relevant to the provision of mental health services.

(n) Mental Health Service Provider refers to an entity or individual providing mental health services as defines in this Act, whether public or private, including, but not limited to mental health professionals and workers, social workers and counselors, informal community caregivers, mental health advocates and their organizations, personal ombudsmen, and persons or entities offering nonmedical alternative therapies;

(o) Mental Health Service refer to psychosocial psychiatric or neurologic activities and programs along the whole range of the mental health support services including promotion, prevention, treatment, and aftercare, which are provided by mental health facilities and mental health professionals;

(p) Mental Health Worker refers to a trained person, volunteer or advocate engaged in mental health promotion, providing support services under the supervision of a mental health professional;

(q) Psychiatric or Neurologic Emergency refers to a condition presenting a serious and immediate threat to the health and well being of a service user or any other person affected by a mental health facilities and mental health condition, or any other person affected by a metal condition, or to the health or well-being of others, requiring immediate medical intervention;

(r) Psychosocial Problems refers to a condition that indicates the existence of dysfunctions in a person's behavior, thoughts and feelings brought about by sudden extreme, prolonged or cumulative stressors in the physical or social environment;

(s) Recovery-Based Approach refers to an approach to intervention and treatment centered on the strengths of a service user and involving the active participation, as equal partners in care, of persons with lived experiences in mental health. This requires integrating a service user's understanding of his or her condition into any plan for treatment and recovery;

(t) Service User refers to a person with lived experience of any mental health condition including persons who require or are undergoing psychiatric, neurologic or psychosocial care;

(u) Support refers to the spectrum of informal and formal arrangements or services of varying types and intensities, provided by the State, private entities, or communities, aimed at assisting a service user in the exercise of his or her legal capacity or rights, including; community services; personal assistants and ombudsman; powers of attorney and other legal and personal planning tools; peer support; support for self -advocacy; nonformal community caregiver networks; dialogue systems; alternative , and manual communication; and the use of assistive devices and technology; and

(v) Supported Decision Making refers to the act of assisting a service user who is not affected by an impairment or loss of decision-making capacity, in expressing a mental health-related preference, intention or decision. It includes all the necessary support, safeguards and measures to ensure protection from undue influence, coercion or abuse.

CHAPTER II

RIGHTS OF SERVICE USERS AND OTHER STAKEHOLDER

Section 5. Rights of Service Users. - Service users shall enjoy , on an equal and nondiscriminatory basis, all rights guaranteed by the Constitution as well as those recognizes under the United Nations Universal Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities and all other relevant international and regional human rights conventions and declarations, including the right to:

(a) Freedom from social economic, and political discrimination and stigmatization, whether committed by public or private actors;

(b) Exercise all their inherit civil, political, economic, social, religious, educational, and cultural rights respecting individual qualities, abilities, and diversity of background , without discrimination on the basis of physical disability, age, gender, sexual orientation, race, color, language, religion or nationality, ethnic, or social origin;

(c) Access to evidence-based treatment of the same standard and quality, regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation;

(d) Access to affordable essential health and social services for the purpose of achieving the highest attainable standard of mental health;

(e) Access to metal health service at all levels of the national health care system;

(f) Access to comprehensive and coordinated treatment integrating holistic prevention, promotion, rehabilitation, care and support, aimed at addressing mental health care needs through a multidisciplinary, user-driven treatment and recovery plan;

(g) Access to psychosocial care and clinical treatment in the least restrictive environment and manner;

(h) Humane treatment free from solitary confinement, torture, and other forms of cruel inhumane, harmful or degrading treatment and invasive procedures not backed by scientific evidence;

(i) Access to aftercare and rehabilitation when possible in the community for the purpose of social reintegration and inclusion;

(j) Access to adequate information regarding available multidisciplinary mental health services;

(k) Participate in metal health advocacy, policy planning, legislation, service provision, monitoring, research and evaluation;

(l) Confidentiality of all information, communications, and records, in whatever form or medium stored, regarding the service user, any aspect of the service user's mental health, or any treatment or care received by the service user, which information, communications, and records shall not be disclosed to third parties without the written consent of the service user concerned or the service user's legal representative, except in the following circumstances:

(1) Disclose is required by law or pursuant to an order issued by a court of competent jurisdiction;

(2) The service user has expressed consent to the disclosure;

(3) A life-threatening emergency exists and such disclosure is necessary to prevent harm or injury to the service user or other persons;

(4) The service user is a minor and the attending mental health professional reasonably believes that the service user is a victim of child abuse; or

(5) Disclosure is required in condition with an administrative, civil, or criminal case against a mental health professional ethics, to the extent necessary to completely adjudicate, settle, or resolve any issue or controversy involved therein;

(m) Give informed consent before receiving treatment or care, including the right to withdraw such consent. Such consent shall be recorded in the service user's clinical record;

(n) Participate in the development and formulation of the psychosocial care or clinical treatment plan to be implemented;

(o) Designate or appoint a person of legal age to act as his or her legal representative in accordance with this Act, except in cases of impairment or temporary loss of decision-making capacity;

(p) Send or received uncensored private communication which may include communication by letter, telephone or electronic means, and receive visitors at reasonable times, including the service user's legal representative and representatives from the commission on Human Rights (CHR);

(q) Legal services, through competent counsel of the service user's choice. In case the service user cannot afford the service user cannot afford the service s of a counsel, the Public Attorney's Office, or a lega; aid institution of the service user or representative's choice, shall assist the service user;

(r) Access to their clinical records unless, in the opinion of the attending mental health professional, revealing such information would cause harm to the service user's health or put the safety of others at risk. When any such clinical records are withheld, the service user or his or her legal representative may contest such decision with the internal review board created pursuant to this Act authorized to investigate and resolve disputes, or with the CHR;

(s) Information, within the twenty-four (24) hours of admission to a mental health facility, of the rights enumerated in this section in a form and language understood by the service user; and

(t) By oneself or through a legal representative, to file with the appropriate agency, complaints of improperties, abuses in mental health care, violations of rights of persona with mental health needs, and seek to initiate appropriate investigation and action against those who authorized illegal or unlawful involuntary treatment or confinement, and other violations.

**Section 6**. Rights of Family Memebrs, Carers and Legal Representatives.- Family members, carers and duly designated or appointed legal representative of the service user shall have the right to:

(a) Receive appropriate psychosocial support from the relevant government agencies.;

(b) With the consent of the concerned service user, participate in the formulation, development and implementation of the service user's individual treatment plan;

(c) Apply for release and transfer of the service user to an appropriate mental health facility;

(d) Participate in metal health advocacy, policy planning, legislation, service provision, monitoring, research and evaluation.

**Section 7**. Rights of Mental Health Professionals. Mental health professional shall have the right to:

(a) A safe and supportive work environment;

(b) Participate in a continuous professional development program;

(c) Participate in the planning, development, and management of mental health services;

(d) Contribute to the development and regular review of standards for evaluating mental health services provided to service users;

(e) Participate in the development of mental and health policy and service delivery guidelines;

(f) Except in emergency situations, manage and control all aspects of his or her practice, including whether or not to accept or decline a service user for treatment; and

(g) Advocate for the rights of a service user, in cases where the service user's wishes are at odds with those of his or her family or legal representatives



Website: <https://apps.who.int/iris/bitstream/handle/10665/250239/9789241549790-eng.pdf>

Website: <https://www.veralaw.com/?p=1115>

Website: https://www.doh.gov.ph

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**Blood Bank-** a place where supplies of blood or plasma for transfusion are stored.

**Blood Donation-** process of collecting, testing, preparing, and storing blood and blood components

**Confirmatory Test.** – An analytical test using a device, tool or equipment with a different chemical or physical principle that is more specific which will validate and confirm the result of the screening test.

**Insurance -** a thing providing protection against a possible eventuality.

**Public Health -** is the science of protecting and improving the **health** of people and their communities.

**Senior Citizen-** an elderly person, especially one who is retired and living on a pension.



Study Question:

How can each Public Health Laws comply with the standard of Department of Health?

Download a Nursing Research article about Public Health Laws from DOH and write a 200-300 word essay as reflection.



*Books*

Nursing Care of the Community “A comprehensive text on community and public health nursing in the Philippines” 1st Edition Zenaida Famorca

Nursing Practice in the Community 4th Edition Araceli Maglaya

Public Health Nursing in the Philippines 10th Edition National League of Philippine Government Nurses

*Websites*

EBSCOhost.com