

# Challenges Encountered by Municipal Health Officers in Implementing Mental Health Programs in the Province of Northern Samar

Jeanette Jumadiao-Rojo, MAN

Faculty, College of Nursing and Allied Health Sciences,  
University of Eastern Philippines, Catarman, Northern Samar

**How to cite this paper:** Jeanette Jumadiao-Rojo "Challenges Encountered by Municipal Health Officers in Implementing Mental Health Programs in the Province of Northern Samar" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-3 | Issue-4, June 2019, pp.1851-1855, URL: [www.ijtsrd.com/papers/ijtsrd25160.pdf](http://www.ijtsrd.com/papers/ijtsrd25160.pdf)



IJTSRD25160

Copyright © 2019 by author(s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



## ABSTRACT

This study aimed to identify the challenges encountered by Municipal health officers in implementing mental health programs in the province of Northern Samar. Its specific goal was to learn more about the age, level of education, length of service, monthly pay, and training and seminar attendance of municipal health officials. Additionally, it sought to ascertain the degree of program execution in Northern Samar as judged by the customer groups and program implementers in terms of context, input, process, and product. It also sought to learn about the difficulties participants and program implementers faced, as well as their advice and suggestions.

The 24 municipalities of the province of Northern Samar were included in this study, which used a descriptive research approach. It concentrated on the following aspects of a mental health program: daily living wellness, extreme experiences, mental, neurological disorders, and substance abuse and other addictions. The participants-implementers are mental health nurses providing services to clients in their respective Municipal Health Officers, and participant clientele includes mental wellness program participants, clients of psychological first aid, and caregivers of clients with mental, neurological, and substance use disorders.

The participant implementer-municipal health officer profile variable includes adulthood, proper degrees, five years of service, earnings of between \$60,000 and \$79,000 per month, and attendance at between 5,16 and 20 seminars and trainings.

According to data from the context evaluation of the mental health program, mental health nurses, municipal health officers, and barangay health workers judged it as being "moderately implemented" by participants. Both Process Evaluation and Input Evaluation received the "moderately implemented" rating. The Mental Health Program in Northern Samar is "moderately implemented" at this time.

Participants who implemented the program and service customers also provided challenges and recommendations, which led to specific conclusions and suggestions for the program's improvement.

**KEYWORDS:** *Municipal Health Officers, Implementation, Mental Health*

## INTRODUCTION

Each nation's prospects for prosperity depend on the mental health of its people. However, few people appeared to be aware of how important mental health is to the success of the nation. Countries all across the world, throughout the world, have long ignored the challenges of mental health and mental disease. In fact, poor nations spend less than 1% of their GDP on mental health, compared to other nations' spending of roughly 5% of GDP (World Health Organization, 2007). Nearly half (40-50%) of low- to middle-income nations lacked mental health policies and programs in 2003. The World Health Organization (WHO) has urged mental health policy-makers to transfer responsibilities to the

primary care sector due to the stigma and lack of funding for mental health care.

The community is alarmed by the prevalence of mental illness, yet those who are affected do not always receive the proper care. While concerning and

Debilitating, it is unfortunate to observe that only a small number of individuals obtain competent and adequate treatment due to financial restrictions or a lack of community-based mental health services.

According to Federal Law, a mental ailment that significantly impairs one's ability to function and engage in daily activities is considered to be a form of mental illness. The Mental

Health Act of 2017 was signed by President Trump on June 21, 2018. Rodrigo R. Duterte recognizing the fundamental rights of those in need of mental health care as well as the basic right to mental health for all Filipinos. It is regarded necessary, hence the reason for this study, to evaluate the previous Mental Health Program as it was executed in the province of Northern Samar in order to provide feedback for the subsequent activities or methods for implementation.

### Objectives of the Study

Generally, the study sought to determine the extent of implementation of the Mental Health Program in Northern Samar which served as a basis for an enhancement program which can be proposed as an output of the study.

Specifically, it sought to determine the following:

1. the profile of Municipal Health in terms of:
  - 1.1. Municipal health officers in terms of:
    - 1.1.1. Age
    - 1.1.2. educational attainment
    - 1.1.3. length of service
    - 1.1.4. monthly income
    - 1.1.5. trainings/seminars attended
2. the extent of implementation of the Mental Health Program in Northern Samar as assessed by the program implementers and participants groups in terms of:
  - 2.1. Context
  - 2.2. Input
  - 2.3. Process
  - 2.4. Product
3. the challenges encountered by the participant-implementers and participants-clientele.

### Methodology

In this study, the descriptive design was used. The goal of descriptive research, according to Burns and Groove (2003), is to paint a picture of the issue as it actually occurs. For the purposes of this study, descriptive research was used to assess the degree of implementation of the mental health program. It addressed the evaluation of the Northern Samar Mental Health Program's Context, Input, Process, and Product.

### Findings

#### Barangay Health Workers' Profile

The frequency and percentage distribution of the ages of barangay health workers are shown in the data. evidence that 24 Brgy. 11 or 45.8% of health workers are between the ages of 40 and 65; 8 or 33.3 percent are between the ages of 18 and 39; and the remaining 5 or 20.8 percent are above 65. These numbers indicate that the majority are older and more mature. Taburnal's study, Barangay Health Workers' Level of Competence, demonstrated that older health workers are capable of meeting the needs of their constituents by offering them high-quality healthcare services, with the goal of making it easier for the constituents to achieve their desired goals.

However, because they are the ones who carry out community-based health programs at the grassroots level, this can only be achieved if these barangay health workers are competent and dedicated to their roles.

The distribution of educational attainment among barangay health workers in terms of frequency and percentage. The majority, 19 or 79.2 percent, completed secondary education, while 5 or 20.8 percent completed elementary education. Barangay health professionals are essential

because of their capacity to encourage and urge residents to lead healthy lifestyles. Apparently, E. Barangay health workers are a crucial community asset, according to Ventura (2007). Their mission is to increase public acceptance, affordability, and accessibility of primary healthcare (PHC).

The frequency and percentage distribution of the tenure of barangay health staff. It exhibits that out of 24 implementer-participant Barangay Health workers, 9 or 37.5 percent have worked as health workers for at least five years; 8 or 33.3 percent have worked in the field for between six and ten years; and the remaining 7 or 29.2 percent have worked in the field for at least eleven years. the length of time they had spent serving as a barangay. Barangay Health Workers (BHWs) are among the front-line

personnel that provide and extend the national wellness program. Health workers gave them the skills they needed to do their jobs properly. such as helping with dietary monitoring and teaching.

The regularity and proportion of monthly wages earned by barangay health workers. It reveals that the Brgy receives a monthly salary. Health Workers lives in extreme poverty. It was discovered that out of 24 implementer participants, 23 or 95.8% of the Barangay Health Workers earned a monthly wage between \$0 and \$1000, and only 1 or 4.2 percent received a salary between \$1000 and \$20,000, putting them below the federal poverty line. The frequency and percentage distribution of the number of trainings/seminars attended by barangay health workers are shown in the data. In terms of the frequency of trainings/seminars attended by BHW, all 24 respondent-BHW experienced attending seminars five times. The Barangay Health Workers' Benefits and Incentives Act of 1995, a key approach for promoting health empowerment and highlighting the need to offer accessible health services, should recognize years of primary health care service as credits to higher education.

Discussion and information about how the various implementer-participant groups assessed the context. It was discovered that the participant-implementers, nurses, MHOs, and BHWs, define the actual and desired environments in which mental health programs will be implemented; identify and diagnose problems or barriers that may prevent achieving the goals and objectives of mental health programs, rated as "highly implemented" with a mean of 3.47; and diagnose problems or barriers that are also rated as "highly implemented" with a mean of 3.63. The Context evaluation's category mean is 3.29, which is interpreted as "moderately implemented," directly alluding to the definition's context that it was being "moderately implemented" in terms of the provision of information for the development of an evaluation of the mission, vision, values, goals and objectives, and priorities of the mental health program.

The program planners and implementers are unable to properly implement this process, as shown in the table. It is common knowledge that determining the needs, issues, and opportunities for any given program can be difficult. To combat MNDs, our business, governments, patient organizations, the WHO, and other stakeholders must work together and develop creative policies.

Accessibility and results can be improved by creating strong mental health systems and integrating MND services into primary care. The effects of MNDs on people and communities require cross-sectoral coordination across

government agencies. Innovative approaches to moving forward include push and pull methods including product development partnerships (PDPs), advanced market commitments, and grants to encourage research.

Study demonstrates that, according to the nurses, MHOs, and BHW implementer participants' evaluations, they are able to assess whether staff and available resources are sufficient to implement the mental health program with a mean of 3.58 rated as "highly implemented" and to assess the resources required to deliver the program with a mean of 3.75 rated as "highly implemented". The program implementation of mental health has been given an inadequate budget and funding allocation, which is one of the challenges faced by the implementer participant as they experienced interrupted work. The funding and physical resources for the program implementation are the least among the group of moderately implemented activities with a mean of 3.04, which clearly implies.

The development of the ongoing evaluation of the major strategies through various tactical programs of accepting, refining, and correcting the mental health program design was noted based on the assessment of implementer participants, nurses, MHOs, and BHWs. This information was discovered to be necessary to determine whether the mental health program needs to be accepted, amended, or terminated.

Evaluation advances our understanding of the factors that influence health problems as well as the best and most effective public health measures to address them. This information will be very helpful in directing future study and practice. At the organizational, local, state, national, and international levels, evaluation also influences policy choices.

The identification of the major Non-Communicable Diseases (NCDs) that are connected to psychosocial, mental health, and NCDs; discussion of the relationship between common risk factors in Non-Communicable Diseases and mental health; discussion of the impact of mental health on the development of major Non-Communicable Diseases and vice versa; and recognition of mental health as an important aspect of analysis—these activities—were found to be the least implemented.

### **Challenges Encountered By the Barangay Health Workers**

#### **Absence of a well defined Mental Health Plan in the province**

Inadequate meetings at the regional, provincial, and municipal levels for planning, setting goals, and prioritizing services for mentally challenged individuals and their caregivers.

#### **Low priority is given to Mental Health Program**

Weak links between Local Government Units, Rural Health Units, and the Provincial Health Office, resulting in a lower priority for constituents' mental health.

The problem of homeless people is visible in the area, but neither the rural health units nor the provincial government have funds to meet the needs of the vagrants.

#### **No tangible mental wellness program**

The Department of Health's wellness program for mental health is no longer active. Some municipalities have wellness activities, but they are not led by mental health program personnel.

### **Lack of Psychiatric Rehabilitation Center**

The province lacks a Psychiatric Rehabilitation Center, which the province desperately needs because Rural Health Units are incapable of caring for patients with subacute and acute v agrant cases. Because it is only a primary care facility, the facilities cannot accommodate nor admit acute extreme cases.

### **Funding restrictions**

Rural health units lack tools for program implementation and sustainability.

The fund is insufficient to cover the various activities required to provide efficient and effective treatment management for the program.

There is no ambulance available for the referral of mentally ill patients.

### **Interrupted supply of psychotropic medication**

The province's rural health units have an insufficient supply of psychotropic medications. The supply of medicine is insufficient to meet the demands of an increasing number of mentally ill patients. As a result, caregivers must purchase their loved ones' medications when supplies run out. The money they set aside for food is sometimes used to purchase medicines, adding to their precarious financial situation.

There is no mechanism in place to ensure that psychotropic medications are available.

Patients' families are mostly financially impoverished, so when the RHU runs out of medicine, they tend to stop medicating, resulting in illness recurrence.

### **No available side reaction medications**

Antipsychotic medication side effects are not counteracted in rural health units.

### **Scarcity of Mental health Specialist/Psychiatrist**

For the entire province, there is only one psychiatrist.

### **Inadequate Number of mental health workers**

The health care personnel are insufficient to handle all aspects of the mental health program. Roles or assignments are thrown on top of workers who have a plethora of sub-functions.

There is no trained personnel available to perform various psychotherapies.

Employee and mental health personnel turnover is common. Some nurses have yet to renew their contracts, delegating their duties to others who have not been trained or assigned to the mental health program.

### **Lack of relevant training to health workers**

Municipal Health Officers must stay current by attending relevant trainings and seminars in order to improve the quality of mental health service delivery.

Some employees lack relevant training and are incapable of providing mental health care.

### **Social stigma is high**

Because of the high social stigma and discrimination against people with mentally challenged family members or relatives, some families are hesitant to bring their mentally challenged family members to rural health units for checkups.

### **Lack of family coordination and community involvement**

Caregivers are not actively participating in the activities of the mental health program. Some caregivers are unaware of

their responsibilities, and others chain their patients. Some get tired of going to rural health units to secure medicines for their patients because of the long distance drive (they don't have money for the fare), and sometimes after a long drive they are just told that there is no available medication, and some say they don't have time for follow up check ups because they have a lot of burdensome activities.

Coordination within the family is lacking.

Patients' noncompliance

People in remote barangays are still uninformed about the mental health program.

### **Burdened carers are not being cared for**

There are no activities to help caregivers of mentally challenged people. They, too, require financial assistance because, on average, caregivers have a low socioeconomic status.

### **Substance users needed support from the government**

Some substance users need the support from the municipal and provincial government in terms of livelihood and sustainable income to support their families.

Some are still uncooperative and are not open for counselling.

Drug users are not cooperative with the entire ASSIST BI.

They are at times uncooperative as they say that the government is not true to its word for until now the support it promised to the surrenderers is not yet tangible.

### **Conclusions**

The descriptive design was used in this study, and a structured interview guide was used to collect the necessary data. It was carried out in 24 municipalities, with Municipal Health Officers among the implementer participants. This study concentrated on the following aspects of a mental health program: daily living wellness, extreme life experiences and mental, neurological disorders, and substance abuse and other forms of addiction.

According to the data from the activities on mental health and wellness program: Wellness of Daily Living, implementer participants rated it as "moderately implemented," while clientele participants rated it as "less implemented."

Data from the activities of implementation of management of extreme life experiences revealed that the program was rated "highly implemented" by the participant-implementer and "highly implemented" by the clientele participants.

In terms of management of Mental, Neurological, and Substance Abuse Disorder implementation, data revealed that implementer participants rated the program as "highly implemented," while clientele participants rated it as "highly implemented."

In terms of the difficulties encountered by the participants, it was discovered that there is no well-defined Mental Health Plan in the province, that there is a low priority given to Mental Health programs due to the weak linkage between Local Government Units and the provincial Health Office, that there is no tangible mental wellness program as its activities are inactive, and that there is a lack of psychiatric rehabilitation centers. It was also discovered that there is a lack of funding in terms of facilities, human Psychotropic medications are frequently interrupted or unavailable. There

is also no available medication for side effects. A shortage of mental health specialists or psychiatrists adds to the difficulty, as the province only has one psychiatrist. Mental health workers are insufficient or insufficient to meet the needs of the municipality's sick and vulnerable residents. There is no available personnel trained to perform various psychotherapies, and relevant trainings are also lacking to keep mental implementer participants up to date on the latest treatment and patient management techniques, thereby improving the quality of mental health services. A lack of family coordination and community involvement also slowed the program's implementation. Furthermore, caregivers reported feeling burdened by their situation because they, too, require assistance. Substance users are demanding help from the government, which appears to have forgotten about the help it promised them.

### **References**

- [1] M. Taburnal August 11, 2017 Barangay Health Workers' Level of Competence, retrieve from Retrived from: <https://www.scribd.com/document/356998378/Barangay-Health-Workers-Level-of-Competence>
- [2] Necessity of Exercise, Physical activity and aging. Leonard Davis School of Gerontology. University of South California. Retrieved at <https://gerontology.usc.edu/resources/infographics/necessity-exercise-physical-activity-and-aging/>. Retrieved on April 27, 2019.
- [3] Ozbay, F., Johnson, DC,, Dimoulas, E., Morgan, C.A. III, MD, MA, Charney, Dennis MD, and Steven Southwick, (2007) Social Support and Resilience to Stress. From Neurobiology to Clinical Practice. US National Library of Medicine, National Institute of Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921311/>
- [4] Persson, Ricky (2014) Working as a Mental Health Nurse. Retrieved at <https://www.gapmedics.com/blog/2014/08/13/working-as-a-mental-health-nurse/>. Retrieved on April 26, 2019.
- [5] Perry,G. et al. Canadian Standards for Psychiatric-Mental Health Nursing 4th Edition March 2014. Standards of Practice. Retrieved at <http://cfmhn.ca/professionalPractices?f=7458545122100118.pdf&n=212922-CFMHN-standards-rv-3a.pdf&inline=yes>. Retrieved on July 12, 2018.
- [6] Rachel F. Boaz and Charlotte F. Muller, Why do some caregivers of disabled and frail elderly quit(1991), Medicare and Medicaid Research and Review. Retrived from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4193224/>
- [7] Roles of Psychiatric-Mental Health Nurses in Managed Care. American Nurses Association. Retrieved at <https://www.apna.org/Publications/PositionPapers> Retrieved on July 10, 2018.
- [8] Santos, Tina G. (2018).Department of health program boosted with 220 Million. Philippine Daily Inquirer. Retrieved from news info. Inquirer.net.Retrieved on July 21, 2018.

- [9] Smith, ML. Ory, MG. (2014). Measuring Success: Evaluation Article Types for the **Public Health Education and Promotion** Section of **Frontiers in Public Health**. US National Library of Medicine, National Institute of Health. Retrieved at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4131424/>
- [10] State Legislation Report. (2013): Trends, themes and best practices in state mental health legislation. *The National Alliance on Mental Illness (NAMI) Arlington, VA*. Retrieved from: <https://www.nami.org/getattachment/About-NAMI/Publications/Reports/2013StateLegislationReportFinal.pdf>
- [11] Stuart & Laraia. (2001). The principles of mental health care in the general hospital. Blackwell Publishing. Retrieved at [www.blackwellpublishing.com](http://www.blackwellpublishing.com). Retrieved on February 11, 2017.
- [12] The National Mental Health Program Strategic Plan 2017-2022. (2016). Mental Health Program. Department of Health. Retrieved at <https://www.doh.gov.ph/national-mental-health-program>. Retrieved on July 12, 2017.
- [13] The Role of the Psychiatric-Mental Health working in the Community. (2008) The Association of Registered Nurses of Newfoundland and Labrador. (ARRNL). <https://www.arnnl.ca/files/documents>
- [14] U.S. Department of Health and Human Services. (1999) Mental health: a report of the surgeon general. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. <https://www.hsd.org>
- [15] Ventura Et., al, July 2007 retrieve from BHW Effectiveness in Malaria Control: Lessons from Five Municipalities Retrieved from: [http://lynchlibrary.pssc.org.ph:8081/bitstream/handle/0/4089/08\\_BHW%20Effectiveness%20in%20Malaria%20Control.pdf?sequence=1](http://lynchlibrary.pssc.org.ph:8081/bitstream/handle/0/4089/08_BHW%20Effectiveness%20in%20Malaria%20Control.pdf?sequence=1)
- [16] Videbeck, S. L. (2011). Psychiatric-mental health nursing. Walters Kluwer Health/Lippincott Williams and Wilkins. Fifth edition pp.9-10.
- [17] Videbeck, Shiela L. (2011). Psychiatric-Mental Health Nursing Walters Kluwer Health/Lippincott Williams and Wilkins. Fifth edition pp.9-10.
- [18] WHO, (2003) BRIEF INTERVENTION FOR SUBSTANCE USE: Manual for use in Primary Care a Manual for use in Primary Care Draft Version 1.1 for Field Testing Retrieved from: [https://www.who.int/substance\\_abuse/activities/en/Draft\\_Brief\\_Intervention\\_for\\_Substance\\_Use.pdf](https://www.who.int/substance_abuse/activities/en/Draft_Brief_Intervention_for_Substance_Use.pdf)
- [19] Zainab, N., Naz, H. (2017) Daily Living Functioning, Social Engagement and Wellness of Older Adults. **Centre for Clinical Psychology, University of the Punjab. Vol 6, No 1**. Retrieved from: <https://pch.psychopen.eu/article/view/213/html>.
- [20] Zayas, C., He, Z., Yuan, J., Maldonado-Molina, M., Hogan, W, Modave F., (2016). Examining Healthcare Utilization Patterns of Elderly Middle-Aged Adults in the United States. National Center for Biotechnology Information. Retrieved from <https://www.ncbi.nlm.nih.gov/articles>
- [21] Zimmerman, E., & Woolf, S. (2014). Understanding the Relationship between Education and Health. National Academy of Sciences. Retrieved from <https://nam.edu/uploads/2015/06/B...PDF>