



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Addressing the gaps in the Philippine public mental health strategy

We agree with Campion and colleagues¹ that implementing primary interventions that target the social determinants of health can effectively address mental health. These population-based strategies are sorely needed in low-income and middle-income countries such as the Philippines, where poverty, unemployment, hunger, displacement, and conflict are rife.²

With the growing global movement for public mental health, the Philippines passed the Mental Health Act in 2018, with a strategic plan for 2019–23.³ Despite the Mental Health Act's acknowledgment of social risk factors for mental health, these are absent in the strategic plan, which focuses instead on four pillars: mental health promotion, governance, service delivery, and information and research.³ Consequently, the current Mental Health Act disproportionately focuses on building resilience and individual coping, with an overemphasis on clinical mental health.

The staggering productivity cost and economic effect of mental illness calls for a committed, sustainable funding stream for mental health. The Philippines lost 68.9 billion pesos in 2019 from expenditure and decreased productivity due to mental illness,⁴ but the 2021 Department of Health budget only allocated 286 million pesos, or 3% of the Department of Health budget, to mental health.³ Curative and administrative expenses are prioritised over preventive interventions, with a 58% allocation towards medicines alone.³

Campion and colleagues posit that one action to address public mental health implementation gaps is to communicate the economic benefits of public mental health investment to the country's leadership.¹ At present, however, evidence on which

interventions yield the best returns are meager,⁴ and the paucity of research from the Philippines translates to an absence of evidence-based, culturally sensitive policies.

The COVID-19 pandemic is a wake-up call for public mental health stakeholders. Imposed quarantines reduce access to social support,² and the unmet need for mental health services grows because of a fragmented referral network. Poor mental health conditions are exacerbated by a loss of job security, selective social amelioration programmes, and the overwhelmed health-care system.²

There is a misconception that mental health only equates to mental health care. Public mental health policy cannot work independent of state social services, insofar as it is one, and all other social services likewise factor into overall mental health. We recommend that the public mental health strategy be restructured to a true rights-based approach, which views social interventions as the cornerstone of policy, and acknowledges mental health care as only one complementary piece in the broader context of public mental health.

We declare no competing interests.

*Ma Veronica Pia N Arevalo,
Ethan Angelo S Maslog,
Gabrielle P Flores,
Katherine Donatela Manlongat,
*Michelle Ann B Eala
mbeala1@up.edu.ph*

College of Medicine, University of the Philippines, Manila 1000, Philippines (MVPNA, EASM, GPF, MABE); PGSP-Stanford PsyD Consortium, Palo Alto, CA, USA (KDM)

- 1 Campion J, Javed A, Lund C, et al. Public mental health: required actions to address implementation failure in the context of COVID-19. *Lancet Psychiatry* 2022; **9**: 169–82.
- 2 Ofreneo RE. COVID-19 pandemic case study: Philippines. December, 2020. https://us.boell.org/sites/default/files/2020-12/20201209-HB-papers-A4-philippines-01_0.pdf (accessed Jan 30, 2022).
- 3 Philippine Council for Mental Health. Mental health strategic plan 2019–2023. September, 2019. <https://doh.gov.ph/sites/default/files/publications/Mental%20Health%20Strategic%20Plan.pdf> (accessed Jan 30, 2022).

- 4 WHO, UN Interagency Task Force on NCDs, UNDP. Prevention and management of mental health conditions in the Philippines: the case for investment. 2021. https://www.who.int/docs/default-source/wpro---documents/countries/philippines/reports/investment-case-report-mental-health-philippines-2021.pdf?Status=Master&sfvrsn=d0f436e7_9/ (accessed Jan 30, 2022).