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This is a discussion of the concept of community-based mental health care and the different components and forms that comprise it.

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Editorial

Community and Mental Health

The community, in the words of the 1948 Universal Declaration of Human Rights, is where “the free and full development of [a person’s] personality is possible.” Also, everyone “has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.”

These almost eight-decades-old human rights provisions are most relevant in discussing mental health issues at present.

Deinstitutionalized treatment and rehabilitation of people with mental health conditions (and bringing them back to their family and community where they can heal) is the current idea.

But is the community ready to assume the task of caring for people with mental health conditions?

Stigma, prejudice and discrimination against people with mental health conditions constitute serious barriers that exist in the family and the community. Thus a major task is finding ways and means of making the family and the community see the need to eliminate stigma, prejudice and discrimination against people with mental health conditions.

Accessible mental health care services and systems within the community and beyond are needed to help those suffering from mental health conditions. But making them available at the community level is not a simple task. Nevertheless, it can start with people in the community and the local government reaching out to those who suffer from mental health conditions. It also requires reaching out to the community members as a whole to advocate the idea that addressing mental health conditions is a crucial task that needs the support of everyone.

Mental Health Crisis in Gaza*

Dr Ibrahim Aqtam

The ongoing conflict in Gaza has severely impacted the mental health of its population, leading to various psychological disorders across demographic groups. Studies in Gaza and similar conflict zones report high rates of post-traumatic stress disorder (PTSD), depression, anxiety, and acute stress disorders among children, adults and the elderly. The severity of these issues often correlates with exposure to violence, loss and displacement. Thabet and Vostanis reported that 54 percent of children in Gaza had PTSD, with comorbid depression (41 percent) and anxiety (34 percent), due to traumatic events like bombings and loss of loved ones. Al-Krenawi et al found that 40 percent of adults reported PTSD, with high anxiety (37 percent) and depression (45 percent). Elderly individuals exposed to repeated trauma showed high rates of chronic stress and depression, worsening their physical health.

Specific groups faced unique challenges: children exposed to prolonged conflict experienced disrupted development, emotional dysregulation and maladaptive coping mechanisms. Women are often victims of domestic and sexual violence, worsened by conflict and leading to complex trauma. They also bear caregiving burdens, which heighten



Injured Palestinian children, 2023, AFP¹

anxiety and depression. Healthcare workers in Gaza are frequently exposed to trauma, face burnout, PTSD, and depression, which impact their wellbeing and the quality of care they provide.

The long-term mental health risks in Gaza include complex PTSD and intergenerational trauma, as repeated trauma causes persistent symptoms during adulthood. Intergenerational trauma further burdens communities, as trauma effects transcend behavioral and biological channels to affect future generations. This profound and layered impact highlights the urgent need for comprehensive, culturally-sensitive mental health interventions in Gaza.

Support

Addressing Gaza's mental health needs amid conflict involves formal and informal interventions. International organizations are leading efforts to provide Mental Health and Psychosocial Support (MHPSS). Alongside these, community-based approaches, including peer support groups and local initiatives, play a crucial role. Despite these efforts, challenges persist, necessitating more innovative and culturally-adapted strategies for effective mental health care.

Formal interventions include emergency mental health services by World Health Organization (WHO) and United Nations Relief and Works Agency for Palestine Refugees in

the Near East (UNRWA), such as training local health workers in psychological first aid and establishing mental health units in healthcare facilities. These services are integrated with primary care to improve accessibility in conflict settings. Non-governmental organizations (NGOs) like Medecins Sans Frontieres (MSF) and the Palestine Red Crescent Society (PRCS) provide counselling, psychotherapy and psychosocial support through mobile clinics and outreach teams, reaching displaced populations and those with limited access to facilities.

Community-based support systems are equally vital. Local initiatives, including peer support groups, youth clubs and women centers help individuals cope with trauma and stress. Community centers offer safe spaces for mutual support, informal counselling and education, particularly benefiting women and children through peer support groups that enhance social cohesion. These grassroots efforts offer culturally relevant support, safe spaces for sharing experiences and help reduce stigma.

Although less structured, community-driven approaches effectively address specific psychosocial needs.

Innovative approaches such as telemedicine and digital health platforms help overcome access barriers. The telepsychology services of the UNRWA provide remote counselling via phone and video, ensuring care continuity despite mobility issues. Mobile clinics by MSF and PRCS deliver mental health services directly to remote or highly affected areas, including activities like art therapy and group counselling.

Resilience-building is a key strategy, focusing on enhancing the ability of individuals and communities to recover from trauma. Trauma-informed care models are promoted by WHO and UNICEF to integrate an understanding of trauma into practices and avoid re-traumatization. Culturally-adapted interventions such as group therapy that incorporate traditional practices are emphasized for fostering community cohesion and psychological healing.

Combining formal and informal interventions, innovative delivery methods and culturally-sensitive approaches can help address Gaza’s mental health crisis. However, continuous conflict, restricted access and resource limitations hinder their effectiveness, highlighting the need for sustained investment and adaptable trauma-informed strategies.

Discussion

The current war in Gaza has caused significant mental health and psychosocial challenges, including emotional instability, stress, anxiety, trauma, and other psychological disorders. The prevalence of PTSD, depression and anxiety is high due to continuous exposure to violence, displacement, loss of loved ones, and community destruction. Vulnerable groups such as children, women and the elderly face unique challenges, including developmental disruptions and increased domestic violence. The limited MHPSS services, compounded by damaged infrastructure, shortage of trained professionals and cultural stigma create substantial barriers to care. Healthcare workers also suffer from burnout and secondary trauma, straining the already overwhelmed health system.

Studies have highlighted the importance of disaster management preparedness among healthcare professionals to mitigate these challenges. For example, Aqtam et al evaluated preparedness in the Palestinian context, highlighting strategies that could improve response capacity during crises. Such



A Palestinian boy inside his bombed room, 2021, AFP²

findings are critical for informing interventions that bolster resilience among healthcare workers and ensure continuity of care during emergencies. Resilience is crucial in overcoming the psychological challenges. Effective interventions and community support can aid recovery, although some individuals face long-term consequences such as chronic PTSD and complex grief. This intergenerational trauma affects not only those directly impacted but also their descendants, perpetuating psychological distress and social disruption.

Community-based approaches such as peer support and culturally-adapted interventions have shown promise in fostering resilience and collective healing. However, there is a need for scalable MHPSS interventions to address the immediate and long-term needs. Innovations such as telemedicine and digital health can offer remote support, helping to overcome barriers created by continuous conflict.

Comprehensive, context-sensitive interventions are essential, including psychological first aid, trauma-informed care and community-based support systems. Integrating mental health into primary health services, training local professionals and ensuring resource availability are vital. Policies that prioritize mental health in emergency response with adequate funding and support are critical to building a resilient healthcare system capable of addressing Gaza's complex mental health needs.

Conclusion

The war in Gaza has created a significant burden of mental health conditions, disrupting the quality of life and social structures of the affected population. Effective interventions must be tailored to the unique sociocultural context of Gaza and should be implemented across different phases of the conflict—pre-, peri- and post-conflict periods—to address the adverse mental health effects comprehensively. Psychosocial education, clinical interventions and community-based approaches are essential for fostering resilience, empowering the community and building sustainable mental health systems. By integrating these measures, it is possible to improve the psychological outcomes for those affected by the conflict and prepare the community to better cope with future adversities.

Recommendations

To address the extensive mental health impact of the current conflict in Gaza, several strategies should be considered. Integrating mental health into emergency plans is critical, ensuring that MHPSS services are accessible from the onset of crisis and sustained throughout the recovery phase. Rapid mental health assessments and the inclusion of these services within primary health care are essential to mitigating the progression of chronic mental health issues. Policymakers must develop evidence-based national mental health policies tailored to the needs of conflict-affected populations. Such policies should emphasize accessible

and culturally-appropriate care, decentralizing services through mobile clinics, telemedicine and community-based programs.

Strengthening coordination among stakeholders such as WHO, UNRWA and NGOs can help streamline efforts and maximize the efficient use of resources. Community resilience can be enhanced by encouraging peer support and psychosocial education, empowering communities to take active role in their mental health care. Investments in training and capacity-building are vital. For example, there is a need to train local healthcare workers in trauma-informed care, self-care and burnout management. Partnering with academic institutions could help develop local mental health expertise through specialized training and fellowships. Maintaining a steady supply of essential psychotropic medications and assessment tools is imperative to address severe mental health conditions effectively in these challenging contexts.

References

- Thabet AA, Vostanis P. "Post-traumatic stress disorder and depression in children and adolescents following the Gaza conflict," *Child Psychiatry Hum Dev.* 2017;48(3):469-475. doi: 10.1007/s10578-016-0684-5.
- Al-Krenawi A, Graham J, Khamis V, et al. "PTSD, anxiety, and depression among Palestinians in Gaza." *Soc Psychiatry Psychiatr Epidemiol,* 2017; 52(2):143-50. doi: 10.1007/s00127-017-1368-6.

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Community-based Psychosocial Recovery in East Timor

PRADET

PRADET (Psychosocial Recovery And Development in East Timor) was established as a non-governmental organization (NGO) in 2002 after Timor-Leste gained its independence. The goal was to address the very high demand for psychosocial services for people who are experiencing trauma, mental health conditions and other psychosocial problems.

The service is delivered by local counsellors who have solid experience in psychosocial health, with a strong focus on responding to stress, trauma, grief, sexual assault, domestic violence, human trafficking and mental health. In addition to practical assistance, PRADET places a strong focus on advocacy to make changes at the government level, including children's rights and protection, women's rights and protection, mental health care services as well as the improvement of rights of people with mental health conditions including homeless people living on the street. By training youth advocates and important members of the community, PRADET also tackles the big problem of stigmatization in society and the abuse of alcohol and drugs, especially for young people.

PRADET's goals are achieved through the development and provision of culturally-sensitive

counselling and non-formal education programs and through participation in policy development at both national and local levels. The specialized clinical and community services are coordinated in partnership with the government, NGOs, the church, other institutions and the community.

Community-based Programs

PRADET started the Programa Asistencia Moras Mental (Mental Health Assistance Program) or PAMM/MHAP in 2002. PAMM/MHAP provides psychosocial support and counselling, rehabilitation, referral of mental illness clients to access medical treatment at the Acute-Care Centre and other health facilities. It supports the reintegration of clients to the family and community and holds awareness-raising activities to spread information about mental health conditions, treatment and support strategies and to reduce stigma and discrimination in society and increase the support for people with mental health conditions.

PAMM/MHAP has the following activities:

- Rehabilitation Centre - provides therapy rehabilitation for mental patients who are progressing in their mental health treatment recovery;

- *Dalan Ninin* - provides primary health care for people with mental illness living on the street in Dili and Oecusse. The activity includes helping them get medication treatment and reconnecting them back to their families;
- Prevention of stigma and discrimination - advocates on behalf of clients and educates families and members of the community on prevention of stigma and discrimination against people living with mental illness, reduce isolation, providing information on how to take-care and seek support if needed;
- Home visit for mental illness clients and their families - provides home-based counseling, supports basic needs and monitors medication stocks; and
- Socialization of information about prevention of mental health and treatment including promoting of referral pathways to local leaders and community.

To implement PAMM/MHAP, PRADET works closely with the Ministry of Health (Mental Health Section) specifically mental health nurses, to provide home-based medical treatment, counseling and basic needs support to mental illness clients in eight districts: Dili, Ermera,

Liquica, Bobonaro, Ainaro, Aileu, Baucau and Oecusse.

Systemic limitations continue to impact service quality: shortages of psychotropic medications, inadequate infrastructure, and the lack of standardized tools for case-management and referrals. While trained mental health officers are available in certain areas, many health facilities face financial constraints, and transportation barriers especially in remote municipalities that hinder timely follow-up and supervision.

On a positive note, there has been growing engagement by municipal health authorities, in particular in Dili, Ermera, and Oecusse, in addressing mental health issues. Enhanced involvement of families and community leaders has strengthened grassroots mental health support systems. Also, partnerships with civil society organizations and faith-based institutions have expanded the program’s reach, though long-term sustainability will require continued collaboration.

According to the six-month report from the Ministry of

Health (July–December 2025) covering all thirteen municipalities, a total of 1,996 individuals (nine hundred ninety-seven men and nine hundred ninety-nine women) actively sought mental health services, and seventy-seven new cases (thirty-seven men, forty women) were identified during this period.

Family Link Meeting on Mental Health

On 8 August and 10 October 2025, PRADET conducted a Family Link session in Dili and Ermera Municipality bringing together thirty-eight family members (twelve males, twenty-six females) of clients from Dalan Ninin, the Psychosocial Rehabilitation Centre, and the community. Participants included parents and siblings of clients. The session aimed to enhance knowledge, skills and awareness among families on how to support their relatives with mental health conditions during the recovery process.

Referral System and Psychosocial Support in the Community

PRADET collaborated with the Ministry of Health (Mental Health section) and the Ministry of Social Solidarity and Inclusion (National Directorate for the Promotion of the Rights of People with Disabilities) in developing the standard operating procedure on integrated referral of cases and psychosocial support in the community. Local authority officials and relevant stakeholders attended dissemination of information activities on this issue in Bazartete-Liquica on 17 July 2025 and Balibo-Bobonaro on 29 July 2025. A total of one hundred thirty-one participants (forty-three of whom were women) attended the two activities consisting of village and sub-village chiefs, case manager, community police officer, religious leaders, family members of clients and other relevant stakeholders.

Prevention of Stigma and Discrimination

PRADET team conducts monitoring surveys to understand how communities perceive individuals with



Family Link session in Dili, 8 August 2025.



Information dissemination activity in Liquica and Balibo, 29 July 2025.



Survey for prevention of stigma and discrimination against people with mental condition in the community, 24 September 2025.

Concluding Statement

PRADET’s community-based mental health care program operates within a dynamic context characterized by notable progress as well as enduring challenges. Though mental health is increasingly recognized as a national priority in Timor-Leste, significant gaps remain in service delivery, policy implementation, and public awareness. Persistent stigma particularly in rural communities continues to constrain help-seeking behavior, underscoring the need for sustained community-level outreach and education.

For further information, please contact: PRADET, DIT, Efacas Manleuana, Dili, Timor Leste; e-mail: pradet_timorlorosae@yahoo.com; info@pradet.org; www.pradet.org.

mental health issues, what actions are being taken to prevent stigma and discrimination, and what recommendations local authorities and families can offer to strengthen protection and inclusion. In September 2025, a PRADET team conducted a monitoring survey in the Post Administrative areas of Dom Aleixo and Cristo Rei. This initiative reflects a growing recognition that mental health is not only a medical issue but also a matter of rights, dignity, and community solidarity.

referral, support, reintegration and stigma prevention for individuals with mental health conditions. A total of thirty community representatives participated (with fourteen women participating), including village and sub-village chiefs, delegates, teachers, and family members of clients.

Mental Health Dissemination to Community Leaders in Haupu Village

In December 2025, a two-day mental-health dissemination activity was carried out in Haupu village, post-administrative Letefoho, Ermera municipality. The aim was to increase mental health awareness among community leaders and to strengthen community-level coordination for identification,



Mental Health Education for Community Leaders in Haupo Ermera, 3 December 2025.

When a Hashtag Became a Lifeline: The Story of MentalHealthPH

Michael Angelo Pereira, #MentalHealthPH

What began in 2016 as a social media campaign sharing stories of struggle and hope has grown into one of the Philippines' most visible mental health movements. MentalHealthPH started with a simple but powerful premise: mental health experiences of Filipinos are real, significant, and deserving of safe and public conversation. From that thesis emerged a strong community that now connects more than 43,000 members across the country.

At its core, MentalHealthPH envisions a Philippines where mental health does not limit individuals from thriving in their own spaces and communities. It affirms that "health without mental health" concept is missing, mental health is not a private burden to be carried alone, and most importantly, it is a fundamental human right.

The Urgency of Youth Mental Health in the Philippines

The emergence of MentalHealthPH did not happen in a vacuum. It rose at a time when mental health concerns among Filipino youth were becoming impossible to ignore.

Globally, the World Health Organization reports that more than 720,000 people die by

suicide each year, and suicide remains one of the leading causes of death among young people aged 15 to 29.¹ For adolescents navigating identity formation, academic pressure, economic uncertainty, and digital hyperconnectivity, the weight of distress is increasingly visible.

In the Philippines, the numbers and lived realities mirror this global concern. In recent years, official statistics have shown an upward trend in suicide mortality, with a significant proportion of cases involving young people. Beyond mortality data, distress is reflected in the rising demand for crisis intervention services. The Department of Health reported that during the 2025 holiday period alone, hundreds of calls were received by the DOH–National Center for Mental Health (NCMH) crisis hotline within just a week. Follow-up reports in early 2026 indicated even higher call volumes spanning late December to early January, with anxiety and depressive symptoms frequently cited and young adults prominently represented among callers.²

This context makes the intent of the Philippine Mental Health Act (RA 11036) more urgent than ever. While the law established a national

framework to integrate mental health into the health system and promote mental health in schools and workplaces, implementation gaps persist due to limited capacity, uneven service availability, and continuing stigma.

For many young Filipinos, especially those outside major urban centers or those hesitant to seek in-person help, digital spaces have become the most immediate entry points to information, peer connection, and crisis resources. It is precisely in this gap, where the need is rising, and formal systems remain stretched, that MentalHealthPH's digital-first, community-centered model becomes especially consequential.

From Awareness to Systems Change: #MentalHealthPH

This community/group was named #MentalHealthPH to help build a future where mental health does not get in the way of people achieving their dreams and thriving within their own communities.

MentalHealthPH's advocacy is guided by its Three S and Three O Framework: Self, Society, and System. This framework recognizes that meaningful engagement in mental health

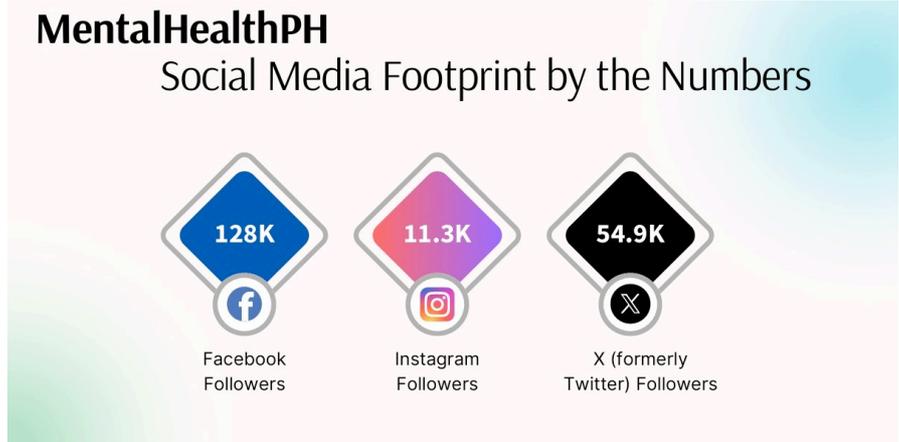
requires transformation at multiple levels.

At the level of Self, the organization promotes mental health literacy, self-awareness, and self-care. At the level of Society, it challenges stigma by amplifying lived experiences and fostering open dialogue. At the level of System, it engages in partnerships and policy conversations to strengthen institutional responses and promote mental health at all possible policy entry points. This is mainly done by maximizing social media and Online digital technology, On-ground activities, and Onward collaborations.

This layered approach distinguishes MentalHealthPH from awareness-only campaigns. It recognizes that inspirational messaging must be coupled with structural advocacy and that community conversations must connect to policy development.

Digital Advocacy as Access

#MentalHealthPH has been working since 2016 on increasing awareness about people’s struggles with mental health illness and ending the stigma about it, empowering members to support themselves and others, and collaborating with various sectors towards sustainable solutions. The organization's core strength lies in its strategic use of digital platforms to expand access to mental health support. In a country marked by geographic fragmentation and service disparities, online spaces have become vital conduits for information, community and intervention.



The core work of #MentalHealthPH is in giving faces and voices to those experiencing mental health concerns—from struggling with the reality of mental health illness, the stigma of needing and seeking help, as well as supporting the people they love.

#MentalHealthPH uses digital spaces for maximum impact, to reach as many Filipino

communities as possible. It shares valuable resources using online tools like social media networks, livestreams, and a website. The internet’s speed, accessibility, and self-paced nature allow #MentalHealthPH to reach Filipinos who would otherwise be excluded by the time-based, limited, and expensive nature of most offline events.



Campaigns such as #VoicesOfHope humanize mental health conditions by sharing authentic stories of people living with mental health concerns. By giving mental health a face, and a voice, the campaign directly confronts stigma and reframes vulnerability as courage.

#40SecondsOfHope, inspired by the global statistic that one life is lost to suicide every forty seconds, transforms data into collective responsibility. It invites individuals to pause, share messages of hope, and participate in suicide prevention awareness and discussions.

#MHTalks serves as a livestreamed educational platform where mental health professionals and advocates discuss misconceptions, cultural perspectives, and community-based responses to mental wellness challenges. It is an activity launched on a digital platform as a way of discussing topics like the different lenses for viewing mental health, and various misconceptions of mental health.

These initiatives, among others, demonstrate how digital spaces can move beyond passive consumption toward active engagement and education.

#UsapTayo: A Commitment for Safe Digital Spaces

Among its most impactful programs is #UsapTayo (Let's Talk), a moderated online discussion (in X Chat, formerly known as Twitter) held every 10th, 20th, and 30th of the month. Designed especially to engage youth and People With

Lived Experiences (PWLE), #UsapTayo creates structured, psychologically safe conversations within social media environments that are often fragmented or hostile.

Each session is anchored on reflective prompts addressing themes such as forgiveness, identity, growth, societal pressure and collective healing. These discussions are not incidental. They are intentionally moderated to ensure respect, empathy and constructive engagement.

The program's reach has been substantial. In May 2021, a collaboration to discuss mental health in digital spaces generated approximately 55 million impressions, thousands of tweets, and participation from across the country. Mental health conversations trended nationally, signaling a shift in public discourse.

Yet the significance of #UsapTayo cannot be measured solely in digital metrics. Participants consistently expressed feeling heard,

The Numbers

- 55.029M Impressions
- 6,977 Tweets
- 2,559 Participants
- 291 Avg Tweets/Hour
- 3 Avg Tweets/Participant

Twitter data from the #UsapTayo hashtag from Thu, May 20th 2021, 9:35PM to Fri, May 21st 2021, 9:35PM (Asia/Manila) - Symplur.

#TWITTERFORGOOD DAY: MENTAL HEALTH IN THE DIGITAL SPACE

GUEST
Catriona Gray
Ms. Universe 2018
@catrionaelisa

Join us on our Twitter Spaces tonight!

Friday, May 21 2021
7:00 PM Manila Time

#MentalHealthPH @SILAKBO
Follow @mentalhealthph and @SilakboPH to join.

Replying to @mentalhealthph
Glad to know this @mentalhealthph now I know where to go if my depression and anxiety are triggered but still trying to control my self not to do crazy thing.
Thank you! 😊
#mayKaramayKa #UsapTayo

It's my first time joining twitter space, and Grabe! Sobrang nakatulong po talaga sa nararamdaman ko po ngayon! You guys should try it too! **Thank you** so much to all speakers, your words are so powerful po!
#UsapTayo
#TwitterForGood ❤️
#MentalHealthPH

I was very sad earlier, but when I joined twitter space, I feel a better than the earlier. **Thank you** so much for comforting us!
#UsapTayo
#TwitterForGood ❤️
#MentalHealthMatters
#MentalHealthPH

9:12 PM · 5/21/21 · Twitter for Android
2 Retweets 1 Quote Tweet 13 Likes

Thank you also for the episode last time. I learned a lot and now I can take one step at a time for my dad to fee that he's loved.
Thanks! ❤️

validated and less alone. In a context where formal services remain limited, such structured digital conversations serve as crucial psychosocial entry points.

Innovation Rooted in Filipino Values

MentalHealthPH has also expanded its digital ecosystem through Kapwa, a structured chatbot designed to provide accessible mental health resources online. The choice of the word “Kapwa” reflects a core Filipino value of shared identity and interconnectedness. It reinforces the idea that mental health is not an individual struggle detached from community, but a shared concern requiring collective care.

Beyond digital interventions, MentalHealthPH conducts workshops and on-ground engagements in schools and workplaces to ensure inclusivity for individuals with limited internet access. It has partnered with national and international institutions (including the Department of Health, the World Health Organization Philippine Office, United for Global Mental Health), contributed to consultations for the Strategic Plan of the Philippine Council for Mental Health, among others.

Its self-care kits, co-developed with youth and people with lived experiences, have been co-branded by the Department of Health as part of official health promotion materials. This institutional recognition underscores the value of participatory, community-informed design.

Youth as Co-Creators, Not Beneficiaries

A defining feature of MentalHealthPH is its commitment to centering youth and lived experience in all campaigns and interventions. Young people are not treated merely as recipients of mental health interventions. They are collaborators, moderators, designers and advocates.

By positioning lived experience as experts, which they truly are, MentalHealthPH disrupts traditional hierarchies in health advocacy. It affirms that those who have navigated mental health challenges bring indispensable insight to solution-building.

This approach fosters not only empowerment but sustainability. When youth shape the interventions meant to support them, those interventions become more responsive, relevant and resilient.

Toward a Mentally Healthier Philippines (and beyond!)

MentalHealthPH represents a critical evolution in Philippine mental health advocacy. It demonstrates how digital technology, community storytelling, participatory design, and institutional collaboration can intersect to expand access and reshape public narratives.

As mental health challenges among Filipino youth continue to intensify amid academic pressures, economic uncertainty, and social change, the need for integrated responses grows more urgent. MentalHealthPH’s work underscores a fundamental truth: **stigma must be**

dismantled, services must be expanded, and youth voices must be centered.

The movement that began with a hashtag has matured into a platform. It continues to advocate for a Philippines where conversations about mental health are normalized, services are accessible, and every young person can seek support without fear.

Mental health must no longer be a barrier to opportunity. Through sustained advocacy, digital innovation, and leadership, MentalHealthPH is helping ensure that it will not be.

Michael Angelo Pereira is the Secretary General of #MentalHealthPH.

For further information, please contact: Michael Angelo Pereira, #MentalHealthPH, e-mail: mpereira@mentalhealthph.org; <https://mentalhealthph.org/>.

Endnotes

- 1 World Health Organization, Suicide (Fact sheet), 25 March 2025. Retrieved from www.who.int/news-room/fact-sheets/detail/suicide?utm_source.
- 2 Philippine News Agency, DOH logs 127 holiday NCD cases, 451 mental health hotline calls, 26 December 2025. Retrieved from www.pna.gov.ph/articles/1265861?utm_source.
- 3 Analyze this: Less than 1 mental health worker per 100,000 Filipinos, *Philippine Daily Inquirer*, 5 September 2024. Retrieved from https://newsinfo.inquirer.net/1980107/analyze-this-less-than-1-mental-health-worker-per-100000-filipinos?utm_source.

Community-based Mental Health Care

Jefferson R. Plantilla

The death of two patients in Tochigi prefecture, Japan in 1983 due to assaults by members of the nursing staff in a psychiatric hospital led a group of citizens in Osaka, including people with mental disabilities and their families, medical and welfare professionals and lawyers, to establish a center on and for the rights of people with mental disabilities.

The goal was to “engage in activities that would protect the human rights of people with mental disabilities in psychiatric care and in their social life, promote social understanding of people with mental disabilities, and contribute to having a society where people live in peace, regardless of having disability or not.”¹

This is the Osaka Center for Mental Health and Human Rights that was founded in 1985. It adopted the view that even though the Act on the Elimination of Discrimination against Persons with Disabilities was enacted in 2013² and the Convention on the Rights of Persons with Disabilities was ratified by Japan in 2014, the situation in which the rights of people hospitalized in psychiatric hospitals are greatly restricted has not changed.

The Center advocates the shift of the³

treatment of persons with mental disabilities to medical and welfare services that support community life. “There should be more outpatient care, day care, psychological support, home visits, nursing visits, welfare for the persons with disabilities, and collaboration with nursing care institutions instead of confinement to the hospital.

This brings up the issue of the role of the community in providing mental health care.

Community-based Mental Health Care

The World Health Organization (WHO) South-East Asia Region has defined the concept of community-based mental health care in its 2023 report⁴ as quoted below:

Community-based mental health care includes any mental health care that is provided outside of a psychiatric hospital. It is more accessible and acceptable than institutional care, helps prevent human rights violations, and delivers better recovery outcomes for people with mental health conditions when compared with institutional care.

Community-based mental health care recognizes the need for a person-centred, recovery-based approach that

ensures that all people have access to a range of services and support, from promotion and prevention to treatment and rehabilitation. At the level of the individual, such services take a person-centred, rights-focused approach to promoting mental well-being, addressing the diverse and complex needs of individuals and families requiring mental health care. This involves a network of services that provide support to address the multiple needs of people with mental health conditions and of caregivers, which cannot be addressed by a single intervention or facility.

Community networks should therefore be coordinated across different levels and sites within and beyond the health sector, according to people’s needs throughout the life-course. To do so, community-based services also rely on strong collaborations with local organizations, schools and other community entities to address not only individual mental health needs but also the broader systemic factors contributing to mental health conditions.

By providing mental health support in communities, prevailing societal norms begin to shift, creating an environment in which seeking help is normalized. This

encourages more individuals to engage with mental health services.

This collaborative approach strengthens community bonds, creating a supportive network that is essential for both prevention and intervention.

Further, community-based mental health services are particularly important during times of crisis, such as in the aftermath of a natural disaster or a global pandemic. They provide timely and localized assistance, catering to the unique needs that emerge during such challenging periods. The WHO South-East Asia Region is particularly vulnerable to natural disasters and effects of climate change, which have a negative impact on the mental health of communities. Evidence is now accumulating to show that the climate crisis impacts mental health in multiple ways.

Countries can design and implement different types of community-based mental health models of care, based on their specific needs and priorities. Traditionally, most efforts in the field of mental health focus on integration of mental health into primary health care. However, it is essential to expand mental health services beyond primary health care.

Importance of Community-based Mental Health Care

WHO emphasizes the importance of community-based mental health services, as its 2025 report states:⁵

For many countries, a key step towards community-based care is deinstitutionalization – shifting resources from psychiatric hospitals towards community-based services. This is not simply about closing institutions; it is about replacing outdated, often harmful, models with person-centred, recovery-oriented care.

Long-stay psychiatric hospitals often fail to meet basic standards of care. Many adopt a narrow biomedical approach, have poor living conditions, and are linked to human rights violations. Yet millions are in these facilities each year, with many staying for extended periods - sometimes for life.

Deinstitutionalization does not mean discharging everyone at once. It is a gradual, complex process that includes improving hospital care, shortening stays, preventing new admissions and addressing livelihoods, housing and care of former residents. It requires the development of robust community-based alternatives to support discharged individuals and prevent rehospitalization.

This transition demands financial and strategic investment, careful planning, a committed health work force, and the meaningful involvement of long-stay residents, their families and communities.

Needed Policy

Recommended policies on mental health care are also

linked to community-based approach to mental health care. Below are examples of such policy recommendations:⁶

- Scaling up service provision and access to mental health care via a network of primary and community-based support and timely referral to specialists. This entails prioritizing mental health within public policy and enhancing investment;
- Strengthening public understanding and engagement of people with mental disorders. This will decrease the stigma, improve mental health literacy, and promote help-seeking behaviors;
- Reducing health workforce shortages. Training of community and allied health workers will build workforce capacity from primary to specialist care; and
- Adopting and supporting digital technology for mental health and enhancing data collection. Measures can include mobile applications, platforms for collection of patients’ data for monitoring, and teleconsultation to access mental health services.

Types of Community-based Mental Health Care

Expanding community-based mental health services would encompass three main areas as identified in the World Mental Health Report 2022:⁷

- community mental health services – includes community mental health centres and teams, psychosocial rehabilitation,

peer support services and supported living services;

- mental health in general health care – includes mental health services provided in primary care, general hospitals and specific programmes such as maternal health; and
- mental health beyond the health sector – encompasses services in non-health settings, such as in schools, and social sector programmes such as provision of benefits and child protection.

Community-based mental health services can take varied forms:

- Community mental health centres and teams provide a range of mental health services to individuals in the community. These centres offer counselling, therapy, and psychiatric support on an outpatient basis. They focus on promoting mental well-being, preventing mental health crises. They have the potential to provide accessible care and support close to where people live, work closely with non-specialized primary care, and work with the wider network of support in local communities;
- Mental health units in general hospitals are designed to address acute mental health crises and provide immediate intervention. Inpatient wards offer short-term admissions for individuals requiring hospital care, while crisis support services provide assistance and counselling to those experiencing acute

emotional distress or a mental health emergency. Local acute inpatient care should be available in dedicated wards of general hospitals (preferably not within the same building as other wards or operating theatres). Their role is to provide care for the acutely ill who cannot be managed at home;

- Psychosocial rehabilitation or intermediate care centres provide support and treatment for individuals transitioning from acute mental health care to community living. These centres focus on skill-building, rehabilitation, and fostering independence. They offer a structured environment where individuals can receive therapeutic services and learn essential life skills. Intermediate care services are developed at district level close to the community to support ongoing rehabilitation for those who need it. These services can also offer support to people who are unable to return to their family home because they experience enduring problems that necessitate rehabilitation;
- Supported living facilities and services provide both short-stay and long-stay facilities and other services. Living facilities offer a supportive residential environment for individuals with mental health conditions who are transitioning from institutional settings to independent living. These homes provide a structured

and supervised living arrangement, offering a supportive community and assistance with daily activities to help individuals regain stability and autonomy. Supported living services encompass a variety of community-based supports tailored to individuals with mental health needs. These services may include assistance with daily living activities, vocational training, social integration and ongoing psychosocial support. The goal is to empower individuals to live independently and participate fully in community life. Supported living services are also instrumental in the process of deinstitutionalization of psychiatric hospitals and mental asylums;

- Day care services offer a structured and supportive environment for individuals to engage in therapeutic activities during the day. Community-based day care is an important additional component of a local community-based mental health service. These services are designed to enhance social skills, provide vocational training and offer counselling or group therapy sessions. Day care can be the first service component to be established as part of a wider service system;
- Peer support services and non-professional support involves individuals with lived experience of mental health conditions, volunteers and non-professional health workers providing guidance,

understanding and encouragement to those with mental health conditions. Such initiatives aim to create a non-judgemental and empathetic space where individuals can share their experiences, receive practical advice and build a sense of community. This type of support is valuable in promoting recovery and resilience. The use of non-professional staff, volunteers and peer support workers can help to establish innovative and effective low-cost support;

- Other services can include those offered through primary and secondary health care, specific health programmes such as maternal health, and services offered through the social sector.

The Osaka Center for Mental Health and Human Rights advocates the establishment of local mental health and human rights centers in different parts of Japan to support this “deinstitutionalization” concept

and strengthen community-based systems on mental health care. National policy (appropriate supporting law) would help ensure the existence of community-based mental health care in different parts of the Japan, similar to what is needed in any other country.

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Endnotes

- 1 Osaka Mental Health Human Rights Center, “Advocating for the Rights of Persons with Mental Disabilities,” *Human Rights Education in Asia-Pacific*, volume 15, 2025, pages 25-42. The article is available in the website of HURIGHTS OSAKA: www.hurights.or.jp/archives/asia-pacific/.

- 2 See unofficial translation into English of this law in Japanese Law Translation, www.japaneselawtranslation.go.jp/en/laws/view/3052/en.
- 3 Osaka Mental Health Human Rights Center, *ibid*.
- 4 The following discussion is taken from Community-based mental health services in the WHO South-East Asia Region. New Delhi: World Health Organization, Regional Office for South-East Asia; 2023. Licence: CC BY-NC-SA 3.0 IGO.
- 5 See Mark van Ommeren, From isolation to inclusion: community-based mental health care, WHO, 24 July 2025, www.who.int/news-room/commentaries/detail/from-isolation-to-inclusion---community-based-mental-health-care.
- 6 See Vasoontara Yiengprugsawan, Michelle Apostol, Dinesh Arora, Five Steps to Address Mental Health in Asia and the Pacific and Beyond, 22 May 2024, <https://blogs.adb.org/blog/five-steps-address-mental-health-asia-and-pacific-and-beyond>.
- 7 Community-based mental health services in the WHO South-East Asia Region, *op. cit*.

Mental Health Crisis in Gaza

(Continued from page 4)

* This is an edited excerpt of Ibrahim Aqtam, A narrative review of mental health and psychosocial impact of the war in Gaza, WHO Eastern Mediterranean Region, East Mediterr Health J. 2025;31(2): 89–96, <https://doi.org/10.26719/2025.31.2.89>. www.emro.who.int/afg/a-narrative-review-of-mental-health-and-psychosocial-

impact-of-the-war-in-gaza.html.

References have been omitted.

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Endnotes

- 1 How Israel-Hamas war in Gaza is impacting the mental health of Palestinian children, Arab News, www.arabnews.jp/en/middle-east/article_106937/.
- 2 Photo from Kamran Ahmed, Trauma and mental health in Gaza, Al Jazeera, www.aljazeera.com/opinions/2021/6/14/trauma-and-mental-health-in-gaza.

HURIGHTS OSAKA Calendar

The last volume of *Human Rights Education in Asia-Pacific* is now available at the website of HURIGHTS OSAKA. This 15th volume with more than three hundred twenty pages provides another documentation of the diverse and unique human rights promotion and education programs and activities in Asia (unfortunately, articles from the Pacific have not been obtained for this volume unlike in the previous volumes of this annual publication).



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