

Children with disabilities in residential institutions should be reunited with families, wherever possible. Governments should provide adults with disabilities with social support and services to live in the community. Inside institutions, authorities should follow strict hygiene and physical distancing and should develop visitor policies that balance the protection of residents and staff with needs for family and connection. With policies requiring social isolating to stem the spread of coronavirus, people with psychosocial disabilities, such as anxiety or depression, may be in particular distress and may benefit from additional mental health support services. Indeed, self-isolation and quarantine could be distressing for most people in general.

Government policies should ensure community-based services continue and crisis counseling programs are accessible to all. Disruption of community-based services should not result in the institutionalization of people with disabilities and older people.¹ All service providers must ensure that people with disabilities are not left behind during the COVID-19 outbreak and that they are treated with respect, dignity and without discrimination. Specific actions must be taken by various groups to ensure that people with disability have equal access to information, healthcare services and the support they need to stay healthy and safe.¹² We must ensure that telehealth visits are accessible to patients with vision or hearing loss or other disabilities in order to maintain equity in healthcare delivery. If accessibility is prioritized as we make this change, a transition to telehealth could open the door to a more accessible healthcare system.⁷ Ensure persons with disabilities receive information about infection mitigating tips, public restriction plans, and the services are offered in a diversity of accessible formats, including easy to read format, high contrast print and, where possible, braille, along with the use of available technologies such as subtitles in verbal messaging.⁹

Conclusion

With the spread of COVID-19, it is vital that everyone, including people with disability follow basic measures to protect themselves and others from becoming ill with the virus. Equally as important is social distancing and self-isolation that can be difficult for some people with disability.¹² Ensure access for persons with disabilities to essential services and protection on an equal basis with others.⁹ Persons with disabilities, through their representative organizations, are the ones who can better advise the political authorities to include the disability dimension in the prevention, mitigation and monitoring plans related to this disease.² The issues of pre-pandemic care delivery only become more urgent in a time of crisis because people with disabilities have often been considered in a disaster or pandemic planning. We need to learn from this crisis and ensure disability in part of future pandemic planning.

Many people with disabilities are at high risk of COVID-19, but their perspective is not being included in efforts to address inequities in the response. This includes understanding the unique challenges of this community during this crisis. COVID-19 has elevated that conversation, and the legacy should be a continued focus on disability disparities and constant efforts to address disability inequities. As we all make substantial changes

in our daily lives, such as working from home and adjusting how we connect to others, look to people with disabilities for guidance, as we have always used alternative strategies. We must look forward that COVID-19 will lead us to better understanding of inclusion and bringing an opportunity to the disability community.¹³

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COVID-19 and mental health: government response and appropriate measures

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Abstract

As governments around the world imposed lockdowns or stay-at-home measures, people began to feel the stress as time dragged on. There were already reports on some individuals committing suicide. How do governments respond to such a phenomenon? Our main focus is the Philippine government and how it responded to the COVID-19 pandemic. In this paper, we argue that the problem with COVID-19 went forth just dealing with physical health. First, people suffer not just from being infected but the psychological stress of possibly getting the virus and the toll of the government lockdown or quarantine. Second, the Philippine *Bayanihan 'We Heal As One Act'* lacks focus on mental health issues while the government's response seemed to focus on security issues. Third, there are countries around the world that have acted effectively in protecting people's mental health. Lastly, we propose appropriate measures to help address the people's mental health while still in the pandemic and for a future one.

Introduction

COVID-19 has brought so many problems both for individuals and governments. These problems could lead

into enduring health problems, isolation, and stigma (Torales, O'Higgins, Castaldelli-Maia & Ventriglio, 2020). However, it seems that most of the news nowadays center on one thing: national security. In the Philippines, the military is actively involved in the fight against the COVID-19 pandemic. With the nationwide imposition of community quarantine in different levels such as General Community Quarantine (GCQ), Enhanced Community Quarantine (ECQ), and Modified General Community Quarantine (MGCQ), the military and the police are in the forefront of implementing it. There were also criticisms on the composition of the Inter-Agency Task Force (IATF), a body responsible for the country's response to the pandemic. Some people were critical of the absence of experts in the medical field, except the chairman who is the Secretary of the Department of Health (DOH), a doctor by profession; others were retired military personnel. While the military and the police must be involved, some people questioned if other aspects of this pandemic crisis are taken care of. One of these is the mental health of the people.

In this paper, we present the scenario of mental health situation as reported. We argue how important this problem has to be addressed just like other health-related concerns. We also point out the lack of government response about the people's psychological and mental needs, particularly during the prolonged lockdown or quarantine, the term used by the Philippines. Moreover, we also identify measures that cater to mental health in times of a pandemic. This paper addresses the gap of having a comprehensive plan in fighting against the COVID-19 pandemic. It also contributes to the body of knowledge on the importance of mental health and how governments must include it in the whole spectrum of healthcare.

COVID-19 and mental health

The devastating effect of COVID-19 was not just death due to complications. People suffered mental problems. Staying at home and the fear of death took a toll for some. For example, preventing people's mobility caused distress and loneliness among Indians and led to suicides (Dsouza, Quadros, Hyderabadwala & Mamun, 2020). In a review of literature of articles published related to COVID-19 pandemic, Rajkumar (2020) found anxiety, depression, and stress as the most common psychological reactions. In Pakistan, reports suggested that the cause of suicides in the country was mainly due to lockdown related economic recession (Mamun & Ullahm, 2020). In Bangladesh, a man committed suicide because of pressure from villagers who suspected him of having the virus despite no diagnosis (Mamun & Griffiths, 2020).

Despite being known for their resilience in times of disaster or crisis, Filipinos did not escape from the psychological battle. There were reports of Filipinos who committed suicide like the case of a Filipina mariner who took her own life inside her cabin while waiting for repatriation back to the Philippines (Ramos, 2020). In Lebanon, a Filipina domestic helper took her life while at the shelter run by the Philippine embassy (Agence France-Presse Reuters, 2020). A 34 year-old in Occidental Mindoro, Philippines, diagnosed with Dengue Fever,

thought himself of having the COVID-19 virus, and committed suicide. He also wrote a note to his wife to quarantine herself, although the wife did not show any symptoms (Delos Reyes, 2020). There were other unconfirmed reports both in the Philippines and abroad who succumbed to the same fate. These reports were very alarming. People and the government should realize that mental health is as important as other health-related problems.

COVID-19 and national security

We pointed earlier that national security seemed to take a priority stance in the Philippines in dealing with the pandemic. When one speaks of the Philippine National Security Laws, they actually refer to the following: (a) Philippine Constitution; (b) Laws enacted by Congress such as the Revised Penal Code and the relatively new laws, the RA 10173 otherwise known as the Data Privacy Act of 2012, RA 10175 or the Cybercrime Prevention Act of 2012, the RA 11036 or the Philippine Mental Health Act. Also included are the anti-terrorism laws, namely: RA 9372 or the Human Security Act and RA 10168 or the Terrorism Financing Prevention and Suspension Act of 2012; (c) Executive issuances; (d) Jurisprudence; and (e) International treaties.

National security is defined as a "state or condition wherein the people's welfare, well-being, ways of life, government and its institutions, territorial integrity and sovereignty and core values are enhanced and protected" (2011-2016 National Security Policy, *Securing the Gains of Democracy*). Based on the definition of national security, it is correct to say that almost all laws of the Philippines are national security laws. Laws that enhance and protect the people's welfare, well-being, ways of life, government and institutions, territorial integrity and sovereignty, and core values are national security laws. But there is a need to amend the present national security laws to be truly responsive to the needs of the people and of the times, especially during a pandemic.

Experiences may show that the present national security laws are insufficient to address the situations and problems that threaten national security. The current national security laws may be inadequate to address the conditions and issues that threaten national security. The Marawi Siege, the Yolanda and Pablo typhoons, and the Mindanao major earthquakes, and now the COVID-19 pandemic only reveal the inadequacies of the Philippine laws in response to both man-made and natural calamities. For example, RA 10121 or the Philippine Disaster Risk Reduction and Management Act or law which was enacted to (a) strengthen the Philippine Disaster Risk Reduction and Management System; (b) to support national disaster risk reduction and management framework and; and (c) to institutionalize the National Disaster Risk Reduction and Management Plan do not even contain a specific provision on the mental health of survivors of these natural or man-made calamities. The mental health of the internally displaced persons brought about by these disasters is not prioritized.

Philippine Government and the Bayanihan 'to Heal as One Act'. On March 20, 2020 Republic Act No. 11469,

otherwise known as the Bayanihan to Heal as One Act, also known as the *Bayanihan Act*, was enacted to grant the President of the Philippines additional authority to combat the COVID-19 pandemic in the Philippines. A cursory reading of the law shows that the law provides the President with the power to implement temporary emergency measures to respond to the crisis brought about by COVID-19, such as but not limited to the following:

- adopting and implementing measures, which are based on World Health Organization guidelines and best practices, to prevent or suppress further transmission and spread of COVID-19 through education, detection, protection and treatment;
- hastening the accreditation of testing kits;
- providing an emergency subsidy amounting to five to eight thousand pesos to low income households based on prevailing regional minimum wage rates;
- providing all public health workers with "COVID-19 special risk allowance";
- directing the Philippine Health Insurance Corporation to shoulder all medical expenses of public and private health workers related to exposure to COVID-19 or any work-related injury or disease during the pandemic emergency;
- enforcing measures against hoarding, profiteering, injurious speculations, manipulation of prices, product deceptions, cartels, monopolies or other combinations to restraint trade or affect the supply, distribution, and movement of food, clothing, hygiene and sanitation products, medicine and medical supplies, fuel, fertilizers, chemicals, building materials, implements, machinery equipment and spare parts for agriculture, industry and other essential services;
- ensuring that donation, acceptance, and distribution of health products for COVID-19 public health emergency are not unnecessarily delayed;
- ensuring the availability of credit especially in the countryside by lowering the effective lending rates of interest and reserve requirements of lending institutions;
- liberalizing the grant of incentives for the manufacture or importation of critical or needed equipment or supplies for carrying out the policy of this law provided that importation shall be exempt from import duties, taxes and other fees;
- ensuring the availability of essential goods by adopting necessary measures to facilitate and minimize disruption to the supply chain;
- moving statutory deadlines and timelines for filing and submission of any document, payment of taxes, fees and other charges required by law;
- directing all private and public banks, quasi-banks, financing companies, lending companies, and other financial institutions, including the Government Service Insurance System, Social Security System and Pag-ibig Fund to implement a grace period of 30 days, minimum, for the payment of all loans falling due within the enhanced community quarantine without interests, penalties, fees or other charges;
- Provide a minimum of 30 days grace period on residential rents falling due within the period of the

enhanced community quarantine without interest, penalties, fees and other charges;

The word "*bayanihan*" is a Filipino word which means communal work; the spirit of communal unity and cooperation. Like other laws that aim to respond to natural and man-made disasters much focus is given to rehabilitation of infrastructure and the reestablishment of the livelihood of the people, but there is no specific provision on how to help survivors cope with the trauma and to deal with post-traumatic stress disorder. Lawmakers are so much into rebuilding bridges, roads, and buildings, and reenergizing the economy but forget to address the "invisible wounds" of the victims. In response to the COVID-19 pandemic, the Bayanihan We Heal as One Act, a law enacted in response to the pandemic, did not contain a provision to address the people's mental health. It is focused much on the economic and medical aspects, the effects of which are visible to the naked eye. But mental health is as important as physical health. The invisible wounds need addressing as well. The failure to prioritize the treatment of the invisible wounds has led to death by suicide. Hence, this law, while addressing the concerns of the pandemic, lacks the specific inclusion of mental health issues.

Notable responses on mental health during COVID-19 pandemic

The COVID-19 pandemic, as we mentioned earlier, is not only about physical health. It is also about mental health. While most of the countries focused on the former, there were notable responses that included mental health, or at least led to mental healthcare. In China, a 24-hour online psychological counselling was offered using online platforms like WeChat. It was done by mental health professionals coming from medical institutions, universities, and medical societies (Liu et al., 2020). The Chinese availed of these services, mainly because these were very accessible using their personal gadgets and also because they needed help.

Germany reaped the benefits of its earlier promotion of digital solutions for healthcare services. As the country quickly responded to the pandemic, Health Innovation became one of the most important sources of information as it listed different trusted telemedicine services, for example, the Corona-Bot, an application that provides online chatting services. According to the chairman of Health Innovation Hub, Corona-Bot allowed patients to access relevant information and get advice from experts (Olesch, 2020). They were also protected from fake-news, which could lead to panic and psychological stress as experienced by many people around the world.

Vietnam was credited for its effective strategy. No less than the WHO praised Vietnam's response to the pandemic. The Vietnamese did not experience panic, generally speaking, because of how the government handled the situation. It was able to get the cooperation of the people, civil society, and government (La et al. 2020). Specifically, the government was able to gain the support of media in spreading accurate information, which made the people updated, felt secured, and confident.

New Zealand is a classic example of how people were helped to feel at ease, at least during the pandemic, because of the swift response of the government like lockdown and the timely information they got from the government. For example, the prime minister was seen using different media platforms, including Facebook Live, explaining the government's move and how people should cooperate (Bremmer, 2020).

Appropriate measures towards mental health

In times of pandemic, mental health should be part of the programs and services. First and foremost, there should be education and training among the respondents, and government health officials on how to deal with psychological issues brought about by the pandemic and the measures by the government on addressing it (Pfefferbaum & North, 2020). These people are crucial in the fight against the pandemic, but if they are not well-informed about the issues related to mental health, their actions are inadequate to serve the overall need of the people. There is also a need to debunk the myth of COVID-19 because it can also lead to distress (Kar, Arafat, Kabir, Sharma, & Saxena, 2020). One of these is downplaying the pandemic's negative effect, especially on the psychological and mental stress it causes. Thus, the knowledge and wisdom should start from responsible persons and agencies to be cascaded to ordinary citizens.

Second, mental health should be part of the whole healthcare services during a pandemic. For example, mental health experts should be part of the available personnel in hospitals. For instance, in China, mental health professionals were stationed in hospitals and available for on-site services (Li et al., 2020). In the Bayanihan We Heal as One Act, there was no clear stipulation as regards to mental health. It appeared to be neglected or not seen as a priority at all. Fiorillo and Gorwood (2020) proposed five important things to address mental problems: (1) limit the source of stress, (2) break the isolation, (3) maintain usual rhythm, (4) focus on the benefits of isolation, and (5) ask for professional help. Of the five, it is the last one that needs government support. First, the government provides education on the needs, accessibility, and benefits of receiving such help. Second, assistance must be given to the people in receiving this kind of help. Third, the government promotes the training and professional education of mental professionals and experts.

In the Philippines, the government shall allocate a budget to make its National Mental Health Crisis Hotline working and not merely a program. In its advertisement, the NCMH is supposed to be a 24/7 mental health crisis phone service established by the Department of Health. However, there are various complaints that it is not functional as there is no one to answer calls. This hotline must be operational, and its existence made known to the public.

Third, the government should act fast. There is a need for early intervention to avoid the consequence of mental illness caused by isolation (Galea, Merchant, & Lurie, 2020). Learning from the lesson of the recent pandemic, the government must be proactive rather than reactive. It

should include planning for the inevitable effects to loneliness and depression.

Fourth, as effectively done by the mentioned countries, the government must have an accurate and dependable information dissemination system. Without proper information, people tend to panic. In the world of the Internet, so much false information or fake news are proliferated, even during the pandemic. The government must ensure that people get the right information.

Conclusion

The COVID-19 pandemic is not just a physical health problem. It is also a mental problem as evidenced by the effects to people due to stress brought about by the measures imposed by the government, particularly lockdowns. Lessons have been learned, and these include the specific and deliberate inclusion of mental health in the whole healthcare program and systems. More importantly, the government needs to expand its education and training of front-liners, health officials, and policymakers on how to respond to people's psychological and mental health needs during a pandemic. Mental health should be part of the whole healthcare program and systems. The government must be fast in responding, providing early intervention, and using media platforms to provide accurate and reliable information to the people. All these measures are crucial to keeping the mental health of the people during a pandemic.

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