The Philippines is an autonomous Southeast Asian country which portrays a rich history combining Asian, European, and American influences. This overview is examining the country’s distinctive historical narratives in the domain of psychiatry and mental health, chronicling the evolution of Philippine psychiatry in four periods namely, the pre-Spanish and Spanish era, the American regime, the Japanese occupation, as well as American liberation. Concurrently, it highlights the key figures and institutions that contributed to the progress of psychiatry in the Philippines. It also touches on the existing national mental health systems and specialty societies which were developed to address the expanding gap between the country’s mental health needs and the excessive burden of our earlier local mental institutions, thereby promoting the mental health activities in the country through the provision of clinical services and public education. A review of the current status of the psychiatric training in the Philippines is also provided. On the undergraduate level, it expounds on the country’s medical schools and its milieu in terms of duration of education as well as modes of instruction by the training faculty. Furthermore, it discusses the current post-graduate training institutions, the duration of the residency programs, modes of instruction and assessments, as well as the process of qualifying for certification in addition to becoming a diplomate and fellow of the national specialty society after the completion of training. Finally, it highlights and expounds on the Philippine Mental Health Act, a currently important and critical mental health advocacy of the country. Being one of the remaining minority countries without a national mental health law, the Philippines’ stakeholders in mental health are advocating and working towards the passage of the first ever mental health law which is in keeping with the existing administration’s aim of having mental health in the forefront of its health agenda. At the end of the overview, the author elaborates on the four important grounds of the bill, its highlights and objectives, as well as its most recent status in the Philippine senate and congress.

Key words: the Philippines, Philippine Mental Health Act, psychiatric care, psychiatrists as subspecialty doctors

Introduction

The Geographical Milieu

The Philippines is an autonomous Southeast Asian country situated in the Western Pacific Ocean. It is an archipelago that consists of a gathering of 7,641 islands, the land area of which totals to 301,780 square kilometers [1]. Interestingly, the country’s 11 largest islands occupy 95% of its total land area. Three of these 11 islands comprise the country’s main geographical divisions from north to south, namely: Luzon, with a land area of about 105,000 square kilometers; Mindanao, at about 95,000 km²; and Visayas, at about 71,500 km². Its capital city, Manila, is located in Luzon which happens to be the largest among its vast collection of islands. The country is bordered on the west by the South China Sea, on the East by the Philippine Sea, and on the southwest by the Celebes Sea. It shares naval frontiers with Taiwan to the north, Vietnam to the west, Palau to the east, as well as Malaysia and Indonesia to the south.

The Philippine islands are mostly mountainous with narrow coastal plains and mostly covered by tropical rainforests. Positioned on the “Pacific Ring of Fire,” a horseshoe-shaped area in the basin of the Pacific Ocean which is strongly correlated with oceanic trenches and volcanic movements, the Philippines is rather predisposed to typhoons, earthquakes, and volcanic eruptions (www.geography.about.com). Ascertained to be the most active volcano, the Mayon, found in the province of Albay in the Bicol region, is also deemed to be one of the most perilous worldwide. Nonetheless, the eruption of Mount Pinatubo in the Zambales mountains in 1991 has demonstrated to be one of the most fateful volcanic eruptions in recorded history.

The country’s highest point is Mount Apo standing at 2,954 meters (9,692 feet) in Mindanao, while its lowest is the Philippine Sea at 0 m. The longest river which spans 217 miles in length is the Río Grande de Cagayan, located in Luzon. Just southeast of the capital city of Manila is the largest lake, Laguna de Bay. Lake Taal, also south of Manila, occupies a huge volcanic crater and contains an island that is itself a volcano (www.WorldAtlas.Com).

A Brief Historical Perspective

The Philippines has a population of about 100,900,000, making it the 8th most populated country in Asia and the 12th most populated country in the world. Moreover, an estimated additional 10 million Filipinos lived overseas which accounts for one of the world’s largest diasporas [2].

In 1521, the arrival of a Portuguese explorer Ferdinand Magellan in Homonhon, Eastern Samar marked the beginning of the Philippine’s Hispanic colonization. Magellan’s sojourn to the country was part of a Spanish expedition which turned into the first ever circumnavigation of the earth. In 1543, the archipelago was given its very first name “Las Islas Filipinas” by the Spanish explorer Ruy López de Villalobos in honor of Philip II of Spain. The first Hispanic settlement was established in 1565 with the arrival of Miguel López de Legaspi from Mexico City. Having been a part of the Spanish Empire for more than 300 years, Roman Catholicism came to be the predominant religion in the country [3].

At the turn of the 20th century, the Philippine Revolution gave birth to the First Philippine Republic. Still, this was short-lived as the Japanese and American occupation soon supervened, with the latter retaining sovereignty until after World War II. Thereafter, the Philippines was officially recognized as an independent nation [3]. Through
the years, the Philippines has had a tumultuous experience with democracy, including the historical ousting of a dictatorial administration through a non-violent revolution [4].

The Philippines is a founding member of the United Nations, World Trade Organization, Association of Southeast Asian Nations (ASEAN), the Asia-Pacific Economic Cooperation (APEC) forum, and the East Asia Summit. It also hosts the headquarters of the Asian Development Bank. At this time, the Philippines is considered to be an emerging market and a newly industrialized country, which has an economy transitioning from being one based on agriculture to one based more on services and manufacturing.

**Chronicles of Philippine Psychiatry in Four Decades**

The evolution of psychiatry in the Philippines can be better appreciated by considering its highlights through the historical interludes, from the pre-Spanish period, Spanish periods, the American regime, the Japanese occupation, and the eventual American liberation.

**The Pre-Spanish era**

Preceding the Spanish era, there was not much information available regarding the phenomenon of mental illness, more so how it was managed. All maladies psychiatric or otherwise were simply believed to be instigated by natural and supernatural occurrences.

**The Spanish era**

During almost four centuries of the Spanish ruling, from 1521 to 1898, mental illness and conditions manifesting with aberrant thinking and behavior were attributed to religious factors and supernatural forces. For instance, individuals who were referred as having a mental illness were thought to have offended or displeased deities; having incensed witches or *mangkukulam* who would get back at them by casting wicked chants and incantations or pricking mystic dolls with a needle; and devilmen or *manggagaway* who would make them mentally ill by praying to the dark forces [5].

Management-wise, these supposed mentally ill individuals were brought to churches for purification and exorcism. Alternatively, they were brought to folk healers or *herbolarios* who would subject them to physical and psychological distress in an attempt to chase off their mental illness. As an example, an individual would be wrapped in a mat and subsequently flagellated with a dried tail of a stinger fish or a bamboo stick. At other times, they were made to drink herbal and other plant potions while hot pots were steadied at the top of their heads. Still, there were instances when they were taken for a boat ride and in the midst of a river be precipitously flung overboard. Curiously, the distressing experience would often be beneficial, especially in purported cases of hysteria [5].

The Spanish era has not highlighted any key figures in the domain of mental illness and its management. But it has been detailed that the first ever institutional care of the mentally ill originated at the turn of the 19th century in Hospicio de San Jose, the first Roman Catholic social welfare institution in the country founded in 1782 which also operated as a foster care agency to orphans, the abandoned, those with special needs, and the elderly. Around 1810, upon the appeal of the Spanish naval authorities for confinement of its mentally ill seafarers, the institution started to take into its fold the mentally ill as well. Its workforce mainly consisted of nuns with only one physician on-board. On the other hand, its ward de-
The American regime

It was during the American regime, from 1898 to 1946, when mental disability began to be recognized just as any other medical illness. Thus, an advocacy towards a more humane approach towards the mentally ill was fostered. Such paradigm shift reflected the transitions concurrently ensuing in the Western countries. As a result, a good number of hospitals were established, an act that was perceived as an understated means for the American colonist towards further subjugation of the country [6].

November 1904 marked the establishment of the country’s first ever hospital unit specifically dedicated for the mentally ill, the Insane Department of San Lazaro Hospital, under the newly created Bureau of Health. Through the years, supplementary units were even added to accommodate the increasing demand for ward space.

The first Filipino psychiatrist was Elias Domingo, an alumnus of the University of the Philippines who, during his chief residency in Internal Medicine in 1917, was sent as Rockefeller scholar to Pennsylvania, U.S.A. to undertake psychiatric training. Successively, he headed the Insane Department of San Lazaro Hospital after returning in the country.

In 1918, another psychiatric institution, the City Sanitarium, was established at San Juan del Monte. Still, there was an unprecedented upsurge of the mentally ill population. This was attributed to factors such as increased awareness for the need for medical management of such individuals as well as the escalating socioeconomic difficulties of the times. As a response to the issue, a number of Filipino physicians were sent to Harvard University for training in psychiatry, which at that time was merged with the neurology training program.

On December 18, 1928, the first hospital exclusively dedicated for the treatment of patients afflicted with mental and nervous disorders was formally opened and inaugurated. It was called the Insular Psychopathic Hospital, a 64-hectare estate which was constructed through a substantial government appropriation. In 1935, the City Sanitarium closed prompting all of its existing patients to be transferred to the Psychopathic Hospital and exaggerating the already overfilled hospital wards. In response to the said predicament, additional pavilions were put up subsequently expanding its total bed capacity from an initial 400 to 1,600.

Concurrent with the development of hospitals for the mentally ill was the evolution of training programs in psychiatry under the various medical institutions. In 1910, the Philippine General Hospital was opened during which two American physicians, Almond T. Gough and Samuel Tretze, began to teach psychiatry to the medical students who rotated for their clinical practicum at the Insane Department of San Lazaro Hospital and the Insular Psychopathic Hospital. U.S. trained Filipino psychiatrists also began to teach psychiatry at the University of the Philippines College of Medicine. Eventually, a few other medical schools and training institutions began to adopt psychiatry as part of their trainees’ exposure, such as the University of Santo Tomas Faculty of Medicine and Surgery and the Insular Psychopathic Hospital, later called the National Psychopathic Hospital.

During those times, common modes of treatment for the mentally ill involved empirical somatic therapies. For instance, for patients who are having a manic episode, they would use fever
therapy (fever induction through protein injections or the bite of malaria-infected mosquitoes); metrazol shock (chemical shock induction through camphor oil injection; insulin shock (inducing a hypoglycaemic coma); Lock’s sol for those who are in a psychotic state; prolonged narcosis; R1651 (Bromides) hyoscine injections; and hydrotherapy. For general paretics or brain syphilis, which was thought to be functional in nature at that time, they would employ fever therapy; or administer tryparsamide or neo-salvarsamized serum-giving intravenous mercury preparations. For epileptics, they would administer phenobarbital; magnesium sulfate; perform spinal drainage; or place the patient on a ketogenic diet. Depressed individuals were also given Lock’s sol, barbiturates and electroshock treatments. Psychotherapeutic strategies were generally still not implemented at that time. Nonetheless, adjunctive therapeutic approaches such as occupational and recreational therapies were already in effect.

The Japanese occupation

With the eruption of World War II in December 1941, the progress of psychiatry in the country was placed into a halt. Majority of the families of mentally ill patients felt compelled to bring them home despite the continued operation of the National Psychopathic Hospital. Still, the remaining inpatients were herded in small rooms and subsisted on limited food and medicine supplies given that the Japanese imperial army would make use of the patient rooms in the said hospital to stock their supplies. Treatment-wise, electroconvulsive therapy became the foremost therapeutic modality using antiquated Japanese apparatus, followed by the use of local medicinal herbs.

The era of liberation

Following the widespread emotional impressions brought about by the casualties of the war was the increased awareness and appreciation of the discipline of psychiatry. Subsequent to the end of World War II, there was an extensive expansion and rehabilitation of the existing psychiatric facilities together with the subsequent training of the workforce. In July 1946, the National Psychopathic Hospital was renamed National Mental Hospital (NMH) and with financial aid from its benefactors, a new structure for paying patients was constructed together with a few other charity sections. The said psychiatric endeavors set the trend for other institutions to follow suit [7].

In 1946, the Victoriano Luna General Hospital established its own 100-bed neuropsychiatric unit. The following year, the first ever prefrontal lobotomy was performed by Major Romeo Gustilo using his own improvised leucotone on a violent schizophrenic patient who failed to respond to electroconvulsive therapy and other available treatments. In December 1949, Australia-trained Major Jaime Zaguirre performed the first trans-orbital lobotomy on a schizophrenic patient as well.

In 1945, the University of the Philippines College of Medicine started to teach psychiatry as a subject, then conducted by a professor of anatomy and neuroanatomy, Marciano Limson. In 1950, a U.S.-trained psychiatrist and Rockefeller scholar, Jorge Paras, returned to the country and started to teach psychiatry as well. Consecutively, a string of psychiatry experts from the U.S. came for a visit and developed the university’s undergraduate program. For one, University of California Medical Center’s Department of Psychiatry Chair, Carl Bowman, conducted two visits under the China Medical Board of New
York appraising and assisting in the program enhancement. Upon Bowman’s recommendation and under the sponsorship as well of the China Medical Board, they sent a resident in training, Baltazar V. Reyes, Jr., to undergo further studies abroad. Upon his return, Reyes assumed the chairmanship in the newly instituted Neuropsychiatry Section under the Department of Medicine. In 1959, the section formally launched a three-year residency program. A few years later, in 1964, the Department of Psychiatry was established as a separate unit while Neurology remained as a section under the Department of Medicine. In 1982, the department formed its own Child and Adolescent Psychiatry division and fellowship program [8].

For the University of Santo Tomas, the Section of Neurology and Psychiatry was structured under the Department of Medicine in 1947 as headed by Leopoldo Pardo. It was then regarded as a vestigial section as there were only four beds allotted to it in the medical wards. Three years later, it was formally opened as the country’s first privately run Neuropsychiatric institute with a bed capacity of thirty and with the primary intent of diagnosis and management of acute mental disorders. Its first two resident physicians were given a chance to go abroad for further training. One of them, Gilberto Gamez, chose to go for psychiatry at the Universidad Central de Madrid. Thereafter, he also completed neurology residency training at the Neurologic Institute of Columbia-Presbyterian Medical Center. Unfortunately, with the change in the university’s rectorship, the Neuropsychiatric institute folded for a time being. In March 1968 it opened again with a formal residency program and was named the Department of Psychiatry and Neurology with Gamez as its first chairman and Leonor Feliciano as its first graduate.

In 1956, another Department of Psychiatry was established at the University of the East-Ramon Magsaysay Medical Center under the chairmanship of Jaime Zaguirre who held on to the post for two decades until his retirement from active practice. In 1977, the center created a division called Neuroclinical Services and the department was unified with neurology, merely to regain its independent departmental status in the late 1980’s.

**National Mental Health Systems and Specialty Societies**

**The Philippine Mental Health Association**

The wide and expanding gap between the country’s mental health needs and the excessive burden of our existing local mental institutions impelled the founding of a private agency called the Philippine Mental Health Association (PMHA). In 1949, Toribio Joson of the National Mental Hospital and Manuel Arguelles founded the PMHA with the aim of promoting the mental health activities in the country through the provision of clinical services and public education. In 1951, it pioneered a nationwide educational movement through the endorsement of the first National Mental Health Week, which subsequently became an annual celebration. Likewise, the first community mental health clinic in the country was originated hastening the addition of both urban- and rural-based rehabilitation services. In 1965, the PMHA funded the earliest known epidemiologic survey of mental disorders in the country in Lubao, Pampanga obtaining a 36 per 1,000 population prevalence rate of mental illness in the community.
The Philippine Society of Psychiatry and Neurology

Despite the existence of the Philippine Society of Psychiatry and Neurology during the Second World War, it mostly lingered dormant until 1946, when it recommenced its activities under the presidency of Leopoldo Pardo. Out of its 167 registered members by 1964, only 20 percent practiced psychiatry as a sole specialty, owing to the distinctive conditions and attitudes to the discipline thereby limiting its prospects at that time.

The Philippine Psychiatric Association

In keeping with the maturation and better-defined distinctions between the two disciplines of Psychiatry and Neurology, individual departments and training programs were established in the various medical institutions. Concurrent with this movement was the decision of the psychiatrists at that time to form the Philippine Psychiatric Association in 1972 with Lourdes Ignacio as its founding president (www.philpsych.ph).

The Succeeding Decades

The progression of the succeeding decades from the 70’s to the 90’s heralded the movement of psychiatry towards the more biological approach to psychiatric illness. The psychopharmacological revolution in the West ushered in the usage of tranquilizers, non-barbiturate sedatives, and antidepressants. More cutting-edge treatments resulted from the newer discoveries in relation to the neurotransmitter theory. But it is worth noting that in the 70’s and 80’s, there was a relative inactivity of psychiatric endeavors owing to government neglect and society’s indifference towards issues concerning mental illness and mental health.

During the mid-80’s, to address the longstanding apathy towards mental illness, the administration mobilized a multi-sectoral involvement particularly focusing on community-based interventions. The Department of Health created the Task Force on Mental Health, later named Project Team on Mental Health, which was mainly composed of psychiatrists aiming to come up with much needed recommendations on organizational reforms. Its first initiative was the reorganization of the National Mental Health, now named the National Center for Mental Health, signifying its envisioned rôle as the country’s repository of technical and administrative expertise on mental health.

In the late 80’s, the Project Team was also contributory in proposing two mental health bills highlighting to give priority to community-based mental health care activities, as well as creating a national coordinating body for mental health. However, it is rather untoward that despite such attempts the aforesaid bills, in addition to several other propositions that came after, have not yet been promulgated. As it stands, the Philippines is counted among the minority of countries that still do not have an existing mental health legislation.

Psychiatric Training in the Philippines

Undergraduate training

There are currently 47 medical schools (Table 1) in the Philippines that are accredited by the Association of Philippine Medical Colleges Foundation, Inc. (APMCFI). Psychiatry is a subject that is incorporated in the undergraduate training which encompasses four years in medical school. The training incorporates lectures, the number of hours of which differ across the various medical schools. Customarily, there is a year level
# Table 1. List of medical schools by region

<table>
<thead>
<tr>
<th>Region &amp; Number of Medical Schools</th>
<th>Name of Medical School</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Capital Region</strong> (17)</td>
<td>AMA School of Medicine; Ateneo de Manila University School of Medicine &amp; Public Health; Centro Escolar University College of Medicine; Emilio Aguinaldo College of Medicine; Far Eastern University – Dr. Nicanor Reyes Medical Foundation; University of Perpetual Help Rizal Jonelta Foundation School of Medicine; Manila Central University-Filemon D. Tanchoco Sr. Medical Foundation; Manila Theological College of Medicine; Metropolitan Medical Center College of Arts Sciences and Technology College of Medicine; New Era University College of Medicine; Our Lady of Fatima University; Pamantasan ng Lungsod ng Maynila; San Beda College of Medicine; St. Luke’s College of Medicine William H. Quasha Memorial; UERM Memorial Medical Center College of Medicine; University of Santo Tomas Faculty of Medicine &amp; Surgery; University of the Philippines-Manila</td>
</tr>
<tr>
<td>Cordillera Administrative Region (1)</td>
<td>Saint Louis University</td>
</tr>
<tr>
<td><strong>Region 1</strong> (3)</td>
<td>Lyceum-Northwestern University Dr. Francisco Q. Duque Medical Foundation; Mariano Marcos State University College of Medicine; University of Northern-Philippines; Virgen Milagrosa University Foundation</td>
</tr>
<tr>
<td>Region 2 (2)</td>
<td>Cagayan State University; St. Paul University Philippines School of Medicine</td>
</tr>
<tr>
<td>Region 3 (1)</td>
<td>Angeles University Foundation School of Medicine</td>
</tr>
<tr>
<td>Region 4-A (3)</td>
<td>Adventist University of the Philippines; De La Salle Health Sciences Institute; University of Perpetual Help - Dr. Jose G. Tamayo Medical University</td>
</tr>
<tr>
<td>Region 5 (1)</td>
<td>Bicol Christian College of Medicine</td>
</tr>
<tr>
<td>Region 6 (4)</td>
<td>Central Philippines University; Iloilo Doctors College of Medicine; University of Saint. La Salle; West Visayas State University</td>
</tr>
<tr>
<td>Region 7 (6)</td>
<td>Cebu Doctors University; Cebu Institute of Medicine; Southwestern University Matias H. Aznar Memorial College of Medicine, Inc.; Southwestern University, Inc. College of Medicine; Gullas College of Medicine; University of the Visayas; University of Cebu College of Medicine Foundation, Inc.</td>
</tr>
<tr>
<td>Negros Island Region (1)</td>
<td>Silliman University Medical School</td>
</tr>
<tr>
<td>Region 8 (2)</td>
<td>Remedios Trinidad Romualdez Medical School Foundation; University of the Philippines School of Health Sciences</td>
</tr>
<tr>
<td>Region 9 (1)</td>
<td>Ateneo de Zamboanga University School of Medicine</td>
</tr>
<tr>
<td>Region 10 (2)</td>
<td>Mindanao State University; Xavier University-Dr. Jose P. Rizal School of Medicine Ateneo de Cagayan</td>
</tr>
<tr>
<td>Region 11 (2)</td>
<td>Davao Medical School Foundation; Brokenshire College of Medicine</td>
</tr>
</tbody>
</table>
coordinator and subject expert who manages the psychiatry module. The typical duration of a psychiatry module is two weeks. Such involves lectures, patient-encounter activities in a psychiatric facility, demonstration on patient interview, film showing, and rôle-play. Direct contact and actual work with patients are usually conducted during the third and fourth years of medical school as well as during the post-graduate internship. Depending on the medical school, other activities incorporated in the training may involve workshops, seminars, and focused-group discussions.

The fourth and final year in medical school is referred to as the medical clerkship, which entails a full year of clinical exposure to the various medical specialties. Upon graduating from medical school, the trainee goes into one year of post-graduate internship which once more involves rotating in the different medical specialty departments. Subsequently, the trainee prepares for the medical board examination and upon qualifying for the said assessment the trainee then decides to either go into general medical practice or further pursue training in their specialty of choice.

**Post-graduate training**

The Philippines has a total of 13 institutions that offer post-graduate training in psychiatry (Table 2), all of which are accredited by the Philippine Psychiatric Association (PPA). Eight of the 13 institutions are based in Metro Manila, while the remaining 5 are based in the various regions. Most post-graduate training programs are instituted in a tertiary hospital whereas there is one that is solely based in the country’s national mental institution, the National Center for Mental Health.

Depending on the expanse of the institution, the number of psychiatrists formally involved in post-graduate training may vary from 12 to 35. Such numbers include those with and without formal titles in the department. Formal titles include the department head or section chief, training officer, assistant training officer, and year level coordinators.

The post-graduate residency training in the Philippines generally covers a three- or four-year program, depending on the institution. The Committee on Accreditation and Standardization of Residency Training Program of the PPA evaluates and certifies the program as necessitated. The said program also follows the code of discipline and policies set by the institution’s Medical Education and Research Division. The core competencies of each year-level trainee are patterned according to international requisites. As a rule, the trainee is required to attend didactic sessions as prescribed for the respective year level. Each trainee is also assigned a consultant supervisor who guides and oversees the trainee’s clinical performance. Along the way, rotations and exposures in non-psychiatric departments are timetabled, specifically three months in Neurology service and two months in Internal Medicine service. The number and type of cases seen by each resident follows the minimum requirement as set by the Accreditation Committee of the PPA. The PPA prescribes as well a list of recommended reference materials per year level. Throughout the course of training, all institutions conduct both written and oral examinations as based on the Objective Structured Clinical Examination (OSCE).

Upon completion of the residency training, a Diplomate Board Examination is conducted by the Committee on Board Certification of the PPA. The said assessment is effected in two steps, the written and the oral examinations, respectively, both also based on the OSCE. The title, Diplomate of the Specialty Board of Philippine Psychiatry (DSBPP), is given to the examinee who qualifies
A number of institutions also offer two-year Fellowships on psychiatric sub-specialties as Child and Adolescent Psychiatry, Consultation-Liaison Psychiatry, and Addiction Psychiatry.

Up to the present time, there are a little over 500 PPA-accredited psychiatrists in the country. There is a disproportionate distribution of the said number as most are based in Metro Manila and the other key cities whereas several remote provinces have no locally practicing psychiatrists at all.

**The Philippine Mental Health Act**

Despite the international recognition of mental health as an integral and essential component of health, not all countries have enacted a legislation to comprehensively address such issues.

The Philippines is one of the remaining minority countries without a national mental health
law which, as estimated by the World Health Organization is comprised by 31% of the world’s population [9-11]. This is despite the 1987 Constitution which specifically mandates that the “State shall protect and promote the right to health of the people...” [12]. While no such law is yet in place, the current administration through Department of Health (DOH) has publicly conveyed to make mental health a top priority. Measures that have been executed thus far includes the establishment of a national suicide prevention line called Hopeline, the signing of an administrative order rolling out mental health on the local levels, and the proposed increase of the mental health budget program for 2017 from PhP36 million to PhP220 million.

More importantly, the Philippines is currently in the thick of advocating and working towards the passage of the first ever Mental Health Law which is in keeping with the existing administration’s aim of having mental health in the forefront of its health agenda. Thus, the Philippine Psychiatric Association and its allied mental health affiliates are in full espousal of the Senate Bill known as the Mental Health Act of 2017, and House Bill known as the Comprehensive Mental Health Act, as founded on four important grounds:

**The Philippine Mental Health Act acknowledges and responds to a critical national issue**

The Philippine Statistical Authority has reported that 1 in 5 Filipinos suffer from a mental or psychiatric disorder. Furthermore, the incidence of suicide in males has also spiked upwards from 0.23 to 3.59 per 100,000 between 1984 and 2005 while rates rose from 0.12 to 1.09 per 100,000 in females [13]. As it stands, the ratio of the country’s mental and allied mental health workforce to the current population is a negligible 3 to 100,000, substantiating a challenge in ensuring adequate provision of mental health services to the community.

The Mental Health Act makes it a duty on the part of all relevant government agencies such as the DOH, Commission on Human Rights (CHR), and Local Government Units (LGUs), to ensure that “basic mental health services shall be made available at all local government units down to the barangay level.” The bill also expressly provides for the psychiatric, psychosocial, and neurological services to be provided by regional, provincial, and tertiary hospitals nationwide.

**The Philippine Mental Health Act protects the rights of patients and concerned individuals**

The proposed bill expressly stipulates and upholds the following patient rights as follows: right to freedom from discrimination; right to protection from torture, cruel, inhumane, and degrading treatment; right to aftercare and rehabilitation; right to be adequately informed about psychosocial and clinical assessments; right to participate in the treatment plan to be implemented; right to evidence-based or informed consent; right to confidentiality; and right to counsel, among others.

The bill proposes to protect not only the rights of the patients but also endorses certain rights in favor of concerned individuals such as the patient’s family members as well as the mental health professionals. For instance, it acknowledges the requisite of the family members to psychosocial support and participation in in the treatment plan of the patient. Likewise, it highlights the mental health professionals claim to a safe working environment, continuous education, control of his/her practice excepting emergency situations, and opportunity to participate in mental health planning and development, among others.
The Philippine Mental Health Act Honors International Treaties and Conventions

The Philippines is a signatory in various international covenants, including the United Nations General Assembly Resolution 46/119 otherwise known as The Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care. The principles cover the following areas: definition of mental illness; protection of confidentiality; standards of care and treatment including involuntary admission and consent to treatment; rights of persons with mental disorders in mental health facilities; protection of minors; provision of resources for mental health facilities; rôle of community and culture; review mechanisms providing for the protection of the rights of offenders with mental disorders; and procedural safeguards protecting the rights of persons with mental disorders. Such areas have been specifically addressed in the provisions of the Philippine Mental Health Act.


The objectives and highlights of the Philippine Mental Health Act

The Philippine Mental Health Act has the following general four objectives:
- to strengthen effective leadership and governance for mental health by, among others, formulating, developing, and implementing national policies, strategies, programs, and regulations relating to mental health;
- to develop and establish a comprehensive, integrated, effective, and efficient national mental health care system responsive to the psychiatric, neurologic, and psychosocial needs of the Filipino people;
- to protect the rights and freedoms of persons with psychiatric, neurologic, and psychosocial health needs; and
- to strengthen information systems, evidence, and research for mental health [14].

On the other hand, the highlights of the Philippine Mental Health Act are:

The Philippine Mental Health Act is a Broad Multi-sectoral Initiative

The original Philippine Mental Health Act is the outcome of consultations with and drafting by various public and private sector stakeholders, including those representing mental health patients and their family members, mental health institutions, youth groups, civil society organizations, the media, the Department of Health, the Commission on Human Rights, the World Health Organization, the Philippine Psychiatric Association, the Philippine League Against Epilepsy, the Philippine Mental Health Association, the Philippine Neurological Association, the Psychological Association of the Philippines, and civil society organizations.

There were two major conferences in addition to numerous smaller meetings where issues involving mental health legislation were discussed. Such efforts were steered through the initiative of the Philippine Psychiatric Association in coordination with the Department of Health.
protection of the rights of the mentally ill, their families, and mental health professionals;
• defining the mental health services from the regional hospitals to the community;
• integration of mental health into the educational system including age appropriate content; and
• its budget to be sourced from 5% allocation of sin tax on alcohol and tobacco products [14].

A promise of hope of the Philippine Mental Health Act

On April 27, 2017, in a historic vote, the Senate of the Philippines conducted its third and final reading and subsequently the passage of the Senate Bill 1354, otherwise known as the Philippine Mental Health Act of 2017. This most recent watermark brings the Philippines one step closer to the realization of its first ever mental health law, carrying with it the promise of comprehensively addressing at the national level the Filipinos’ mental health needs and ensuring that the rights of such individuals are protected and secured. All of its exponents and advocates are now looking ahead to put forth as much effort in effecting the passage of its counterpart bill in the Lower House of Representatives, known as the Comprehensive Mental Health Act.

Conclusion

A nation providing itself with a better understanding of its history translates to a capacity to change and improve its present reality. Furthermore, it provides an opportunity to create a more distinct and defined vision of ones future. Thus, history should not merely be known but rather understood sincerely. It is only when one adopts this perspective can history become relevant and lead to a clearer goal. At this moment, the richness and depth of the Philippine history of psychiatry reaches one of its summits as it comes closer to the critical aspiration of having its very first mental health law, hopefully a substantiation that the country’s more genuine understanding of its history is commencing to pave the way for the brighter future in mental health that it merits.

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