Review Article

Mental Health Legislation in the Philippines: Its Beginnings, Highlights, and Updates

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Abstract

Background: The Philippines is an autonomous Southeast Asian country which has long been encumbered with the burden of mental health-related concerns. Aside from the commonly occurring psychiatric illnesses, it also has to contend with the dearth of epidemiological data on such disorders as well as the scarcity of mental health practitioners. On top of these, one enduring challenge is the absence of mental health legislation. Thus, the passage of Republic Act (R.A.) 11036 or the Philippine Mental Health Act has been considered one of the greater achievements in Philippine psychiatry in the recent years. **Methods:** In this review, the author examines the origins, highlights, and updates on the legislature of R.A. 11036. **Results:** This legislature (or the Philippine Mental Health Act) elaborates on its highlights which equitably covers the rights of patients and their families as well as that of the mental health professionals; the standards of psychiatric, psychosocial, and neurologic services that need to be upheld in both government and private hospitals; the promotion of mental health in educational institutions and in the workplace; the need for mental health providers to undergo capacity building and proper training in research and development; the duties and responsibilities of the government agencies involved; the creation of a council to serve as a policymaking, planning, coordinating, and advisory body to oversee the implementation of the law; and the penalty clauses involved with violations of the law. It also provides updates on the enactment of the law's implementing rules and regulations, namely, the upgrading of existing mental health facilities, the standardization of a community-based mental health program, the development of a national suicide prevention strategy, the integration of mental health into the educational system and the workplace, the first-ever Philippine national survey on mental health and well-being, as well as the augmentation of the practice of telepsychiatry to extend the reach of services to the geographically isolated Filipinos. **Conclusion:** The Philippines made a history through the passage of the first-ever Mental Health Act on June 21, 2018, now known as R.A. 11036. The Philippine Psychiatric Association and other related organizations spearheaded a multisectoral lobby in the drafting of the bill. It took 16 years, and 31 drafts before R.A. 11036 became a reality. We still need to monitor the implementation of the law closely. Future revisions are expected to better improve the mental health law for citizens to receive better rights of mental health treatment and human rights protection.

Key words: implementing rules and regulations, mental health burden, rights for mental health care, the Philippine Psychiatric Association

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Introduction

The geographical milieu

The Philippines is an autonomous Southeast Asian country situated in the Western Pacific Ocean (Figure 1). It is an archipelago that consists of a gathering of 7,641 islands, the land area of which totals to 301,780 km^2 [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 km^2; Mindanao, at about 95,000 km^2; and Visayas, at about 71,500 km^2. 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

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Figure 1. The map of the Philippines (Photo courtesy of National Online Project). The Philippines is a country of 104 million in population. It shows the main island groups Luzon, Visayas, and Mindanao, other large and small islands, regional capitals, major cities, main roads, railroads, and major airports.

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. 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 mountain 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 m (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.

A brief historical perspective

The Philippines has a population of about 112,500,000, making it the 7th most populated country in Asia and the 13th most populated country in the world. Moreover, an estimated additional 10 million Filipinos live overseas, which accounts for one of the world's largest diasporas [2].

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 the 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 nonviolent 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 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.

Burden of mental health issues: The Philippine perspective

There has always been a dearth of epidemiological data on the various mental disorders in the Philippines.

From the scarce evidence of our existing figures, the National Statistics Office has identified that mental illness is the third most prevalent cause of morbidity, with as high as 14% of Filipinos with disabilities recognized to have a mental disorder (Philippines Statistics Authority, 2010) [5]. According to our local Department of Health (DOH), almost one per 100 households (0.7%) has a member with a mental disability (DOH-SWS, 2004).

There are also data in a selected adult population in our National Capital Region, which showed that one-third of the study population had experienced mental health problem at least once in their lifetime and that depression is one of the most prevalent diagnoses, following specific phobias and alcohol abuse [6].

With regard to suicidality, another complex public health concern of global dimension, a Global School-based Health Survey looked at the mental health status of adolescents aged 13–15 years. Based on the study's mental health indicators, there are a large proportion of adolescents who have seriously considered suicide during the past 1 year at the time of survey, whereas the proportion of those who actually attempted suicide is not far behind at 13%. It is also notable that there is a proportion of adolescents, albeit small, who claim to have no friends, implying poor support system for that specific population [7].

It is also alarming that over the past few decades, the highest peak in suicide rates is noted among those aged 15–24 years for females, which are somewhat similar in males, except that there appears to be a sustained high rate for the age group of 25–34 years. Such data are consistent with that most recently released by the WHO in 2018, showing an overall suicide rate of 3.2/100,000, with a higher prevalence in males (4.3/100,000) than in females (2.0/100,000) [8].

Furthermore, intentional self-harm has been generally identified within the Adolescent and Youth Health Program of our DOH to be the 9th leading cause of death among 20–24 years old.

Most recently, at the extreme point of the COVID-19 pandemic in 2020, our DOH conducted a survey showing that around 3.6 million Filipinos found themselves having to deal with a multiplicity of mental health issues. Its crisis hotline in coordination with the National Center for Mental Health noted a rise from 80 calls per month prelockdown to nearly 400 afterward. By the end of the 6th month of 2021 alone, the hotline noted 3,329 suicide-related calls in comparison to 1,282 in 2020. Consequentially, such hotline services stood as one of the imperative mental health resources nationwide [9].

To make matters worse, there is a shortage of psychiatrists in the country where, nationwide, there are only a little over 600 in practice. The ratio of mental health workers is at a low of 2–3 per 100,000 population [10]. The numbers of workforce are lower compared to those in other Western Pacific Rim countries, with similar economic status such as Malaysia and Indonesia. Further, data indicate that there are 0.52 [11] and 0.07 psychologists per 100,000 inhabitants and 0.49 mental health nurses per 100,000 of the population, a reduction from 0.72 per 100,000 in 2011 [12].

Together, these figures translate to a severe scarcity of mental health specialists in the country, as further demonstrated when compared with the World Health Organization (WHO)-recommended global target of 10 psychiatrists per

Table 1. Republic Act 11036 (The Philippine Mental Health Act)

Chapter	Title
I	General provisions
II	Rights of service users and other stakeholders
III	Consent to treatment and safeguards
IV	Mental health services
V	Education and promotion of mental health in educational institutions and in the workplace
VI	Capacity building, research and development
VII	Duties and responsibilities of government agencies
VIII	The PCMH
IX	Mental health for drug dependents
X	Miscellaneous provisions

PCMH, Philippine Council for Mental Health

Figure 2. A photograph of six presidents of the PPA taken at the International Congress of the Asian Federation of Psychiatric Association/PPA annual meeting, in Manila, 2018 (Reprinted from *Bulletin of the AFPA* with permission) [18]. From left: Maria Luz C. Querubin (PPA President 2015–2016); Jocelyn Nieva Yatco-Bautista (PPA President 2003–2004); Edgardo Tolentino (PPA President 2014–2015); Imelda Batar (PPA President 2008–2009); Malcolm J. Hopwood (Australia, the AFPA President-Elect 2017–2019); Afzal Javed (Pakistan, the AFPA President 2017–2019); Rhodora Andrea M. Concepcion (PPA President 2018–2019); Rene M. Samaniego (PPA President 2017–2018); Alden Cuyos (Phil), Glenda Basubas (Phil); and Bihildis Mabunga (Phil). PPA, Philippine Psychiatric Association.

100,000 population. Further, majority of psychiatrists work in for-profit services or private practices and are mainly based in the major urban areas, particularly in the capital region known as Metro Manila [13].

Philippine Mental Health Act (Republic Act No. 11036)

The emergence

Above and beyond the aforementioned mental health issues, one of the enduring challenges is that the Philippines had to deal with the absence of a national mental health law. That is not to say that attempts toward the development of mental health policies and plans were wanting, as evidenced by the very first mental health policy, the DOH Administrative Order series No. 8, instituted by the DOH in 2001. This was followed in 2016 by the Administrative Order No. 0039, Revised Operational Framework for a Comprehensive National Mental Health Program [14].

Somewhere along the long and laborious process, the Philippine Psychiatric Association (PPA) imitated a partnership with the DOH and embarked on a broad multisectoral consultation with various public and private stakeholders, starting with the patients and their families, youth groups, civil society organizations, the media, the Commission on Human Rights, the Philippine Neurological Association, the Philippine League Against Epilepsy, the WHO, the Philippine Mental Health Association, the Psychological Association of the Philippines, and other various mental health institutions. It started off with small technical working groups which transitioned into the major conferences. Such platforms served as venues where the said formal groups were consulted and asked to provide their respective inputs.

In the end, the exertions of the dedicated multi-stakeholders came into fruition and the country's first-ever mental health act was birthed. On May 2, 2017, its senate version was passed, and a few months later, on November 20, 2017, it followed the passage of the house bill version. Finally, on June 21, 2018, it was formally signed into a law (Figure 2) [15].

The highlights

The Philippine Mental Health Act, also known as the Republic Act (R.A.) No. 11036, is "an act establishing a national mental health policy for the purpose of enhancing the delivery of integrated mental health services, promoting, and protecting the rights of persons utilizing psychiatric, neurologic, and psychosocial health services, appropriating funds thereof, and for other purposes" [16]. It is a 26-page document comprising 49 sections, which is congregated into 10 main divisions (Table 1). Herein are the highlights of the law.

Rights of service users and other stakeholders

This includes the rights of our patients such as freedom from discrimination and stigmatization; access to evidence-based, affordable, and comprehensive treatments and mental health services; access to psychosocial care in the least restrictive manner; treatment free from solitary confinement, torture, and other forms of inhumane procedures; access to aftercare, community rehabilitation, and social reintegration; access to adequate information on multidisciplinary mental health services; participation in mental health advocacy, policy planning, legislation, and research; and confidentiality of all information except in certain circumstances as life-threatening emergencies; among others.

Equally important, it also includes the often neglected rights of family members, carers, and legal representatives, such as receiving the appropriate psychosocial support from relevant government agencies and even participating in the development and implementation of the patient's individualized treatment plan.

Last but not least are the rights of mental health professionals, including having a safe working environment, ensuring continuous professional development, participating in planning and development of our local mental health services and its review of standards, as well as participating in the development of mental health policies and guidelines.

Consent to treatment and safeguards

This division expounds on matters such as informed consent to treatment which may include both physical and chemical restraints. It also denotes the rights of children to express their views on treatments in accordance with their age and maturity.

Exceptions to informed consent are further covered during psychiatric or neurologic emergencies. When there is impairment or temporary loss of decision-making capacity on

the part of the patient, the attending mental health professional may temporarily provide an order for involuntary treatment or restraint. Subsequently, the internal review board of the mental health facility concerned must reassess such orders 15 days after and every15 days henceforth while such treatment continues. Most importantly, all treatment procedures should be in strict accordance with the guidelines approved by the appropriate mental health experts, should contain clear criteria for its application and termination, and should be fully documented for regular external independent monitoring and audit.

This segment also elaborates on other matters such as advance directives and the patient's option to appoint a legal representative or designated decision-makers and their respective functions. The law also mandates health facilities to create their respective internal review boards to be composed of representatives from the DOH and the Commission on Human Rights, a person nominated by an organization representing service users and their families, as well as other suitable members as *ad hoc* consultants when a subject matter expertise is needed.

Mental health services

The law covers the standards of psychiatric, psychosocial, and neurologic services which need to be upheld in all regional, provincial, and tertiary hospitals, both government and private. Periodic review of such standards shall be ensured by the Philippine Council for Mental Health based on reportorial requirements made and submitted by the local government units through their respective health offices. It also requires all local government units and academic institutions to create programs that encompass wellness promotion, prevention, and rehabilitation, in collaboration with the related organizations engaged in mental health services at the community level.

Furthermore, the duties and responsibilities of these community-based mental health care facilities should cover drug screening services; protocols for suicide intervention, response, and prevention strategies, with particular attention to the concerns of the youth; as well as public awareness through a nationwide multimedia campaign on mental health and nutrition, stress management, guidance, and counseling, as well as promoting the rights on persons with psychosocial disabilities. Such services should employ the minimal use of restrictive care and maintain a registry containing information on all medical treatments and procedures administered to the patients and compliant to the Data Privacy Act.

Promotion of mental health in educational institutions and the workplace

The integration of mental health into the educational system is also mandated by the law. Educational institutions shall develop policies and programs for students, educators, and other employees, be designed to raise awareness on mental health issues, identify and provide support for individuals at risk, and facilitate access to treatment and psychosocial support. Moreover, inclusion of alternative learning systems and schools for populations with special needs shall be in place. All the materials to be incorporated into the curricula shall be developed by the Department of Education, the Commission on Higher Education, and the Technical Education and Skills Development Authority, in coordination with mental health experts. Psychiatry and neurology subjects will be required in all medical and allied health courses, including postgraduate courses in health.

Simultaneously, mental health promotion and policies shall also be established in the workplace. Specifically, employers shall develop policies and programs designed to raise awareness, correct the stigma and discrimination associated with mental health conditions, provide support for individuals at risk, and facilitate access to treatment and psychosocial support.

Capacity building, research, and development

This expounds on the need for mental health professionals and other allied service providers to undergo capacity building, reorientation, and training to continuously develop their ability to deliver evidence-based, gender-sensitive, culturally-appropriate, and human rights-oriented mental health services. Such training is to be cascaded down to the *barangay* health workers. To note, a *barangay*, meaning "neighborhood" in Tagalog language, is considered as the basic unit in the Philippine government.

With regard to research and development, it is mandated that all academic institutions, as well as local psychiatric, neurologic, and other related specialty societies, undertake the necessary research to come up with evidence-based data, from which a national mental health program can be developed, and the one which is relevant to our local culture, for instance, the inclusion of indigenous concepts and practices related to the local mental health scene.

Duties and responsibilities of the different government agencies

This division enumerates the duties and responsibilities of the concerned government agencies such as the DOH, including the development of a national mental health program; regulation, licensing, monitoring, and assessment of all mental health facilities; integration of mental health into the mainstream health information system; regular collation of data geared toward improving mental health service delivery; improving research capacity and academic collaboration; and coordination with the Philippine Health Insurance Corporation to ensure that packages equivalent to those covering physical disorders are also extended to mental health conditions.

There are also the Commission on Human Rights, which is responsible for addressing issues of impropriety and abuse in the treatment of patients; the Department of Education, which is to integrate age-appropriate mental health topics into the school curriculum, as well as implement programs which promote mental health and well-being; and the Department of Labor and Employment and Civil Service Commission, which,

just like the Department of Education, is to develop mental health programs in the workplace specifically geared toward addressing stigma and discrimination against the working class with identified mental health conditions.

Finally, we have the Department of Social Welfare and Development which shall assist patients and make the necessary referrals to mental health facilities and other service providers for the appropriate care that they need. They shall also facilitate access to livelihood training or other skills development program which may include psychosocial skills training such as community resilience or psychosocial well-being during and after natural disasters and other calamities.

The Philippine Council for Mental Health

The Philippine Council for Mental Health (Chapter 8, Table 1) is established as a policymaking, planning, coordinating, and advisory body attached to the DOH to oversee the implementation of the law. It is to develop a strategic plan which will encompass the establishment of a multi-agency, multi-sectoral mechanism to ensure the integrated participation of all the regions through their respective local mental health councils. Likewise, it is to coordinate a joint planning and budgeting of relevant agencies to ensure that funds for programs and projects are included in their annual budget.

The Council is composed of secretary of the DOH as chairperson, secretary of the Department of Education, secretary of the Department of Labor and Employment, secretary of the Department of the Interior and Local Government, chairperson of the Commission on Human Rights, chairperson of the Commission on Higher Education, one representative from the academe and research, one representative from the medical professional organizations, and one representative from the nongovernment organizations involved in mental health issues.

A Mental Health Division under the Disease Prevention and Control Bureau is also created within the DOH to implement the National Mental Health Program as well as serve as the secretariat of the Council. To ensure governance and performance accountability, the staff are ensured to have the functional training and competencies in compliance with the Civil Service Commission requirements.

Mental health for drug dependents

This division is an offshoot of an earlier R.A. called the "Comprehensive Dangerous Drugs Act of 2002," which declares that persons who have substance-related issues who voluntarily undergo the proper assessments shall be covered by the provisions of the said act, as well as the Philippine Mental Health Act.

Miscellaneous provisions

The last division of the law touches on penalty clauses for those who violate the enumerated divisions and sections. It also states the government appropriations necessary for the initial execution of the act; the further issuance of the Implementing Rules and Regulations; and finally the effectivity of the law, which is supposed to ensue 15 days after its official publication.

The Updates

To date, the current developments and updates of the Philippine Mental Health Act have been in relation to the enactment of its Implementing Rules and Regulations, signed on January 22, 2019, and came into effectivity on February 15, 2019. In relation to this, a 3-year strategic plan has been developed and subsequently approved in November 2020.

Capacity building and upgrading of existing mental health facilities

Capacity building, reorientation and training of mental health professionals as well as allied mental health workers are in motion. Upgrading and enhancement of our existing mental health facilities have also commenced. This includes all regional, provincial, and tertiary hospitals having the capacity to provide psychiatric, psychosocial, and neurologic services.

Aside from the country's National Center for Mental Health, there is work toward upgrading five government hospitals to becoming National Specialty Centers for Mental Health, whereas another 16 hospitals will be upgraded to becoming Basic Comprehensive Centers for Mental Health, all of which will be equally distributed among the three main geographical divisions in the country.

These centers are largely community-based, not limited to just outpatient care but may also include halfway houses, crisis centers, and drop-in centers, all of which are in keeping with the principle of deinstitutionalization and transitioning patients from segregated settings to one that enables more social participation, recovery-based approaches, as well as individualized care.

Standardization of a community-based mental health program

The Council for Mental Health is to form a specific Committee for the Development of Standards and Guidelines of a Community-based Mental Health program, as guided by the results of the WHO Initiative on Mental Health Technical Assistance to the Philippines. Subsequently, the development of guidelines on the licensing standards of mental health facilities, under the Health Facilities and Services Regulation Bureau, is also expected to ensue.

Publication of guidelines from the different agencies was also executed such that of the Department of Labor and Employment which covered the implementation of workplace mental health policies and programs for the private sector, as well as that of the Civil Service Commission for the public sector.

Development of a national suicide prevention strategy

A National Suicide Prevention Strategy is also being developed. This is to include intervention, prevention, and response strategies, as based on the WHO-Live Life Strategy which was launched in 2018. There will be mainstreaming of suicide prevention in public health education with particular attention to the concerns of the youth and other at-risk populations.

Training of first responders will also be in place. On top of the existing hotlines established independently by the country's local nongovernment organizations, the DOH also launched the national 24/7 crisis hotline.

Responsible reportage and handling of suicide events by the media are also being widely advocated.

Integration of mental health into the educational system and the workplace

There is work toward incorporating age-appropriate content into the curriculum for the promotion of mental health as well as prevention of mental health conditions, and this should apply to all educational levels in all institutions, from preschool to postgraduate school. Specifically, the School Health Division of the Bureau of Learner Support Services is issuing an omnibus and comprehensive policy guidelines to mainstream mental health education in schools. A comprehensive guidance and counseling program and a homeroom guidance policy and learner's material are ongoing revision and finalization. Likewise, the Disaster Risk Reduction and Management Service is devising a standardized Psychological First Aid (PFA) manual, training of personnel, and consequent creation of several PFA teams in the different regions.

Regarding the integration of mental health in the workplace, employers have been compelled to initiate policies and programs designed to raise awareness on mental health issues, correct the stigma and discrimination associated with it, identify at-risk employees, and facilitate their access to treatment and psychosocial support The Bureau of Human Resource and Organizational Development is currently crafting a policy on Employee Welfare System, aiming to standardize and institutionalize wellness programs on mental health.

Department of Health–World Health Organization (DOH-WHO) collaboration

A collaboration of the DOH with the WHO is in place in connection with the latter's Special Initiative for Mental Health. This was established for the specific purpose of responding to the challenge among low- and middle-income countries having more than 75% of its people with mental disorders receiving no treatment at all.

This is a 5-year program which began in 2018 and is currently being implemented in 12 countries including the Philippines. It started with country-specific situation analyses in better understanding mental health needs, existing resources, and gaps. Country-based consultants and academic partners are collecting and analyzing data on the mental health context, mental health-related policies and plans, treatment coverage, and mental health services including community-based care, as well as monitoring, evaluation, and health information systems for mental health. The information collected will be summarized and detailed in individual reports for each country.

It has the special initiative target of having at least 100 million more people gaining access to mental health care by the end of 2023, specifically having more people benefiting from the Universal Health Care and being supported during emergencies as well as reducing suicide mortality by 15%. Furthermore, it aims to strengthen the prevention and treatment of substance abuse.

Philippine National Survey on Mental Health and Well-being

The Philippines has largely depended on international figures in estimating the prevalence, disability, and treatment rates of psychiatric illnesses. In response to this, the National Survey on Mental Health and Well-being was initiated, our first-ever baseline nationwide survey on mental health. This covers the 17 regions of the entire country and provides data on both the lifetime and 12-month prevalence of mental disorders.

Telepsychiatry

Finally, there is also the much augmented practice of telepsychiatry which came about as an aftereffect of the COVID-19 pandemic. Its rapid emergence is one clear silver lining of the pandemic, not only in the Philippines but globally as well. In the local setting, some of the long-standing challenges we have had to face were the lack of efficiency and equality in the delivery of mental health services, more so to the geographically isolated Filipinos. Aside from the practical benefits of safety and convenience, telepsychiatry has significantly extended the reach of such services.

Conclusion

In view of the fact that one enduring challenge that the Philippines has had to deal with for decades was the absence of a national mental health law, the development and passage of the R.A. 11036 or the Philippine Mental Health Act may well be one of the greater achievements in Philippine psychiatry in the most recent years.

Notwithstanding, even if our mental health law has provided the much needed legislative framework for the formal delivery of a comprehensive mental health care, the main challenge is now shifted to ensuring effective policy designs and implementation and how they can be strengthened and supported. The concept of "policy–implementation gap" is a well-established confounding phenomenon that is viewed to be complex, multifaceted, and multileveled, influenced by prevailing factors that are resistant to change as well as potential solutions that vary in time and place according to its local context [16].

For instance, factors behind legislation implementation failure need to be identified. Three established key problems recognized are lack of leadership, inadequate support for those implementing requests, and failure to realize that implementation is a process requiring long-term commitment [17]. Along the way, different approaches to policy implementation also need to be studied and the potential rôle of policy support programs has to be explored.

Specifically, with our Philippine Mental Health Act, there still needs to be a cognizance of the continued challenges, such as the close monitoring regarding consistency of high-quality

and affordable mental health care services; maintaining a mental health policy that continues to identify ongoing significant issues while defining the roles of both public and private sectors; providing guidance for suitable prioritization of expenditures and resource allocations; highlighting the vulnerable groups as children, the elderly, women, and displaced Filipinos; giving special attention to those at risk who are the individuals with preexisting psychiatric conditions; bringing forth drug and alcohol policies; and last but not the least, ensuring the involvement of both private and public stakeholders.

To conclude, the Philippines made a history through the passage of the first-ever Mental Health Act in June 21, 2018, now known as R.A. 11036. This piece of legislation has been spearheaded by the PPA through multisectoral lobby in the drafting of the bill. It took 16 years, and 31 drafts before R.A. 11036 became a reality [18]. Future revisions of mental health law to better fit the needs of citizens are also expected [19, 20].

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Conflicts of Interest

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