The State of Mental Health in Negros Oriental: Implications for Psychology Training and Practice

Margaret Helen U. Alvarez
Research and Development Center
Silliman University, Dumaguete City, Philippines

Given the disparity between the numbers of licensed practitioners and those in actual psychology practice, it was deemed important to look at the immediate environment to answer questions pertaining to the state of wellbeing and mental health needs of the province of Negros Oriental. Those interviewed were point persons in the Department of Health and mental health practitioners in the province to provide information on local mental health needs, available resources and professional help, protocols in schools and hospitals for mental health problem referrals, common mental health problems in different contexts, public perception of psychological assessment, and public perception of abnormal psychology. Survey results have important implications for policy planning in local government and curriculum planning in higher education institutions.

Keywords: mental health, psychosocial needs, psychology practice, psychologists, psychometricians, psychology practitioners

BACKGROUND AND RATIONALE

The Philippine Psychology Act of 2009, otherwise known as Republic Act 10029, was signed into law for the purpose of regulating the practice of psychology. The Professional Regulatory Board (PRB) of Psychology then proceeded to issue a professional license for all those who qualified to register as psychometricians and as psychologists without examination

as long as they met requirements pertaining to experience and education credentials. The deadline for making such an application was May 21, 2015. The first board examination for psychologists was on October 26–27, 2014, and the first board examination for psychometricians was on October 28–29, 2014. Very few (less than 30) Silliman alumni took the first boards for psychometricians even though all with a college degree in psychology qualified to take it and all with a master's degree in psychology qualified to take the exam for psychologists.

The law—RA 10029—does not cover teachers in psychology except for those teaching board examination subjects. In addition, despite having a license as a psychometrician (minimum requirement to take the board is a college degree in psychology), the individual will need at least a master's degree in order to teach in the tertiary level.

The question then becomes: What does the psychometrician license and/or the psychologist license give the licensed professional? What jobs are available and what positions should the individual seek? These are relevant questions to ask at this time, after over 10,000 individuals have become licensed psychometricians—with or without examination since the implementation of the law—as well as almost a thousand psychologists. These very questions are also asked of both the PRB of Psychology of the Professional Regulation Commission (PRC) and the Psychological Association of the Philippines (PAP)—the accredited integrated professional organization (or AIPO).

It is important to look at the immediate environment to answer these questions. The mental health needs of the province of Negros Oriental are served primarily through the Philippine Mental Health Association (PMHA) and a few (less than 10) mental health practitioners (i.e., psychiatrists, psychometricians, and psychologists). For many years, psychology has been an attractive major in college, across the four universities in Dumaguete City and especially at Silliman University. There is also a growing number of graduates from Silliman's masters (which started in 1997) and doctoral (given government recognition in 2010) programs in psychology. The disparity between the number of those drawn into this profession and the number of professionals actually practicing in this field is worrisome. The professionalization of the discipline was partly intended to address this problem. Now that we have the professionals, there is a need to understand the landscape.

REVIEW OF RELATED LITERATURE

There is no health without mental health. This is what the advocates for a Mental Health Law keep saying (Senate Bill 1354, 2017). A decade ago (WHO & DOH, 2007), the World Health Organization (WHO) along with the Department of Health (DOH) used the Assessment Instrument for Mental Health Systems (AIMS) to look into mental health practice in the Philippines, finding among others, that:

a) The country had a National Mental Health Policy (Administrative Order #5) signed in 2001;
b) There was no mental health legislation, and the laws that governed the provision of mental health services were contained in various parts of promulgated laws such as Penal Code, Magna Carta for Disabled Person, Family Code, and the Dangerous Drug Act;
c) The country spent about 5% of the total health budget on mental health, and substantial portions of it were spent on the operation and maintenance of mental hospitals;
d) The social insurance scheme covered mental disorders but was limited to acute inpatient care; and
e) Psychotropic medications were available in the mental health facilities (WHO & DOH, 2007).

When this WHO–DOH assessment was embarked upon, the goal was to collect information in order to "improve the mental health system and to provide a baseline for monitoring the change" so that the country could then develop information-based mental health plans with clear baseline information and targets, implement reform policies, provide community services, and involve users, families, and other stakeholders in mental health promotion, prevention, care, and rehabilitation (WHO & DOH, 2007).

The assessment found that it was the National Program Management Committee (NPMC) of the DOH that acted as the mental health authority. Statistics indicated that 46 outpatient facilities treated 124.3 users per 100,000 population. There were 15 community residential (custodial homecare) facilities that treated 1.09 users per 100,000 general population. Mental hospitals treated 8.97 patients per 100,000 general population, and the occupancy rate was 92%. The majority of patients admitted had a diagnosis of

schizophrenia. There had been no increase in the number of mental hospital beds in the five years prior to the assessment. All 400 forensic beds were only at the National Center for Mental Health (NCMH) in Mandaluyong, Metro Manila, and more problematically, involuntary admissions and the use of restraints or seclusion were common.

There had been efforts in the mid-1990s made by the National Mental Health Program to integrate mental health services in community settings through the training of municipal health doctors and nurses on the identification and management of specific psychiatric morbidities and psychosocial problems. However, at the time of the WHO–DOH assessment in 2007, majority of the trained community-based health workers were no longer in their place of duty, and the primary health care staff seemed to have inadequate training in mental health.

The Philippine Council for Mental Health was only created in 1998(Executive Order No. 470). The Council's most significant functions were a) to formulate policies and guidelines on mental health issues and concerns and b) to develop a comprehensive and integrated national plan on mental health. At the turn of the century and in comparison with other countries, the Philippines had a national mental health policy, but it was not put in place for some years (Mental Health Atlas WHO, 2005). In April 2001, the Secretary of Health signed the National Mental Health Policy (Administrative Order No. 5, Series 2001)—a document containing generic goals and strategies for the Mental Health Program. In particular, the Policy was to be pursued through a mental health program strategy "prioritizing the promotion of mental health, protection of the rights and freedom of persons with mental diseases, and the reduction of the burden and consequences of mental ill-health, mental and brain disorders, and disabilities." This was a landmark development, considering that, for almost five decades, the mental health program had largely been "centered on the treatment of those with mental disorders in a mental hospital setting" (Conde, 2004).

From a historical viewpoint, the first known organized care for the mentally ill was established in the late 19th century at the Hospicio de San Jose, for sailors of the Spanish naval fleet (Conde, 2004). The arrival of the Americans in the 1900s led to a more scientific approach in treatment markedly different from the prevailing use of traditional indigenous medicines at that time. In 1904, the first 'Insane Department' was opened in a government hospital; in 1918, the City sanitarium was built; and in 1928,

the mentally ill were transferred to the National Psychopathic Hospital in Mandaluyong, where it remains to this day, as the National Center for Mental Health (NCMH). In 1950, a nongovernment civic association, the Philippine Mental Health Association (PMHA), was organized, but its programs, although envisioned to be community-directed, have remained isolated (Conde, 2004).

By 2005, there was community care, but it was rather limited because there was no mental health law. A feature shared among many low- and lower–middle-resource countries is poor involvement of primary health care services in mental health. The number of psychiatrists per 100,000 general population was similar to the majority of countries in the Western Pacific region and about average for lower–middle-resource countries in the world (Mental Health Atlas WHO, 2005).

In 2007, there were 3.47 human resources working in mental health for 100,000 general population (WHO–DOH, 2007). Rates were and continue to be particularly low for social workers and occupational therapists. More than 50% of psychiatrists work in for-profit mental health facilities and private practice. The distribution of human resources for mental health seemed to favor that of mental health facilities in the main city. Family associations (i.e., those that include family and friends of users of mental health facilities) are present in the country but are not involved in implementing policies and plans, and few interact with mental health facilities. Public education and advocacy campaigns were overseen by the DOH and coordinated in the regional offices. Private sector organizations did their share in increasing awareness on the importance of mental health, but they utilized different structures. There were mental health links with other relevant sectors, but there was no legislative or financial support for people with mental disorders.

In the area of mental health research, the WHO–AIMS 2007 study found that 1) nonstandardized data were collected and compiled by facilities to a variable extent, 2) mental health facilities transmitted data to the government health department, 3) studies on nonepidemiological clinical/questionnaires assessments of mental disorders and services had been conducted, but 4) not all mental health studies were published in indexed journals (WHO–DOH, 2007).

The mental health system in the Philippines has different types of mental health facilities; most need to be strengthened and developed. The

few mental hospitals are working beyond their capacity (in terms of number of beds/patient). Access to mental health facilities is uneven across the country, favoring those living in or near the National Capital Region (NCR). There are informal links between the mental health sector and other sectors, and many of the critical links are weak and need to be developed (i.e., links with the welfare, housing, judicial, work provision, education sectors). The mental health program of the DOH, for example, has partnerships only with the Philippine Psychiatric Association (PPA), the NCMH, the PMHA, and Christoffel-Blindenmission (CBM), an international Christian nongovernment development organization specializing in the empowerment and inclusion of people with disabilities (DOH, n.d.).

The Psychological Association of the Philippines (PAP) has no viable agreement with the Department of Health. There is no plantilla in government (not just in DOH) for licensed psychometricians even as there is (and should be) a place in mental health programs for the psychology professional. The availability (or lack) of jobs for psychology practitioners in government mental health programs has major implications for training and curriculum planning in the country's universities.

During the 17th congress of the Republic of the Philippines was filed a senate bill for establishing a national mental health policy for the purpose of enhancing the delivery of integrated mental health services and for promoting and protecting persons utilizing psychiatric, neurologic, and psychosocial health services (Senate Bill 1354, 2017). In lobbying for this bill, Hontiveros (n.d.) cited some mental health problems:

- 1 in 5 people suffer from mental health problems worldwide, yet in the Philippines, there are only 5 psychiatrists per 10 million Filipinos.
- Most health insurance companies still do not cover mental health-related issues, and the stigma still weighs heavily on those suffering from mental illness.
- 25.71% of young people have thought, at least once, that their life was not worth living.
- 14.2% have considered taking their life and engaged in steps to push through with it.

In addition, Hontiveros (n.d.) indicated the five primary priorities of the bill, namely, 1) protection of the rights and welfare of people with

mental health needs, 2) development and implementation of National Mental Health Program, 3) modernization of mental health facilities, 4) strengthened community-led mental health services down to the barangay, and 5) integration of mental health in schools' curricula.

Thus, the bill's declaration of policy says that the State affirms "the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services" and further,

> The State commits itself to promoting the wellbeing of its people by ensuring that: mental health is valued, promoted, and protected; mental health conditions are treated and prevented; timely, affordable, high-quality, and culturally-appropriate mental health care is made available to the public; and persons affected by mental health conditions are able to exercise the full range of human rights and participate fully in society and at work, free from stigmatization and discrimination. (SB 1354, 2017)

Pending the approval of this bill, the fact remains that there are growing mental health problems nationwide, there are limited mental health facilities, and many of those already in the field feel inadequate to deal with psychosocial issues brought about by the government's war on drugs and the fallout from natural calamities. As Hechanova and colleagues (2015) have said, "the science of disaster response is quite young especially in the Philippines, and psychological research on disasters is just emerging" (p. 1).

In response to the disaster wrought by Typhoon Yolanda, the Psychological Association of the Philippines (PAP) created in 2013 a Special Interest Group (SIG) for Mental Health and Psychosocial Support (MHPSS) that has since trained mental health practitioners on disaster preparedness, developed modules for training, and sponsored a special issue of the Philippine Journal of Psychology (PJP) on "Disasters and Mental Health" (2015). At the height of the Philippine government's war on drugs, the PAP created a task force on Drug Prevention and Community Support in October 2016 that has since been made into an SIG as well and now named Substance Use Prevention and Recovery SIG. As a task force, it conducted training workshops for mental health professionals and also produced modules for facilitators (PAP, 2017).

Meantime, the Commission on Higher Education (CHED) Technical

Panel for psychology education has agreed upon the policies and standards for undergraduate programs in psychology (CMO No. 34, s.2017). This is the program that qualifies graduates to take the board examination for psychometricians. To date, over 10,000 are licensed—a rich resource to serve in the mental health profession, but it remains largely untapped.

STATEMENT OF THE PROBLEM

In an attempt to examine the discrepancy between the increased mental health concerns in the country and the large number of licensed practitioners who either do not have jobs or are not working in mental health programs, this study looked into the local setting where 1) four universities produce some 50 or so potential psychology practitioners annually, and 2) those who do get licensed are not employed in mental health centers or facilities. In particular, I explored

1. The mental health needs in the locality—that is, Dumaguete City and surrounding municipalities of Negros Oriental;
2. Available resources and professional help;
3. Protocols in schools for mental health condition referrals;
4. Common mental health problems in different contexts (e.g., hospital, industry, educational settings);
5. Public perception of psychological assessment;
6. Public perception of abnormal psychology;
7. Statistics on the psychology profession (licensure numbers, schools offering psychology, and so on); and
8. HEI response to the professionalization of psychology.

METHOD

The research environment is primarily Dumaguete City—capital city of the province of Negros Oriental in Central Philippines. There are four universities (three private and one public), namely, Foundation University (FU), Silliman University (SU), St. Paul University of Dumaguete (SPUD), and Negros Oriental State University (NORSU). All but one (FU) offers an undergraduate psychology program with only two (SU and NORSU) having graduate programs in psychology. Silliman University has a medical

school, but its medical center does not have an accredited psychiatry training program. The Negros Oriental Provincial Hospital (housing the DOH regional office during the brief period when the province was part of the Negros Island Region) has a psychiatric ward located in Talay, Negros Oriental. The Philippine Mental Health Association is provided with an office in Dumaguete City by the local government.

To collect the data, interviews were made of key persons—1) mental health professionals in the province (e.g., DOH officials, psychiatrists, psychologists, psychometricians, and social workers), 2) school psychologists or guidance counselors, and 3) HR practitioners.

RESULTS AND DISCUSSION

Based on an interview with the city health officer in Dumaguete, there is no clear mental health policy, and the Department of Health has very limited budget for mental health concerns. She welcomed, in fact, any form of research on mental health in the province so that they could lobby for a better program, but at the time of the interview, the DOH office was going through an "identity crisis" because there was no final decision as yet about the establishment of the Negros Island Region (NIR). This move would have both budgetary and accessibility implications.

A subsequent interview with the lone (at the time) psychiatrist for the province also revealed that the province's psychiatric ward, located about a kilometer southwest of the provincial hospital, caters not only to the mental health needs of the province but also to neighboring Siquijor Island and even parts of Mindanao and Negros Occidental (Personal communication, Glenda Basubas, August 19, 2016). Many of the clients are brought to the provincial hospital by relatives, but sometimes, the psychiatry staff has to go to the towns or municipalities to transport referrals from district hospitals or health centers to the provincial hospital. Only the provincial hospital has a psychiatric ward.

Records of the psychiatric ward (Table 1) reveal that the number of mental health cases increases steadily every year. In 2010 alone, the NOPH Psychiatric Ward served 1001 out-patients from Negros Oriental, the number rising annually by as much as 30%. Once someone goes to the ward, the patient is in the records forever because "there is no cure for schizophrenia." The Ward also serves the province of Siquijor with some 60 or so patients

coming in increasingly every year, the province of Cebu, and other provinces (e.g., Negros Occidental, Zamboanga del Norte, even Pampanga).

Capital city Dumaguete is central, but many municipalities are some seven hours away via all manner of transportation. Negros Oriental Provincial Hospital (serving psychiatric patients for the province) does not have a regular psychiatrist. The in-patient facility (psychiatric ward) has a capacity of 25, but currently, there are 80 patients, a few of whom have families living at the facility. One patient has been at the facility over 30 years. Patients (including out-patients) are provided medications and room and board for free, but the budget frequently runs out and the facility relies heavily on donations. Existing personnel (registered psychologist, n = 1; registered psychometrician, n = 1) registered without examination (by virtue of the grandfather clause) and feels inadequate in their training, thus, they are not empowered to take initiatives and to provide psychological services. The staff is provided by the city, but the budget is from the province. According to the facility's action manager, they have a Board of Management that receives its mandate from the provincial governor (Personal Communication, Aurora Flores, August 19, 2016), but even at this late date, the 2016 provincial budget had not yet been approved.

There is no psychological testing upon admission and no subsequent psychological counseling, psychotherapy, or any other psychological intervention (Pers. Comm., Sherwyn Arbas, August 19, 2016). The one psychiatrist at NOPH is from Cebu City; she is in Dumaguete every Friday, at which time, out-patients come in for physical check-up and are given their medications; there is no time for psychotherapy. If someone is referred to NOPH when the psychiatrist is not in town, they are asked to return on Friday for a diagnosis. The psychiatrist also comes into town more often or earlier than Friday if she has court hearings.

Psychological testing, if any, is done if there is a court order (as in the case of inmates/detainees). The testing is done by a licensed psychometrician (RPm) provided by the PMHA. The RPm administers projective techniques, interprets projective data, and signs psychological reports, even though this is against RA 10029. The prevailing climate is one of pessimism and helpless passivity; there is no initiative that comes from the staff themselves. The thinking is that, once a person is diagnosed with schizophrenia—the most common diagnosis in the province (undifferentiated type)—one is medicated for life. Individuals are brought in routinely (for medications)

because families are fearful of violence and do not know how to manage a person with a mental disorder. The prevailing beliefs include heritability, schizophrenia caused by diseases such as typhoid ("typhoid schizophrenia" is a common diagnosis), and the incurability of schizophrenia.

There are at least six practicing psychiatrists in Dumaguete—two come to Dumaguete once a week (they have a full-time practice in Cebu City), two are semiretired, and one is frequently unavailable in the city because he sees patients in other towns and municipalities provincewide. There are at least two private psychology clinics in Dumaguete; one caters primarily to psychological evaluation for DepEd teachers, cases of adoption, employment, and so on. The other takes up the slack—providing psychological evaluation to go with police reports and annulment cases and psychotherapy. Majority of clients come in for psychotherapy for depression; there are also those in need of couples counseling. There are at least eight registered psychologists but only four have a clinical background; there are between 15–25 registered psychometricians, about a third in the academe, less than a third working in clinical contexts, and the rest are employed in industry (but not doing psychometrician work).

Some 600 persons dependent on drugs have surrendered to the PNP. The city health office has put them on hold (recorded and sent home) because there are no facilities for them and no psychological intervention programs. More are expected. The plan is to send them to the drug rehabilitation facility in Argao, Cebu, but the place is filled.

Interviews with key persons revealed that referrals to psychology clinics usually come from a) the educational setting—e.g., teachers, guidance counselors, and dormitory managers; b) nongovernment organizations (NGOs) such as GWAVE (Gender Watch against Violence and Exploitation) and orphanages; c) government agencies, notably the Department of Social Welfare and Development (DSWD); d) the industrial setting (notably from HR practitioners at BPOs; e) lawyers; f) medical practitioners, notably neurologists, psychiatrists, and others; and g) the women's and children's desk of the Philippine National Police. Parents also bring their children or themselves for therapy.

Referral reasons from the education setting have usually had to do with suicide ideation or suicide attempts. Many young people make appointments with psychologists because of anxiety, panic attacks, depression, uncertainty about their direction in life, and a general aimlessness, regardless of whether

or not they are doing all right in school. The NGOs, the PNP, and the DSWD frequently refer for legal reasons—i.e., a psychological evaluation report is a required document when there is a case of domestic violence or child abuse, in cases of adoption, and annulment as well as cases involving an individual's cognitive capacity or competence. Referrals from the industrial setting frequently come from the HR manager, at times because their employee wishes to resign or has mental health issues.

CONCLUSIONS AND RECOMMENDATIONS

Pending the signing of the Mental Health Act into Law, the state of mental health in the province of Negros Oriental is dire. There are limited numbers of mental health facilities and mental health practitioners; schools are providing psychology training, but the licensed graduates cannot be found working in mental health programs.

It is highly recommended that the psychology discipline reviews, reestablishes, retools, and replicates. First, it is necessary to review the psychology curriculum. The undergraduate psychology curriculum trains the student to pass the board examination for psychometricians. In the Psychology Law of 2009, psychometricians are authorized to do any of the following activities:

1. Administer and score objective and structured personality tests,
2. Interpret results of these tests and prepare a written report on the results, and
3. Conduct preparatory intake interviews for clients for psychological intervention sessions.

Although these activities can only be conducted under the supervision of a licensed psychologist and the written reports prepared by the psychometrician should bear the name of the supervising psychologist, it is clear that there is a place for psychometricians in the mental health profession; psychometricians receive adequate training and education to work at mental health facilities and provide services for them. What should more importantly be reviewed are the policies of the Department of Health and the Civil Service Commission so that there is a provision for psychometricians in public service.

Hence, there is a need to reestablish relationships between the accredited

psychological organization (of which all licensed professionals must be members) and the sectors it serves—e.g., Department of Health, Department of Social Welfare and Development, nongovernment organizations, and private medical facilities and clinics.

Given that 896 psychologists and 2313 psychometricians were, by virtue of their academic degrees and years of experience, licensed without examination, retooling becomes an important personal and professional endeavor. Many of those who had been in practice for some time did not (for various reasons) qualify for the license whereas others, probably less experienced, did. The latter need to update themselves and train in current trends in psychology practice and ethical responsibilities.

Finally, if this is the state of mental health in the province of Negros Oriental, it is recommended that a similar study be done in other provinces, even if only in the Visayas, thus, replicating and preparing each region for the implementation of the Mental Health bill when it is signed into law.

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Table 1. Number of new cases from 2013–2015 at the Psychiatric Ward, Negros Oriental Provincial Hospital.

CITY/MUNICIPALITY	YEAR				
	2010		2013	2014	2015
	OPD	NEW CASES (NC)	NC	NC	NC
Dumaguete	204	23	49	58	66
Bayawan	83	25	27	33	24
Bais	77	14	39	32	32
Siaton	74	18	23	22	13
Bacong	56	8	11	11	14
Mabinay	54	13	18	15	20
Sibulan	47	12	11	14	14
Santa Catalina	46	12	8	8	9
Zamboanguita	44	9	6	8	3
Valencia	44	9	9	11	18
Dauin	36	4	5	9	5
Tanjay	35	6	16	15	14
Ayungon	32	9	14	14	13

Amlan	26	5	8	5	5
Manjuyod	23	4	8	12	8
Bindoy	23	11	1	5	7
San Jose	21	1	2	5	3
Pamplona	20	5	11	7	9
Basay	19	3	2	2	1
Guihulngan	17	1	7	7	6
Jimalalud	7	1	1	5	1
Vallehermoso	4	2	2	1	2
Canlaon	3	2	2	2	3
La Libertad	3	1	3	2	0
Tayasan	3	1	3	7	8
Neg. Or.	1001				