Mental Health Stigma, Services, and Interventions in the Philippines: A Focused Review

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A B S T R A C T

This research review explores the multifaceted challenges of mental health in the Philippines, focusing on three key areas: mental health stigma, the availability of services and professionals, and effective interventions. A review of academic literature reveals that mental health issues often go untreated due to significant barriers, including financial costs, inaccessibility, and a severe shortage of qualified professionals and facilities. This research aims to synthesize existing studies to provide a clearer understanding of these issues and to identify potential solutions. The review employs a systematic literature review methodology, analyzing scholarly articles from databases such as Google Scholar, PubMed, PsycINFO, and APA PsycNET. The review focused on how stigma manifests in the Philippine context, the state of mental health services, and the strategies used by practitioners to raise awareness and reduce stigma. Key insights from the synthesis reveal that stigma is a primary barrier to seeking help, driven by financial costs, shame, and fear of negative judgment. While the Mental Health Act (RA 11036) provides a framework for care, services remain inadequate and inaccessible, particularly in rural areas. The document also highlights the importance of educational programs, community-based interventions, and culturally sensitive approaches to combat stigma and improve mental health outcomes. The findings underscore the urgent need for targeted, evidence-based interventions at both the educational and community levels to improve access to care and reduce the stigma associated with mental illness in the Philippines.

RESUMO

Esta revisão de pesquisa explora os desafios multifacetados da saúde mental nas Filipinas, concentrando-se em três áreas principais: estigma da saúde mental, disponibilidade de serviços e profissionais e intervenções eficazes. Uma revisão da literatura acadêmica revela que os problemas de saúde mental muitas vezes não são tratados devido a barreiras significativas, incluindo custos financeiros, inacessibilidade e uma grave escassez de profissionais e instalações qualificados. Esta pesquisa tem como objetivo sintetizar os estudos existentes para fornecer uma compreensão mais clara dessas questões e identificar possíveis soluções. A revisão emprega uma metodologia sistemática de revisão da literatura, analisando artigos acadêmicos de bancos de dados como Google Scholar, PubMed, PsycINFO e APA PsycNET. A revisão se concentrou em como o estigma se manifesta no contexto filipino, o estado dos serviços de saúde mental e as estratégias usadas pelos profissionais para aumentar a conscientização e reduzir o estigma. Os principais insights da síntese revelam que o estigma é a principal barreira para buscar ajuda, impulsionado por custos financeiros, vergonha e medo de julgamento negativo. Embora a Lei de Saúde Mental (RA 11036) forneça uma estrutura para o atendimento, os serviços permanecem inadequados e inacessíveis, principalmente nas áreas rurais. O documento também destaca a importância de programas educacionais, intervenções baseadas na comunidade e abordagens culturalmente sensíveis para combater o estigma e melhorar os resultados da saúde mental. Os resultados ressaltam a necessidade urgente de intervenções direcionadas e baseadas em evidências nos níveis educacional e comunitário para melhorar o acesso aos cuidados e reduzir o estigma associado à doença mental nas Filipinas.

Introduction

Mental health is a critical global challenge, and the Philippines, like many other low- and middle-income countries, faces significant hurdles in providing adequate mental healthcare. A considerable number of people in need of care struggle to access vital services. This literature review synthesizes existing research on mental health in the Philippines to address the pressing issues of stigma, insufficient services and professionals, and the need for effective interventions.

The Mental Health Act (RA 11036) provides a legal and ethical framework for mental health services in the country, aiming to ensure services are accessible, affordable, and culturally appropriate. Despite this, mental health remains a misunderstood topic, with those suffering from mental illness often facing discrimination. This research review aims to delve into these specific challenges, examining the existing literature to offer a comprehensive, analytical perspective on the state of mental health in the Philippines.

Overview and Definition of Mental Health

Mental health, as defined by the World Health Organization, refers to overall well-being (Joseph & Bance, 2021). It is achieved through complete physical, mental, and social wellness, rather than simply the absence of illness or disease (Solitario, 2017). Mental health issues remain a misunderstood topic in the country. Time and again, individuals with mental illness face discrimination, and this stigma in the local context reflects that most Filipinos lack adequate information about mental health. According to the Mental Health Atlas 2017 (WHO-AIMS, 2006), the total number of mental health professionals (government and non-government) is 2,051; the overall number of mental health workers per 100,000 population is 2.02; and the total number of child psychiatrists (government and non-government) is 60. This data shows that only a small number of psychology practitioners are engaged in mental health work in the Philippines.

The same article also reported that a greater number of persons with mental disorders pay for mental health services, with data indicating that most individuals pay out-of-pocket for services and medicines, highlighting the lack of explicit support for mental health services in the country.

Studies on Mental Health Stigma

Stigma involves prejudice or bias against individuals due to a distinctive feature such as mental illness, health condition, or disability (Cadell, 2020). Javed et al. (2021) outlined strategies to enhance help-seeking, access to mental health services, and address stigma in low- and middle-income countries (LMICs). They noted that stigma impacts those with mental illness, as well as their families, caregivers, and healthcare professionals. In LMICs, mental health is shaped by cultural, socioeconomic, and religious factors. Comprehensive policies,

public awareness programs, a skilled workforce, and improved access through primary healthcare integration were recommended to reduce stigma. Future approaches should also consider physical comorbidities, workplace interventions, and the effects of the COVID-19 pandemic on mental health.

Rivera and Antonio (2017) noted that stigma surrounding mental illness manifests in various settings, including schools, homes, workplaces, and healthcare facilities, often resulting in discriminatory attitudes and behaviors. Similarly, research by Tanaka et al. (2018) found that individuals experienced stigma when mental health care was difficult to access, and local communities were unable to support people with mental health problems (PMHP) during crises. Such experiences not only reduce social connections and opportunities for PMHP but also undermine their families' economic stability and exacerbate mental health challenges.

Martinez et al. (2020) identified specific barriers to formal help-seeking: (1) financial obstacles, such as high service costs, lack of health insurance, or unstable employment; (2) self-stigma, including fear of negative judgment, feelings of shame, embarrassment, anxiety about being labeled "crazy," self-blame, and concerns about reputation; and (3) social stigma, which threatens family standing or casts one's cultural group negatively. How can we break the stigma that has been ingrained in our minds? In an interview at the 2nd Regional Mental Health Summit in Quezon City, Director Eduardo Janaira stated, "This is a call from the people, and I urge everyone to avoid stigmatizing this issue. What we truly need is to support one another in addressing the mental health challenges we face" (Kabagani, 2019).

Many Filipinos, both locally and abroad, remain hesitant and hold negative attitudes toward seeking formal help even when experiencing psychological distress (Martinez et al., 2020). Because of financial constraints, they are more likely to seek support from close family and friends. Tuliao (2024) investigated the generalizability of a mediation model by comparing undergraduate students from the U.S. and the Philippines. The study found a significant indirect effect from public stigma to the intent to seek help through private stigma, highlighting the importance of culture and the type of mental health issue in understanding the relationship between stigma and help-seeking behaviors.

Meanwhile, Withers et al. (2021) found that mental health literacy among students is generally low, and educational campaigns and events were the most frequently suggested strategies to increase awareness and reduce stigma. Redubla and Cuaton (2019) identified four major themes in caregivers' experiences: caregiving challenges, a range of emotional responses, perceptions of the situation, and positive aspects of caregiving. Previous studies by Gonzales-Amores et al. (2017) and Pangalangan et al. (2019) highlighted that difficulty accessing mental health services and professionals remains a major source of stigma for those seeking help. These studies emphasized that promoting mental health literacy and improving access to services are essential responsibilities for professionals in the Philippines.

Taguibao (2019) observed that medical students with prior exposure to psychiatry demonstrated fewer stigmatizing attitudes compared to graduates and international medical students. This empathy is believed to stem from personal experiences and a deeper understanding of the complex causes of health issues. Taguibao further suggested that educational interventions exposing students to psychiatry could foster greater empathy and reduce stigma in the healthcare system. Rafal, Gatto, and DeBate (2018) also underscored the importance of mental health literacy, noting that while students were knowledgeable about mental health, their willingness to offer help was limited due to moderate literacy and low inclination toward professional assistance. Consequently, stigma remains a significant barrier to seeking help, even among students in medical courses.

Given these findings, there is an urgent need to focus interventions at the school and pre-professional levels in the Philippines. Two key factors should be prioritized: (1) improving mental health literacy, and (2) encouraging students and professionals to participate in creating an inclusive and supportive environment for those seeking mental health services. By addressing these areas, access to mental health care can improve, and stigma may be reduced, potentially decreasing individuals' reluctance to seek help.

Studies on Mental Health Services and Professionals in the Philippines

The Mental Health Act (RA 11036) guides the provision of mental health services in the Philippines. According to the Act, these services must be grounded in medical and scientific research while remaining responsive to the clinical, cultural, gender, ethnic, economic, social, and spiritual needs of individuals. Services should be provided in the most suitable and least restrictive environment, tailored to age-specific needs, and delivered by qualified mental health professionals, ensuring accountability, accessibility, availability, affordability, and acceptability.

The Psychology Act of 2009 (RA 10029) defines a psychologist as an individual who is duly registered and holds a valid certificate of registration and professional identification card as a Professional Psychologist, issued by the Board and the Commission. Under Section 3(c), Article III, psychologists are authorized to provide various psychological services, including counseling, psychotherapy, psychosocial support, life coaching, psychological debriefing, group processes, and other forms of psychological assistance based on psychological principles and methods to improve the functioning of individuals, families, groups, and organizations.

The government operates several mental health care institutions, such as the National Center for Mental Health in Mandaluyong, the Cavite Center for Mental Health in Trece Martirez, and the Mariveles Mental Ward in Bataan. Despite the existence of these facilities, mental health care in the country remains inadequate and inaccessible for many (Magtubo, 2016). Economic factors (Tuliao, 2014) continue to play a significant role in determining access to consultation and related mental health services.

Several hospitals in the Philippines offer free mental health services, such as the Amang Rodriguez Memorial Medical Center, which provides essential consultations and brief psychotherapeutic techniques. The Ateneo Center for Family Ministries offers free psychiatric consultations using a psycho-spiritual approach, though donations are encouraged. The Philippine General Hospital and UP Diliman Psychosocial Services, as well as the Psychotrauma Clinic at the UST Graduate School, also provide free psychological services, including assessments, counseling, and both individual and group psychotherapy (Tapnio, 2019). Additionally, government hospitals with psychiatric facilities typically do not charge consultation fees, although some may require an initial payment for a hospital ID, and patients are generally responsible for laboratory examination costs.

According to Gonzalez-Amores et al. (2017), the Philippine mental health care system faces challenges in service availability, accessibility, and quality. Pangalangan et al. (2018) highlights a shortage of mental health professionals, especially in rural areas. To address this, the government has implemented policies to increase the number of mental health professionals through educational initiatives (Department of Health, 2019).

Education and Promotion

A study by Javier et al. (2014) identified strategies for establishing mental health prevention programs for Filipino youth by gathering perspectives from community stakeholders. Using grounded theory, the research highlighted four key areas: intergenerational gaps; evidence-based parenting initiatives; collaboration with churches to combat stigma; and the mental health needs of parents. These findings were derived from focus group discussions with adolescents, caregivers, advocates, and service providers.

Involving religious and parenting groups helps provide culturally sensitive approaches to addressing behavioral health issues among Filipino youth. Academic institutions and workplaces are also essential, as they are responsible for implementing the Mental Health Act (RA 11036), which mandates support services and referral mechanisms for individuals at risk. Research suggests that community interventions focused on prevention, early intervention, and treatment—as well as school-based programs—are promising avenues for improving mental health outcomes and reducing the treatment gap (Hechanova, 2019; Gonzales-Amores et al., 2017; Alcantara et al., 2019).

Method

This review uses a qualitative descriptive design, specifically a literature review that employs a simple electronic review of literature across multiple databases to clarify and standardize the research approach. The design was implemented to show transparency and replicability by employing corpus analysis and structured literature

search. The search was limited to Google Scholar, PubMed, PsycINFO, and APA PsycNET.

Data Analysis

Analyzing the data followed two important stages: (1) corpus analysis and (2) electronic literature search. The former involved a broad review and examination of mental health stigma, services, professionals, and interventions specifically within the Philippines.

The latter applied a systematic search across four electronic databases: Google Scholar, PubMed, PsycINFO, and APA PsycNET. The search was done using following Boolean operators: "mental health stigma OR mental health services OR mental health professionals OR interventions" AND "Philippines". Only studies that meet the following criteria are included in this review: (1) The research focused on mental health stigma, services, professionals, and interventions specifically within the Philippines; and (2) studies limited to those that are published in English.

To ensure that the process is rigorous and systematic, titles and abstracts were screened for relevance. Then, eligible studies that met the criteria underwent full-text review.

Results and Discussion

Mental Health Stigma in the Philippines

Stigma, defined as prejudice against individuals with a distinctive feature like mental illness, remains a major obstacle. In the Philippines, this stigma is palpable in various settings, including schools, workplaces, and homes. Studies show that this societal bias not only affects individuals with mental illness but also their families, caregivers, and healthcare professionals.

The manifestation of stigma is often rooted in cultural, socioeconomic, and religious beliefs prevalent in low- and middle-income countries. This stigma can be categorized into several forms, including self-stigma, which involves feelings of shame and self-blame, and social stigma, which jeopardizes a person's or their family's reputation. The fear of being labeled "crazy" is a significant deterrent to seeking formal help, leading many Filipinos to instead turn to close family and friends for support, especially when financial constraints are a factor. Furthermore, research highlights that low mental health literacy among students is a barrier to seeking help, suggesting a lack of foundational knowledge contributes to stigmatizing attitudes.

Mental Health Services and Professionals

Despite the existence of the Mental Health Act (RA 11036), the Philippines' mental healthcare system struggles with a lack of accessibility, availability, and quality of services. The number of mental health professionals, including psychiatrists and psychologists, is strikingly low, with only 2.02 mental health workers per 100,000 people. This shortage is particularly acute in rural areas. Financial barriers are a major concern, as seeking professional help is often not cheap and is generally not covered by insurance. While some government hospitals and centers offer free consultations, patients often still incur costs for IDs and laboratory tests, which can discourage them from continuing treatment. This economic burden, combined with the scarcity of facilities—both public and private—highlights a systemic gap in care.

Interventions and Recommendations

To address these challenges, the research points to a clear need for targeted, multi-level interventions. A key strategy is to improve mental health literacy through educational campaigns. Studies suggest that exposing future medical professionals to psychiatry and mental health contexts can foster more empathetic attitudes and reduce stigma within the healthcare system itself. Community-based and school-based interventions have also shown promise in improving mental health outcomes and reducing the treatment gap. These interventions can involve culturally sensitive approaches, such as collaborating with churches and parenting groups to address behavioral health issues among Filipino youth.

Table 1

Summary of Literature

Focus Area	Key Findings
Understanding of stigma	Mental health stigma involves pervasive negative attitudes and prejudices that hinder help-seeking and perpetuate social exclusion (Cadell, 2022; Rivera & Antonio, 2017; Gonzales-Amores et al., 2017). It manifests in various settings, reinforced by cultural beliefs and misconceptions (Tuliao, 2024).
Barriers to access and help-seeking	Major obstacles include self-stigma, social stigma, financial constraints, and limited availability of mental health professionals, especially in rural areas (Martinez et al., 2020; Pangalangan et al., 2018). Remote service delivery further complicates access, reducing community support (Tanaka et al., 2018).
Impact on support systems	Caregivers experience significant emotional and physical burdens, highlighting the need for targeted support systems. Stigma within families and communities can also impede effective care (Redubla & Cuaton, 2019).
Cultural and Contextual Influences	Cultural norms and beliefs significantly influence help-seeking behaviors, with some populations exhibiting reluctance due to stigma or misconceptions (Tuliao,

Intervention strategies	2024; Withers et al., 2021). Tailored approaches are necessary to address these cultural factors. Educational campaigns to improve mental health literacy (Withers et al., 2021), community-based programs (Hechanova, 2019), and school interventions (Alcantara et al., 2019) have shown effectiveness in reducing stigma and promoting help-seeking behaviors. Policy initiatives are needed to address workforce shortages and improve service accessibility (Javed et al., 2021; Pangalangan et al., 2018).

Table 1 provides an overview of key research studies related to mental health stigma and intervention strategies. It categorizes each study based on its primary focus area and summarizes the main findings, emphasizing issues such as the nature of stigma, barriers to care, cultural influences, and effective intervention approaches.

This synthesis highlights the multifaceted nature of mental health stigma and emphasizes the importance of tailored initiatives to improve awareness, accessibility, and support for affected populations.

The existing body of research emphasized that mental health stigma is a complex and pervasive barrier that negatively influences individuals' willingness to seek help and contributes to social exclusion. Stigma manifests through negative attitudes and misconceptions rooted in cultural norms, which vary across different communities. These prejudices, combined with factors such as self-stigma, financial constraints, and limited availability of mental health professionals—particularly in rural areas—significantly impede access to care. Additionally, caregivers often face emotional and physical burdens, further highlighting the importance of supportive interventions.

Multifaceted strategies have been identified as essential. Educational campaigns aimed at improving mental health literacy, community-based programs, and school interventions have demonstrated success in reducing stigma and encouraging help-seeking behaviors. Moreover, policy measures addressing workforce shortages and enhancing service accessibility are critical to bridging existing gaps.

In general, an integrated approach that considers cultural context, educates the public, and strengthens support systems is vital for mitigating mental health stigma and fostering a more inclusive environment for affected individuals.

Conclusions

This review stresses the critical need for a comprehensive approach to mental healthcare in the Philippines. The deep-seated issues of stigma, insufficient services, and a shortage of professionals create a cycle of untreated mental illness. To break this cycle, the following concrete recommendations may be considered: public awareness

campaigns to launch sustained, culturally sensitive campaigns to enhance mental health literacy and reduce stigma.

These campaigns may leverage various platforms and involve community leaders to reach a broader audience; educational interventions may implement mandatory mental health and psychiatry exposure in the curricula of all medical and psychology students to cultivate a more empathetic and less stigmatized approach to care; community-based programs may be strengthened and expanded to community-based interventions, especially in underserved rural areas, by integrating mental health services into existing primary healthcare systems; and policy and funding to advocate for the full implementation of the Mental Health Act, including increased government funding to make services and medications more affordable and accessible. This includes subsidies for consultations and laboratory tests.

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