

The Severe Shortage of Mental Hospital Beds in the Philippines

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In a recent article, Honyashiki et al¹ underscored the global focus on mental health reforms, emphasizing a shift toward reducing the number of beds in mental hospitals and medical settings while enhancing community-based mental healthcare. According to a consensus by experts from 6 continents, the optimal number of psychiatric beds per 100 000 is recommended to be 60, with a minimum threshold of 30 to adequately address the global need for patient hospitalization.² The consensus further classified shortages into mild (25–30 beds), moderate (15–25 beds), and severe (less than 15 beds).²

Despite a notable increase in the median number of mental hospital beds globally, rising from 6.5 to 11 beds per 100 000 population between 2014 and 2020, significant disparities persist among countries.³ By 2020, high-income countries had a median of 51.0 beds per 100 000 population, while upper-middle income, lower-middle income, and low-income countries had 19.2, 4.4, and 1.2 beds, respectively.³ These disparities suggest that while mental hospitals may be optimally equipped in high-income countries, low and middle-income countries face severe shortages in mental hospital beds for their populations in need of psychiatric hospitalization.

In the Philippines, a stark reality unfolds, with only 4.13 mental hospital beds per 100 000 population, highlighting a significant deficiency in mental hospital beds for individuals requiring in-patient hospitalization.⁴ This inadequacy is exacerbated by the long duration patients spend in mental hospitals, averaging 209 days.⁵ Therefore, this paper aims to elucidate the shortage of mental hospital beds and propose strategies to address this pressing challenge in the Philippines, aiming to enhance the responsiveness of the mental health system to individuals with mental disorders, including those in need of hospitalization.

Similar to the global emphasis on improving community-based services,¹ the Philippine Mental Health Act of 2018 prioritizes strengthening community-based mental health services. Nonetheless, recognizing the limited number of mental hospital beds, the law includes provisions for integrating psychiatric beds into general hospitals. The challenge lies in the lack of specificity regarding the number or percentage of beds that general hospitals must allocate for patients with psychiatric needs.

To address this gap, policymakers must establish clear guidelines within the Mental Health Act, delineating the requisite proportion of beds in general hospitals dedicated to psychiatric patients. This step can prove more equitable and cost-efficient than constructing regional mental hospitals to address the severe shortage of mental hospital beds. Additionally, it holds the potential to normalize mental health conditions, reducing the social stigma associated with mental hospitals in the country.

Another crucial action to address this challenge involves conducting a comprehensive assessment of the existing mental health infrastructure, encompassing both mental and general hospitals. This evaluation should identify areas of acute and chronic need, including the optimal length of hospitalization and allowing for the allocation of economic and human resources accordingly. A collaborative effort involving the government, mental health workers, patients, and advocates is essential for formulating and implementing effective assessments, programs, and policies aligned with rights-based and responsive in-patient mental health services.

Furthermore, investing in mental health promotion and awareness programs can play a pivotal role in normalizing and reducing the stigma of mental disorders, possibly resulting in early intervention and a reduction in the long-term demand for in-patient services.

Overall, by refining and implementing specific provisions in the Mental Health Act and adopting a holistic approach, the Philippines can make significant strides toward achieving a more responsive mental health care system, particularly for patients needing hospitalization.

Author Contribution

RA contributed substantially to the design, drafting, revision, acquisition, interpretation, and final approval of the data and work.

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