Philippine Psychiatric Association, Inc.

Year 2014

ACCOMPLISHMENT REPORT
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January

5-7 • Eye Movement and Desensitization Reprocessing (EMDR) Training

The year started with a training Eye Movement and Desensitization Reprocessing (EMDR) Part I through collaboration with the US-Humanitarian Assistance Programs (HAP) through Ms. Francine Shapiro. EMDR is one of the evidenced-based interventions for Post Traumatic Stress Disorder. The activity was intended to be a training of trainers and this was held on 5-7 January 2014 at the Richmonde Hotel, Ortigas. The training was headed by Rosalie Thomas. Carol Martin, the Executive Director of the US EMDR Humanitarian Assistance Programs (HAP) also graced the event.

There were 22 participants which composed of Psychiatrists who represented the accredited Psychiatry Training Institutions in the Philippines.


The organizing committee for has crafted a scientific program that will highlight the major roles of Filipino Psychiatrists. Further, it will also bring the discourses to issues and topics that are vital to Psychiatry practice in the Philippines.

The event was highlighted with the Keynote Speech of Hon. Sen. Miriam Defensor-Santiago, the Presidential Lecture by Dr. Pureza T. Oñate, and the newly elected President’s Address delivered by Dr. Edgardo Juan L. Tolentino, Jr. and the election of the new Board of Directors for Year 2014.

The plenary symposia included the following theme: Leadership & Aspirations for Excellence in Psychiatry; Promoting Education and Training in Psychiatry; in Pursuit of well-being: Our Advocacy; An Expertise: Law & Psychiatry; The Montgomery-Asberg Depression Rating Scale: A Review in Diagnostics & Assessment in Depression with no less than Professor Stuart Montgomery as one of the speakers; Trends in Research; and A Move for Social Change: Strengthening Our Response to Mental Health.

The Fellowship Night featured a “PPA’s Got Talent” group performance competition among Psychiatry Institutions, together with the pharmaceutical groups. The Visayas group displayed a spectacular show which triumph them the first prize.

This was held on at Edsa Shangri-La Hotel in Mandaluyong City and was attended by 485 participants.

(See Appendix A, B, C)
February

18  • Board Resolution No. 1

The first Board Resolution for the year, which is to update all the signatories according to the PPA 2014 Board members was approved by the new Board of Directors.

(See Appendix D)

18-19  • Strategic Planning Workshop

As PPA chalks another milestone on its 40th year, the need to review our vision/mission for the future to remain relevant, responsive, & aligned to the times.

Towards this end, PPA held a Strategic Planning Workshop on February 18-19, 2014 at the Taal Vista Hotel in Tagaytay with 30 participants among who were key figures in the life and history of our organization.
March

15  • Appointment of an Executive Director

We are pleased to announce the appointment of Dr. Minda Luz C. Manas as the new and the first Executive Director of Philippine Psychiatric Association, Inc. She has accepted the position effective March 15, 2014.

In this new position, she will have the overall responsibility of implementing the policies and guideline promulgated by the Board of Directors in accordance to the provision of the PPA By-laws.

(See Appendix E)

18  • Board Resolution No. 2

The Board Resolution No. 2, which is increased the Life Member Fees to Twenty Five Thousand Pesos (P25, 000) effective Year 2015 was approved by the Board of Directors.

18  • Board Resolution No. 3

The Board Resolution No. 3 on the agreement to support PMA Constitution Amendment Proposal was approved by the Board of Directors.

18  • Board Resolution No. 4

The Board Resolution No. on the agreement to support PMA Constitution Amendment Proposal on New High Rise Building Plans was approved by the Board of Directors.

18  • Committee Updates

Updates reports on the Committee on Accreditation was given by Dr. Joel G. Eleazar and Dr. Fareda Flores represented the Committee on Finance.

18  • Scientific Meetings

Simultaneous Scientific Meetings were held in Manila and Davao.

The topic on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology -- Focus on Lithium carbonate, Valproic acid, Sodium divalproate, Lamotrigine” with Dr. Paul Lee as the speaker at the UP-PGH with 56 participants in attendance. This was coordinated by Dr. Constantine D. Della and sponsored by GlaxoSmithkline pharmaceuticals.

A discussion on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology -- Focus on Rivastigmine, Donepezil hydrochloride, Memantine” with Dr. Marcos Ong as the speaker at Southern Philippines Medical Center (SPMC) was coordinated by Dr. Fareda Flores and Dr. Laureen Conanan and sponsored by SunPharma Philippines. This was held at Cafe Tavera, Davao City.

(See Appendix F)
April

4 • Write Shop on the PPA Mission/Vision

Dr. Edgardo Juan L. Tolentino, Dr. Ma. Luz C. Querubin, Dr. Antonio Sison, Dr. Laureen SA. Conanan, Dr. Rene M. Samaniego and Dr. Minda Luz C. Manas worked on to refine & finalize PPA Mission-Vision statements to its current format.

(See Appendix G)

6 • Relaunch of SISA Awards

The Board of Directors have agreed to re-launch of the Awards as yearly event and this will be headed by Dr. Felicitas Soriano and Dr. Antonio Sison.

The presentation of awards of excellence to winning Filipino filmmakers is intended to recognize the Role of Philippine Media in Mental Health Advocacy.

(See Appendix H)

11 • Speakers Bureau

Communications Procedures/Algorithm Protocol and a pool of speakers for PPA created and this initiated by Dr. Rene M. Samaniego.

11 • Book Distribution

Books on “Nomenclature of Psychiatric Medications” for use in the Scientific Meetings were given to all accredited Psychiatry Training Institutions.

The book will serve as the reference for use in all the monthly Scientific Meetings.

13 • World Psychiatric Association Invite

PPA was invited to organized the WPA Regional Meeting in year 2016 in the Philippines. This was coordinated through Dr. Lourdes L. Ignacio.

15 • Board Resolution No. 5

The Board Resolution No. 5 states that there will be no financial assistance given to soliciting organization; Instead, service maybe extended. This was approved by the Board of Directors.

15 • Board Resolution No. 6

The Board Resolution No. 6 was on the agreement that SISA Media Awards will be a yearly PPA Activity. This was approved by the Board of Directors.

15 • Project Proposal

Astra Zeneca proposed a Wellness project to PPA to extend Psychoeducation module program to their employees. However this was deferred by the proponent.

15 • Committee Updates

Committee on Finance presented updates on upcoming Asean Federation for Psychiatry and Mental Health which will be hosted by PPA in November 2014.
15  • **Scientific Meeting**

The topic on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuro-psychopharmacology --Focus on Methylphenidate, Atomoxetine” was discussed by Dr. Elaine O. Leynes at the Makati Medical Center. This was coordinated by Dr. Constantine D. Della and attended by 75 participants.

15  • **Media Interview**

Dr. Rene M. Samaniego was the resource speaker on the TV Show "MedTalk" with Angel Jacob in Solar News Channel on the topic on “Anger Management”.

20  • **President’s Easter Message**

Dr. Tolentino sends out an email message to all PPA members on the dawn of Easter, entitled “Hope Reigns Eternal...” The message comes as the best time to hatch our **VISION and MISSION** to rally all members to align ourselves to our highest aspiration

*(See Appendix I)*

22  • **Office Organization**

To initiate organization and decluttering of storage space, previous issues of Philippine Journal of Psychiatry were distributed to all Psychiatry Accredited Institutions for their library copies.

22  • **Office Organization**

Previous convention souvenir bags were also donated to Manila Archdiocesan & Parochial Schools Association (MAPSA) and was received thru its director, Msgr. Claro Garcia.

23  • **Office Organization**

Donation of old issues Health Magazines was done to Bgy. Bagong Ugong, Pasig Senior Citizens Association thru its president, Mr. Alejandro Santiago.

29  • **Dangerous Drug Board Meeting**

DDB Meeting on “Comprehensive Guidelines on Importation, Distribution, Manufacture, Prescription, Dispensing & Sales, and Other lawful Acts in connection with any Dangerous Drugs, Controlled Precursors & Essential chemical and Other Analog Substances” was attended by Dr. Edgardo Juan L. Tolentino Jr. at their office in Quezon City.
May

2 • Philippine College of Physicians Meeting

A meeting with Comm. Kim Henares was set with physicians. However, notice of meeting was given to PPA the day prior, which fell on a holiday. Thus, this was unattended.

3-7 • American Psychiatric Association

Dr. Edgardo Juan L. Tolentino Jr. was invited to attend the Presidential Dinner with Dr. Jeffrey Lieberman and the Opening Ceremonies at the American Psychiatric Association Convention in New York.

4 • Philippine College of Physicians Meeting

PCP invited PPA to join their The Committee on Exemplar in Residency Training Awards as part of their panel of judges which Dr. Rene M. Samaniego represented. This was in conjunction with PCP’s 44th Annual Convention held at The SMX Convention Center in Mall of Asia.

5 • Philippine College of Physicians Meeting

Dr. Minda Luz C. Manas attended the PCP Chapter/Components & Affiliates Societies Meeting during the PCP’s 44th Annual Convention held at The SMX Convention Center in Mall of Asia.

A Parallel Session in Psychiatry was also held in the afternoon with topics on Anxiety, Insomnia, and Depression with Dr. Dr. Josefina Ly-Uson, Dr. Robert D. Buenaventura and Dr. M. Lopez-Roces as guest speakers.

5 • Forum

Dr. Pia Natalya Reyes represented PPA at the National Institute of Health Forum on “Towards Active Aging Thru Service & Research” held at UP-PGH in Taft, Manila.

7 • Media Interview

Dr. Samaniego was the resource person for a write up on the topic "Managing Stress & Anxiety Among CEO's and Entrepreneurs" with Maricris Carlos for 'Entrepreneur Philippines' Magazine under Summit Media.

20 • Board Resolution No. 7

Board Resolution No. 7 was approved by the Board of Directors, in agreement that Dr. Tolentino, in behalf of PPA, will write to the WPA Geneva Secretariat accepting to host the WPA Regional Meeting 2016.
20 - Scientific Meeting

The topic on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology – Focus on Clomipramine, Sertraline, Escitalopram” was discussed by Dr. Gerard Carmelo Salazar during the monthly Scientific Meeting held at Veterans Memorial Medical Center attended by 61 participants and coordinated by Dr. Cecile A. Tuazon.

20-23 • Convention

Dr. Ruel E Malata represented PPA at the Philippine Medical Association’s 7th Annual Convention held in Vigan, Ilocus Sur.

22-24 • Convention

PPA was represented at the 18th Malaysian Conference on Psychological Medicine and the 1st Asian Federation of Psychiatric Associations Regional Meeting held in Kuala Lumpur, Malaysia with Dr. Edgardo Juan L. Tolentino participating in their the Asean Pacific Mental Health Workshop Session.

While Dr. Japhet Fernandez de Leon participated in the same meeting and participated as a delegate in the session on “Transforming Mental Health: Managing Transitions”

23 • AFPA Lifetime Achievement Award

Dr. Lourdes L. Ignacio receives AFPA Lifetime Achievement Award in Kuala Lumpur Malaysia.

In Asia, there are senior psychiatrists who have devoted themselves by working very hard for the betterment of mental health service for the mentally ill, not only in their own country but also in other Asian countries. The awardees have done such an excellent job and have contributed a lot to Asian psychiatry with perseverance.

AFPA would like to recognize those senior psychiatrists by giving an award called AFPA Lifetime Achievement Award. The awarding was held during the regional meeting in Kuala Lumpur, Malaysia in May 22-24 in 2014.

The Selection Committee was composed of Prof.Pichet Udomratn, Prof.Shigenobu Kanba, Dr.Afzal Javed and Dr.Abdul Kadir Abu Bakar. The AFPA Lifetime Achievement Awards in 2004 were Prof. Naotaka Shinfuku of Japan and Prof. Lourdes Ladrido-Ignacio from the Philippines.

23 • Office Organization

In our effort to promote environmental and economic health for our organization office, our Executive Director, Dr. Minda Luz C. Manas initiated the “Go Green: Use Less Paper” which encourages everyone to minimize the use of paper in our communications. Instead, we recommend that our correspondence be made in electronic form for those members who agrees to do so. This would save considerable amounts of paper, reduce courier and it shows how we are all keenly aware of our role as stewards of the environment.
30  • Board Resolution No. 8

The Board of Directors approved by email voting that PPA 2014 Midyear be moved to coincide with the Asean Federation of Psychiatry and Mental Health (AFPMH) convention in November 2014, instead of the usual date on July 2014, since there is a need to induct the Associate members on July; this board resolution is to authorize the membership committee to inform all Psychiatry training institutions with qualified Psychiatry residents that PPA will hold the Induction ceremonies on July 17, 2014 during the PPA Scientific Meeting at the Barcelona Convention Room, The Medical City.

June

3  • Board Resolution No. 9

The Board of Directors voted through email and approved that the Philippine Psychiatric Association will join the ASIAN FEDERATION OF PSYCHIATRIC ASSOCIATIONS (AFPA) as a country member.

3  • Board Resolution No. 10

It was agreed upon by the Board of Directors that after the SISA Awards on November 2014, the next SISA Awards will be on January 2016, effectively -- skipping 2015.

17  • Committee Updates

Committee on Finance presented updates on upcoming Asean Federation for Psychiatry and Mental Health which will be hosted by PPA in November 2014.

17  • Scientific Meeting

The topic on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology -- Focus on Clonazepam, Alprazolam” was delivered by Dr. Robert D. Buenaventura at the monthly Scientific Meeting held at the University of the East Ramon Magsaysay Memorial Medical Center attended by 68 participants and sponsored by AstraZeneca. This was coordinated by Dr. Fareda Flores.

20  • Scientific Meeting

Another Scientific Meeting was organized with Baguio General Hospital on the topic “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology – Focus on Olanzapine, Quetiapine discussed by Dr. Ramona E. Abat. This was held at Casa Vallejo and coordinated by Dr. Cecile A. Tuazon. There were 26 participants.
July

3-4  • Project

PPA collaborated with WHO through the coordination of Dr. Dinah P. Nadera on mhGAP Zamboanga Project. The project is a training to build the capacity for primary health care doctors and nurses on the assessment and treatment of people with mental disorders, as well as to apply key psychosocial skills in order to improve overall health outcomes in general health care. Along with this, the same capacity building is envisioned for selected workers at the secondary care level (district and provincial hospitals).

An initial Training of Trainors was done at Zamboanga Medical Center with 10 participants and the program was facilitated by Dr. Dr. Dinah P. Nadera and Dr. Laureen SA. Conanan.

14  • Media Interview

Dr. Rene M. Samaniego was the resource speaker on the topic on “Panic Attack” at "Magandang Gabi Dok" TV show with Nina Corpuz in ABS-CBN TV Channel 2.

15  • Project

A Schizophrenia Registry Proposal by Janssen through the coordination of Dr. Cynthia R. Leynes
However, this was deferred due to tax deduction incurrence on PPA.

Another project proposed was on the Consensus Statement on Depression coordinated by Lundbeck which was also deferred by the proponent.

15  • Meeting

A meeting on the Consensus Statements Meeting with the representatives of the Department of Health & National Center for Mental Health was attended by Dr. Edgardo Juan L. Tolentino and Dr. Ma Luz C. Querubin.

15  • Scientific Meeting

The topic on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology – Focus on Risperidone, Clozapine, Asenapine” was given by Dr. Carlo Banaag at The Medical City, attended by 60 participants. This was sponsored by Torrent Pharmaceuticals and coordinated by Dr. Fareda Flores.

15  • Membership

The induction of new Associate Members was held after the Scientific Meeting at The Medical City. There were 17 inductees inducted by Judge Rosalina L. Pison (Ret.).

(See Appendix J)
In anticipation of ASEAN 2015, the Professional Regulations Commission is putting together a list of Board Certified Medical Specialists and has requested the Philippine Psychiatric Association for a complete list of our Board Certified members. In view of this, members are strongly encouraging to become Diplomate Members of the Association, in order to be included in the listing of Psychiatrists Practicing in the Philippines qualified to enjoy the benefits of a borderless ASEAN.

A Review Course for Board Examinees was coordinated by Dr. Monina G. Cruz was held at Metropsych Facility in Pasig. The faculty, headed by Dr. Norietta C. Balderrama, consisted of esteemed colleagues from the academe and/or have previously been a Board member of the Philippine Board of Psychiatry. There were 23 participants who availed of the review course.

Dr. Marissa de Guzman stood as a resource speaker on the topic on Psychotherapy at the Review Course for Board Examinees held at MetroPsych Facility in Pasig.

The Philippine Psychiatric Association organized the Second Healthy Mind Summit: ONE TRACK, ONE HEART, ONE MIND: The Philippine Mental Health Act One. This is a summit that aims to convene all key stakeholders and organizations in drafting the first ever MENTAL HEALTH ACT in the Philippines.

A Pre-Summit Meeting will be convened to organize mental health experts, organizations, patient & family groups, service providers, policy makers, program developers, legislators, media practitioners, & health financing agencies. This was held at the SMX Aura Convention Center in Taguig City with 102 participants.

Review classes for 10 psychiatrists of Northern Luzon – La Union, Baguio City, Tarlac and Pangasinan in preparation for the diplomate board exams – Part I Written examination was organized by Dr. De Guzman. There was also a meeting on the discussions on the possibility of forming the Northern Luzon Group of Psychiatry.

The mhGAP Zamboanga Core Training Part I was held at Orchid Garden Hotel, Zamboanga City. Conduct the mhGAP Base Course using the mhGAP Intervention Guide with focus on the following modules: Stress, Psychosis, Depression, Other unexplained physical & somatic symptoms, Alcohol & Alcohol Use Disorders, and Drug & Drug Use
Disorders. It also aims to establish the supervision & monitoring system following the MHGAP base course.

This was coordinated and facilitated by Dr. Laureen SA. Conanan, together with the other facilitators: Nahda A. Abutazil, MD, FPPA, Hermino P. Casto, Jr., MD, FPPA, Nadia Mariñas-Paber, MD, FPPA and co-facilitators: Myra Abubakar-Aranan, MD, Dreiza Harim-Castillo, MD, Leah P. Clemente, RN, Lolina N. Bajin and Antonietta C. Escandar, all from Zamboanga. There 10 physicians and 9 nurses from the different districts and area in Zamboanga who participated in the program.

Media Interview

Dr. Rene M. Samaniego was the resource speaker on the topic on “Depression” at "Radyo Klinika" with Avee Devierè on DWIZ radio station.

Board Resolution No. 11

The Board of Directors approved the extension of the deadline of the Early Bird Convention Registration fee for the Asean Federation of Psychiatry and Mental Health (AFPMH) from July 31, 2014 to October 15, 2014 Wednesday for PPA members of good standing.

Board Resolution No. 12

It was also approved that Dr. Laureen Conanan (Regional Director for Mindanao) will head the group composed of Dr. Marissa de Guzman (Regional Director for Luzon) and Dr. Ruel Malata (Regional Director for Mindanao) to review, organize and present all PPA Constitutional Amendments for voting to the PPA membership during the PPA Business Meeting on November 14, 2014 Friday at the Radisson Blu Hotel, Cebu.

Board Resolution No. 13

Advance payment of cost for the Healthy Mind Summit up to the maximum amount of 780 thousand pesos, should the funding from the Department of Health (DOH) be delayed.

Board Resolution No. 14

The Board of Directors agreed to open a new peso bank account at the Landbank, Mandaluyong branch, with a minimum of 10 thousand, in order to facilitate the transfer of funds from the Department of Health (DOH) to PPA.

Board Resolution No. 15

The Board of Directors voted to authorize the PPA Accountant, Atty. Eden Sarne to update all PPA Bank accounts.

Appointment

Dr. Reinald T. Castañeda has been appointed as PPA’s temporary web manager, in the absence of Dr. Romeo Enriquez who requested to be relieved of his task in managing the website.
19 • Scientific Meeting

The monthly scientific meeting was held at National Center for Mental Health. The discussion on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology – Focus on Haloperidol, Chlorpromazine, Amisulpride” was delivered by Dr. Jumelyn Sena-Perez. This was followed by another lecture by Dr. Constantine D. Della on Homogeneity of Second Generation Antipsychotics: A meta-analysis. This was attended by 62 participants and was coordinated by Dr. Fareda A. Flores. The meeting was supported by Multicare.

20-21 • Meeting

Dr. Tolentino attended the Asia-Pacific Economic Cooperation’s Workshop to Promote Innovative Collaborations in Mental Health at the Peking University, China, together with NCMH Director, Dr. Bernardino Vicente and Dr. Venus Arain. Public-Private Partnerships between the PPA and the DOH/NCMH in mental health were highlighted as models of collaborations in mental health. (e.g. Healthy Mind Summit 2 and CPG Development).

26 • Forum

PPA collaborated with Philippine College of Physicians in a Forum on Suicidality held at Anabel’s Restaurant, Morato, QC with 30 attendees. This was coordinated and represented by Dr. Antoni C. Sison, Dr. Ma. Bernadette M. Arcena, Dr. Dinah P. Nadera and Dr. Monina G. Cruz.

26 • Media Interview

Dr. Rene M. Samaniego was the resource speaker on the topic on “Pathological Gambling” at TV Show "State of the Nation with Jessica Soho" on GMA News TV Channel 11.

26-27 • Project

The mhGAP Zamboanga Core Training Part II was held at Orchid Garden Hotel, Zamboanga City. This is the continuation of the mhGAP Base Course using the mhGAP Intervention Guide. This was led by the project coordinator Dr. Laureen SA. Conanan together with Dr. Nahda Abutazil, Dr. Hermino Castro Jr. Dr. Vida Trota Daria, a Neurodevelopmental Pediatrician, Dr. Bernadette Chua-Macrohon, and Antoniette Escanda. Other co-facilitators psychiatrists incuded Dr. Dreiza Castillo and Dr. NahdaPaber. There were 8 physicians and 7 nurses as participants.

27 • Scientific Meetings

Lectures on Suicide Registry given by Dr. Robert R. Cañete and Bipolar Mood Disorder & Suicide delivered by Dr. Pureta T. Oñate at Visente Sotto Memorial Medical Center. This was attended by 23 participants, supported by Otsuka Phils. and coordinated by Dr. Fareda A. Flores.
September

3 • Office Organization

A Computerization Program was implemented through a contract with Brothers Management Systems. This is to provide the PPA office a computerized system on the Membership Database and Accounting System.

9 • Media Interview

Dr. Rene M. Samaniego was the resource speaker on the topic on “Suicide in Relation to Mental Illness” at “Radyo Klinika” with Avee Devierte on DWIZ radio station.

10 • Forum

PPA in celebration of World Prevention of Suicide Day organized a Forum entitled ‘The Story of Suicide. This was in collaboration with the Philippine College of Physicians’ monthly forum at Annabel’s Restaurant in Tomas Morato, QC. This was coordinated by Dr. Rene M. Samaniego, who was part of the guest panels, together with Dr. Rhodora Andrea M. Concepcion and Ms. Kate Alvarez. This was attended mostly by the media group and some psychologists with the aim to increase public awareness of suicide and its various facets. There were 40 participants.

A simultaneous “Forum on Suicidality” for Southern Philippines Medical Cluster (SPMC) was organized and represented by Dr. Laureen SA. Conanan in Davao. They initiated education & advocacy exercise at SPMC main hospital as host department for Monday flag ceremony. IASP video on Word Suicide Day shown & inputs on suicide shared with SPMC personnel

11 • Forum

Another “Forum on Suicidality” was organized and represented by Dr. Ruel E. Malata in St. Paul’s University, Iloilo.

15-17 • Scientific Meeting

World Psychiatric Association International Congress in Madrid, Spain saw the involvement of the PPA in the election of the next crop of leaders of the WPA. The PPA was accorded 4 votes corresponding to the no. of members declared and organizational membership dues paid. PPA was represented by the president.
16 • Scientific Meeting

The topic on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology – Focus on Biperiden hydrochloride” was lectured by Dr. Raul T. Gardaya at V. Luna Hospital and attended by 40 participants. This was supported by Medchoice and coordinated by Dr. Constantine D. Della.

16 • Media Interview

Dr. Rene M. Samaniego was the resource speaker on the topic on “Anxiety Disorders” at “Radyo Klinika” with Avee Devierte on DWIZ radio station.

30 • Board Resolution No. 16

It was approved that all registered PPA members and Psychiatry residents for the AFPMH 2014 Convention are entitled to sponsor one PPA member or Psychiatry resident to attend the convention for free.

30 • Committee Updates

The following committees presented their update reports: Committee on Standard of Care presented by Dr. Jeremias Bautista; Ad Hoc Committee on Psychosocial Response to Disaster, represented by Dr. Elizabeth Magdalena A. Santos; Committee on Finance by Dr. Fareda A. Floes; and Committee on Research by Dr. Dina P. Nadera.

30 • Project

A PPA Patient Registry Proposal was proposed by Abbott and presented by Christine Bathan.
This was deferred due to the on-going Mental Health Information System (MHIS).

30 • Meeting

A meeting organized by Philippine Medical Association and Philippine College of Physicians on “Medical Use of Marijuana” was attended by Dr. Mariano Hembra where he presented A PPA Statement Medical Use of Marijuana. This was held at Phil. Normal College, Manila.

October

3 • Training

A Speakers Bureau Workshop on “Utilizing Media To Improve Presentation and Basic Presentation Skills” with resource speaker, Dr. Gracieux Fernando. This was organized by Dr. Rene M. Samaniego and was held at Makati Medical Center. It was attended by 12 participants.

13 • Media Interview

Dr. Rene M. Samaniego was the resource speaker on the topic on “Bipolar Disorder/Mood Disorders” at "Radyo Klinika" with Avee Devierte on DWIZ radio station.
13  • Meeting
A meeting of psychiatrists in Davao was organized by Dr. Conanan to discuss the following: Referendum for incorporation of the committee on psychosocial response to disasters as a permanent standing committee. It is currently an ADHOC committee which requires a constitutional amendment; Brainstorm & discuss options for the MIDYEAR conventions considering that it is getting more difficult to sustain convention expenses for all and Attendance to the AFPMH Convention in Cebu on Nov 13 to 15. This was held at Turos Restaurant in Davao City in cooperation with Lundbeck.

21  • Committee Updates
Dr. Fareda A. Flores presented an update report in finances of the upcoming AFPMH congress.

21  • Scientific Meeting
A lecture on “On Strengthening the Mental Health System” was delivered by Professor Graham Thornicoft. This was held at The Medical City and was organized by Dr. Ma. Luz C. Querubin.

21  • Scientific Meeting
The topic on “The Emerging Nomenclature of Psychiatric Medications: Reflecting Current Concepts of Neuropsychopharmacology – Focus on Amitryptiline, Duloxetine, Desvenlafaxine” was given by Dr. Alejandro C. Baroque at the University of Santo Tomas.

The second lecture on Addressing the Broad Symptoms of Depression beyond Chemistry by given by Dr. Gerard Carmelo Salazar.

This event was attended by 45 participants and supported by Eli Lilly. Coordinated also by Dr. Baroque.

22  • Media Interview
Dr. Rene M. Samaniego was the resource speaker on the topic on "Death & Dying” at News program “State of the Nation with Jessica Soho” with Mariz Umali on GMA News TV Channel 11.

28  • Media Interview
Dr. Rene M. Samaniego was the resource speaker on the topic on “Stalking & Anti-Stalking Bill” at "State of the Nation with Jessica Soho” with Tina Panganiban-Perez GMA News TV Channel 11.
The Second Healthy Mind Summit entitled “One Track, One Heart, One Mind: The Philippine Mental Health Act One” was held at the October 29, 2014 at the SMX Convention Center Taguig, SM Aura Premier in Taguig City.

The organizing committee has crafted a program that will highlight the major roles in mental health of all our key stakeholders & different organizations -- about 500 participants attended. It featured plenary lectures, presentation of Call-For-Action Statements from, and a ceremonial pledge support for A Mental Health Act.

November

11 • Historical Marker

The first ever Philippine Mental Health Act of 2014 was filed in the Senate through Hon, Sen. Loren B. Legarda.

(See Appendix L)

11-12 • AFPMH Young Psychiatrist

A Course on Leadership and Professional Development was by organized by the AFPMH Young Psychiatrists Fellowship thru the coordination of Dr. De Guzman with the following faculties:
Dr. Normn Sartorius, Dr. Mohan Isaac, Dr. Dinah Nadera, Dr. Erminia Colucci and Dr. Rosanna de Guzman. This was in cooperation with MetroPsych Facility in Cebu.

13-15 • Convention

The 14th Congress of the Asean Federation for Psychiatry and Mental Health and PPA’s 30th Postgraduate Course/ 25th Midyear Convention entitled “Setting Gold Standards of Care in ASEAN Psychiatry” was held at Radisson Blu in Cebu City. This was attended by 402 both local and foreign delegates.

The meeting of the country heads and officers of the AFPMH was held during the convention on November 14, 2014.

(See Appendix M)
Dr. Joy G. Gayares represented PPA at the 14th Forum for Ethical Review Committees in Asia & Western Pacific (FERCAP) and 1st Phil. Health Research Ethics Board (PHREB) entitled “Embedding Ethics in National Health Research System” held in Taal Vista Hotel, Tagaytay.

**Project**

Mental Health Rebuilding and Strengthening for Regions VI was initiated with Mental Health in Level 1 and 2 Hospitals using the WHO mhGAP Framework through the coordination of Dr. Japhet Fernandez de Leon.

The project is a training to build the capacity for doctors and nurses in selected district and provincial hospitals on the assessment and treatment of people with mental disorders, as well as to apply key psychosocial skills in order to improve overall health outcomes in general health care. Along with this is the establishment of a stable and functional referral system in priority areas in the Region. The ultimate goal is to capacitate district and provincial hospitals provide inpatient and/or out-patient mental health service.

**December**

**3 • Gathering**

The PPA hosted a Thanksgiving Dinner with a theme “Let’s Paint it Red!” It was a gathering of colleagues, friends and pharmaceutical associates at the Grove by Rockwell in Pasig. This was attended by 60 participants.

**11 • Membership**

PPA has scheduled the interview of candidates for PPA Fellow Membership which was facilitated by Dr. Carmelita C. Corpuz, Dr. Romeo Y. Enriquez and Dr. Dr. Michelle Mariñas. There 30 candidates.

**17 • Committee Meeting**

Committee on Accreditation and Committee on Certification met with PPA president, Dr. Tolentino to review and work on the implementing rules and regulations.

(See Appendix N)

**20 • Media Interview**

Dr. Rene M. Samaniego was the resource speaker on the topic “Depression” on "Healing Galing Sa TV" with Dr. Hayden Kho & Dr. Edinell Calvario TV5.
President’s Christmas Message

As we end year 2014 filled with hope and joy, let us take stock of how we fulfilled our individual tasks as the serum of our patients, their families, and community. How we gave care to others, to ourselves, and to each other - and it is important now more than ever that we do this in the spirit of kindness, compassion, understanding, and acceptance.

I’d like to borrow from the expression of Howard Thurman when he penned this very age Christmas blessing:

“When the song of angels is silent, when the star in the sky is gone, when the Magi and princes are home, when the shepherds are back with the flock, then the work of Christmas begins. To find the lost, to find those broken in spirit, to find the hungry, to mean the oppressed, to give meaning to those who suffer, to help those among all people, to make a little music with the family, to tell children to be good, to do all that we do and to do all that we say. Then the work of Christmas begins.”

May each day in the years ahead be the product of a Christmas well lived today...

Dr. Ed Tolentino
President, JTLT, MD, FPPA

(See Appendix 0)

Board of Directors: Year 2014-2015

President: Edgardo Juan L. Tolentiono Jr., MD, FPPA (Life)
Vice President: Ma. Luz C. Querubin, MD, FPPA
Secretary: Antonio C. Sison, MD, FPPA (Life)
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Director for Luzon: Ma. Rosanna E. De Guzman, MD, FPPA
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Immediate Past President: Japhet G. Fernandez De Leon, MD, FPSCAP, FPPA
Executive Director: Minda Luz C. Manas, MD, FPPA
Psychiatrists Should Lead Hospitals

Let me name some of the most famous medical centers in the world: Harvard Partners System, Mt. Sinai in New York, UCLA System, Georgetown/Medstar, and New York Presbyterian Hospital. All these medical centers have a common feature, in that their CEOs are all psychiatrists. This “new normal” indicates that psychiatrists make good leaders, and therefore psychiatric residence programs in our country should now provide the training necessary for the next generation of medical directors and CEOs.

According to a paper published only last November by the American Psychiatric Association, medical residents should be more exposed to leadership roles. This exposure should consist of three components: specialized curriculum, experiential learning in the form of a project, and mentorship by a physician leader.

Thus, medical schools should cultivate leadership skills as an important component of the psychiatric profession. According to an assistant professor of psychiatry at Yale University School of Medicine, the mood of the leader should be characterized by what is called “resonance.” The mood of the psychiatrist affects his patient. For this reason, medical schools should promote the process of self-awareness and mood management. Medical schools should start training residents to become clinician leaders.

To understand this new call for psychiatric doctors to take the helm of change, we have to look back to how medicine has evolved. At first, doctors practiced so-called bedside medicine, and then progressed to so-called hospital medicine. After the 20th century, we are now faced with hospital service complexes with complicated hierarchical structures. The Philippines as a developing country faces problems within our healthcare system concerning economics and efficiency.

The strong movement toward medicalization has given rise to the rising costs of our national healthcare coverage. To help solve this problem, increased importance is now being given to such practices as: preventive medicine, surveillance medicine, and homecare treatments. We are besieged with numerous problems such as “funding constraints and demands for greater accountability for the safety, quality, and efficacy of healthcare.”

In the face of this ascending spiral of healthcare spending, the medical profession is compelled to pay proper attention to the task of developing individual leaders and new models of leadership within the profession. If we could properly train healthcare professionals in the area of medical leadership, we could eliminate hospital inefficiency. Thus, in the Philippines as in most other countries worldwide, we see and accept the need to develop leadership skills in medical students.
Medical leadership is defined as leadership roles in the practice of medicine which are assumed by fully trained physicians. This physician leadership includes: resource managing, decision-making, recruiting, medical consulting, information implementing, changes and improvements in hospitals and clinical settings. Physicians stand in the center of clinical service and delivery. Thus, these physicians have been described as “the ideal leaders for healthcare in the 21st century.”

The term physician leadership implies qualities such as “a vision, ability to sacrifice, and courage.” While a corporate leader aims for profit and time efficiency, a physician leader should aim for empathy and care for his patients. Of course, this represents a major dilemma between, on the one hand, time saving and on the other hand, quality of care. This dilemma could be resolved if adequate leadership training is integrated into the medical curricula.

It is said that a physician leader should possess the three main qualities of medical leadership: “the capacity to work in teams; the ability to personify essential leadership skills; and possession of a strong emotional capacity.”

The first quality for leadership is the capacity to work in teams. Therefore, hospitals must provide adequate training workshops. The second quality is personification of essential leadership skills. In Canada, the National Health Service has produced a Medical Leadership Competency Framework. This document suggests that all doctors should be able to excel in five different domains: “personal qualities and professionalism, working with others, managing business, transforming services, and setting directions.”

The third quality is possession of a strong emotional quality, meaning that doctors should master emotional intelligence, also known as EQ. This means the cultivation of aspects like self-awareness, self-management, and social awareness.

In contrast to medical leadership, hospital management involves strategic planning, financial controls, human resources, and marketing. Management is mundane; leadership is a trained skill. In a 2010 edition of the Harvard Business Review, we get this definition: “Leadership is about taking people to a place they would not go on their own. It is about disrupting the core and upsetting the status quo.” Today, we need to go beyond being management-focused and to truly commit to the training of strategic leaders from within the medical profession. The present medical education continuum should add the following points of leadership studies: “strategic foresight, thinking, and design; visioneering; change; global integration; creativity; innovation; and human capital development.”

In more specific terms, the Royal College of Psychiatry has drawn distinct lines between leadership and management, although both are complementary. I quote:

Modern leadership emphasizes the importance of relationships and maybe defined as ‘a process whereby an individual (the leader) influence others to achieve a common goal.’ . Management maybe defined as ‘getting things done well through and with people, creating an environment in which people can perform as individuals, and yet collaborate towards achieving group goals and removing obstacles to such performance . . . Training in management and leadership should be part of the continuing professional development of all psychiatrists.

Political Leadership after PDAF and DAP

The 2016 presidential elections are now within sight of the political horizon. This will explain the increasing number of self-serving press releases from those who hope to run for president or vice-president.
I dare to hope and predict that any incumbent public official who runs for national public office in 2016, will lose in the elections, if the Ombudsman charges him with plunder or malversation, in connection with the pork barrel scam, and/or in connection with what appears to be the impeachment scam. Charges filed in the Sandigan in connection with the PDAF and DAP should disqualify any candidate in the view of irate voters. It is time to prove the power of righteous indignation.

Both in the psychiatric profession and in presidential politics, leadership is crucial, as a product of both culture and vision. We are looking for a leader to provide a blueprint for Filipinos to follow. In the 2013 book Leadership in Psychiatry, the editors emphasized that leadership can be transformational if it involves the management of change and if the leader has the skills set to influence individuals, events, and processes.

Leadership requires skills that are technical, human, and conceptual. Technical skill in psychiatry requires that the leader should understand technical aspects, but should also be able to communicate to the key stakeholders. Human skills are concerned with dealing, negotiating, and working with people. Conceptual skills deal with ability to work with ideas and concepts.

To find a new leader, we have to look for a person with the important attributes of leadership, such as individual style and competencies; problem solving; effective communication, passion; and courage. At an individual level, the candidate should possess: “general cognitive ability, crystallized cognitive ability; modification; and personality.”

Since leadership involves both personal and organizational use of power, caution should be exercised in assigning roles of clinicians, particularly psychiatrists. I make this point because psychiatrists have the legal power to deprive patients of their liberty and the organizational power to medicate patients against his will.

In both the medical and political fields, individual personal traits will allow each person to develop certain skills. As a result, voters should ensure that our next leader should be able to manage change effectively and should not insist on maintaining the status quo.

For the next presidential elections, the Filipino people shall not look for a manager but should probe more deeply and look for a leader. I repeat the distinction. On the one hand, management is about coping with complexity. Its practice and procedure are in general a response to the development of large and complex organizations. On the other hand, leadership is about coping with change. While the manager identifies results, a leader sets the direction.

In our modern life, Filipino children, in the attempt to find an individual identity, tend to identify external figures as role models. If their role model is a leader or a teacher, well and good. However, if the role model is a pop star, a film star, or other celebrity, the result, as we have seen in Philippine politics, is that these unqualified people assume leadership roles even if they are not true leaders.

Between 2014 and 2016 lie two potentially seismic political years. In my humble view, leadership requires first of all a mass base, which I define as approval by a major sector of the electorate, such as: university students; the economic lower class; the social media; or even just the regional constituency of the candidate. If there is no mass base, then there is no realistic basis for the ambition to become president or vice-president. Of course, every candidate succeeds in deluding himself that he has a mass base. If so, he has a mental health problem.

If the candidate proves to be popular in initial surveys, he or she should be able to attract contributions from the rich in society, which can go higher or lower, or even dry up, depending on the results of the periodic popular surveys.
Once invested with sufficient funds, the candidate can then build his organization and take out the expensive media advertisement that make elections so noisy and clutter the airwaves.

In this three-stage cycle of political candidacy, I ask: Where is the role of leadership? Let us look for the reliable signs.

I do not necessarily believe that the key qualities of successful political leaders are the necessary qualities for true and genuine leadership. But in the context of Philippine political reality, the first key quality is communication. A charismatic leader should communicate and listen with others. He should be able to convey his message in a straightforward way so that their followers will understand their roles and tasks clearly.

The second key quality is problem-solving, which is also part of the role of a clinical leader. To solve a national problem, the leader should be able to correctly identify the problem and gather the right information and data. Thereafter, the leader should explore the range of alternative solutions, select the right action, implement it, evaluate the success, and communicate it effectively. Inevitably, some matters will have to be delegated, but the leader should retain authority, responsibility, and a certain degree of accountability.

In the final analysis, I humbly submit that the next president and vice-president should possess three non-negotiable traits: honesty, competence, and efficiency.

By honesty, I mean that this trait should not be self-proclaimed, particularly by rascals who try to advertise their integrity, mostly by attacking those of others.

Honesty is best proved, not by self-paid propaganda in the media, but by awards from respectable awards-giving organizations. This is most notable when a Filipino, in a search covering the whole of Asia, is chosen to be the laureate of the Magsaysay Award for Government Service. Of course, as you have seen, even a laureate should expect mudslinging from political Nazis, whose manicured toes have been stepped upon. Metro Manila knows who these people are, because they are universally condemned as selfish, greedy, and mean, mean, mean.

By competence, I mean that although there is no constitutional requirement, any candidate for president or vice-president should have finished at least a college degree, and at best a graduate degree. Premium should be placed on graduation with honors from a prestigious university. Based on experience, I venture the observation that the best trained leaders come from law, public administration, business administration, and political science. To keep the process democratic, we should allow candidates without these degrees to compensate by attending, perhaps, a three-month seminar at the U.P. national college of public administration.

By efficiency, I mean a person known to be hardworking. He or she should manifest a working belief in management by results. The president or vice-president should stop presiding at inaugural ceremonies such as ribbon-cutting or delivering quotidian speeches, but should instead stay inside their office to get full information and develop his or her decision-making skills.

In recent months, I have gone out of my way, despite my Chronic Fatigue Syndrome, to expose at least two senators, who are sorely lacking in these three traits. As partners in crime, neither one deserve to be president or vice-president. The Filipino people have seen through their masks, and these clowns should stop current efforts at further pretense, such as being called “czar,” when the person is only a presidential assistant. Unlike a presidential adviser, who has cabinet rank without portfolio, a presidential assistant is merely part of an entire staff meant to carry out the president’s bidding.
Proposals

To strengthen the mental health system, I humbly propose that the Philippine Psychiatric Association should adopt the 2007 assessment instrument for mental health systems published by the World Health Organization. Among the steps recommended are the following:

- Push for legislation of a Mental Health Act. If you can submit the draft to me, I shall file it immediately.
- Institute surveillance for specific mental disorders in the community, in collaboration with the National Epidemiology Center and the Department of Health.
- Provide technical assistance to projects that would integrate mental healthcare in a general hospital, which are usually called the Acute Psychiatric Unit.
- Decongest outpatient services in mental hospitals by referring patients for follow up consultations with the Acute Psychiatric Unit in a general hospital or medical center.

We have talked about leadership, on both the medical and political levels. I can make no better conclusion than to quote a “Psalm of Life” by Henry Wadsworth Longfellow:

Lives of great men all remind us we can make our lives sublime; And, departing, leave behind us

Footprints on the sands of time; Footprints, that perhaps another, Sailing o’er life’s solemn main; A forlorn and shipwrecked brother; Seeing, shall take heart again. Let us, then, be up and doing, With a heart for any fate;Still achieving, still pursuing, Learn to labor and to wait.

-o0o-
B. **Year 2014 President’s Inaugural Address**

By: Edgardo Juan L. Tolentino, Jr., MD, FPPA

To my esteemed fellow officers of the PPA, the immediate past officers led by my predecessor Dr. Japhet Gensaya Fernandez de Leon and the dedicated and revered former presidents of our association, my distinguished mentors, my dear colleagues in the noble healing profession of the mind and brain, our legal advisor Judge Rosalina Pison, our steadfast partners in the pharmaceutical industry, dear family members present, beloved friends:

For the 40th time in our history as a professional organization, we gather to bear witness to the enduring strength of our beloved Philippine Psychiatric Association as it transitions to a new year and a new leadership. But more than bearing witness to this occasion, we renew the bonds that bind us and refresh our purpose for being: as stated in our preamble: “we the members of the Philippine Psychiatric Association, bind ourselves as an association of Filipino psychiatrists committed to the advancement of the specialty of Psychiatry through the promotion of the welfare of its members, the furtherance of mental health & psychiatric care, education, advocacy and research in the Philippines and the global community, do ordain and promulgate this Constitution.”

My journey to the pinnacle of acceptance by you, my peers, has not been an easy one yet understand that I bear no regrets nor rancor for the road was sprinkled with pearls of wisdom that I’ve continued to harvest day after day.

Allow me to share some of those lessons:

"Practice makes perfect": Be elected vice-president four times and you know what I mean! You either will get noticed and eventually be voted as president for merely trying….trying hard! I now know how colleagues of the opposite sex who are classified NBSB (NBSB: No Boyfriend since Birth) feel when alluded to as: always the bridesmaid and never the bride! But seriously speaking, I could probably claim the distinction in our association, as having been V-P for 4 terms that makes me an expert in being vice-president, doesn’t it? But that meant also that I was an understudy to a variety of leadership styles and personalities of the presidents I served, they were: Dr. Alma L. Jimenez, Dr. Mon Marasigan, Dr. Purie Onate, and Dr. Japhet Fernandez-De Leon. They have all become dear friends whom I continue to respect and whose friendships I will always cherish for I know how much of their time, resources & sacrifice they gave of themselves to serve PPA. To them and all the presidents before me who served to define and refine psychiatry in the Philippines I would like us all to pay tribute and our highest respect.

There is a second meaning that I attach to lesson 1: "practice makes perfect" and this I’d like to pass on to the young psychiatrists and all future leaders of PPA: Leadership takes practice. Like it or not, you will be thrust to the roles of leadership. I suggest, you practice…you learn…you study! In life situations, big or small, take on the role of the leader – formally or informally. Let me echo the thoughts of Sen. Miriam Defensor-Santiago to us when she observed in her keynote address that the common feature of Harvard Partners System, Mt. Sinai in New York, UCLA System, etc. have a common feature, in that their CEOs are all psychiatrists. This “new normal” indicates that psychiatrists make good leaders. So, it behooves us psychiatrists to be skilled in leadership and management as well.

The second lesson I learned is that: "If you can’t beat them, change the rules of the game". Not being a president after the third time gave me time on my hands and lots of ideas running through my mind. It was at the juncture in my life that a product manager approached me and asked what ideas I might have to help them do some non-commercial activity.
That was when the first Heal thy Mind Summit was hatched and eventually implemented which spanned the leaderships of Dr. Zita Soriano and Dr. Mel Ba-tar. It ran on four tracks:

1 - The Mental health issues of Filipino families;
2 – Media and Mental health;
3 – Mental health legislation; and
4 – Mental Health in the workplace.

My respected friend Dr. Romy Enriquez adapted some of the tracks during his term as president. It was a model for partnership between the PPA, as convenor; the DOH, as the lead agency; and Astra-Zeneca, as the supporting agency. The summit was held at SMX with 500 attendees and keynoted by then Sec. of Health, Dr. Francisco Duque III.

Third Lesson is this: "When you close doors, it's not because you are arrogant, or defeated, or angry…it’s because that door leads to nowhere and you may need to try opening other doors". Something, I paraphrased from my dear mentor, Dra. Pacita Salceda. After my third term, serving Dr. Pureza Oñate, it was clear that that door was leading nowhere and that my servitude as a leader was better served elsewhere and as Fate has a strange sense of humor, I found myself hosting a TV show called, the Urban DoKtor, now how odd could that be? It allowed me to advocate for & educate on mental health and psychiatric issues over a broader audience unlimited by walls or distance on prime time TV!

My fourth lesson came from a quote that goes like this: "If your no. 1 goal is to make sure that everyone likes & approves of you, then you risk sacrificing your uniqueness, & therefore, your excellence." The lesson is for us to embrace the uniqueness in each one even as we celebrate our common bonds as psychiatrists aiming for excellence in our personal & professional lives.

And as I was quietly enjoying my life, FATE under the guise of Dr. Pureza Oñate, intervened a year ago and the fatalist in me, prayed for discernment which allowed me to come to terms with whatever was the Lord's plan for me. So, today I stand here in front of you, my colleagues once more called to servitude for the PPA.

With four terms of OTJ (on the job training) and just a year to execute plans, allow me now to lay down my plans for our association:

After voting for a new constitution and turning 40, it has become an imperative to revisit our mission-vision and align to our current realities and the realities in the future. Thus, a strategic plan and balance score card is set to be done by the leadership & committee chairs on Feb. 18-19, 2014.

Organizational Initiatives: Formalization of Executive Director's post: act on it by or before Feb 10, 2014. There are several accepted rationale for such: the executive director will provide continuity through different leader-ships; it will allow efficiency in the conduct of day to day operations even allowing for quicker decision-making & implementation of projects.

Constitutional amendment for committee on Psychosocial Response to Disaster (inclusion in training, capacity-building, hours of service, part of accreditation requirements, development of consortia as bases for training

Financial Management:

Determine annual operational budget & rationalize programme& non-programmed expenses (& set limits) increase financial sources: investments, registra-tion, pharma pledges, grants, & self-liquidating projects.
Activities for the year:

Strategic planning & balanced score card: (pharma funding: venue/facilitator/logistics)

Psychosocial Response to Disasters: (PPA & External funding agencies incl. WHO)

i. Organizational: create a constitutional committee
ii. Capacity building: consortia training on EMDR/RTEP; mhGAP, MHPSS
iii. Summit on PSR for all psychosocial responders to disasters

Monthly Scientific Meetings: Psychopharmacology in DSM 5/ Multi-axial Nomenclature for psychopharmacological agents (Pharma funding)

2nd Healthy Mind Summit: only one track will be highlighted and that is mental health legislation, with the theme: "Getting Our ACT Together"

Consensus Statements/ institutional commitments:

i. Schizophrenia - NCMH
ii. Bipolar disorders - UP-PGH
iii. Major Depressive Disorder - MMC
iv. Anxiety Disorders - TMC.
v. PTSD - Veterans/ V. Luna.
vii. Alcohol Use Disorders - GAPP/Metropsych/RBR.
viii. ADHD - UERM/PSCAP
ix. Suicide - Cebu

ASEAN Federation Of Psychiatry and Mental Health & the PPA Midyear CONVENTION on Nov. 13-15, 2014 Radisson Blu, Cebu

Social Responsibility:

+ Position Statement on most current issues w/ mental health components - teaching opportunities.
+ Staking our leadership in advocacy for mental health (eg. External: Reviving SISA; Internal: Awards of Excellence

Membership Benefits:
+ disaster relief fund on top of death & disability benefit.
+ loan or temporary concessions for such members victimized by disaster.
+ trust fund.
+ newsletter(?)... may be through website

Those who know me well, know that I put too much on my plate when I eat; this is no exception. However, if we pull close & hold hands, I think we can be victorious. Our treasurer, Dr. Fareda Flores shares my DSM IV TR Folies a deux disorder or should we be labeled Bipolar Manics (?), as we have battled a lot of odds in the past years we've worked with each other & as a sounding board on financial matters, she has given me the thumbs up!

So may I exhort you, my fellow psychiatrists who all want to make a difference:

For just one year, let us be bold and stick our necks out for the truths we believe in & the values we up-hold.

For just one year, let's experiment at all getting along: building on each other's ideas rather than shooting them down; shoring up our collective strength rather than trampling down the weak; putting down institutional or geographic walls and building bridges for mutual cooperation & collaboration.

For just one year, let us be proud of who we are, what we do, whom we help, & what we know.
For just one year, let's commit to being L.E.A.D.E.R.S. Yes, the acronym stands for: Leader, Educator, Advocate, Diagnostician, Expert, Researcher, & Social Change Agent And hopefully, after that just one year, we shall all consistently and passionately commit to our changed future!

Mabuhay ang PPA!

All men dream, but not equally. Those who dream by night in the dusty recesses of their minds, wake in the day to find that it was vanity: but the dreamers of the day are dangerous men, for they may act on their dreams with open eyes, to make them possible

- T. E. Lawrence
## 40th Annual Convention Programme

### 40th Annual Convention
Edsa Shangri-La Hotel, Manila Mandaluyong City
January 21-24, 2014

“The Filipino Psychiatrists as L.E.A.D.E.R.S.”
(Leader, Educator, Advocate, Diagnostician, Expert, Researcher, Social Change Agent)

## PROGRAMME

### Day 1: January 21, 2014
(Tuesday)

**Venue:** Isla Ballroom  
**Registration:** 9:00 AM-3:00 PM

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<tr>
<th>Time</th>
<th>Event</th>
<th>Speakers</th>
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<tr>
<td>3:00 PM</td>
<td>Processional</td>
<td>All Past Presidents</td>
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<td>Board of Directors</td>
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<tr>
<td>3:15 PM</td>
<td>Invocation</td>
<td>Pambansang Awit</td>
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<td>Virlanie Foundation Children’s Choir</td>
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<tr>
<td>3:30 PM</td>
<td>President’s Message &amp; Opening of Convention</td>
<td>Japhet G. Fernandez de Leon, MD, FPPA, FPSCAP</td>
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<tr>
<td>3:40 PM</td>
<td>Introduction of Keynote Speaker</td>
<td>Sonia C. Rodriguez, MD, FPSCAP, FPPA(Life)</td>
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<tr>
<td>4:30 PM</td>
<td>Keynote Address</td>
<td>Hon. Senator Miriam Defensor Santiago</td>
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<td>4:40 PM</td>
<td>The Presidential Lecture</td>
<td>Pureza T. Oñate, MD, FPSCAP, FPPA(Life)</td>
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<tr>
<td>5:20 PM</td>
<td>Overview of the Convention</td>
<td>Edgardo Juan L. Tolentino, Jr., MD, FPPA(Life)</td>
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<td>5:30 PM</td>
<td>Ribbon Cutting of Exhibits &amp; Photo Opportunity</td>
<td>PPA Board and Past Presidents</td>
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### Day 2: January 22, 2014
(Wednesday)

**Venue:** Isla Ballroom  
**Registration:** 8:00 AM-3:00 PM

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>8:30-8:40 AM</td>
<td>Introduction of Speakers</td>
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<tr>
<td>8:40-9:15</td>
<td>Challenges in Psychiatry Leadership in The Philippines</td>
<td>Cornelio G. Banaag, Jr., MD, FPSCAP, FPPA(Life)</td>
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<tr>
<td>9:15-9:50</td>
<td>Addressing the Evolving Targets of Psychiatry</td>
<td>Lourdes L. Ignacio, MD, FPPA(Life)</td>
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<td>9:50-10:10</td>
<td>Open Forum</td>
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<td>10:10-10:25</td>
<td>Break/Tour of Exhibits</td>
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<tr>
<td><strong>Plenary Symposium 2</strong></td>
<td><strong>Promoting Education and Training in Psychiatry</strong></td>
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<tr>
<td>10:25-10:35 AM</td>
<td>Introduction of Speakers</td>
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<tr>
<td>10:35-11:10</td>
<td>Developing the Filipino Psychiatrists: “From Residency to Fellowship”</td>
<td>Laureen SA Conanan, MD, FPPA(Life)</td>
</tr>
<tr>
<td>11:10-11:45</td>
<td>Academic Psychiatry: “Teaching Psychiatry”</td>
<td>Ma. Luz C. Querubin, MD, FPPA</td>
</tr>
<tr>
<td>11:45-12:05 NN</td>
<td>Open Forum</td>
<td></td>
</tr>
<tr>
<td>12:05-2:00 PM</td>
<td>AstraZeneca Pharmaceuticals Sponsored Symposium</td>
<td>The Quetiapine XR in Schizophrenia, Manic, Bipolar and Major Depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professor Stuart Montgomery, MD</td>
</tr>
<tr>
<td>2:00-2:15 PM</td>
<td>Break/Tour of Exhibits</td>
<td></td>
</tr>
<tr>
<td><strong>Plenary Symposium 3</strong></td>
<td><strong>In Pursuit of well-being: our Advocacy</strong></td>
<td></td>
</tr>
<tr>
<td>2:15-2:25 PM</td>
<td>Introduction of Speakers</td>
<td></td>
</tr>
<tr>
<td>2:25-3:00</td>
<td>Mindfulness-Based Approaches</td>
<td>Rene M. Samaniego, MD, FPPA</td>
</tr>
<tr>
<td>3:00-3:45</td>
<td>East Meets West: Anthroposophic Medicine</td>
<td>Jürgen Möller, MD</td>
</tr>
<tr>
<td>3:40-4:00</td>
<td>Open Forum</td>
<td></td>
</tr>
<tr>
<td>4:00-6:00 PM</td>
<td>Inter-hospital Case Presentation Competition</td>
<td></td>
</tr>
<tr>
<td>6:00-8:00 PM</td>
<td>Medichem Pharmaceuticals Sponsored Symposium &quot;The Benefits of Amisulpride in The Treatment of Schizophrenia&quot;</td>
<td>Giovanni WS Manfredi, MD</td>
</tr>
<tr>
<td>8:00-9:30 PM</td>
<td>Conferment of New Diplomates</td>
<td></td>
</tr>
<tr>
<td><strong>Day 3: January 23, 2014</strong> (Thursday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 AM-3:00 PM</td>
<td>Election of PPA Board of Directors</td>
<td>Venue: Basilan Function Room</td>
</tr>
<tr>
<td><strong>Plenary Symposium 4</strong></td>
<td><strong>AN EXPERTISE: LAW &amp; PSYCHIATRY</strong></td>
<td></td>
</tr>
<tr>
<td>8:30-8:40 AM</td>
<td>Introduction of Speakers</td>
<td></td>
</tr>
<tr>
<td>8:40-9:15</td>
<td>Liability Prevention for Psychiatrists and Mental Health Professionals</td>
<td>Lovie Hope Go-Chu, MD, FPPA</td>
</tr>
<tr>
<td>9:15-10:25</td>
<td>Child Custody, Guardianship and Adoption</td>
<td>Grace A. Macapagal, MD, FPPA, Hon. Rosalina L. Pison (Ret.)</td>
</tr>
<tr>
<td>10:25-10:45</td>
<td>Open Forum</td>
<td></td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Break/Tour of Exhibits</td>
<td></td>
</tr>
<tr>
<td><strong>Plenary Symposium 5</strong></td>
<td><strong>The Montgomery-asberg Depression Rating Scale :</strong> A Review in Diagnostics &amp; Assessment in Depression</td>
<td></td>
</tr>
<tr>
<td>11:00-11:05 AM</td>
<td>Introduction of Speaker</td>
<td></td>
</tr>
<tr>
<td>11:05-11:45</td>
<td>The MADRS: Is it A Culture-Fair Assessment Tool For Depression?</td>
<td>Professor Stuart Montgomery, MD</td>
</tr>
<tr>
<td>11:45-12:05 NN</td>
<td>Open Forum</td>
<td></td>
</tr>
<tr>
<td>12:05-2:00 PM</td>
<td>Lundbeck (Phils.), Inc. Pharmaceuticals Sponsored Symposium</td>
<td>“The Role of Asenapine in Bipolar Mania with Depressive Symptoms&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alejandro C. Baroque II, MD, FPPA, FPNA &amp; Anselmo T. Tronco, MD, FPPA</td>
</tr>
<tr>
<td>2:00-2:15 PM</td>
<td>Break/Tour of Exhibits</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Chair</td>
</tr>
<tr>
<td>--------------------</td>
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<td>----------------------------------------------</td>
</tr>
<tr>
<td>2:15-2:25 PM</td>
<td>Introduction of Speakers</td>
<td></td>
</tr>
<tr>
<td>2:25-3:00</td>
<td>Essential Research Agenda for Psychiatry &amp; Mental Health in the Phil.</td>
<td>Dinah P. Nadera, MD, FPPA</td>
</tr>
<tr>
<td>3:00-3:35</td>
<td>Advancement in Neuroscience To Understand The Brain – in Illness &amp; Health</td>
<td>Bernardo L. Conde, MD, FPNA, FPPA (Life)</td>
</tr>
<tr>
<td>4:00-6:00 PM</td>
<td>The PPA Annual Residents’ Research Paper Contest</td>
<td></td>
</tr>
<tr>
<td>6:00-8:00 PM</td>
<td>Sun (Phils.) Pharmaceuticals Sponsored Symposium “Generics and Bioequivalence: Separating The Chaff From The Grain”</td>
<td>Dinah P. Nadera, MD, FPPA</td>
</tr>
<tr>
<td>8:00-10:00 PM</td>
<td>Fellowship Night</td>
<td></td>
</tr>
</tbody>
</table>
| Day 4: January 24, 2014 | Venue: Isla Ballroom  
Registration: 8:00 AM-3:00PM |                                              |
| 8:00-8:10 AM       | Introduction of Speaker                                                                          |                                              |
| 8:10-8:40          | Reaching The Unreachable: A Mental Health Program in Concepcion, Iloilo                        | Christine Rio J. Bistis, MD                  |
| 8:40-9:15          | Getting Our Act Together: The Mental Health Act                                                 | June Caridad P. Lopez, MD, FPPA             |
| 9:15-9:30          | Open Forum                                                                                      |                                              |
| 9:30-9:40 AM       | Introduction of Lecturer                                                                         |                                              |
| 9:40-10:20         | The Robert T. Walter Memorial Lecture                                                            | Imelda S. David, MD, FPNA                   |
| 10:20 AM-12:00 NN   | PPA Business Meeting                                                                            |                                              |
| 12:00 NN-2:00 PM   | Lundbeck (Phils.) Pharmaceuticals Sponsored Symposium  
“The Role of Serotonin and Escitalopram in Phobia & Anxiety Disorders” |                                              |
| 2:00-2:10 PM       | Welcome Remarks                                                                                  | Josephine Ly-Uson, MD, FPPA, FPPA(Life)      |
| 2:10-2:20          | Presentation of New Diplomates                                                                   | Newly appointed Vice President               |
| 2:20-2:30          | Induction of New Members, New Fellows and Life Members                                           | Laureen SA Conanan, MD, FPPA(Life)          |
| 2:30-2:40          | Induction of the New PPA Board of Directors                                                     | Japhet G. Fernandez de Leon, MD, FPPA, FPSCAP|
| 2:40-3:20          | Outgoing President’s Valedictory Address                                                         | Hon. Rosalina L. Pison (Ret.)               |
| 3:20-4:00          | Newly Elected President’s Address                                                                 | Japhet G. Fernandez de Leon, MD, FPPA, FPSCAP|
| 4:00               | PPA Hymn                                                                                         |                                              |
### D. PPA 2014 Board Resolution Summary

<table>
<thead>
<tr>
<th>PPA 2014 Board Resolution Number</th>
<th>Date</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPA 2014 Board Resolution Number 01</td>
<td>2014 02 18</td>
<td>The Philippine Psychiatric Association (PPA) 2014 Board all agreed to update the signatories according to the PPA2014 Board members.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 02</td>
<td>2014 03 18</td>
<td>The PPA 2014 Board all agreed to increase the payment for PPA Life Member from 10,000 pesos to 25,000 pesos effective 2015.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 03</td>
<td>2014 03 18</td>
<td>The PPA 2014 Board agreed to Support the PMA proposed amendments of the PMA Constitution.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 04</td>
<td>2014 03 18</td>
<td>The PPA 2014 Board agreed to support the Proposed PMA High Rise Building.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 05</td>
<td>2014 04 15</td>
<td>The PPA 2014 Board agreed that PPA will not provide any financial assistance to any soliciting organization but instead extend non-monetary assistance such as lectures.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 06</td>
<td>2014 04 15</td>
<td>The PPA 2014 Board agreed that the SISA Media Awards will be a yearly PPA Activity.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 07</td>
<td>2014 05 20</td>
<td>The PPA 2014 Board agreed that Dr Tolentino, in behalf of PPA, will write to the WPA Geneva Secretariat accepting to host the WPA Regional Meeting 2016.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 08 (via Email Voting)</td>
<td>2014 05 31</td>
<td>The PPA 2014 Board agreed that The PPA 2014 Midyear be moved to coincide with the ASEAN Federation of Psychiatry and Mental Health (AFPMH) convention in November 2014 instead of the usual date on July 2014, since there is a need to induct the Associate members on July; this board resolution is to authorize the membership committee to inform all Psychiatry training institutions with qualified Psychiatry residents that PPA will hold the Induction ceremonies on July 17, 2014 during the PPA Scientific Meeting at the Barcelona Convention Room, The Medical City.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 09 (via Email Voting)</td>
<td>2014 06 03</td>
<td>The PPA 2014 Board agreed that Philippine Psychiatric Association will join the ASIAN FEDERATION OF PSYCHIATRIC ASSOCIATIONS (AFPA) as a country member.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 10</td>
<td>2014 06 17</td>
<td>The PPA 2014 Board agreed that after the SISA Awards on November 2014 the next SISA Awards will be on January 2016, effectively skipping 2015.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 11</td>
<td>2014 08 19</td>
<td>The PPA 2014 Board agreed to extend the deadline of the Early Bird Convention Registration fee for the ASEAN Federation of Psychiatry and Mental Health (AFPMH) from July 31, 2014 to October 15, 2014 Wednesday for PPA members of good standing.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 12</td>
<td>2014 08 19</td>
<td>The PPA 2014 Board agreed that Dr. Laureen Conanan (Regional Director for Mindanao) will head the group composed of Dr. Marissa de Guzman (Regional Director for Luzon) and Dr.</td>
</tr>
<tr>
<td>Resolution Number</td>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------</td>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 13</td>
<td>2014 08 19</td>
<td>The PPA 2014 Board agreed to advance the cost for the Healthy Mind Summit up to the maximum amount of 780 thousand pesos, should the funding from the Department of Health (DOH) be delayed.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 14</td>
<td>2014 08 19</td>
<td>The PPA 2014 Board agreed to open a new peso bank account at the Landbank, Mandaluyong branch, with a minimum of 10 thousand, in order to facilitate the transfer of funds from the Department of Health (DOH) to PPA.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 15</td>
<td>2014 08 19</td>
<td>The PPA 2014 Board agreed to authorize the PPA Accountant, Atty. Eden Sarne to update all PPA Bank accounts.</td>
</tr>
<tr>
<td>PPA 2014 Board Resolution Number 16</td>
<td>2014 09 30</td>
<td>The PPA 2014 Board agreed that all registered PPA members and Psychiatry residents for the AFPMH 2014 Convention are entitled to sponsor one PPA member or Psychiatry resident to attend the convention for free.</td>
</tr>
</tbody>
</table>
E.  • Executive Director’s Job Description

EXECUTIVE DIRECTOR

Job Purpose:
The Executive Director is responsible for the successful leadership and management of the organization according to the strategic planning endorsed by the Board of Directors.

The incumbent is reporting to the President of the organization.

Qualifications:

1. Must have finished his/her training in psychiatry. Diplomate or fellow status is an advantage.
   If he/she is a newly graduate from residency, he/she is given two years to take and pass the diplomate examination, for renewal of terms as Executive Director.

2. Should have local and international network with other associations, foundations and NGO’s as well as government agencies.

3. Must possess skills in leadership, critical thinking, organization and most importantly has good people skills.

4. Must be computer literate.

5. Is good in written and verbal communication.

6. Is willing to undergo training in accounting for non accountants and financial management.

7. Good relationship with the pharmaceutical partner is of an advantage.

Key Responsibilities:

I. Leadership

- Participates with the President and the Board of Directors in developing programs aligned to the vision and strategic plans to guide the organization.

- Participates in the development of new approaches and improvement for better service delivery, planning, organization, implementation and evaluation of the programs and services within the defined vision, mission and goals of the organization.

- Supports the President and the Board Directors in the responsibilities for the members, employees and beneficiaries of the organization.

- Supervises and mentors staffs as appropriate to improve performances as well as living the organization’s values; regularly review and assess their efforts through a performance evaluation.

- Sits as an ex-officio member of the Board of Directors and will act as a liaison of PPA in all meetings with other organizations and pharmaceutical companies whenever no other member of PPA Board of Directors is available.
II. Operational Planning and Management

- She/he will report to PPA office three (3) times a week and, five (5) hours a day, with an adjustable schedule. It will include attendance in the Board of Directors regular monthly.

- Oversees the efficient and effective day-to-day operation of the PPA office. She/he is responsible for the performance of the office staff.

- She/he will be in-charge of all communications received and any actions or decision to any communications received should be with the approval or conformity of any two of the members of the Executive Committee.

III. Program Management

- Assists in the planning, and oversees the implementation and evaluation of the organization’s programs/activities.

- Ensures that the program and services offered by the organization contribute to the organization’s mission and reflect the priorities of the Board of Directors.

- Supports the effective implementation of program. Reviews, assesses the achievements versus the plan and recommends the necessary adjustment and corrective actions.

IV. Human Resources and Financial Planning and Management

- Designs and implements a system where the adherence of the values of the organization and the effectiveness on the working place are well balanced.

- Works with the President and the Board of Directors in projects/activities to place adequate funding for the operation of the organization and the PPA office.

- Oversees and works with the Treasurer in the acquisition and disposition of property/equipment necessary for the PPA office and the organization’s operations in accordance with the approved budget and the Board resolution.

- Supports the Treasurer to make sure the basic finance/administration/purchasing processes and their proper deployment are in place in the day to day operation of the PPA office. She/he is in-charge of checking all disbursements and deposits on a daily basis.
F.  • PPA Mission and Vision Statement

The PPA VISION

The Philippine Psychiatric Association is the premier organization of L.E.A.D.E.R.S. in the advancement of mental health and psychiatric care globally. Leader Educator Advocate Diagnostician Expert Researcher Social Change Agent

Our MISSION

Our Mission as the Philippine Psychiatric Association is to advance the field of mental health and Psychiatry through the development of its members as LEADERS in the provision of the best standards of care for the BIOPSYCHOSOCIAL WELL-BEING of patients, families, communities, and ourselves.

G.  • Year 2014 Scientific Meetings

THE EMERGING NOMENCLATURE of PSYCHIATRIC MEDICATIONS: REFLECTING CURRENT CONCEPTS of NEUROPSYCHOPHARMACOLOGY

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>INSTITUTION</th>
<th>PHARMA SPONSOR</th>
<th>COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Mar</td>
<td>Lithium carbonate, Valproic acid, Sodium divalproate, Lamotrigine</td>
<td>UP-PGH</td>
<td>GSK</td>
<td>Dr. Della</td>
</tr>
<tr>
<td></td>
<td>Rivastigmine, Donepezil hydrochloride, Memantine</td>
<td>SPMC</td>
<td>SUN</td>
<td>Dr. Flores</td>
</tr>
<tr>
<td>15 Apr</td>
<td>Methylphenidate, Atomoxetine</td>
<td>MMC</td>
<td>JANSENN</td>
<td>Dr. Della</td>
</tr>
<tr>
<td>20 May</td>
<td>Clomipramine, Sertraline, Escitalopram</td>
<td>VMMC</td>
<td>MEDICHEM</td>
<td>Dr. Tuazon</td>
</tr>
<tr>
<td>17 Jun</td>
<td>Clonazepam, Alprazolam</td>
<td>UERMMMC</td>
<td>Astra</td>
<td>Dr. Flores</td>
</tr>
<tr>
<td></td>
<td>Olanzapine, Quetiapine</td>
<td>BGHMC</td>
<td>Astra</td>
<td>Dr. Tuazon</td>
</tr>
<tr>
<td>15 Jul</td>
<td>Risperidone, Clozapine, Asenapine</td>
<td>TMC</td>
<td>TORRENT</td>
<td>Dr. Flores</td>
</tr>
<tr>
<td>19 Aug</td>
<td>Haloperidol, Chlorpromazine, Amisulpride</td>
<td>NCMH</td>
<td>MULTICARE</td>
<td>Dr. Tuazon</td>
</tr>
<tr>
<td></td>
<td>Aripiprazole</td>
<td>VSMC</td>
<td>OTSUCA</td>
<td>Dr. Flores</td>
</tr>
<tr>
<td>16 Sep</td>
<td>Biperiden hydrochloride</td>
<td>V LUNA</td>
<td>PPA &amp;MEDCHOICE (?)</td>
<td>Dr. Della</td>
</tr>
<tr>
<td>21 Oct</td>
<td>Amitryptiline, Duloxetine, Desvenlafaxine</td>
<td>UST</td>
<td>ELI LILLY</td>
<td>Dr. Baroque</td>
</tr>
</tbody>
</table>
PPA 2014 SISA Media Awards
Inviting entries for TV Program, TV Commercials and Cinema

Background
The SISA Award was inspired by Dr. Jose Rizal’s tragic character in his first novel “Noli Me Tangere”. SISA, who had lost touch with reality.

2010 First PPA SISA Media Awards
The SISA idea finally crystallized into reality during the 2010 Philippine Psychiatric Association Annual Convention, with the launching of the first ever Media Awards given by a medical society in the Philippines honoring the vital role of media in mental health. This was the PPA 2010 SISA Media Awards. It focused on recognizing television episodes which highlighted the issues of mental health and mental illness.

2014 PPA SISA Media Awards
The re-launching of the PPA 2014 SISA Awards has expanded from Television initially to now include categories for Television commercials and Mainstream film. Furthermore, it will be showcased in an international arena—during the 2014 Asian Federation of Psychiatry and Mental Health (AFPMH) convention which will be held at the Blue Radisson Hotel in Cebu on November 13, 2014. The Awards Night would be attended by the presidents, officers and delegates of the different ASEAN countries. The last AFPMH convention had an attendance of over 350 delegates.

This would be the first time that a Media Awards Night will be included in the program of the AFPMH and this highlights the pioneering thrust of PPA to have a leadership role in this organization. It is hoped that this would inspire other ASEAN countries to organize their own Media Awards.

May we invite you to send entries for the 2014 SISA Awards. Deadline for submission of entries is Monday September 1, 2014 at 5 pm at the PPA Office Room 2011 Medical Arts Ortigas, Mandaluyong City.

Telephone: 635-9858
PPA Facebook

PPA 2014 SISA Awards Categories

TV Commercials
1. OUTSTANDING TV Commercial
2. OUTSTANDING TV Documentary Feature
3. OUTSTANDING TV Public Service Program
4. OUTSTANDING TV Magazine/Talk Show Program

TV Programs
1. OUTSTANDING TV Featured Male Character in a Drama Program
2. OUTSTANDING TV Featured Female Character in a Drama Program
3. OUTSTANDING TV Featured Male Character in a Mainstream Film
4. OUTSTANDING TV Featured Female Character in a Mainstream Film
5. OUTSTANDING TV Media Partner

Mainstream Film
1. OUTSTANDING Featured Male Character in a Mainstream Film
2. OUTSTANDING Featured Female Character in a Mainstream Film
3. OUTSTANDING Mainstream Film
I. • The President’s Easter Message

By: Edgardo Juan L. Tolentino Jr., MD, FPPA
20 April 2014 - An Easter Message:

*Hope Reigns Eternal*

From the vantage point of an observer of human behavior, the passion & death of Jesus must have been the most stressful event one can ever imagine! Just think of the emotional roller coaster Jesus would have felt from the highs of being exalted and treated like a rockstar on Palm Sunday, to the feeling of betrayal by a supposed friend and ally for some measly amount, then to the most humiliating journey to His death on the cross - where he was stripped naked, flagellated, paraded like a common criminal, derided & shamed for a no-named crime, and on to the silence & darkness of death and eventual entombment for three days! All these provide a stark contrast to the happiness & relief - neigh, ecstasy - that His resurrection from death brought! It signaled a turning point: a rebirth and renewal for all and an affirmation of our faith. These have always struck me as the most important message of Easter.

Through all these, the Easter message that resonates most in me is that there is HOPE. It is this same virtue that we need to instill in ourselves as we treat difficult chronic and relapsing conditions. It is the same virtue that we need to share with our patients who suffer through the humiliation brought about by stigma - fed by misunderstanding and ignorance. It should be our alias: Harbingers of Hope. [Merriam dictionary's definition of harbinger: one that pioneers in or initiates a major change: precursor].

As we turned a decade shy of our mid-century this year, it behooves us to review the past, take cognizance of the present, and scan our future ready to bring hope to our patients, their families & communities, and remain hopeful ourselves.

Thus, Easter comes as the best time to hatch our VISION and MISSION for the future leading up to our 50th year. It is the fruit of a process that involved the past presidents, the current officers, the presidents of the affiliate organizations of PPA, & heads of the working committees through a strategic planning workshop that went further by defining key performance indices. Indeed, Sun Tzu, a 6th century B.C. Chinese philosopher-general who wrote the book The Art of War proclaimed:

"Strategy is the great work of the organization. In situations of life or death, it determines survival or extinction. Its study cannot be neglected."

We would like to rally all members, to align ourselves to our highest aspiration - our vision - and our raison d'être (reason for being) - our mission:

**The PPA VISION**
The Philippine Psychiatric Association is the premier organization of L.E.A.D.E.R.S. in the advancement of mental health and psychiatric care globally.

* Leader * Educator * Advocate * Diagnostician * Expert * Researcher * Social Change Agent

**Our MISSION**
Our Mission as the Philippine Psychiatric Association is to advance the field of mental health and Psychiatry through the development of its members as LEADERS in the provision of the best standards of care for the BIOPSYCHOSOCIAL WELL-BEING of patients, families, communities, and ourselves.

As we face our next major milestone, may we all march to the cadence of a single drum bringing HOPE to all that we heal.

Happy Easter to all!
J.  • 2014 PPA New Associate Members

1. **Inumpa, Beatriz W., MD**
   Baguio General Hospital and Medical Center

2. **Crisostomo, Catherine A., MD**
   Baguio General Hospital and Medical Center

3. **Cheng, Cherryrich M., MD**
   University of the East Ramon Magsaysay Memorial Medical Center

4. **Buhat, Donna Mae Lynn V., MD**
   University of Santo Tomas Hospital

5. **Teleg, Ericka Samantha A., MD**
   University of Santo Tomas Hospital

6. **Hipolito, Genna M., MD**
   Baguio General Hospital and Medical Center

7. **Ancheta, Gioia Fe D., MD**
   Southern Philippine Medical Center

8. **Reyes, Jermeine De las Armas, MD**
   The Medical City

9. **Go, Jerome L., MD**
   University of the East Ramon Magsaysay Memorial Medical Center

10. **Sajo, Jonani L., MD**
    National Center for Mental Health

11. **Rebucal, Lowell A., MD**
    Baguio General Hospital and Medical Center

12. **Armas, Ma. Victoria C., MD**
    Makati Medical Center

13. **Castelo, Ma. Zairah Jane D., MD**
    The Medical City

14. **Reyes, Marie Pearl Lei B., MD**
    University of the Philippines-Philippine General Hospital

15. **Galan, Marites P., MD**
    National Center for Mental Health

16. **Calleja, Mary Daryl Joyce Lindo, MD**
    The Medical City

17. **Viernes, Nonna Lilli Ann R., MD**
    National Center for Mental Health
K. • The Proposal for the Creation of a PPA Committee on Psychosocial Readiness & Response to Crisis and Disaster (CPRRCD)

BACKGROUND:

The Philippine Daily Inquirer Oct 30, 2014 writes:
World Health Organization: "YOLANDA folk near depression."
UN health agency says 800,000 survivors suffer from mental illness.

This news item highlights that the need for the creation of the CPRRCD within the PPA is imperative.

Massive disasters have been plaguing the country, challenging us to better understand such phenomena as well as the general health and psychosocial consequences of the affected individuals, families and communities both of survivors and responders.

PPA has committed to take leadership in this endeavor. Our current constitutionally mandated committees do not include a committee that will address concerns related to crisis & disaster. Thus, this proposal for a referendum for the creation of a permanent and regular committee to address this concern.

I. Name:
Committee on Psychosocial Readiness & Response to Crisis and Disaster (CPRRCD)

II. Guiding Principles:
The WPA-WHO Joint Statement on the Role of Psychiatrist in Disaster Response (Juan E Mezzich WPA , Benedetto Saraceno, WHO ) was prepared at the WPA Regional Conference in Lima, Peru on November 30, 2006. It serves as the guiding document for the roles and functions of the committee.

III. Composition and Tenure:
The committee shall be composed of five (5) members who shall have the following terms:
1. Member: 5 years
2. Member: 4 years
3. Member: 3 years
4. Member: 2 years
5. Member: 1 year

Regional representation must be insured in the committee such that at any one time there should be at least one (1) member from Luzon, Visayas & Mindanao who will respectively coordinate with the regional directors.

This shall follow the process in all other constitutional committees in PPA where:
A. The one new member appointed yearly will sit for five years
B. The most senior (ie, the member who is serving his/her 5th year) will assume chairmanship (except for the first their where the one who has a one year term will assume chairmanship)
C. Other committee members will be designated as follows:
Member on his 4th year: assistant chairman
Member on his 3rd year: treasurer
Member on his 2nd year: secretary
III.2 The incumbent PPA PRESIDENT shall sit in the committee as the need arises

IV. FUNCTIONS:

IV.1 CHAIRMAN

A. Convene the committee on a quarterly basis or more frequently as the need for readiness & response to crisis & disaster dictates
B. convene the committee with 48 hours when a disaster strikes
C. Coordinate with the other directors & recommend to the BOD the 3 other members of the committee.
D. Act as liaison
   - between the BOD and the committee
   - among the different committees of PPA in matters related to crisis & disasters
   - between the PPA & the other responding agencies

D. act as PPA spokesperson in matters relating to CRISIS & DISASTERS

E. prepares the committee annual report and endorses to the BOD
F. reports to the membership during annual business meetings or as the need dictates
G. Designates the assistant chair, secretary and the treasurer of the committee

IV.2 ASSISTANT CHAIR
A. Takes on the functions of the chairman in his/her absence or as designated by the chairman

IV.3. SECRETARY
A. Takes & keeps records of the minutes of the meetings
B. Documents all matters & information regarding the crisis & disaster with the assistant secretary
C. Make summary reports for media purposes
D. Maintains a data base for the year's activities for endorsement to the committee &!the BOD

IV. TREASURER
A. Prepares the annual budget for the committee in coordination with the chairman
B. Prepares any other budgetary requirements related to the work of the committee as the need arises
C. Keeps a record of all receipts and fund use & disbursement of the committee for endorsement to the PPA Treasurer

V. FUNCTIONS OF THE CPRRCD

Acute phase:

COLLABORATION
A. Work together with all aid agencies (international, national & local) to establish broad based mental health and psychosocial support with maximal participation of assisted communities.

DELIVERY OF MENTAL HEALTH CARE SERVICES
B. Maintain access to care for people with acute & serious mental disorders in the community in coordination with PPA members /teams in the concerned area
C. Protect & care for people with severe mental disorders & other mental and neurological disabilities living in institutions - ie. continuity of care & protection in coordination with PPA members/teams in the concerned area

During acute phase & post disaster
ADVOCACY:
The committee shall spearhead advocacy work in the following areas thru involvement of the PPA membership.
D. Advocating with aid workers in other sectors to address the social determinants of mental health: provision of adequate shelter for displaced families & communities to live together
E. advocate for prevention of sexual violence against women & children
F. Advocate for family locations to avoid child separation
G. Advocate for the adults to become more involved in concrete, purposeful, common interest to avoid passivity
H. Advocating the health workers treat their patients with dignity

EDUCATION & TRAINING
The committee shall spearhead activities involving PPA members for training & education in the following areas.
I. Training & supervising primary care health workers & emergency responders to care with people with moderate to severe mental disorders.
J. Provide educational efforts based on adequate situational assessments and carefully prepared & culturally informed health actions
K. Promote education & training by engaging & assisting competent & committed local members & groups organizationally & financially to carry out assessments & action programs in coordination with national & international efforts, including those of WHO

Pre & Post DISASTER
The committee shall spearhead activities involving PPA members for ...
L. Building community mental health services specifically struck the WHO MHGAP Program.

VI. FUNDS
The PPA BOD may provide the committee with funds to support its activities provided this shall be supported with a proposal.

The committee may also source funds from collaborating agencies. This shall be don in collaboration & only with the approval of the BOD.

VII. MEASURABLE GOALS : PPA CPRRCD

1. EDUCATION & TRAINING
Institutionalize psychosocial readiness & response to crisis & disaster as a required module/ program for accredited residency training programs in Psychiatry in the Philippines thru the following
A. Coordination with the subcommittee on Post Graduate Psychiatry to set the objectives, core competencies, learning strategies, rotation/program/module outputs and learning resources that will be standard for all training institutions
B. Coordinate with the certification committee to include this among the requirements for the accreditation of RTPs effective 2017
C. Conduct the following trainings
   C.1 Training of trainors amongst PPA members on disaster preparedness & response for Psychiatrists
   C.2 WHO MHGAP training for all accredited institutions

2. STANDARDIZATION OF OPERATIONS & PROCEDURES
A. Establishment of functional crisis & disaster readiness and response PPA TEAMS OF PSYCHIATRISTS which automatically get activated during disasters on a "decking” system but continue to work together between and after disasters.
B. Develop a PPA MANUAL of procedures, protocols & policies as guideline for ALL
PPA MEMBERS which shall...
- include the different phases: pre disaster, impact & post-disaster
- be regularly reviewed & updated to be in congruence with the defined functions of the committee
- be congruent with the WPA -WHO updated statements on the role of psychiatrists in disaster response
- define how PPA (as individual members, PPA teams, or an organization) coordinates/collaborate/partners with other agencies
C. Develop a system of mapping and documenting mental health services & resources per region that can be integrated into a national database
Opening of Exhibition Area

Pureza T. Oñate, MD, FPSCAP, FPPA (Life)
AFPMH Member Nation Presidents
PPA Board of Directors

Lundbeck (Phils.), Inc. Pharmaceuticals Sponsored Symposium
11:00 am – 1:00 pm

“Late-life Depression & Dementia”
Alejandro C. Baroque II, FPNA, FPPA (Philippines)
Darwin D. Dasig, MD, FPNA (Philippines)

Plenary Session 1
1:00 pm – 3:30 pm
The Rights of People with Mental Illness
Chair: Minda Luz C. Manas, MD, FPPA

Norman Sartorius, MD, MA, DPM, PhD, FRCPsych (Switzerland)
“Global Issues & Guidelines in the Prevention of Abuse in Psychiatry”

“Human Rights of People Afflicted with Mental Disorders”
June Caridad Pagaduan-Lopez, MD, FPPA (Philippines)

4:00 – 5:30 pm
Current Practices in the Management of Common Psychiatric Disorders
Chair: Elizabeth E. Rondain, MD, FPPA

Alejandro C. Baroque II, MD, FPNA, FPPA (Philippines)

“Management of Suicide: The Asian Perspective”
Erminia Colucci, PhD (Australia)

“Updates in the Treatment of Insomnia”
Antonio T. Fernando, MD (New Zealand)

“Best Practices in Alcohol Treatment in the ASEAN Region”
Robert Ali, MD, PhD (Australia)

Coffee Break
3:30 – 4:00 pm

Plenary Session 2
5:30 – 7:30 pm
AstraZeneca Pharmaceuticals Sponsored Symposium

Joseph Zohar, MD, PhD (Israel)

7:30 – 9:30 pm
“The Sisa Awards”
(Sikiyatrikong Samahan Awards)

Recognizing the Role of Philippine Media in Mental Health Advocacy

Presentation of Awards of Excellence to Winning Filipino Filmmakers

DAY 2
14 NOVEMBER 2014
Friday

Registration
8:00 am - 5:00 pm

Plenary Session 3
In Search of a New Nomenclature of Psychiatric Medications
9:00 – 11:00 am
Chair: Cornelio G. Banaag, Jr., MD, FPSCAP, FPPA (Life)

“The Theoretical Basis of the Proposed Nomenclature of Psychiatric Drugs”
Joseph Zohar, MD, PhD (Israel)

“Clinical Utility of the Proposed Nomenclature of Psychiatric Drugs”
Pierre Blier, MD, PhD (Canada)

“The Proposed Nomenclature of Psychiatric Drugs: Inputs from Filipino Psychiatrists”
Edgardo Juan L. Tolentino, Jr., MD, FPPA (Philippines)

Lundbeck (Phils.), Inc. Pharmaceuticals Sponsored Symposium
11:00 am – 1:00 pm
“Cognitive Dysfunction: The Role of A Multimodal Antidepressant”
Pierre Blier, MD, PhD (Canada)

Plenary Session 4
Psychosocial Interventions in Psychiatry
1:00 – 2:30 pm
Chair: Michelle Marie M. Marinas, MD, FPPA

“Role of Mindfulness in Mental Health”
Yongyud Wongpiromsran, MD (Thailand)

“Psychiatry, Sexuality & Psychosexual Disorder: Incorporating SRC in the Model of Management”
Hatta Sidi, MD (Malaysia)

Coffee Break
2:30 – 3:00 pm

Plenary Session 5
Ethical Standards in Psychiatry
3:00 – 5:00 pm
Chair: Norieta C. Balderrama, MD, FPSCAP, FPPA (Life)

“Global Perspectives of Ethical Practice in Psychiatry”
Michael Robertson, MBBS (Hons), PhD, FRANZCP (Australia)

“Ethical Standards in the Practice of Psychiatry: The Philippine Experience”
Pacita R. Salceda, MD, FPPA (Philippines)

“Ethical Issues in the Relationship of Psychiatrists with the Pharmaceutical Industry”
Pureza T. Oñate, MD, FPSCAP, FPPA (Philippines)

Plenary Session 6
Mental Health Care in the Community
5:00 – 6:30 pm
Chair: Maria Imelda B. Batar, MD, FPPA (Life)

“Psychiatric Care in the Community: The Indonesian Perspective”
Albert Maramis, MD (Indonesia)

“The State of Community Psychiatry in Malaysia”
Marhani Midin (Malaysia)

Business Meeting of AFPMH Officers & Country Heads
6:00 – 7:00 pm

Plenary Session 7
Research in ASEAN Psychiatry
6:30 – 8:00 pm
Chair: Ma. Cynthia R. Leynes, MD, FPSCAP, FPPA (Life)

“Publications in Psychiatry: How It Will Benefit Patients & Researchers”
Srijit Das, MD (Malaysia)

“Updates on the ASEAN Journal of Psychiatry”
Hatta Sidi, MD (Malaysia)

8:00 -11:00 pm

DAY 3
15 November 2014
Saturday

Plenary Session 8
Country Reports of AFPMH Members
9:00 – 10:00 am
Chair: Jacqueline Te-Sy, MD, FPPA (Life)

Prof. Kim Savuon, MD (Cambodia)
Danardi Sosrosumihardjo, MD (Indonesia)* Tentative
Nor Zuraida Zainal, MD (Malaysia)
Edgardo Juan L. Tolentino, Jr., MD, FPPA (Philippines)
Lee Cheng, MD (Singapore)
Nawaporn Hirmviwatgul, MD (Thailand)* Tentative

Closing Ceremonies
10:00 – 1200 mn
Invocation
Opening Remarks
Edgardo Juan L. Tolentino, Jr., MD, FPPA (Life)

Induction of New Country Members
Handing-over of AFPMH Presidency
Acceptance Speech of New AFPMH President

Closing Remarks
Pureza T. Oñate, MD, FPSCAP, FPPA (Life)

Business Meeting of the Philippine Psychiatric Association, Inc.
2:00 – 4:00 pm

Keynote Speech
Mohan Isaac MD, DPM, FRCPsyCh, FRANZC (Australia)
Dr. Isaac posed the question: What is the gold standard of psychiatric care, and how can it be achieved? This is in relation to the current state of psychiatry, which is in crisis.

In order to answer the central question, Dr. Isaac reviewed the development of psychiatric care in the past 200 years. Currently, he has observed that the ideal guide of care is a "balanced care", which is a pragmatic balance of hospital beds and community care. Components of mental health services which are being utilized include the public sector, the private sector, primary care, nongovernmental organizations, alternative systems of care, and the family / community.

Unfortunately, psychiatry today is not anywhere near gold standard. Issues in the practice of psychiatry include deinstitutionalization and its consequences, the "science-to-service" gap in treatment, funding issues, boundary disputes, translational issues, stigmatization of the mentally ill, and care of persons with severe mental disorders in low and middle income countries. The situation is such that mental health systems have been said to fail, despite multiple attempts for reform, such as the transformation of psychiatric hospitals, stigma reduction, and integration of mental health in the primary care.

Dr. Isaac concluded that Psychiatrists of the future must be receptive to new discoveries that will challenge the current basis of the understanding of mental illness. The practice of psychiatry demands exceptional doctors.
AN ACT PROMOTING MENTAL HEALTH, PROMULGATING A NATIONAL MENTAL HEALTH POLICY TOWARDS THE ENHANCEMENT OF INTEGRATED MENTAL HEALTH SERVICES, PROTECTION OF PERSONS UTILIZING MENTAL HEALTH SERVICES AND ESTABLISHMENT OF A PHILIPPINE MENTAL HEALTH COUNCIL

EXPLANATORY NOTE:
In a survey conducted by the Department of Health among 327 government employees in Metro Manila, 32% were found to have experienced mental health problems. Almost one per 100 households (0.7%) has a member with mental disability (DOH-SWS, 2004). As early as 2003, intentional self-harm was already found to be the 9th leading cause of death among 20-24 years old Filipino adults (DOH 2003). The incidence of suicide in males increased from 0.23 to 3.59 per 100,000 between 1984 and 2005 while rates rose from 0.12 to 1.09 per 100,000 in females (Redaniel, Dalida and Gunnell, 2011). Individuals with chronic mental illness, children, overseas Filipino workers and those in areas of armed conflict have higher risk of getting mental health problems.

Further adding to the woes of those afflicted with mental health illnesses is the shortage in qualified mental health professionals. At present there are only an estimated 490 psychiatrists and 1000 nurses working in psychiatric care, and even less general practitioners trained in early assessment and management of common mental health problem in the community. The number of addiction specialists, psychologists, occupational therapists, guidance counselors and social workers are extremely inadequate to meet the mental health needs of the 100 million Filipinos.

There are two mental hospitals, 46 outpatient facilities, four day treatment facilities, 19 community based psychiatric inpatient facilities and 15 community residential (custodial home-care) facilities for the whole country. Almost all mental health facilities are in major cities, while the only mental hospital in the National Capital Region houses only 4,200 beds.

This bill seeks to integrate mental health services into the national health system in order to meet the needs of those who lack access to readily-available, affordable and equitable mental health care, especially the poor. It proposes to create the Philippine Council for Mental Health as an attached agency of the Department of Health, to provide a rational and unified response to mental health problems, concerns and efforts to address through the formulation and implementation of the National Mental Health Care Delivery System.

For the reasons cited, the passage of the Bill is earnestly requested.

LOREN LEGARDA

AN ACT PROMOTING MENTAL HEALTH, PROMULGATING A NATIONAL MENTAL HEALTH POLICY TOWARDS THE ENHANCEMENT OF INTEGRATED MENTAL HEALTH SERVICES, PROTECTION OF PERSONS UTILIZING MENTAL HEALTH SERVICES AND ESTABLISHMENT OF A PHILIPPINE MENTAL HEALTH COUNCIL

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled: 1 SECTION.

SECTION 1. Short Title. This Act shall be known as the "Philippine Mental Health Act of 2014".

SEC. 2. Declaration of Policy. It is hereby declared the policy of the State to uphold the basic right of all Filipinos to mental health and to respect the fundamental rights of people who require mental health services. As enshrined in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil & Political Rights, the State acknowledges that persons with mental disabilities have the right to equality and non-discrimination, dignity and respect, privacy and individual autonomy, information and participation.
The State further recognizes that people with mental disabilities by virtue of the nature "and/or severity of their illness, have specific vulnerabilities and therefore need special care appropriate to their needs and based on nationally and internationally-accepted standards.

The State recognizes its obligations as a State-Party to the UN Convention on the Rights of Persons with Disabilities under Article 4 of the present Convention "to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability". Likewise, the State aligns itself with the UN General Assembly resolution 46/119 of 2 December 17, 1991, on the Principles For The Protection Of Persons With Mental Illness And The Improvement Of Mental Health Care which lays down the policies and guidelines for the protection from harm of persons with mental disabilities and the improvement of mental health care.

Through the passage of this Philippine Mental Health Act the State commits to the promotion and protection of the rights of the person with mental health needs and the belief that addressing their profound social disadvantage enhances their significant contribution in the civil, political, economic, social and cultural spheres.

SEC 3. Objectives. This Act seeks to:

(a) Ensure a community of Filipinos who are mentally healthy, able to contribute to the development of the country and attain a better quality of life through access to an integrated mental health care system that responds to mental health needs of Filipinos in equity with their physical health needs.

(b) Protect the rights and freedoms of persons with mental health needs and the reduction of the burden and consequences of mental illness, mental and brain disorders and disabilities.

(c) Provide the direction for a coherent, rational, and unified response to the national mental health issues.

SEC. 4. Definition of Terms. The following terms, as used in this Act, shall mean the following:

(a) "Mental health" refers to a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(b) "Mental illness" refers to mental or psychiatric disorder characterized by the existence of recognizable changes in the thoughts, feelings and general behavior of an individual brought about by neurobiological and/or psychosocial causes manifested by behavioral symptoms with associated mental and/or emotional conditions.

(c) "Psychosocial problem" refers to a condition that indicates the existence of recognizable disturbances in an individual's behavior, thoughts and feelings brought about and closely related to sudden, extreme or prolonged stressors in the physical or social environment.

(d) "Patient" refers to a person receiving/utilizing mental health care and treatment or psychosocial intervention from a mental health care facility or clinic.

(e) "Legal representative" refers to a substitute decision-maker charged by law with the duty of representing a patient in any specified undertaking or of exercising specified rights on the patient's behalf. The legal representative may also be a person appointed in writing by the patient to act on his behalf unless the patient lacks mental capacity, or otherwise fails to appoint a legal representative in writing, in which case the legal representative shall be taken to be in the following order:

i. the spouse, if any, unless permanently separated from the patient as rendered by a Court of competent jurisdiction, or has deserted or has been deserted by the patient for any period which has not come to an end; or

ii. sons and daughters over the age of eighteen (18) years; or
iii. either parent by mutual consent; or
iv. a person appointed by a decree of a Court to represent the patient.

(f) "Mental health profession~" refers to a person with formal education and training in mental health and behavioral sciences such as but not limited to, a psychiatrist; psychologist, psychiatric nurse or psychiatric social worker.

g) "Mental health worker" refers to a trained volunteer or advocate engaged in mental health promotion and services under the supervision of a mental health professional.

(h) "Allied professional" refers to any trained or certified non-psychiatric physician, social worker, nurse, occupational therapists, recreational therapist, counselor, priest, minister, pastor, nun, trained or certified non-psychiatric individual or non-physician.

(i) "Mental disability" refers to impairments, activity limitations and individual and, participatory restrictions denoting dysfunctional aspects of interaction between an individual and his environment.

(j) "Mental or psychological incapacity" is the inability to:
   i. understand the information given concerning the nature of the disorder;
   ii. understand the consequences that his /her decisions and actions have for their own life or health and for the life and health of others, which may be serious and irreversible;
   iii. understand that treatment might mitigate or remedy the condition and that lack of treatment might aggravate it;
   iv. understand information about the nature of treatment proposed, including the means of treatment, its direct effects and its possible side effects;
   v. effectively communicate with others regarding their condition and their consent to treatment or hospitalization. The carer shall be a person who may or may not be the person's next of kin or relative who maintains a close personal relationship with the patient and manifests concern for his welfare.

(k) "Psychiatric Emergencies" are conditions which may present a serious threat to a person's well-being or that of others, and require immediate psychiatric interventions, such as attempted suicide, acute intoxication, severe depression, acute psychosis, or violent behavior.

(l) "Discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.

SEC. 5. Rights of Persons with Mental Health Needs. Without prejudice to anything provided in this Act and unless prevented by law, persons with mental health needs shall have the right to:

(a) Exercise all their inherent civil, political, economic, social, religious, educational and cultural rights respecting individual qualities abilities and diverse backgrounds and without any discrimination on grounds of physical disability, age, gender, sexual orientation, race, colour, language, religion or national or ethnic or social origin of the patient concerned;

(b) Receive treatment of the same quality and standard as other individuals;

(c) Receive treatment which addresses holistically their needs through a multidisciplinary care plan approach;

(d) Receive treatment in the least restrictive environment and in the least restrictive manner;

(e) Receive care primarily in the community;

(f) After-care and rehabilitation when possible in the community so as to facilitate their social inclusion;

(g) Be adequately informed about the disorder and the multidisciplinary services available to cater for their needs and the treatment options available;

(h) Actively participate in the formulation of the multidisciplinary treatment plan.
SEC. 6. Right to Therapeutic Environment. The State through its authorized agencies shall ensure conditions for a safe, therapeutic and hygienic environment with sufficient privacy in mental health facilities.

SEC. 7. Prohibition on Torture and Cruel Treatment. The State through its authorized agencies shall ensure that all public and private mental health institutions are protecting the rights of patients against cruel, inhuman and degrading and/or torture. It shall prohibit forced or inadequately remunerated labor by patients within mental health institutions. This does not include activities justified as part of an accepted therapeutic treatment.

SEC. 8. Prohibition on Solitary Confinement. The use of solitary confinement shall be prohibited.

SEC. 9. Respect for Human Rights. The Commission on Human Rights is authorized to conduct inspection of all places where psychiatric patients are held for involuntary treatment or otherwise, to ensure full compliance with domestic and international standards governing the legal basis for treatment and detention, quality of medical care, and living standards, and to ensure that no patients therein are treated in a manner less than humane or are victims of torture and other cruel, inhuman and degrading treatment.

SEC. 10. Alternatives to Institutionalization. The Department of Health, as the primary duty-bearer, shall develop alternatives to institutionalization, especially community-based treatment, in particular with a view to receiving persons discharged from hospitals. Such alternatives should meet the needs expressed by persons with mental disorders and respect the autonomy, choices, dignity and privacy of the person concerned.

SEC. 11. Complaints and Investigation. The Department of Health, Commission on Human Rights or Department of Justice shall receive all complaints of improprieties and abuses in mental health care and shall initiate appropriate investigation and action. The patient/legal representative shall be entitled to a competent counsel of his own choice. In case he cannot afford one, he/she will be assisted by the Public Attorney’s Office or any legal aid institution of choice.

SEC. 12. Oversight and Quasi-Judicial Procedures. The State shall mandate the appointment of a Focal Commissioner on Mental Health under the Philippine Council for Mental Health with the following functions and duties:

(a) Promote and safeguard the rights of persons utilizing mental health services and their carers;
(b) Review any policies and make such recommendations to any competent authority to safeguard or to enhance the rights of such persons and to facilitate their social inclusion and wellbeing;
(c) Investigate any complaint alleging breach of patient’s rights and take any subsequent action which may be required to protect the welfare of that person;
(d) Investigate complaints about any aspect of care and treatment provided by a licensed facility or a healthcare professional and take any decisions or make any recommendations that are required;
(e) Conduct regular inspections, at least annually, of all licensed facilities to ascertain that the rights of patients and all the provisions of this Act are being upheld. During such visit he shall have unrestricted access to all parts of the licensed facility and the right to interview in private any consenting patient in such facility;
(f) Report any case amounting to a breach of human rights within a licensed facility to the appropriate competent authority recommending the rectification of such a breach and take any other proportional action he deems appropriate;
(g) Report to the appropriate competent authority any health care professional for breach of human rights or for contravening any provision of this Act and this without prejudice to any other proportional action that he may deem necessary to take;
(h) Prepare an annual report of activities to be submitted to the Department of Health. In the performance of his functions, the Focal Point Commissioner on Mental Health shall consult with Healthcare professionals, service users and carers, and other relevant stakeholders.
SEC. 13. Duties of Health Authorities. Health authorities shall have the following duties:

(a) Ensure that guidelines and protocols for minimizing restrictive care are established.

(b) Inform patients of their rights. Every patient, whether in voluntary or involuntary treatment, should be fully informed about the treatment to be prescribed and the reason for recommending it and given the opportunity to refuse treatment or any other medical intervention. Informed consent must be sought from all psychiatric patients at all times except in instances of mental or psychological incapacity as defined in Section 3 of this Act.

(c) Ensure that any involuntary medical treatment and restraint, physical or chemical, for those with mental disorder can only be used to the extent strictly necessary under the following conditions:
   i. Psychiatric emergencies;
   ii. That the treatment without consent and restraint is at the order of an attending physician whose orders must be reviewed as soon as possible and not to exceed one month by a qualified psychiatrist;
   iii. That the decision to subject to involuntary treatment is resorted to only when all other means of control have been attempted and failed.
   iv. That such a decision is overseen by the head of the institution/medical or mental health facility strictly following approved guidelines which include clear criteria for regulating the application and termination of such interventions;
   v. Only for the shortest possible period of time as assessed by a psychiatrist or attending physician on supervision by a psychiatrist.
   vi. Recorded and subjected to regular external independent monitoring; and

(d) Must certify that the patient who has been subject to any intervention without consent has been debriefed as soon as the mental condition meaningfully permits it and he/she and legal guardian/substitute decision-maker must have access to the medical record.

(e) Must keep a register on involuntary treatment and procedures.

(f) Must ensure that the rights, will and preferences of the patient are respected as far as possible. A legal representative/substitute decision-maker shall:
   i. Be allowed only for reasons of mental incapacity following established judicial procedures;
   ii. Apply for the shortest time possible;
   iii. Be free of conflicts of interest and undue influence from family members or the institution where the person is treated or others;
   iv. Be subject to regular review by a competent, independent and impartial authority or judicial body;
   v. Be overseen by an independent monitoring body;
   vi. Be subject to appeal by the person or a trusted next of kin.

(g) Must ensure that families or other primary carers are entitled to information about the person with a mental disorder unless the patient refuses the divulging of such information.

(h) Must involve family members or other primary carers in the formulation and implementation of the patient’s individualized treatment plan.

(i) Must make transparent and accessible to the person affected, its family and to the public in general the decision to apply involuntary treatment must be as this is an essential factor for building and maintaining mutual confidence.

(j) Must mandate the creation of an appropriate body which will ensure compliance with the requirements and procedures provided by this act.

(k) Must provide the patient under treatment and hospitalization without consent access to an independent mechanism of complaint and compensation for any inappropriate treatment provided.

Complaints mechanisms must
   i. Be designed in a manner that is sensitive to the particular needs of the patient;
   ii. Provide the individual with the necessary assistance to lodge a complaint, and the complaint mechanism must be empowered to inquire effectively and independently into the circumstances leading to the complaint;
   iii. Be mandated to initiate disciplinary sanctions or pass the case to the prosecuting authorities with a view to initiating a criminal investigation against a person or persons found guilty of misconduct;
   iv. Ensure that complaints are dealt with in a speedy manner.
SEC. 14. Philippine Council for Mental Health. The Philippine Council for Mental Health, hereinafter referred to as the Council, is hereby established as an attached agency under the Department of Health (DOH), to provide for a coherent, rational and unified response to mental health problems, concerns and efforts through the formulation and implementation of the National Mental Health Care Delivery System.

SEC. 15. National Mental Health Care Delivery System. The National Mental Health Care Delivery System shall constitute a quality mental health care program, through the development of efficient and effective structures, systems and mechanisms, that will ensure equitable, accessible, affordable, appropriate, efficient and effective delivery of mental health care to all its stakeholders by qualified, competent, compassionate and ethical mental health professionals and mental health workers.

SEC. 16. Duties and Functions. The Council shall exercise the following duties with regard to Mental Health Education and Information as a health service:

(a) Review and formulate policies and guidelines on mental health issues and concerns;
(b) Develop a comprehensive and integrated national plan and program on mental health;
(c) Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;
(d) Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within these sectors;
(e) Provide over-all technical supervision and ensure compliance with policies, programs, and projects within the comprehensive framework of the National Mental Health Care Delivery System and other such activities related to the implementation of this Act, through the review of mental health services and the adoption of legal and other remedies provided by law;
(f) Plan and implement the necessary and urgent capacity building, reorientation and training programs for all mental health professionals, mental health workers and allied articulated in this Act;
(g) Review all existing laws related to mental health and recommend legislation which will sustain and strengthen programs, services and other mental health initiatives;
(h) Conduct or cause to be conducted studies and researches on mental health, with special emphasis on studies that would serve as basis for developing appropriate and culturally relevant mental health services in the community;
(i) Create such inter-agency committees, project task forces, and other groups necessary to implement the policy and program framework of this Act; and
(j) Perform such other duties and functions necessary to carry out the purposes of this Act.

SEC. 17. Inter-agency Mechanisms. The Council shall collaborate with the following agencies:

(a) DOST and attached agencies like PITAHC and PCHRD to advance research on basic and clinical studies into mental illness and complementary and alternative treatment;
(b) DepEd and CHED to develop school based mental health promotion, screening and referral systems;
(c) PHILHEALTH to make sure that availability of insurance packages is in place with substantial equity to physical disorders with similar impact to the patient as measured by Disability Adjusted Life Years or similar instrumentation;
(d) TESDA, DSWD, DA, DTr, §ENR and DILG and other agencies to develop vocational opportunities via innovative systems like Care Farms, Psychosocial Rehabilitation and similar modalities with program design and planning in conjunction with psychiatrists and other mental health specialists;
(e) DOLE to promote diversity and equal protection in the workplace mandating companies to develop programs to enhance mental wellness and work accommodations for the mentally ill employees;
(f) NEDA to envision programs to promote the mental wealth of our nation, including inclusive growth among the mentally ill;
(g) The National Center for Health promotion shall lead III the formulation of the standard and the development of mental health information, education and communication and advocacy strategies to ensure the promotion of a totally healthy and less stressful lifestyle for the Filipinos;
(h) National Epidemiological Center to develop and update the epidemiology of mental diseases and services available in the country in the form of a census or a similar instrument. Research into epidemiology, risk factors, treatment and management of mental disorders should be given a priority.

It shall ensure the development or enhancement of national reporting and surveillance systems and methodologies and the generation, availability accessibility sharing exchange and distribution of information and knowledge on mental health and the establishment of the national registry of mental and neurological cases;

(i) Philippine Statistical Authority to formulate and integrate mental health protective risk factors and other such data that may help in the formulation of policies towards mental wellness and prevention of mental illness;

(j) Commission on Human Rights on matters pertaining to human rights issues, particularly, the protection of persons utilizing mental health services and the prevention of cruel, inhuman and degrading treatment in mental health care facilities.

SEC. 18. Composition. The Council shall be composed of the following:

(a) The Secretary of Health, as ex-officio chairman;
(b) The Executive Director, as vice chair;
(c) Two (2) representatives from the government sector;
(d) One (1) representative from the private health sector or consumer groups;
(e) One (1) representative from the academe/research;
(f) Two (2) representatives from the professional organization; and
(g) Two (2) representatives from the allied nongovernment organizations involved in mental health issues, as members. The members of the Council shall be appointed by the President from among the nominees of their respective organizations within 30 days from the date of effectivity of this Act.

SEC. 19. Term of Office. The members of the Council shall serve for a term of three (3) years. In case a vacancy occurs in the Council, any person chosen to fill the vacancy shall serve only for the unexpired term of the member whom he succeeds.

SEC. 20. Meetings. The Council shall meet at least once a month or as frequently as necessary to discharge its duties and functions. The Council shall be convened by the Chairman or upon written request of at least three (3) of its members. The presence of a majority of the members of the Council shall constitute a quorum.

SEC. 21. Per Diem. The members of the Council shall receive reasonable per diems and transportation allowance as may be fixed by the Council for any meeting actually attended.

SEC. 22. Executive Director. The Council shall appoint an Executive Director who shall serve for a term of three (3) years. The Executive Director shall be eligible for one (1) reappointment and shall not be removed from office except in accordance with existing laws. The Executive Director shall the following duties and functions:

(a) Act as chief executive officer of the Council and assume full responsibility in implementing its purposes and objectives;
(b) Maintain a close and functional relationship with the Department of Health and other government and private entities concerning mental health care;
(c) Formulate, develop, and implement, subject to the approval of the Council, measures that will effectively carry out the policies laid down by the Council;
(d) Execute and administer all approved policies, programs and measures, and allocate appropriate resources for their implementation;
(e) Recommend to the Secretary of Health the appointment of personnel of the Council including supervisory, technical, clerical and other personnel in accordance with the staffing patterns and organizational structure approved by the Council; and,
(f) Represent the Council in all of its official transactions or dealings and authorize legal contracts, annual reports, financial statements, and other documents.

SEC. 23. Salary. The Executive Director shall receive a salary to be fixed by the Council in accordance with the Salary Standardization Law.
SEC. 24. Advisory Board. The Philippine Council for Mental Health Council shall create an advisory board consisting of Mental Health care users, carers and professionals, representatives of the DOH as well as visiting bodies under national and international obligations of the State.

SEC. 25. Implementing Rules and Regulations. Within (90) days from the effectivity of this Act, the Secretary of Health shall, in coordination with the Council, formulate the rules and regulations necessary for the effective implementation of this Act.

SEC. 26. Appropriation. The initial amount of Php Fifty Million Pesos (Php 50,000.00) is hereby appropriated for the initial implementation of this Act. Thereafter, any amount as may be necessary to carry out the provisions of this Act shall be included in the General Appropriations Act. Regional hospitals shall be provided with financial support to maintain their own Mental Health Unit capable of catering to 50 to 100 patients. Local Government Units should require business establishments to donate from one to three percent (1% to 3%) of their 12 gross sales to support the Mental Health Program of the City. Donations will be treated as tax shelter by the BIR.

SEC. 27. Separability Clause. If any provision of this Act is held invalid or unconstitutional, the remainder of the Act or the provision not otherwise affected shall remain valid and subsisting.

SEC. 28. Repealing Clause. Any law, presidential decree or issuance, executive order, letter of instruction, administrative rule or regulation contrary to or inconsistent with the provisions of this Act is hereby repealed, modified or amended accordingly.

SEC. 29. Effectivity. This Act shall take effect fifteen (15) days upon its publication in at least two (2) national newspapers of general circulation.

Approved.

N. • Implementing Rules and Regulations

RESIDENCY TRAINING PROGRAMS IN PSYCHIATRY PHILIPPINES

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I. Background of the Process

In 2002, the Accreditation Committee (Drs. JV Cruz, CS Aleta, PV Lee, and PT Oñate), in a paper “Residency Training in Psychiatry: The Philippine Experience”, described the strengths and weaknesses of the various Psychiatry Residency Training programs (PRTPs) as currently implemented by nine (9) of the twelve (12) training institutions vis à vis the Philippine Psychiatric Association’s (PPA) recommended PRTP, as outlined in the Philippine Journal of Psychiatry (1985). The paper concluded that “it is imperative and urgent that the PPA update the document on residency training program”. The same was expressed in resolutions made during the Annual Convention in Baguio in 2003. In response, the PPA constituted the Ad Hoc Committee on Revision of the Accreditation Criteria of Residency Training Program, chaired by Dr. AM Gauzon (with Drs CR Leynes, VC Vinluan, LS Conanan and MG Cruz). This committee held a series of meetings, a consensus workshop and sent out a structured questionnaire and submitted a “Summary Report of Consensus Workshop on Accreditation of PRTPs” in 2004.

In 2005, the PPA Board formed the Task Force for the Revised Accreditation Criteria for Residency Training Programs in Psychiatry (Drs. LS Conanan, CR Leynes, HC Española, JY Bautista and MG Cruz). The Task Force formulated the Implementing Guidelines for Residency Training Programs in Psychiatry and presented this document in the business meeting during the Annual Convention of 2006.

In 2006, the Committee on Standardization and Accreditation of Residency Training chaired by Dr. VC Vinluan (with Drs VS Arain, JY Bautista, I Batar and MG Cruz) held focused group discussions with the chairmen, training officers and consultants of the nine (9) training institutions visited for accreditation that year to get their feedback and comments regarding the New Implementing Guidelines. These comments and suggestions, together with the output of the various sub-specialty committees in consultation with stakeholders of the training institutions, and a series of meetings of the Committee on Standardization and Accreditation, form the basis of the content of this document.

II. Definition of Terms:

A. Psychiatry Residency Training Program (PRTP) shall refer to a post graduate medical course geared towards specialization in General Psychiatry in the Philippines.

B. Accreditation shall mean that the Accreditation Committee of the PPA, with the approval of the PPA Board has certified that requirements for accreditation, as set by the PPA, have been fulfilled for the whole program for a period of 3 years.

C. Objectives refer to the specific knowledge, skills and attitudes the resident is expected to demonstrate during his/her training program.

D. Teaching learning objectives defines from the resident’s perspective what they should be able to achieve at the end of the course.

E. Teaching learning activities consists of all the strategies and activities geared towards fulfilling the set objectives. These shall be defined in terms of knowledge, skills & attitudes.

F. Competencies refer to the minimum knowledge and skills considered necessary for acceptable performance in a profession.

III. The Accreditation Team

The composition of the accreditation team, membership, terms of office and functions AS STIPULATED IN THE CONSTITUTION & BY-LAWS OF THE PPA AMENDED JANUARY 2005 will be as follows:

**SEC.5. COMMITTEE ON ACCREDITATION AND STANDARDIZATION OF RESIDENCY TRAINING PROGRAM**

A. Composition and Terms of Office of Members:

The Committee shall be composed of three (3) Fellows of the Philippine Psychiatric Association for staggered terms of one (1), two (2) and three (3) years and two (2) members of the Board of Governors of the Philippine Board of Psychiatry for staggered terms of one (1) and two (2) years.

The three (3) Fellows of Philippine Psychiatric Association shall be recommended by the President and approved by the Board of Directors. The two members from the Philippine Board of Psychiatry Board of Governors shall be recommended by the
Chairman and approved by the Phil. Board of Psychiatry and concurred by the PPA BOD. The Chairperson of the Committee shall be recommended by the President AND APPROVED by the Board of Directors of the PPA. The terms of office of the Chair and members of the Committee are determined by the designated staggered terms.

The Chairperson of the Committee shall act as the official representative of the PPA to the institutions being accredited unless otherwise designated officially by the President.

B. Functions:

1. To formulate and standardize the criteria, procedure and tools for evaluation necessary in the accreditation of Residency Training Programs of Psychiatry in the Philippines;
2. To conduct the accreditation process as stipulated in the guidelines earlier agreed upon by the PPA and the training centers.
3. To document all data gathered in the process of accreditation so as to provide an objective data base for the use of the training center.
4. To submit a prompt, objective and comprehensive written report on the accredited (or unaccredited) institution as soon as the accreditation process has been completed.
5. To make the necessary recommendations to each institution as soon as the accreditation process is completed.

C. Mechanics of staggered terms:

1. 3 fellows of the PPA shall be recommended by the President & approved by the BOD.
2. Every year, the PPA President, with the concurrence of the BOD, shall appoint only one fellow of the PPA, as the newest member of the accreditation committee. This appointee shall be among the 3 members the PPA shall have appointed. The two other fellows are appointees from the 2 preceding years.

The three fellows on the committee will be composed of 1 new member whose 3 year term starts, one member who has two more years to serve and a third member who has 1 more year to serve.

Only one fellow is appointed yearly for a term of three years. In effect, each year, one ends his term while a new one is appointed such that, at any one time the 3 members have 3, 2 & 1 more year/s to serve.

3. The Chairman shall be chosen from among the 3 fellows representing PPA upon recommendation by the President & approved by the BOD.
4. The 2 other members of the Committee shall be members of the PBP-BOG. They shall be recommended by the Chairman of the PBP-BOG with the approval of its Board.
5. Following the same process, only 1 member from the PBP will be recommended to the committee yearly with a term of two years. The other member will be the appointee from the previous year who is on the 2nd year of his /her term.

D. Other roles of specific members:
1. One fellow from the PPA shall act as secretary and shall be responsible for record keeping, documentation and communications.

2. One fellow from the PPA shall be designated as treasurer. He shall take charge of all financial matters in relation to the accreditation process.

IV. APPLICATION PROCESS FOR ACCREDITATION OF PRTP

The intention to apply for re-accreditation should be made known to the Committee on Accreditation at least 6 months before the expiration of the institution’s accreditation. For new training programs, the Committee on Accreditation should be informed of the program at least 6 months before the opening of the training program.

The application process will have the following steps:

1. All applications shall be submitted to the official address of the PPA and addressed to:

   The Chairman
   Committee on Accreditation and Standardization of Residency Training Programs
   Philippine Psychiatric Association

2. All applications shall be acted upon en banc by the committee at a meeting called for the purpose. All decisions regarding acceptance or rejection of applications shall be submitted to the PPA BOD.

3. Applications shall be acted upon by the committee only upon completion of requirements by the institution applying for accreditation.

4. The requirements for an application to be processed will include the following:
   a. Formal letter requesting for accreditation
   b. Photocopy of the official communication and & recommendations from the last accreditation visit.
   c. An application fee of PHP 1000 shall be paid. (This amount is subject to change upon approval of the PPA BOD).

5. Completed application requirements should be accepted at the PPA office no later than June 30 of the year.

6. The Committee on Accreditation will then send to the applying institution
   a. an official letter to inform receipt and acceptance of the application
   b. a checklist of accomplishment, based on the previous Committee’s recommendations, to be filled up by the training officer and noted by the Department Chairman (Appendix A); and
   c. notice of schedule of accreditation visit.

7. Upon receipt of Notice of Acceptance of application, the institution will send the following to the Committee, at least one (1) month before the scheduled accreditation visit:
   a. six (6) copies of the Residency Training Manual and
   b. completed checklist of accomplishments (Appendix A form).

V. ACCREDITATION FEES

1. An initial (1st time) accreditation fee of PHP25,000 shall be charged to the institution seeking accreditation. Or a re-accreditation fee of PHP 20,000 for previously accredited institutions or PHP25,000 for institutions whose previous accreditation was not granted.

2. Fees should be paid at the PPA office before the accreditation team does an inspection.

3. These fees shall be reviewed periodically and adjusted accordingly by the committee

4. Any fee adjustments shall be approved by the board of directors and shall only apply after proper notification has been given to all institutions.
5 All checks shall be addressed to the Philippine Psychiatric Association and provided with official receipts.

6 The accreditation fees shall be deposited to the PPA account and reported by the treasurer of the committee to the PPA.

VI. THE PROCESS OF ACCREDITATION

A. Schedules:

1. Accreditation visits shall be done following the grid of schedules for all institutions (Appendix B), which reflects the last year of accreditation and duration of accreditation. The Committee shall update this grid yearly. Accreditation visits generally take place within 1 day although this may be extended as seen fit by the team.

2. The institution seeking accreditation shall be officially informed of the scheduled visit 3 months ahead to allow time for logistical and other preparations.

B. Conduct of accreditation visit

The process shall consist of the following minimum processes:

1. Inspection of physical set-up and laboratory
2. Assessment of library & information resources
3. Case presentation by a resident physician
4. Assessment of implementation of the program as stated in the training manual Interview with residents
   a. Inspection of records and logbooks
   b. Assessment of training activities
   c. Assessment of specific input of each consultant in the learning activities, lectures, no. of hours didactics, and supervision
   d. Review of each resident’s rotation schedule/year level
5. Review of research output of residents.
6. Assessment of evaluation tools & processes

C. Evaluation Process

1. The committee members shall individually rate the program using the prescribed rating tool
2. All ratings sheets shall be duly signed by the members
3. Ratings shall be collated then averaged
4. The committee shall meet en banc to discuss their findings and recommendations
5. Accreditation shall be granted based on the averaged results as follows:* 
   a. Institutions that achieve a 75% rating will be given a certificate of FULL ACCREDITATION, equivalent to 3 years of accreditation.
   b. Institutions with a rating between 70-74% will be given PARTIAL ACCREDITATION for 2 years.
   c. Institutions with a rating between 65-69% will be given PARTIAL ACCREDITATION for 1 year, and
   d. Institutions with a rating below 65% will not merit any accreditation (NO ACCREDITATION).** Their deficiencies will be specified and defined and the accreditation committee shall give a time frame, no longer than one year, during which they will be asked to work on their deficiencies.

*Adapted from the Accreditation of Residency Training Programs as published in the Philippine Journal of Psychiatry, Volume XII-Number 1, November 1985
** To prevent jeopardizing the affected residents, the institution may link up with an accredited program or have consultants come over to their institution to fulfill the requirements for the deficiencies noted. Flexibility will be given for teaching-learning strategies as long as objectives are met.

6. The secretary of the committee shall make the official communication to the institution and the recommendations to the board of directors two weeks after the deliberation of the committee.

7. Copies of all proceedings, ratings & communications shall be kept on file at the PPA office and properly endorsed to the incoming chairman.

8. Institutions that have been given accreditation will be announced & acknowledged during the next annual convention.

VII. LOGISTICAL EXPENSES RELATING TO the ACCREDITATION PROCESS

A. Honoraria

1. Honoraria to members of accreditation board: PPA shall allot an honoraria of P5,000 per member/accreditation visit for institutions outside Metro Manila and P3,000 per member/accreditation visit for institutions within Metro Manila for those who shall be present during the accreditation visit.

2. Honoraria shall be released only after committee reports and communications to the concerned institutions and the PPA Board shall have been completed and submitted.

B. Travel & Accommodation Expenses:

The institution applying for accreditation shall shoulder these expenses.

VIII. MINIMUM REQUIREMENTS FOR RESIDENCY ACCREDITATION

A. Residency Training Manual:

The manual will contain the following:

1. GENERAL DATA ON THE INSTITUTION AND ORGANIZATIONAL CHART
2. MISSION & VISION
3. LEARNING OBJECTIVES : GENERAL AND SPECIFIC OBJECTIVES
4. TEACHING & LEARNING STRATEGIES
5. LIST OF TRAINING ACTIVITIES DURING THE PERIOD ACCREDITED
6. EVALUATION PROCESS & TOOLS
7. GENERAL STATISTICAL DATA (IN TABULAR FORM)
8. LIST OF CONSULTANTS & RESIDENTS
9. ROTATION SCHEDULE OF EACH RESIDENT
10. RESEARCH OUTPUT OF CURRENT BATCH OF RESIDENTS
11. SPECIFIC INPUTS OF CONSULTANTS IN THE VARIOUS LEARNING ACTIVITIES (SUPERVISION, LECTURES ETC)

B. Roles the graduate of an accredited RTP should be competent in:

1. CLINICIAN
2. TEACHER/TRAINOR
3. RESEARCHER
4. LEADER

C. DURATION OF TRAINING

A minimum of 3 years is required to achieve core competencies.

D. CORE COMPETENCIES - Minimum courses required per year level:
These shall include knowledge, skills and attitudes as defined by the objectives, learning activities, teaching strategies and evaluation measures.

FIRST YEAR

1. Psychiatric Evaluation
   a. Interview (including medical & psychiatric history; doctor-patient relationship, communication & social skills)
   b. Physical, neurological & mental status evaluation & assessment
   c. Proper use of ancillary & other diagnostic procedures (including psychiatric rating scales)
2. Normality and human development; conceptual models in psychiatry
3. Biological psychiatry
4. Research I (Basic research – case report & research proposal)
5. Psychiatric nosology – ICD & DSM
6. The psychotic & mood disorders – including biopsychosocial management
7. Psychiatric emergencies (including toxicology)
8. Medical ethics
9. Introduction to psychotherapy
10. Group dynamics
11. Family therapy - Core concepts
12. Introduction to forensic psychiatry – basic concepts
13. Administrative psychiatry I (ward management)
14. Pedagogy
15. Evidence based psychiatry
16. Filipino Culture

SECOND YEAR

1. The non-psychotic disorders – including biopsychosocial management
2. Practice of Individual psychotherapy
3. Group dynamics
4. Family therapy
5. Behavioral Medicine
6. Research II – implementation of proposal & data gathering
7. Addiction psychiatry
8. Consultation- liaison Psychiatry I – The psychiatric consultation
9. Introduction to social & community psychiatry
10. Administrative psychiatry II (outpatient service management)
11. Practice of forensic psychiatry
12. Basic Neurologic assessment and treatment

THIRD YEAR

1. Basic child & adolescent psychiatry
2. Research III ( data analysis & research paper writing)
3. Social & community psychiatry practicum
4. Consultation-liaison Psychiatry II – Psychiatric liaison
5. Basic couples therapy
6. Basic geriatric psychiatry
7. Administrative psychiatry – program administration*
   *program administration – resident plans, implements, monitors and evaluates a mental health program for 1 year

EACH TRAINING PROGRAM SHALL DEFINE ITS OWN LEARNING ACTIVITIES, TIME FRAME (IE.WHETHER OR NOT IT IS A SPECIFIC ROTATION) & EVALUATION SCHEME. THE EXPECTATION IS THAT LEARNING OBJECTIVES WILL DEFINE KNOWLEDGE, SKILLS & ATTITUDES IN EACH OF THESE AREAS.

E. Rotations and Subspecialty requirements for accreditation

1. Neurology rotation (refer to Appendix C)
required rotation
- 1 month fulltime rotation or 2 months part time, as long as equivalent total number of hours is fulfilled
- rotation is fulfilled in: 2nd year

If an accredited training program in neurology is not available, a rotation in an accredited RTP in Medicine Neurology service will suffice

2. Psychiatry subspecialties

The following subspecialties provided a general set of guidelines as basis for formulating learning objectives and teaching strategies. These are aimed at achieving basic knowledge, skills and attitudes in these subspecialties as a general psychiatrist:

a. Child & adolescent psychiatry (refer to Appendix D)
b. Consultation-liaison psychiatry (refer to Appendix E)
c. Community & social psychiatry (refer to Appendix F)
d. Forensic psychiatry (refer to Appendix G)
e. Geriatric psychiatry (refer to Appendix H)

For Revision pending subspecialty committees output!!!

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</tr>
<tr>
<td>Social &amp; Community Psychiatry</td>
<td>2ND &amp; 3RD yr</td>
<td>OPTIONAL *</td>
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<tr>
<td>Child &amp; Adolescent psychiatry</td>
<td>3RD yr</td>
<td>OPTIONAL *</td>
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<tr>
<td>Consultation-Liaison psychiatry</td>
<td>2ND &amp; 3RD yr</td>
<td>OPTIONAL *</td>
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<tr>
<td>Forensic psychiatry</td>
<td>1ST to 3RD yr</td>
<td>OPTIONAL *</td>
</tr>
<tr>
<td>Geriatric Psychiatry</td>
<td>3RD yr</td>
<td>OPTIONAL *</td>
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The activities for each subspecialty should be specified and based on the curriculum provided by each subspecialty. (See Appendices D,E,F,G and H). Institutions will be given 3 years from approval of this Implementing Guidelines, to incorporate the subspecialty requirements into their curriculum.

*Optional rotation means that there may not be a specific block of time in the program devoted for the particular specialty. However, the expectation is that the objectives set by the subspecialty to fulfill the basic competencies in the subspecialty should be met through modules/lectures, or other learning strategies

F. RESIDENCY TRAINING LOGBOOKS

1. INDIVIDUAL RESIDENTS’ LOGBOOKS - a bound and handwritten/typewritten/computerized document of pertinent information regarding the residency training experience

LOGBOOK 1 is an individual RESIDENCY TRAINING LOGBOOK that is divided as follows:

1. LOG OF DIDACTICS ATTENDED
2. CASE PRESENTATIONS DONE
3. JOURNAL REVIEWS
4. OTHER RELEVANT TRAINING ACTIVITIES
5. LOG OF INPATIENTS & OUTPATIENTS MANAGED
6. GROUP/ FAMILY THERAPIES DONE
7. DATES OF ORAL AND WRITTEN EVALUATIONS AND RATINGS OBTAINED
8. PPA or OTHER PSYCHIATRIC SCIENTIFIC SYMPOSIA/ SEMINAR OR EXTRACURRICULAR ACTIVITIES ATTENDED

*CONSULTANT SUPERVISORS for ALL ACTIVITIES should be included

LOGBOOK 2 is an individual RESIDENCY TRAINING LOGBOOK that contains psychiatric reports and psychotherapy supervision notes of patients
### SUMMARY of FIRST YEAR RESIDENT’S REQUIREMENTS

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<td>Psychotherapy supervision</td>
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<td>1 each of the fl’g:</td>
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### SUMMARY of SECOND YEAR RESIDENT’S REQUIREMENTS

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<tr>
<th></th>
<th>Minimum cases/res</th>
<th>Number supervised cases</th>
<th>Number of Psychiatric reports/Case abstracts</th>
<th>Psychiatric requirements</th>
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<td><strong>In-patients</strong></td>
<td>50</td>
<td>1 case each of: Generalized Anxiety DO or Panic DO, PTSD, alcohol abuse, and methamphetamine abuse</td>
<td>1 case report for each of the supervised cases</td>
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<td>1 each of major depression, bipolar disorder, anxiety DO, substance use DO, personality disorder</td>
<td>1 case report for each of the supervised cases</td>
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<td>Out-patients</td>
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<td>10 child/adol 10 geriatric</td>
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<td>1 each of major depression, bipolar disorder, anxiety DO, substance use DO, personality disorder</td>
<td>1 case report for each of the supervised cases</td>
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<td>Family/Grp Tx</td>
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<td>Case Presentations*</td>
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<td>1 child and 1 geriatric case</td>
<td>1 each</td>
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</table>
| Psychotherapy        |                   | 1 case each of mood DO, Anxiety DO, personality DO – either a borderline PD or , substance use DO | 1 each | supervision

64
# Neurological case

* Case presentations may be a new case conference, grand rounds or general case conference where, at least, 2 of the consultants are present

## SUMMARY of THIRD YEAR RESIDENT'S REQUIREMENTS

<table>
<thead>
<tr>
<th>Number of cases/res</th>
<th>Number supervised cases</th>
<th>Number Psychiatric reports</th>
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<tr>
<td>In-patients</td>
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<td>2 consultation-liaison cases, 2 child cases, 2 geriatric cases</td>
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<td>Out-patients</td>
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<tr>
<td>Case Presentations*</td>
<td>1 consultation-liaison</td>
<td>1 child case</td>
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<td>Psychotherapy supervision</td>
<td>1 child case</td>
<td>1 adolescent</td>
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<td></td>
<td>1 geriatric case</td>
<td>1 consultation-liaison</td>
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</table>

* Case presentations may be a new case conference, grand rounds or general case conference where, at least, 2 of the consultants are present

## 2. TRAINING PROGRAM LOGBOOKS

The training program logbook shall record all the training activities, minimum of which should include the following:

1. CONFERENCES
2. JOURNAL CLUBS
3. DIDACTICS
4. SUPERVISIONS
5. LECTURES
6. SPECIAL ACTIVITIES/TOPICS
7. OUTREACH ACTIVITIES
8. MORTALITY/MORBIDITY CONFERENCES
9. Mental Health Programs

*All of the above should have a date, number of hours, topic discussed and the attendees present, properly countersigned by consultants and residents.

## G. PHYSICAL SET-UP ACCEPTABLE FOR AN ACCREDITED RTP

### 1. Manpower Requirements

a. The Training Officer of the Residency Training Program must be a Fellow in good standing of the Philippine Psychiatric Association.

b. At least two (2) other members of the training staff of the Department must be Diplomates and members in good standing of the Philippine Psychiatric Association.

c. The Department of Psychiatry must have at least one of
   i. PSYCHOLOGIST,
ii. SOCIAL WORKER,
iii. OCCUPATIONAL THERAPIST
iv. ADMINISTRATIVE STAFF
d. The hospital should also have at least one pharmacist.
e. NURSE::BED CAPACITY ratio should be at least
   • 1:15 for acute care facilities
   • 1:30 for chronic care facilities
f. NURSE AIDE::BED CAPACITY ratio should be at least
   • 1:10 for acute care facilities
   • 1:15 for chronic care facilities
g. There should be a RESIDENT::BED CAPACITY ratio of, at most, 1:5, to maximize training

2. General Facilities/ Equipment

Access to the following:

a. Psychological testing
b. Laboratory Facilities:
   i. There should be a general laboratory
   ii. There should also be access to serum lithium, EEG, drug testing and radiologic services (X-RAY, CT SCAN AND MRI)
c. MEDICAL EQUIPMENT (MINIMUM REQUIRED)
   i. Stethoscope
   ii. Sphygmomanometer
   iii. Weighing scale
   iv. Tape measure
   v. Stretcher
   vi. Ambubag
   vii. Oxygen tank
   viii. Emergency psychiatry kit
   ix. ECT machine (or access to it)
   x. Minor surgical kit (optional for general hospital)
   xi. Diagnostic set (otoscope, ophthalmoscope, neurological set)

3. Training Facilities / Equipment

   Hospital facilities should be clean, comfortable and safe, with separate toilets for male and female. The infrastructure should abide by existing fire safety and access for physically disabled laws.

a. INPATIENT UNIT
b. OUTPATIENT UNIT
c. SPECIAL SPACES :
   i. ISOLATION ROOM
   ii. ECT room
   iii. OCCUPATIONAL THERAPY ROOM
   iv. LIBRARY
   v. CONFERENCE ROOM
   vi. PSYCHOTHERAPY/INTERVIEW ROOM
   vii. PLAY THERAPY ROOM
   viii. RECREATIONAL AREA
d. SPECIAL EQUIPMENT
   i. OVERHEAD PROJECTOR/LCD PROJECTOR
   ii. COMPUTERS WITH INTERNET ACCESS
   iii. ENTERTAINMENT EQUIPMENT FOR PATIENTS EG TV, BOARD GAMES

H. READING LIST required for accreditation

ALL YEAR LEVELS
1. American Psychiatry Association Diagnostic & Statistical Manual of Mental Disorders, 4th ed. 1994 USA.
3. Gabbard, Glen O. Psychodynamic Psychiatry in Clinical Practice. The DSM IV ed. (or latest ed)

**FIRST YEAR READING LIST**

2. DIAGNOSTIC AND STATISTICAL MANUAL TR American Psychiatric Association 2000
3. THE CLINICAL INTERVIEW USING DSM IV Othmer and Othmer 1994
4. PSYCHOLOGICAL DEVELOPMENT IN HEALTH AND DISEASE Engle 6 THE EGO AND THE MECHANISM AND PSYCHO PATHOLOGY Freud
5. PERSONALITY DEVELOPMENT AND PSYCHOPATHOLOGY Cameron
6. THE PSYCHIATRIC INTERVIEW IN CLINICAL PRACTICE Mackinnon and Mitchell
7. PSYCHO dynamic PSYCHIATRY IN CLINICAL PRACTICE DSM IV edition Glen Gabbard
8. ELEMENTARY TEXTBOOK IN PSYCHOANALYSIS Brenner
9. PRINCIPLES OF NEURAL SCIENCES Kandel
10. Childhood and Society. 1950 Erikson, E.
11. Emergency Psychiatry for the House Officer Fauman, B.S., Fauman
12. Psychopharmacology of Antipsychotics Stahl, S.M.,
13. PSYCHOLOGICAL BIRTH OF THE HUMAN INFANT Mahler, Margaret
14. NORMALITY & THE LIFE CYCLE A CRITICAL INTEGRATION Melvin Sabshin
15. Death and Dying. Kubler-Ross
17. Psychiatric Interview, Harry Stack Sullivan
18. Tuesdays with Morrie
19. R.A. 9165 Expanded Drug Abuse Act

**SECOND YEAR Additional READING LIST**

1. Psychodynamic Psychiatry in Clinical Practice. Gabbard, G.O
2. Families and Family Therapy. Minuchin, Salvador
4. The Practice of Behavior Therapy. Wolpe, Joseph
5. The Theory and Practice of Group Psychotherapy. Yalom, In/in D
6. PSYCHIATRY, vol 1 & 2 Tasman, Kaz
7. PSYCHIATRIC DECISION MAKING Dubovsky, Feiger 1984

**THIRD YEAR Additional READING LIST**

7. Parenting, CAPPI
IX. RATING SCALES FOR ACCREDITATION:
   A. COLLATED RATING SCALE

NAME OF INSTITUTION: ____________________________
DATE OF ACCREDITATION VISIT: ____________________

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Comments:

Signed:

ACCREDITATION TEAM:
CHAIRMAN: _________________________________
MEMBERS: 1. PPA REPRESENTATIVE __________________
          2. PPA REPRESENTATIVE __________________
          3. PBP PERPRESENTATIVE _________________
          4. PBP REPRESENTATIVE _________________
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- **Name of Institution:** ____________________
- **Signature of Rater:** ________________
### Requirements

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<td>b. mission &amp; vision</td>
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<td>c. learning objectives: general and specific</td>
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<td>d. teaching &amp; learning strategies</td>
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<td>e. list of training activities (period accredited)</td>
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<td>f. evaluation process &amp; tools</td>
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<td>g. general statistical data (tabular)</td>
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<td>h. list of consultants &amp; residents</td>
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<td>i. rotation schedule of each resident</td>
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<td>j. research output of current residents</td>
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<td>k. specific inputs of consultants in the learning activities</td>
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<td>(supervision, lectures etc)</td>
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<td><strong>2. Duration of Program</strong></td>
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<td><strong>3. Core Competencies</strong></td>
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<td><strong>First Year</strong></td>
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<td>a. Psychiatric Evaluation</td>
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<td>c. Physical, neurological &amp; mental status</td>
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<td>d. Proper use of ancillary &amp; diagnostic proc</td>
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<td>e. Normality &amp; human development</td>
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<td>f. Biological psychiatry</td>
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<td>g. Research I (Basic research – case report &amp; research proposal)</td>
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<td>h. Psychiatric nosology</td>
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<td>j. Psychiatric emergencies (incl’g toxicology)</td>
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<td>k. Medical ethics</td>
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<td>l. Introduction to psychotherapy</td>
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<td>m. Group dynamics</td>
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<td>n. Family therapy – Core concepts</td>
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<td>o. Introduction to forensic psychiatry – basic</td>
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<td>p. Administrative psychiatry I (ward mgmt)</td>
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<td>q. Pedagogy</td>
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<td>r. Evidence based psychiatry</td>
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<td>s. Filipino Culture</td>
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<td><strong>Second Year</strong></td>
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<td>a. The non-psychotic disorders</td>
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<td>b. Practice of Individual psychotherapy</td>
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<td>c. Group dynamics</td>
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<td>d. Family therapy</td>
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<td>e. Behavioral Medicine</td>
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<td>f. Research II – implementation of proposal &amp; data gathering</td>
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<td>g. Addiction psychiatry</td>
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<td>h. Consultation - liaison Psychiatry I – The psychiatric consultation</td>
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<tr>
<td>i. Introduction to social &amp; community psychiatry</td>
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j. Administrative psychiatry II (outpatient service mgmt)

k. Practice of forensic psychiatry

l. Basic Neurologic assessment and treatment

3. CORE COMPETENCIES

- THIRD YEAR
  a. Basic child & adolescent psychiatry
  b. Research III (data analysis & writing)
  c. Social & community psychiatry practicum
  d. Consultation-liaison Psychiatry II – Psychiatric liaison
  e. Basic couples therapy
  f. Basic geriatric psychiatry
  g. Administrative psychiatry – program admin

4. NEUROLOGY rotation

5. SUBSPECIALTIES IN PSYCHIATRY

- ADDICTION PSYCHIATRY
- SOCIAL & COMMUNITY
- CHILD & ADOLESCENT
- CONSULTATION-LIAISON
- FORENSIC PSYCHIATRY
- GERIATRIC PSYCHIATRY

6. LOGBOOKS

- INDIVIDUAL RESIDENTS LOGBOOK

LOGBOOK 1 Individual LOGBOOK
  a. CONSULTANT SUPERVISORS/ACTIVITY
  b. LOG OF DIDACTICS ATTENDED
  c. CASE PRESENTATIONS DONE
  d. JOURNAL REVIEWS
  e. OTHER RELEVANT TRAINING ACTIVITIES
  f. LOG OF INPATIENTS & OUTPATIENTS
  g. GROUP/ FAMILY THERAPIES DONE
  h. DATES OF ORAL AND WRITTEN EVALUATIONS AND RATINGS
  i. PPA or OTHER PSYCHIATRIC SCIENTIFIC SYMPOSIA OR EXTRACURRICULAR ACT

LOGBOOK 2 Psychiatric reports

7. LOGBOOKS

- RTP ACTIVITIES LOGBOOK

  a. CONFERENCES
  b. JOURNAL CLUBS
  c. DIDACTICS
  d. SUPERVISIONS
  e. LECTURES
  f. SPECIAL ACTIVITIES/TOPICS
  g. OUTREACH ACTIVITIES
  h. MORTALITY/MORBIDITY CONFS
  i. Mental Health Programs

8. PHYSICAL SET-UP

- Manpower
  a. PSYCHOLOGIST,
  b. SOCIAL WORKER,
  c. OCCUPATIONAL THERAPIST
  d. ADMINISTRATIVE STAFF
  e. PHARMACIST
  h. NURSE::BED CAPACITY ratio
    • 1:15 for acute care facilities
    • 1:30 for chronic care facilities
  i. NURSE AIDE:BED CAPACITY ratio
**1:10** for acute care facilities  
**1:15** for chronic care facilities  

j. **RESIDENT:BED CAPACITY ratio 1:5**

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<th>REQUIREMENTS</th>
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**General Facilities/ Equipment:**

a. Psychological testing  
b. Laboratory Facilities:  
  i. general laboratory  
  ii. access to  
     • serum lithium  
     • EEG  
     • drug testing  
     • radiologic services (X-RAY, CT SCAN, MRI)  
c. **MEDICAL EQUIPMENT**  
  i. Stethoscope  
  ii. Sphygmomanometer  
  iii. Weighing scale  
  iv. Tape measure  
  v. Stretcher  
  vi. Ambubag  
  vii. Oxygen tank  
  viii. Emergency psychiatry kit  
  ix. ECT machine (or access to it)  
  x. Minor surgical kit (optional for general hospital)  
  xi. Diagnostic set (otoscope, ophthalmoscope, neurological set)  

**Training Facilities / Equipment**

a. INPATIENT UNIT  
b. OUTPATIENT UNIT  
c. **SPECIAL SPACES:**  
  • ISOLATION ROOM  
  • ECT room  
  • OCCUPATIONAL THERAPY ROOM  
  • LIBRARY – with complete reading requirements  
  • CONFERENCE ROOM  
  • PSYCHOTHERAPY/INTERVIEW ROOM  
  • PLAY THERAPY ROOM  
  • RECREATIONAL AREA  
d. **SPECIAL EQUIPMENT**  
  • OVERHEAD/LCD PROJECTOR  
  • COMPUTERS WITH INTERNET ACCESS  
  • ENTERTAINMENT EQUIPMENT FOR PATIENTS EG TV, BOARD GAMES  

**10. FULFILLMENT OF ROLES**

➢ CLINICIAN  
➢ TEACHER/TRAINOR  
➢ RESEARCHER  
➢ LEADER

Name of Institution: _______________    Signature of rater: ____________
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+2 given two(2) additional years of accreditation (PPA Board Resolution No___)

+1 given one(1) additional year of accreditation (PPA Board Resolution No___)
Dear Colleagues and Friends,

As we end 2014 filled with hope and joy, let us take stock of how we fulfilled our individual tasks in the service of our patients, their families, and communities; how we gave care to others, to ourselves, and to each other - not to mark our frailties nor fault our shortcomings - but to lift each other in the spirit of kindness, compassion, understanding, & acceptance.

I'd like to borrow from the eloquence of Howard Thurman when he penned this very apt Christmas blessing:

“When the song of the angels is stilled, when the star in the sky is gone, when the kings and princes are home, when the shepherds are back with the flocks, then the work of Christmas begins: to find the lost, to heal those broken in spirit, to feed the hungry, to release the oppressed, to rebuild the nations, to bring peace among all peoples, to make a little music with the heart...And to radiate the light of Christ, every day, in every way, in all that we do and in all that we say. Then the work of Christmas begins.”

May each day in the years ahead be the product of a Christmas well-lived today!

Merry Christmas!

Dr. Ed

Edgardo Juan L. Tolentino, Jr., MD, FPPA
President, Philippine Psychiatric Association