THE JOURNAL OF CONCURRENT DISORDERS

MANUSCRIPT MANAGER

CDS PRESS

ProQuest

EBSCO

Open Access Commentary

Structural Violence, Mental Health, and Addiction: The Case for an Integrated Approach to Philippine Mental Health Agenda

Leavides G. Domingo-Cabarrubias[1,2]

Citation: Domingo-Cabarrubias, L.G. (2026). Structural violence, mental health, and addiction: The case for an integrated approach to Philippine mental health agenda. Journal of Concurrent Disorders.

Editor: Fayez Mahamid, Ph.D.

Received: 04/06/2026
Accepted: 05/16/2026
Published: 06/04/2026

[1]Faculty of Law, Monash University, Australia
[2]**ORCiD:** 0000-0002-9469-4343
*Corresponding author: Leavides G. Domingo-Cabarrubias, leavides@gmail.com

Abstract. The Philippines faces a growing burden of mental illness and substance use disorders, compounded by the lingering psychosocial effects of the COVID-19 pandemic and a punitive drug regime characterised by aggressive law enforcement, extrajudicial violence, and the resulting community trauma. Prevailing discourse explains mental illness and substance use disorders through individual risk factors and clinical comorbidity, often overlooking the structural forces that shape vulnerability and access to care. This commentary advances a more integrated, structurally grounded response. Drawing on the concept of structural violence, the paper situates mental health and substance use disorders within entrenched socio-economic inequality, gendered power relations, and punitive drug policies. Poverty, precarious employment, housing instability, and exposure to violence are not background variables but constitutive conditions that actively influence trajectories of harm and recovery. These dynamics are further patterned by gender, as women face disproportionate mental health burdens linked to multiple obligations, economic instability, and gender-based violence, while services remain insufficiently gender-responsive. An integrated approach to the Philippine mental health agenda therefore requires more than coordination between mental health and addiction services – it demands confronting the structural forces that give rise to vulnerabilities and institutional barriers to care.

Keywords: Philippines; Structural Violence; Gendered Structural Violence; Mental Health; Substance Abuse; Substance Use Disorder.

Introduction

The Philippines faces a growing mental health crisis, compounded by high rates of substance use disorder and the lingering psychosocial effects of the COVID-19 pandemic. Recent national surveys indicate rising levels of depression, anxiety, and psychological distress (PNSMHW, 2021; House of Representatives, 2023; WHO, 2021). At the same time, substance addiction remains a critical concern, deeply intertwined with poverty, criminalisation, and social marginalisation (Hechanova et al., 2023).

Poor mental health is closely linked with substance use disorders (NIDA, 2020; Skewes & Gonzalez, 2013). Research shows that those with a history of substance abuse have the highest prevalence of mental disorders, and that people who have a history of substance use disorder may also experience a co-occurring mental disorder (NSMHW, 2021). Although the enactment of the Philippine Mental Health Act in 2018 (Republic Act No. 11036) marked a significant milestone in recognising mental health as a public concern, service provision remains uneven, under-resourced, and highly concentrated in urban centres. At the same time, drug control policies have historically emphasised punitive enforcement rather than treatment (Lasco & Abesamis, 2026; Simbulan et al., 2019), further complicating pathways to care for individuals experiencing co-occurring mental health and substance use disorders. The so-called "war on drugs," launched in 2016 by then President Rodrigo Duterte, led to thousands of deaths and enduring psychosocial harm for affected families and communities particularly in socioeconomically disadvantaged areas, further exacerbating unmet care needs (Smith et al., 2023). Studies reveal that Filipinos who were exposed to drug-related killings faced significantly higher risks of severe mental distress and post-traumatic stress disorder (Smith et al., 2023; Yamada et al., 2022).

Much of the existing discourse frames mental illness and substance addiction primarily in terms of individual vulnerability, behavioural risk, or gaps in clinical treatment. Studies that acknowledge the relationship between the two typically attribute this comorbidity to shared risk factors or to the ways in which mental illness and substance use disorder can mutually reinforce one another (NIDA, 2020; Hechanova et al., 2023). These studies also emphasise the importance of integrated treatment approaches for co-occurring conditions. Although such integration may be an important component of the country's mental health and drug policy agenda, it remains insufficient without attention to the structural conditions that shape vulnerability and inequalities in access to care.

This commentary argues that mental health and substance addiction in the Philippines must be understood through the lens of structural violence. Structural violence refers to systemic social, political, and economic arrangements that limit peoples' life chances and expose certain populations to preventable harm (Galtung, 1969; Hourani et al., 2021). Applied to the Philippine context, this framework entails looking at how entrenched inequalities — including gender inequality, economic marginalisation, and

punitive approaches to drug use — intensify vulnerability to both mental illness and substance addiction while simultaneously limiting access to appropriate care. An integrated approach to the Philippine mental health agenda therefore requires more than coordination between mental health and addiction services – it demands confronting the structural forces that give rise to vulnerabilities and exclusion in the first place.

Structural Violence as an Analytical Lens

The concept of structural violence provides a useful framework for understanding the interconnections between mental health, addiction, and inequality in the Philippines. Originally articulated by Johan Galtung (1969), structural violence refers to social arrangements that systematically disadvantage certain groups by restricting access to resources, opportunities, institutional protection, and services. Unlike direct violence, which is visible and episodic, structural violence is embedded within everyday institutions and policies (Galtung, 1969; Hourani et al., 2021). It manifests in unequal power, unequal life chances, and the normalisation of social exclusion. Farmer et al. (2013) and Hanna and Kleinman (2013) applied the concept to the study of global health, demonstrating how social, political, and economic structures pattern both vulnerability to illness and access to health services.

Applied to mental health and addiction, structural violence shifts attention from individual pathology to structural inequality. Poverty, precarious employment, housing instability, food insecurity, and exposure to violence are not simply background variables – they are constitutive conditions that generate chronic stress and psychological strain. Empirical research shows that individuals from lower socioeconomic backgrounds often experience heightened anxiety due to ongoing financial strain and unsafe living conditions, which in turn increases their risk of depression and other mental health disorders (Patel et al., 2018; Salem and Robenson, 2025; Tibber & al., 2022). At the same time, limited public investment in mental health, the geographic concentration of services in urban areas, and the stigma surrounding both mental illness and substance use disorders further entrench barriers to appropriate care. Individuals experiencing mental distress or substance dependence thus navigate not only personal challenges, but institutional structures that restrict resources, marginalise individuals, and engender feelings of exclusion and hopelessness.

In the Philippines, drug control has been framed primarily through criminalisation and law enforcement rather than public health (Dangerous Drugs Act of 1972 (Republic Act 6425); Comprehensive Dangerous Drugs Act of 2022 (Republic Act 9165); Lasco & Abesamis, 2026; Simbulan et al., 2019). Punitive approaches intensify marginalisation, particularly among urban poor communities, and produce cycles of incarceration, family disruption, and social stigma. These conditions heighten vulnerability to mental distress while simultaneously deterring individuals from seeking treatment for substance use disorders. Moreover, mental health services and drug treatment programmes are often administratively and conceptually

separated, despite high rates of co-occurrence between mental disorders and substance use disorders. This separation obscures shared structural drivers and limits coordinated responses. An integrated approach, grounded in structural analysis, would recognise that psychological distress, substance dependence, and social marginalisation are mutually reinforcing phenomena embedded within broader socio-economic and legal systems.

By foregrounding structural violence, this commentary does not deny the importance of clinical treatment or individual agency. Rather, it situates individual experiences within the institutional and political contexts that shape vulnerability and access to care.

Gendered Structural Violence and Differential Vulnerability

Structural inequalities are particularly detrimental to women due to the intersection of gender with existing conditions such as inadequate education, limited access to resources, poor health, and other intersectional vulnerabilities (Sato & Babcock, 2023). Mental health disorders disproportionately affect women in all regions of the world (Patwardhan et al, 2024). The cumulative pressures of household obligations, economic insecurity, and limited institutional support generate conditions of chronic stress that are often individualised as anxiety or depression rather than recognised as structurally produced distress. Moreover, experiences of gender-based violence and childhood trauma are well-documented risk factors for both mental health disorders and substance use (Hechanova et al., 2023; UNODC, 2018). Women with substance use disorders reportedly have high rates of post-traumatic stress disorder, commonly associated with childhood adversity such as physical neglect or physical and sexual abuse (UNODC, 2018).

Gendered structural violence is also evident in institutional design. Treatment programmes and rehabilitation services frequently fail to accommodate women's specific needs, including trauma-informed care, reproductive health services, and childcare support (UNODC, 2018). The absence of gender-responsive programming effectively excludes many women from accessing treatment. Similarly, mental health services rarely integrate screening for gender-based violence or provide coordinated referral pathways, despite the clear interconnections between trauma, psychological distress, and substance dependence.

In the Philippine context, women experience mental distress and substance-related harms within gendered social arrangements that shape both vulnerability to mental illness and access to care (Alibudbud, 2023). Moreover, where drug use has been heavily criminalised, women who use drugs are often perceived as lawbreakers and as transgressors of gender norms. This dual stigma compounds barriers to treatment, discourages help-seeking, and increases vulnerability to abuse within both community and custodial settings.

An integrated mental health and addiction agenda must therefore move beyond formal equality — the mere extension of services to all —

toward substantive equality. This requires recognising that women's vulnerabilities are shaped by systemic, well-entrenched forms of gender-based inequality (Domingo-Cabarrubias, 2023).

Conclusion and Policy Implications

Addressing mental health and addiction in the Philippines requires more than expanding services or improving coordination between psychiatric and substance use treatment systems. An integrated approach must confront the structural violence that shapes vulnerability and access to care. Poverty, gender inequality, punitive drug enforcement, and uneven health infrastructure do not operate as background conditions – they actively structure patterns of distress and exclusion.

Reframing the mental health agenda through structural and gendered analysis has several implications. First, integration must extend beyond service delivery to encompass policy coherence across health, social protection, and drug governance frameworks. Second, mental health and addiction services must be gender-responsive and trauma-informed, recognising the specific vulnerabilities of women, particularly those exposed to gender-based violence and caregiving burdens. Third, institutional reforms should prioritise community-based models of care that reduce stigma and enhance accessibility.

Ultimately, shifting from an individualised understanding of mental illness and addiction to a structural and gendered perspective reorients responsibility. It places accountability not solely on individuals to modify behaviour, but on institutions to redesign systems that reproduce inequality. An integrated Philippine mental health agenda must be grounded in substantive equality — one that recognises differential vulnerability, addresses systemic barriers, and affirms the dignity of those most affected.

Funding
No financial support was received for this study.

Availability of Data and Material
N/A

Conflict of Interest
The author declares that she has no conflicts of interest.

Author's Contributions
The author is solely responsible for the conception, drafting, and revision of this manuscript.

Ethical Approval and Informed Consent
Ethics approval was not required as the study did not involve human participants.

References

Alibudbud, R. (2023) Gender in mental health: Comparison of the rate and social factors of depression, anxiety, and stress among young adult Filipino heterosexual cisgender men and women and LGBT+ individuals. *International Journal of Social Psychiatry* 69 (1): 430-437. https://doi.org/10.1177/00207640221106874

Domingo-Cabarrubias, L.G. (2023) The right to food and substantive equality as complementary frameworks in addressing women's food insecurity. *International Journal of Law in Context* 19(3):367-385. https://doi.org/10.1017/S1744552323000022

Farmer, P., Kim, J.Y., Kleinman, A., & Basilico, M. (2013) Introduction: A Biosocial Approach to Global Health. In Paul Farmer, Arthus Kleinman, Jim Kim, & Matthew Basilico (Eds.), *Reimagining Global Health: An Introduction* (pp. 31-41). University of California Press

Galtung J. (1969) Violence, peace, and peace research. *Journal of Peace Research,* 6(3):167–191. https://doi.org/10.1177/002234336900600301

Hanna, B. & Kleinman, A. (2013) Unpacking Global Health: Theory and Critique. In Paul Farmer, Arthus Kleinman, Jim Kim, & Matthew Basilico (Eds.), *Reimagining Global Health: An Introduction* (pp. 42-59). University of California Press

Hechanova, M.R., Manaois, J., Co, T.A., & Escartin, I. (2025) Biopsychosocial predictors of drug dependence among Filipino drug users in community-based drug rehabilitation. *Journal of Ethnicity in Substance Abuse*, 24(2), 410-432. https://doi.org/10.1080/15332640.2023.2217417

Hourani, J., Block, K., Phillimore, J., Bradby, H., Ozcurumez, S., Goodson, L. & Vaughan, C. (2021). Structural and Symbolic Violence Exacerbates the Risks and Consequences of Sexual and Gender-Based Violence for Forced Migrant Women. *Frontiers in Human Dynamics* 3. https://doi.org/10.3389/fhumd.2021.769611

House of Representatives - Congressional Policy and Budget Research Department (2023) *Underscoring the Mental Health Agenda in the Philippines* (Policy Brief No. 2023 -02)

Lasco, G. & Abesamis, L.E.A. (2026). Beyond the Drug War: Young People, Punitive Drug Policies, and Structural Violence in the Philippines. *Journal of Child & Adolescent Substance Use*. https://doi.org/10.1080/29973368.2026.2619771

National Institute of Drug Abuse (NIDA) (2020) *Common comorbidities with substance use and disorders research report*. https://www.ncbi.nlm.nih.gov/books/NBK571451/

Ocampo J.M.F., Santos R.A.N., Sevilleja, J.E.A.D. & Gloria, C.T. (2024) The COVID19 pandemic's effects on mental and psychosocial health in the Philippines: A scoping review. *Cambridge Prisms: Global Mental Health*, 11(e27): 1–12 https://doi.org/10.1017/gmh.2024.14

Patel V., Burns, J.K., Dhingra M, Tarver L, Kohrt B.A., & Lund C (2018) Income inequality and depression: a systematic review and meta-analysis of the association and a scoping review of mechanisms. *World Psychiatry* 17(1):76-89. https://doi.org/10.1002/wps.20492

Patwardhan, V., Gil, G.F., Arrieta, A., Cagney, J., DeGraw, E., Herbert, M.E., Khalil, M., Mullany, E.C., O'Connell, E.N., Spencer, C.N., Stein, C., Valikhanova, A., Gakidou, E., & Flor, L.S. (2024) Differences across the lifespan between females and males in the top 20 causes of disease burden globally: a systematic analysis of the Global Burden of Disease Study 2021. *Lancet Public Health 2024*, 9 (5): e282–e294

Philippine National Survey on Mental Health and Well-being (NSMHW) (2021). University of the Philippines.

Salem, M. & Robenson, J. (2025) The Impact of Socioeconomic Factors on Mental Health: A Conceptual Framework *Cureus* 17(7): 1-7. 10.7759/cureus.88244

Sato, M. and Babcock, S. (Eds.) (2023) *Silently Silenced: State-Sanctioned Killing of Women.* Eleos Justice, Monash University and Cornell Center on the Death Penalty Worldwide

Simbulan, N., Estacio, L., Dioquino-Maligaso, C., Herbosa, T., & Mellissa Withers, M. (2019). The Manila Declaration on the Drug Problem in the Philippines. *Annals of Global Health,* 85(1) Article 26, 1–4. https://doi.org/10.5334/aogh.28

Skewes, M. C., & Gonzalez, V. M (2013) The biopsychosocial model of addiction. In Peter M. Miller (Ed.) *Principles of Addiction: Comprehensive Addictive Behaviors and Disorders*, vol. 1: 61–70. Academic Press. https://doi.org/10.1016/B978-0-12-398336-7.00006-1

Smith, A.J., De Ungria, M.C.A., Flaviano Lopez Villanueva, F.L., Bhugra, D., & Liebrenz, M. (2023) Strengthening mental health initiatives and care pathways for families affected by the Philippine drug war. *The Lancet Regional Health -Western Pacific,* 36(100844). https://doi.org/10.1016/j.lanwpc.2023.100844

Tibber MS, Walji F, Kirkbride J.B., & Huddy V (2022) The association between income inequality and adult mental health at the subnational level-a systematic review. *Social Psychiatry Psychiatric Epidemiology* 57:1-24. https://doi.org/10.1007/s00127-021-02159-w

United Nations Office on Drugs and Crime (UNODC) (2018). *World Drug Report 2018*

World Health Organization (WHO) (2021). Prevention and management of mental health conditions in the Philippines: The case for investment. World Health Organization Regional Office for the Western Pacific

Yamada, C., Tsutsumi, A., Izutsu, T., & Matsuo, H. (2023). Exposure to drug-related killings and its psychological consequences in the Philippines. *Traumatology, 29*(2), 202–210. https://doi.org/10.1037/trm0000416

Article Submission: https://jcd.manuscriptmanager.net/