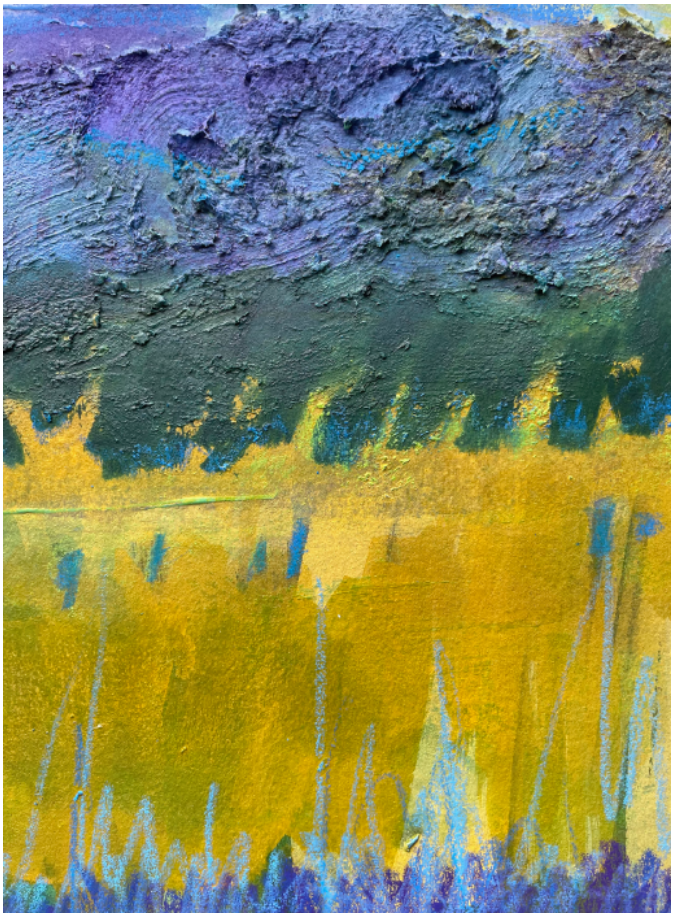
ESSAY

Patient Notes

by Bella Majam



"Divine Eye Opening" by Arlene Tribbia

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My first brush with psychiatric hospitalization, I often joke, was a prelude to my sweet sixteenth.

There are a few things you can only learn once you've stepped into the National Center for Mental Health. The first is how to condense months of pain, confusion, and wounds into a brisk sentence: *minor patient expressing active thoughts of suicide.* This is the sentence that will push you from the row of gray chairs under a canopy tent and into the double-doors of the Center's emergency ward — air-conditioned, without scent, and punctuated by the occasional moan of someone restrained to a wheelchair.

The second, which I'd come to learn while eating a chocolate muffin I was given in preparation for ingesting my new antidepressant, is the importance of repetition. I did not know yet that I would spend the next months repeating the phrase *I wanted to die* to doctors who would change names and faces every two weeks, but already I knew how long it would take to recount my reasons. I had a leg marked with fresh, shallow scars and a tendency to tear up after speaking a sentence, but that did not stop me from circling through three different doctors all waiting for me to tell them why I was here.

And the third, a lesson which would come when I was out of the emergency ward, lined up with the other kids waiting for their checkups. It was three days before I turned sixteen, and eventually, the official date of my diagnosis.

My mother was talking to Aileen, a woman whose daughter had social anxiety.

"What is she taking?" Aileen peered at us curiously.

"Escitalopram," my mother said. "And Olanzapine. It's an antipsychotic. Very effective when mixed with antidepressants." A pause. The moment Mama, too, learned with me.

"She's not actually psychotic," my mother explained.

At fifteen, I was halfway through my third year at a state-run boarding school renowned for producing an eclectic mix of provincial mayors, prima ballerinas, and guerrilla revolutionaries. My classmates and I were selected by an annual series of auditions held from Cagayan de Oro to Manila in pursuit of the next *iskolar ng bayan para sa sining.* Out of hundreds of students across the country, only forty made the cut for our batch.

We were the first freshman class to hold seventh grade online instead of on-site. Unlike our seniors, we didn't get the initiation of leaving home come Sunday afternoon and returning Friday night. Thus, we had two years to prepare ourselves for living away from our parents, our days spent in a school populated by the same two-hundred-or-so faces every day, year

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after year, until we graduated.

I learned of my acceptance on Valentine's Day. On Fridays, the sixth graders had to stay until three p.m. for Scout training, so unlike on any other day, I read the list of *qualifiers for scholarship* in the school quadrangle. I did not believe in God anymore, but I nodded when my mother called to share the news, thanking Him for such a great opportunity.

The National Center for Mental Health stands in the middle of a semi-residential area. To get there, you have to tell a taxi driver you're on your way to Mental, a colloquialism from when the NCMH was still the National Mental Hospital.

Past the flat arch spelling the hospital's name in block, silver letters, you'll walk by a statue of Sisa, her young sons clutching onto her dress. *A mother driven mad because of the hardship and suffering she endured,* the plaque reads in Filipino, *as detailed by the national hero Jose Rizal in his novel, Noli Me Tangere.*

At Triage, a nurse will take your temperature and jot it down somewhere on her clipboard. *Cough, colds, or fevers in the past fourteen days? Hearing voices? Thoughts of harming yourself or others?*

Make your way to Step One, where the lines snake across the open-air building. This is where you go to get your number — A53, C21 — which determines how many patients come before you.

From Step One, proceed to Outpatient Psychiatric. Outpatient Psychiatric is separated into two outdoor waiting areas: Adult and Child. The Adult section is a series of metal chairs and a mounted, working electric fan. The Child patients and their parents have to make do with the cement benches of Balete. Balete is named after the tree the benches encircle. With every visit, there are anywhere from fifty to sixty Child patients, and here, unlike with the Adults, the seats are always full.

Before the Center, I saw mental illness in others, but never myself. The crowd which became my friend group was mostly homogeneous: middle class, English-speaking kids whose parents complained they were too quiet, too absorbed in their cellphones. They lived in condos. They graduated from cheap, local private schools. Sometimes, they even went on vacation.

But underneath the stability of their lives brewed an emotional turmoil. There was A, who once searched for her brother in the streets of Pasig after their father punched him — some

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dispute about the brother's queer, effeminate movement. There was L, the girl a grade above me who tried to swallow a dozen or so Biogesic pills; when her parents found out, her mom tried to joke that she shouldn't contribute to the then-ongoing shortage. My best friend, C, who spent most of 2021 musing to me whether or not they should end the nightly flashbacks with Clorox.

My friends shared these stories through Messenger chats and no-reply Discord channels, their pain like the three dots on the screen which alerted me to their typing: rise, fall, rise. Disappear. Sent. Seen.

I didn't think to tell them to be stronger. Instead, we'd talk into the night, offering each other virtual 'hugs' and jokes made at an ignorant parent's expense. I didn't think that they were anything but ill. I knew why they cried, and — despite the fear — I understood why they wanted to die.

The National Center for Mental Health formally opened on December 17, 1928. Occupying 42 hectares of land, the Center is one of only two psychiatric hospitals in the Philippines trained to provide high-level, long-term care to patients with severe mental illness, but that doesn't say much. The other institution, Mariveles Mental Hospital, has a bed capacity of 500 to the NCMH's 4,200.

The Center was heralded as the "best" option to us by patients and practitioners alike. After all, everything was completely free. The Sertraline I was eventually prescribed was 56 pesos a pill. Each week of being medicated would cost a day of my mother's salary as a freelance English tutor.

The same time I entered it as a patient, a resolution was filed to probe the conditions at the NCMH. A talk-show-host-turned-senator conducted a surprise inspection and was indignant at what he found: patients asleep on floors, crowded wards with no ventilation. *The smell is worse than a pig pen*, he told reporters.

But things can become brilliant out of necessity. Weeks before my hospitalization, I had inquired with a psychiatrist my guidance counselor referred me to. He informed me an hour-long initial consultation would be four thousand pesos. I called my mother from my dorm, trying to hide my disappointment. *It's okay,* she said. *We'll figure something out.*

It would take a meltdown, a car ride, and the threat of institutionalization for us to come to that *something.* But like the other patients of the Center, we had done the math and made our bargain. It would cost us nothing to wait.

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I did not like sitting on the benches from 6 a.m. to a quarter past 12, my back aching from having nothing to rest it against. I did not like the flies taking shelter in the flaps of candy wrappers at the base of the tree. I did not like the patience I had to pack along with my water bottle and power bank the nights before we went to the NCMH.

But I liked the stories. It would take us anywhere from five to eight hours before we could attend our appointment, and until then, I would be scrolling through TikTok, listening to music, or pretending to, my earphones plugged in for the sake of being left alone.

As the minutes passed, my mother would find someone to talk to. They were usually other middle-aged women with teenage children, children who remained quiet as their mothers shared descriptions of their suicidal thoughts.

Aileen was the first. She had come with her two daughters: sixteen and seventeen, autistic and socially anxious, respectively. She carried a shoulder bag of snacks. “It takes a long time here,” she mumbled, rummaging through it.

She mentioned the nearby McDonald’s, where Mama and I would eventually kill time for the rest of our visits. “Don’t buy from the cafeteria,” Aileen warned. “It’s so disgusting it ended up on the news.”

Aileen introduced us to the NCMH standard of learning someone’s diagnosis before their name. I didn’t know what her eldest was called, but I did know she had social anxiety, was interested in animation, and liked to write on Wattpad. I knew her mother thought she was looking for attention. “They’re only like this because they think we don’t support them,” Aileen scoffed. Recently, her daughter had attempted again for the fifth time.

When we moved from Balete and into the hallway containing the doctor’s office, her daughter disappearing behind the glass door, Aileen turned to my mother, mid-sentence, and started sobbing.

Mothers were the most common figures Mama made conversation with, but they weren’t the only ones. There was Bebe, the twenty-two-year-old student on leave from college following another bout of depression and social anxiety. She wore baggy pants and had a black-inked doll tattooed on her right arm, but she was soft-spoken, spending most of the hour crocheting colorful baby dresses for a side hustle.

The grandmother, who was accompanying her 27-year-old grandson to the Center for his checkup. He wasn’t scheduled for that day, but they’d come anyway; something felt wrong, he claimed. Her grandson graduated cum laude, taught biology to high school students, and

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had tried to jump into a ravine in Tagaytay. His parents were dead, so his grandmother did the brunt of the work of raising him and his younger brother.

And Eunice. She stuck out to me because she was young, a few months from eighteen, but unlike other kids, she sought out conversation. She was asking my mother how many boyfriends I'd had, telling her I must have been "blinded by a kiss." Before that, she'd startled me by calling me pretty; I had my earphones on, but like most visits, I listened to the hum of my mother's conversations in lieu of music.

I remember Eunice because she peppered my mother with questions. *Did you graduate college? What do you do for work? How many children do you have?* The questions only stopped when she went with her companion to get Jollibee, but when she arrived, she turned her attention to me.

"What are you writing?"

She didn't wait for a reply. Eunice took my notebook, flipping through it a bit. "You write like it's a book," she said.

Her questions again. But this time, she was looking at me. I was the one who had to answer.

"What triggers you?"

What?

"What do you want to be when you grow up?"

I opened my mouth to answer. A writer, I began, but she cut me off.

"Do you accept that you're sick?"

She'd taken just a moment to pivot from the topic of illness — her, she accepted she was bipolar, since a relative had it too — to the topic of politics. Did I want to join my local *barangay's* youth group? Did I know that UP was only filled with activists and terrorists, so it shouldn't be my dream school?

I didn't know what to say, but I didn't have to. I was called by the nurse, a number in place of my name, and I bid goodbye to Eunice, walking away quickly. Indoors, I was grateful for the quiet, for the ability to open my notebook and simply write other people's stories.

I was no stranger to hospitals. In 2019, I spent a week confined in a nearby emergency ward after excessive vaginal bleeding caused fainting spells. Two years later, we'd rush my grandmother there as well, her eyes barely open as COVID made its final run through her body.

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I was used to schedules for antibiotics pinned on refrigerator doors. I was used to checkups which required us to wake before sunrise. I was used, most of all, to waiting.

But I did not know how to be sick — not like this. Sickness was my mother as she learned to use her lungs again, her body attached to an oxygen tank taller than she was. Sickness was the ultrasound the doctor ordered to rule out PCOS or uterine abnormalities. Sickness was a series of scans slipped into a brown envelope.

The doctors prescribed a blue pill to take each night. Selective serotonin reuptake inhibitors, Google informed me, were meant to raise the aforementioned hormone, and with it, my mood. There was no promise of cure; there was only the hope of respite.

The origin of the word "diagnosis" means "recognition," but at fifteen, I balked at the idea of being mood-disordered. I wasn't plagued by an inability to get out of bed for days, or a sadness which gripped me with no rhyme or reason. I was simply weak, a teenager too ill-equipped to handle the stress of everyday life, and thus, was better off dead.

Sickness implied an invisible cause and effect, but whichever way you looked at it, I had done this on my own — the meltdowns, the scars. There was no one to blame but myself.

In Susan Sontag's *Illness as Metaphor*, the nature of blame and fascination the able-bodied impose upon the ill is probed through ruminations on tuberculosis and cancer. Patients suffering from the former were thought to have sensitive, romantic personalities — as with the death of the poet Keats. Meanwhile, cancer, with its aggressive, "military" rhetoric, was conceived as punishment. Either way, illness is a reflection of a patient's character. "Psychological theories of illness," Sontag writes, "are a powerful means of placing the blame on the ill."

There exists, then, a divide between those who are sick and those who are not. Those whose bodies are ravaged by chemotherapy or hacking coughs, and those whose bodies aren't. Cancer, Sontag proposes, is an invasion of one's character; tuberculosis, an extension of it.

Where, in this language of physical and moral divides, does that leave the mentally ill?

The patients were only allowed to eat with their hands. I do not remember who told us this. We waited in a line of chairs outside another air-conditioned office where children drew stick people, copied constellation-shaped dots, and picked out patterns from a blue booklet. I knew because I'd done the same; the psychological assessment would determine whether or not I could go back to school.

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The psychological testing unit stood at the end of a long corridor, right next to a gate only male guards or nurses could access with a key. Behind it, what passed as the male patients' dining area. I craned my neck. The patients sat together side-by-side, identically-shaved heads bobbing up and down as they shoveled food with their fingers. Some of them were oblivious to those of us, also patients, watching them. But most of them, I remember, stared back.

"Everyone who is born holds dual citizenship," Sontag claims, "in the kingdom of the well and in the kingdom of the sick."

I think of illness — in particular, mental illnesses — and its relation to borders. Borders decide who is one of us and who isn't; they tell us who to keep out, and in doing so, who to protect.

To declare citizenship is to declare allegiance, but for those living with chronic mental illness, the only promise we know is one of statelessness. No tests to tell us the invader has been defeated, or otherwise grown too terminal for us to even return to full health. There is no kingdom to come back to after all.

"You might regret it."

I imagine my mother's conversation with the doctor — male, early thirties, red collared shirt. I imagine his face scrunching into a sympathetic smile when he tells her, *fair warning, ma'am, because you might say I didn't warn you —*

I imagine her nodding as he recounts the other mother who had requested documentation from the NCMH regarding her child's condition; it was to avail of a Persons With Disabilities card. I imagine him as he tells her that the same mother had come months later to try and erase the record, to take back the identification of her child as someone with a *psychosocial disability*. It affected their job record, she bemoaned.

"'But I told him we really needed it,'" my mother quotes now. A PWD card would permanently mark me as disordered, but it was the price to pay for affordable medicine and discounted groceries. The NCMH was two hours away from where we lived. The commute alone was an expense we squeezed out of our tight budget.

Here was proof: I could choose, but only once. Eunice's question again, but this time, I needed to answer.

Do you accept that you're sick?

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My last brush with psychiatric hospitalization marked its first anniversary yesterday. Like before, I'm at home after filing for academic leave following near-daily thoughts of suicide. Unlike before, I don't spend the day sobbing uncontrollably, my mother barricading a plastic cabinet against the door to prevent me from locking it.

You can roll up my sleeves. You can ask why I've been suicidal. You can also — as my mother did yesterday — go to the mall. Buy donuts, grocery shop, eat at a restaurant packed with families on a Saturday afternoon.

Outside of the Center: I can wave down a waiter, dictate an order for barbecue chicken, and ask for someone to restock the utensil station. I can be someone beyond prognosis.

What if it doesn't work? I slurred. My mother held my arm, steadying me as we made our way from the emergency ward and to the counter to fetch my new meds. I was newly sixteen and terrified of living. *What if it doesn't work?*

We just have to be patient, she said, *and wait.*

So we do.

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