



HOUSE OF REPRESENTATIVES

H. No. 6452

BY REPRESENTATIVES QUIMBO, CAYETANO, VILLARICA, SALO, NOGRALES (K.A.), NOGRALES (J.J.), BAGUILAT, ROA-PUNO, VILLARIN, ZARATE, NIETO, MACEDA, LANETE, ALVAREZ (P.), FARINAS, SUAREZ, ZAMORA (M.C.), PRIMICIAS-AGABAS, AGLIPAY-VILLAR, DALIPE, ANTONIO, NAVA, CHIPECO, SAVELLANO, BELARO, TAMBUNTING, LAGMAN, HERRERA-DY, BAG-AO, DE JESUS, ELAGO, BROSAS, SY-ALVARADO, ORTEGA (P.), GO (M.), SAHALI, ESCUDERO, VARGAS, AGGABAO, VIOLAGO, BRAVO (A.), ACOP, SUANSING (E.), ARAGONES, CHAVEZ, CUARESMA, MARINO, PALMA, BULUT-BEGTANG, ROQUE (H.), ERIGUEL, RODRIGUEZ (M.), ROBES, MERCADO, YAP (V.), VILLARAZA-SUAREZ, JAVIER, LOBREGAT, SANDOVAL, BIRON, GARBIN, GARCIA (J.E.), ALEJANO, BIAZON, MANALO, DIMAPORO (M.K.), VELASCO, GERON, BORDADO, OLIVAREZ, VELASCO-CATERA, TUGNA, BELMONTE (J.C.), TAN (A.), SIAO, HOFER, NOEL, MATUGAS, ORTEGA (V.N.), BAGATSING, GOMEZ, CUEVA, BERNOS AND DIMAPORO (A.), PER COMMITTEE REPORT NO. 393

AN ACT ESTABLISHING A NATIONAL MENTAL HEALTH POLICY FOR THE PURPOSE OF ENHANCING THE DELIVERY OF INTEGRATED MENTAL HEALTH SERVICES, PROMOTING AND PROTECTING THE RIGHTS OF PERSONS UTILIZING PSYCHIATRIC, NEUROLOGIC AND PSYCHOSOCIAL HEALTH SERVICES, AND APPROPRIATING FUNDS THEREFOR

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

CHAPTER I

GENERAL PROVISIONS

SECTION 1. *Title.* – This Act shall be known as the
“Comprehensive Mental Health Act of 2017.”

SEC. 2. *Declaration of Policy.* – It is the policy of the State
to protect and promote the right to health of the people and instill
health consciousness among them. To this end, the State shall, as a
policy, create and ensure a unified, accountable, comprehensive
mental health services system, which shall:

(a) Promote sound mental health by upholding the basic
rights of all Filipinos to mental health;

(b) Uphold, protect, and promote the basic right to health of
all Filipinos with due attention to mental health and psychosocial
well-being;

(c) 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 mental disability;

(d) Respect the fundamental rights of people who require
mental health services to enhance their significant contribution in
the civil, political, economic, social and cultural spheres;

(e) Recognize that mental health includes not only commonly
known mental illnesses and disorders but also the effect to one's
mind of the risk brought by extreme life experiences such as
disasters, armed conflict, domestic abuse, drug abuse and
dependence, addiction, as well as the psychosocial concerns of daily
living;

1 (f) Establish and operationalize rights-based/community-
2 based mental health care facilities nationwide;

3 (g) Reduce the chronicity of mental illness;

4 (h) Make available best possible measures to promote mental
5 well-being and to prevent mental disorder;

6 (i) Provide equitable access to quality, affordable,
7 geographically accessible, and voluntary mental health care;

8 (j) Provide effective mechanisms or measures to reintegrate
9 into society individuals who have fallen victims to mental health
10 illnesses, including drug abuse and drug dependence, through
11 sustainable programs of treatment and rehabilitation;

12 (k) Provide appropriate, accessible, affordable, effective and
13 efficient mental health and psychosocial interventions and services,
14 from prevention to treatment and rehabilitation, that will ensure
15 that citizens shall be able to continue to function and exercise their
16 civil, political, economic, social, religious, educational, and cultural
17 rights;

18 (l) Ensure the establishment of an integrated and
19 comprehensive mental health care system, encompassing primary
20 to tertiary levels of care, promotion, prevention to treatment and
21 rehabilitation, from the national to the barangay community level;

22 (m) Provide neurologic and psychosocial health services to
23 address such mental issues;

24 (n) Ensure the free dispensation of mental health care
25 services and medications to indigent patients and service users
26 consisting of the members of the marginalized and disadvantaged
27 families, as identified through National Household Targeting
28 System for Poverty Reduction (NHTS-PR) and other government
29 measures of identifying marginalization; and

(o) Drugs and medicines for mental health care and treatment shall be included in the Philippine National Drug Formulary System (PNDFS) and in the Essential Drug List (EDL).

SEC. 3. *Objectives.* – The following are the objectives of the Comprehensive Mental Health Act:

(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, well-planned, effectively organized and efficiently delivered mental health care system that responds to their mental health needs in equity with their physical health needs;

(b) Promote mental health, protection of the rights and freedoms of persons with mental health needs and the reduction of the burden and consequences of mental ill-health, mental and brain disorders and disabilities;

(c) Provide the direction for a coherent, rational, and unified response and efforts to address the nation's mental health problems and concerns;

(d) Integrate mental health care in the general health delivery system, especially in the programs of the Department of Health (DOH), the Department of the Interior and Local Government (DILG), and the Department of Social Welfare and Development (DSWD) for the mentally disabled persons;

(e) Integrate, introduce and promote the study of mental health in both elementary and secondary educational systems to prevent depression, obesity, and teenage pregnancy among students of this age group; and

(f) Deter peoples' predisposition to discriminate and stigmatize those with mental illness by incorporating mental health

1 awareness and advocacy in school curriculum of public and private
2 schools in the elementary and secondary level.

3 SEC. 4. *Definition of Terms.* – As used in this Act:

4 (a) *Addiction* refers to a primary chronic disease of brain
5 reward, motivation, memory, and related circuitry. Dysfunctions in
6 the circuitry lead to characteristic biological, psychological, social,
7 and spiritual manifestations. It is characterized by the inability to
8 consistently abstain impairment and behavioral control, craving
9 diminished recognition of significant problems with one's behavior
10 and interpersonal relationships and a dysfunctional emotional
11 response;

12 (b) *Allied professionals* refer to any formally educated and
13 trained nonmental health professionals such as physicians, social
14 workers, nurses, occupational therapists, recreational therapists,
15 priests, ministers, pastors and nuns;

16 (c) *Board certification* refers to the process of qualifying
17 medical specialists through requirements and examinations set by
18 the Board of an accredited medical specialty, including other
19 specialty boards and specialists such as psychologists, so appointed
20 or elected for that specific purposes by the certified members of the
21 medical specialty;

22 (d) *Carer* refers to the person who may or may not be the
23 patient's next of kin or relative who maintains a close personal
24 relationship and manifests concern for the welfare of the patient;

25 (e) *Community-based rehabilitation* refers to a rights-based
26 program, planned and implemented in the community, that ensures
27 intervention for a mental health patient either as a supplemental
28 undertaking to hospital care, primary drug use programs, or in
29 place of facility-based treatment as long as the patient is not a

1 danger to oneself or to others;

2 (f) *Confidentiality* refers to the relationship of trust and
3 confidence created or existing between service users and their
4 mental health professionals, mental health workers and allied
5 professionals. The relationship also applies to any person who, in
6 any official capacity, has acquired or may have acquired such
7 confidential information;

8 (g) *Discrimination on the basis of disability* refers to any
9 distinction, exclusion or restriction on the basis of disability which
10 has the purpose or effect of nullifying the recognition, enjoyment
11 or exercise, on an equal basis with others, of all human rights
12 and fundamental freedoms in the political, economic, social,
13 cultural, civil or any other field. It includes all forms of
14 discrimination, including denial of reasonable accommodation.
15 Special measures solely to protect the rights or secure
16 the advancement of persons with decision-making impairment
17 capacity shall not be deemed to be discriminatory;

18 (h) *Informed consent* refers to the voluntary acceptance of
19 a plan for treatment by a service user who does not have a
20 decision-making impairment capacity, after full disclosure by
21 the attending mental health professional of information
22 regarding the plan of treatment, its risks, benefits and available
23 alternatives;

24 (i) *Legal representative* refers to a substitute decision maker
25 charged by law with the duty of representing a patient in any
26 specified undertaking or of exercising specified rights on the
27 patient's behalf. The legal representative may also be a person
28 appointed in writing by the patient to act on one's behalf unless the
29 patient lacks mental capacity, or otherwise fails to appoint a legal

1 representative in writing, in which case the legal representative
2 shall be in the following order:

3 (1) The spouse, if any, unless permanently separated from
4 the patient as rendered by a court of competent jurisdiction, or has
5 deserted or has been deserted by the patient for any period which
6 has not come to an end; or

7 (2) Sons and daughters over the age of eighteen (18) years;

8 (3) Either parent by mutual consent; and

9 (4) A person appointed by a decree of a court to represent
10 the patient;

11 (j) *Mental disability* refers to impairments, activity
12 limitations, and individual and participatory restrictions denoting
13 dysfunctional aspects of interaction between an individual and one's
14 environment;

15 (k) *Mental health* refers to a state of well-being in which
16 every individual realizes one's own potential, is able to cope with the
17 normal stresses of life, can work productively and fruitfully, and
18 make a contribution to the community;

19 (l) *Mental health facility* refers to any establishment, or any
20 unit of an establishment, which has, as its primary function,
21 mental health care or services;

22 (m) *Mental health professional* refers to a medical doctor,
23 clinical psychologist, nurse, social worker or any other
24 appropriately-trained and qualified person with specific skills
25 relevant to the provision of mental health services;

26 (n) *Mental health services* refer to psychosocial, psychiatric or
27 neurologic activities and programs along with the whole range of
28 mental health support services including the promotion thereof; and

1 the prevention, treatment, and aftercare, which are provided by
2 mental health facilities and mental health professionals;

3 (o) *Mental health workers* refer to trained volunteers and
4 advocates engaged in mental health promotion and services under
5 the supervision of mental health professionals;

6 (p) *Mental illness* refers to neurologic or psychiatric disorder
7 characterized by the existence of recognizable, clinically significant
8 disturbances in an individual's cognition, thoughts, emotion and
9 general behavior that reflects a dysfunction in the neurobiological,
10 psychosocial, or development processes underlying psychological,
11 intellectual or social dysfunction such as anxiety disorders, mood
12 disorders, depression and bipolar disorders, and psychotic disorders
13 like schizophrenia, dementia, eating disorders, postpartum
14 depression, and post-traumatic stress disorder (PTSD), among
15 others. Socially deviant behavior which may be exhibited in
16 political, religious or sexual expressions and conflicts primarily
17 between the individual and society are not mental disorders unless
18 the deviance or conflict results from a dysfunction in the individual,
19 as described above. A person is said to suffer from chronic mental
20 illness if he/she suffers from a serious mental illness that causes
21 him/her to be significantly functionally impaired over an indefinite
22 period of time;

23 (q) *Mental or psychological incapacity* refers to the
24 inability to:

25 (1) Understand the information given concerning the nature
26 of the disorder;

27 (2) Understand the consequences that the decisions and
28 actions have for one's own life or health and for the life and health
29 of others, which may be serious and irreversible;

1 (3) Understand that treatment might mitigate or remedy the
2 condition and that lack of treatment might aggravate it;

3 (4) Understand the information about the nature of
4 treatment proposed, including the means of treatment, its direct
5 effects and its possible side effects; and

6 (5) Effectively communicate with others regarding one's
7 condition and one's consent to treatment or hospitalization;

8 (r) *Multidisciplinary care plan* refers to a comprehensive and
9 holistic care/treatment plan which includes a range of interventions
10 to address not just the psychological concerns of the service user but
11 other factors in one's social environment, as to involve the varied
12 expertise of a range of mental health professionals including
13 doctors, nurses, psychologists, social workers, nutritionists and
14 dieticians, occupational therapists and other therapists;

15 (s) *Patient* refers to a person receiving or utilizing mental
16 health care and treatment from a mental health care facility or
17 clinic. As used in this Act, a patient may also refer to a service user
18 who may not at all times be considered a patient;

19 (t) *Person with disability* refers to a person who has a long-
20 term physical, mental, intellectual, or sensory impairments which
21 in interaction with various barriers may hinder their full and
22 effective participation in the society on an equal basis with others;

23 (u) *Psychiatric emergencies* refer to conditions which may
24 present a serious threat to a person's well-being and/or that of
25 others requiring immediate psychiatric interventions such as in
26 cases of attempted suicide, acute intoxication, severe depression,
27 acute psychosis, or violent behavior;

28 (v) *Psychosocial problem* refers to a condition that indicates
29 the existence of dysfunctions in the individual's behavior, thoughts,

1 and feelings brought about by sudden, extreme, or prolonged or
2 cumulated stressors in the physical or social environment;

3 (w) *Rehabilitation* refers to the process of helping people,
4 including persons with mental problems or disabilities, to find
5 ways of returning to the normal life they led before the illness
6 started;

7 (x) *Substituted decision making* refers to the act of making
8 decisions on behalf of a service user in situations where the latter
9 has been assessed by a mental health professional to be mentally
10 incapacitated, consistent with the service user's written directives,
11 if available; and

12 (y) *Supported decision making* refers to the act of assisting
13 a service user who retains decision-making ability, or who is
14 not otherwise mentally incapacitated as defined herein, in
15 coherently expressing a mental health-related preference, intention
16 or decision.

17 CHAPTER II

18 BASIC MENTAL HEALTH RIGHTS

19 SEC. 5. *Right to Mental Health.* – Every person shall have
20 the right to the best available mental health care, which shall be
21 part of the health and social care and protection system.

22 SEC. 6. *Rights of a Person with Mental Illness or Who is*
23 *Being Treated for a Mental Illness.* – Every person with a mental
24 illness or who is being treated for a mental illness shall have the
25 following rights:

26 (a) Humane treatment and respect for the inherent dignity of
27 the human person;

28 (b) Protection from economic, sexual and other forms of
29 exploitation, physical or other abuse and degrading treatment;

1 (c) Not to be discriminated on the ground of mental illness;

2 (d) Exercise of all civil, political, economic, social, and cultural
3 rights respecting individual qualities, abilities and diverse
4 backgrounds and without any discrimination on grounds of physical
5 disability, age, gender, sexual orientation, race, color, language,
6 civil status, religion, or national or ethnic or social origin of
7 the service user concerned as recognized in the Universal
8 Declaration of Human Rights, the International Covenant on
9 Economic, Social and Cultural Rights, the International Covenant
10 on Civil Declaration on the Rights of Disabled Persons and
11 the Body of Principles for the Protection of All Persons under Any
12 Form of Detention or Imprisonment;

13 (e) Freedom from social, economic, and political
14 discrimination and stigmatization, whether committed by public or
15 private actors;

16 (f) Access to treatment with the same quality and standards
17 as other individuals in a safe and conducive environment;

18 (g) Access to treatment which addresses holistically their
19 needs through a multidisciplinary care plan approach;

20 (h) Access to treatment in the least restrictive environment
21 and in the least restrictive manner;

22 (i) Access to aftercare and rehabilitation when possible in
23 the community so as to facilitate their social reintegration and
24 inclusion;

25 (j) Adequate information about the disorder and the services
26 available to cater to their needs and the treatment options available
27 and to actively consent to, and participate in the formulation of,
28 such services and treatment plans;

29 (k) Live and work in the community, to the extent possible;

1 (l) Access to responsible legal representative and carer of
2 their choice whenever possible;

3 (m) Confidentiality of all information, communication and
4 records about themselves, their illness and treatment, in whatever
5 form stored, which information shall not be revealed to third parties
6 without their consent unless:

7 (1) There is a law that requires disclosure;

8 (2) It can be argued that the person has provided express
9 consent to the disclosure; and

10 (3) There is good reason to believe that specific persons or
11 groups are placed in serious, credible threat of harm if such
12 disclosure is not made;

13 (n) Access to their clinical records unless, in the opinion of the
14 attending mental health professional, revealing such information
15 would cause harm to the patient's health or put the safety of others
16 at risk. When any such clinical records are withheld, the patient
17 or the legal representative may contest the decision with the
18 internal review body created pursuant to this Act, authorized to
19 investigate and resolve disputes, or with the Commission on Human
20 Rights (CHR);

21 (o) Information, within twenty-four (24) hours of admission to
22 a mental health facility, of the rights enumerated in this section in
23 a form and language understood by the patient;

24 (p) Legal representation and assistance from a competent
25 counsel of the service user's choice, or from the Public Attorney's
26 Office (PAO) or the choice of a legal aid institution by the service
27 user or representative, in case the service user cannot afford the
28 service of a counsel;

1 (q) Participation in a mental health advocacy, policy,
2 planning, legislation, service provision, monitoring, research and
3 evaluation program;

4 (r) The mental health patient shall not be put in a solitary
5 confinement;

6 (s) Access to essential health and social services that enable
7 recovery and achievement of the highest attainable standard of
8 mental health without risk of impoverishing the patient or the
9 family;

10 (t) Access to mental health services at all levels of the health
11 care system; and

12 (u) By oneself or through a legal representative, to file with
13 the CHR, the DOH or the Department of Justice (DOJ), complaints
14 of improprieties, abuses in mental health care, violations of rights of
15 persons with mental health needs, and seek to initiate appropriate
16 investigation and action against those who authorized illegal
17 or unlawful involuntary treatment or confinement, and committed
18 improprieties, abuses and other violations.

19 The CHR and the DOJ are authorized to investigate, conduct
20 inspections and commend appropriate administrative, civil,
21 and penal actions to ensure full compliance with domestic
22 and international standards governing the legal basis for
23 treatment and detention, quality of medical care and living
24 standards.

25 *SEC. 7. Rights of Family Members, Carers, and Legal*
26 *Representatives.* - The family members, carers, and the
27 duly-designated or appointed legal representative of the service
28 user shall have the right to:

(a) Receive appropriate psychosocial support from relevant government agencies;

(b) With the consent of the concerned service user, participate in the formulation, development and implementation of the service user's individualized treatment plan;

(c) Apply for the release from and transfer of the service user to a more appropriate mental health facility; and

(d) Participate in mental health advocacy, policy, planning, legislation service provision, monitoring, research and evaluation.

SEC. 8. *Rights of Mental Health Professionals.* – Mental health professionals shall have the right to:

(a) Have a safe and supportive health environment;

(b) Participate in a continuous professional development program;

(c) Participate in the planning, development, and management of health services;

(d) Except in emergency situations, manage and control all aspects of one's practice, including whether or not to accept or decline a service user for treatment;

(e) Advocate for the right of a service user, in cases where the service user's wishes are at odds with those of his/her family or legal representative;

(f) Contribute to the development and regular review of standards for evaluating mental health services provided to service users; and

(g) Participate in the development of mental health policy and service delivery guidelines.

SEC. 9. *Quality of Mental Health Services.* – Mental health services provided pursuant to this Act shall be:

- 1 (a) Based on medical and scientific research findings;
- 2 (b) Based on the clinical, cultural and ethnic and other
- 3 special needs of the individuals being served;
- 4 (c) Most appropriate and least restrictive setting available to
- 5 the local mental health authority;
- 6 (d) Accessible to all age groups; and
- 7 (e) Provided by qualified individuals and delivered in a
- 8 manner that provides accountability.

9 CHAPTER III

10 DUTIES AND RESPONSIBILITIES OF GOVERNMENT AGENCIES 11 AND ALL MENTAL HEALTH SERVICE PROVIDERS

12 SEC. 10. *Duties and Responsibilities of the Department of*
13 *Health (DOH).* — To achieve the policy and objectives of this
14 Act, the DOH shall:

- 15 (a) Formulate, develop, and implement a national mental
- 16 health program in close coordination with, and active involvement
- 17 of, persons with disabilities and their respective organizations,
- 18 and other users of mental health facilities and services, including
- 19 families and their carers, and mental health professionals;
- 20 (b) Ensure that a safe, therapeutic, and hygienic environment
- 21 with sufficient privacy exists in all mental health facilities and, for
- 22 this purpose, shall be responsible for the regulation, licensing,
- 23 monitoring, and assessment of all mental health facilities;
- 24 (c) Integrate mental health into the routine health
- 25 information system and identify, collate, routinely report, and
- 26 use core mental health data disaggregated by sex and age, and
- 27 health outcomes, including data on completed and attempted
- 28 suicides, in order to improve mental health service delivery,
- 29 the promotion and prevention strategies;

1 (d) Improve research capacity and academic collaboration
2 on national priorities for research in mental health, particularly
3 operational research;

4 (e) Coordinate with the Philippine Health Insurance
5 Corporation (PhilHealth) to ensure that insurance packages
6 equivalent to those covering physical disorders of comparable
7 impact to the patient, as measured by Disability-Adjusted Life Year
8 or other methodologies, are available to patients affected by mental
9 disorders;

10 (f) Prohibit forced or inadequately remunerated labor within
11 mental health facilities, unless such labor is justified as part of an
12 accepted therapeutic treatment program;

13 (g) Develop alternatives to institutionalization, within a
14 specified time frame, particularly community-based approaches to
15 treatment aimed at receiving patients discharged from hospitals,
16 meeting the needs expressed by persons with mental health
17 disorders, and respecting their autonomy, decisions, dignity, and
18 privacy. The DOH shall develop a mental health awareness
19 program. In coordination with government agencies relevant for this
20 purpose, the DOH shall create a framework for Mental Health
21 Awareness Program to promote effective strategies regarding
22 mental health care, its components, and services. Every local
23 government unit (LGU) and academic institution shall create their
24 own programs in accordance with the general guidelines set by the
25 Philippine Council for Mental Health. LGUs and academic
26 institutions shall coordinate with all concerned government
27 agencies and the private sector for the implementation of the
28 program;

1 (h) Establish a balanced system of community-based and
2 hospital-based mental health services at all levels of the public
3 health care system from the barangay, municipal, city, provincial,
4 regional to the national level;

5 (i) Institute human rights training for its personnel and staff;

6 (j) Create and improve awareness campaign on stigmatized
7 medical conditions such as psoriasis, human immunodeficiency
8 virus-acquired immunodeficiency syndrome (HIV-AIDS), and
9 Hansen's disease; and

10 (k) Coordinate with various government and private
11 organizations to align existing policies and programs.

12 SEC. 11. *Duties and Responsibilities of the Commission on*
13 *Human Rights (CHR).* – The CHR shall:

14 (a) Inspect mental health facilities to ensure that service
15 users therein, particularly women, children and the elderly, are not
16 being subjected to cruel, inhumane, or degrading conditions or
17 treatment;

18 (b) Establish mechanisms to investigate, address, and act
19 upon impropriety and abuse in the treatment and care received by
20 service users, particularly when such treatment or care is
21 administered or implemented involuntarily;

22 (c) Investigate all cases involving involuntary treatment,
23 confinement, or care of service users, for the purpose of ensuring
24 strict compliance with domestic and international standards,
25 respecting the legality, quality, and appropriateness of such
26 treatment, confinement, or care; and

27 (d) Appoint a focal commissioner for mental health tasked
28 with protecting and promoting the rights of service users and other
29 persons utilizing mental health services or confined in mental

1 health facilities, as well as the rights of mental health professionals
2 and workers. The focal commissioner shall, upon a finding that a
3 mental health facility, mental health professional, or mental health
4 worker has violated any of the rights provided for in this Act, take
5 all necessary action to rectify or remedy such violation, including
6 recommending that an administrative, civil, or criminal case be filed
7 by the appropriate government agency.

8 *SEC. 12. Investigative Role of the Commission on Human*
9 *Rights (CHR).* – The investigative role of the CHR as provided in
10 the pertinent provisions of this Act shall be limited to all violations
11 of human rights involving civil and political rights consistent with
12 the powers and functions of the CHR under Section 18 of Article
13 XIII of the Constitution, which reads, “Investigate, on its own or on
14 complaint by any party, all forms of human rights violations
15 involving civil and political rights”. Such human rights violations
16 related to mental health and mental illness shall be those
17 committed by the State and agents, officials and employees of public
18 health institutions and facilities, and private individuals or groups
19 organized by the government and tolerated or acting with the
20 acquiescence of the State.

21 *SEC. 13. Duties and Responsibilities of All Mental Health*
22 *Facilities and Mental Health Service Providers.* – Mental health
23 facilities and service providers shall:

24 (a) Establish policies, guidelines, and protocols for
25 minimizing the use of restrictive care and involuntary treatment;

26 (b) Inform service users of their rights under this Act and all
27 other pertinent laws and regulations;

1 (c) Provide every service user, whether admitted for
2 voluntary or involuntary treatment, with complete information
3 regarding the plan of treatment to be implemented;

4 (d) Ensure that informed consent is obtained from service
5 users, including persons with psychosocial disabilities prior to the
6 implementation of any medical procedure or plan of treatment or
7 care, except when the service user concerned is mentally
8 incapacitated, as defined herein;

9 (e) Ensure that involuntary treatment or restraint, whether
10 physical or chemical, is only administered or implemented pursuant
11 to the following safeguards and conditions, and only to the extent
12 that such treatment or restraint is necessary:

13 (1) During psychiatric or neurologic emergencies;

14 (2) Upon the order of the service user's attending physician,
15 which order must be reviewed by a board-certified psychiatrist
16 immediately;

17 (3) When all other means of treatment or restraint have
18 proven unsuccessful; and

19 (4) That such involuntary medical treatment or restraint
20 shall be: in strict accordance with guidelines approved by
21 the appropriate authorities, which must contain clear criteria
22 regulating the application and termination of such medical
23 intervention; used for the shortest period of time possible, as
24 assessed by a board-certified psychiatrist or by the service user's
25 attending physician under the supervision of a board-certified
26 psychiatrist; and fully documented and subject to regular external
27 independent monitoring and audit;

1 (f) Maintain a register containing information on all medical
2 treatments and procedures involuntarily administered to service
3 users;

4 (g) Ensure that legal representatives are designated or
5 appointed only after the requirements of this Act and the
6 procedures established for the purpose have been observed, which
7 procedures should respect the autonomy and preferences of the
8 patient as far as practicable; and

9 (h) Establish an internal review body to monitor and ensure
10 compliance with the provisions of this Act, as well as receive,
11 investigate, resolve, and act upon complaints brought by service
12 users or their families and legal representatives against the mental
13 health facility or any mental health professional or worker.

14 SEC. 14. *Complaint and Investigation.* – The DOH, CHR
15 and DOJ shall receive all complaints of improprieties and abuses in
16 mental health care and shall initiate appropriate investigation
17 and action.

18 Further, the CHR shall inspect all places where psychiatric
19 service users are held for involuntary treatment or otherwise, to
20 ensure full compliance with domestic and international standards
21 governing the legal basis for treatment and detention, quality of
22 medical care and living standards. The CHR may, *motu proprio*, file
23 a complaint against erring mental health care institutions should
24 they find any noncompliance, based on its investigations.

25 CHAPTER IV

26 INSTITUTIONALIZATION OF THE 27 PHILIPPINE COUNCIL FOR MENTAL HEALTH

28 SEC. 15. *Mandate.* – The Philippine Council for Mental
29 Health, herein referred to as the Council, is hereby established as

1 an attached agency under the Department of Health, to provide for
2 a coherent, rational and unified response to mental health
3 problems, concerns, and efforts through the formulation and
4 implementation of national mental health care services delivery.

5 SEC. 16. *Duties and Functions.* – The council shall exercise
6 the following duties:

7 (a) Review and formulate policies and guidelines on mental
8 health issues and concerns;

9 (b) Develop a comprehensive and integrated national plan
10 and program on mental health;

11 (c) Conduct regular monitoring and evaluation in support of
12 policy formulation and planning on mental health;

13 (d) Promote and facilitate collaboration among sectors and
14 disciplines for the development and implementation of mental
15 health-related programs within these sectors;

16 (e) Provide overall technical supervision and ensure
17 compliance with policies, programs, and projects within the
18 comprehensive framework of the National Mental Health Care
19 Services Delivery System and other activities related to the
20 implementation of this Act, through the review of mental health
21 services and the adoption of legal and other remedies provided
22 by law;

23 (f) Plan and implement the necessary and urgent capacity
24 building, reorientation and training programs for all mental health
25 professionals, mental health workers and allied professionals as
26 articulated in this Act;

27 (g) Review all existing laws related to mental health and
28 recommend legislation which will sustain and strengthen programs,
29 services and other mental health initiatives;

1 (h) Conduct or facilitate the implementation of studies and
2 researches on mental health, with special emphasis on studies that
3 would serve as basis for developing appropriate and culturally
4 relevant mental health services in the community;

5 (i) Create interagency committees, project task forces, and
6 other groups necessary to implement the policy and program
7 framework of this Act;

8 (j) Collaborate with various agencies; and

9 (k) Perform other duties and functions necessary to carry out
10 the purposes of this Act.

11 SEC. 17. *Composition.* - The Council shall be composed of
12 the following:

13 (a) The Secretary of Health, as *ex officio* Chairman;

14 (b) The Executive Director, as Vice Chairman and Chief
15 Executive Officer;

16 (c) Two (2) representatives from government sector;

17 (d) Two (2) representatives from the private health sector or
18 consumer groups;

19 (e) One (1) representative from the academe or research
20 groups;

21 (f) Two (2) representatives from professional organizations;
22 and

23 (g) Two (2) representatives from allied nongovernment
24 organizations involved in mental health issues, as members.

25 The members of the Council shall serve for three (3) years. In
26 case a vacancy occurs in the Council, any person chosen to fill the
27 vacancy shall serve only for the unexpired term of the member
28 whom he/she succeeds.

1 Within thirty (30) days from the effectivity of this Act, the
2 President of the Philippines shall appoint the members of the
3 Council.

4 SEC. 18. *National Mental Health Care Services Delivery*
5 *System.* – Within six (6) months from the effectivity of this Act, the
6 DOH shall develop the National Mental Health Care Services
7 Delivery System.

8 For purposes of this Act, the National Mental Health Care
9 Services Delivery System shall constitute a quality mental health
10 care program which shall include the enhancement of integrated
11 mental health services, the protection of persons utilizing mental
12 health services, prescription of measures for the prevention and
13 control of mental disorders through the development of efficient and
14 effective structures, systems and mechanisms, effective delivery of
15 mental health care to all its stakeholders by qualified, competent,
16 compassionate and ethical mental health professionals and mental
17 health workers. The National Mental Health Care Services
18 Delivery System shall also include and institute a nationwide
19 mental health information and education program.

20 Among others, the National Mental Health Care Services
21 Delivery System shall include the following features:

22 (a) An age-specific schedule of mental health issues, including
23 commonly known mental illnesses and disorders as well as risk
24 factors that have been clinically determined to affect one's mental
25 health;

26 (b) Standards and policies that will ensure conditions for a
27 safe therapeutic and hygienic environment with sufficient privacy in
28 mental health facilities;

(c) Duties and responsibilities of each government agency concerned with mental health in the implementation of the National Mental Health Care Services Delivery System;

(d) Responsibilities of the service users, their family, carers, legal representatives, mental health professionals, and mental health facilities that will ensure maximum effectivity of implemented mental health programs;

(e) Standards applicable to licensing, monitoring and assessment of mental health facilities; and

(f) Alternatives to institutionalization, within a specified time frame, such as community-based treatment with a view of receiving persons discharged from hospitals.

SEC. 19. *Coordination with the Local Community.* - The DOH shall supervise the development and coordination of locally available mental health services by the LGUs in a manner consistent with this Act.

SEC. 20. *National Center for Mental Health.* - The National Center for Mental Health, formerly the National Mental Hospital, being the premiere training and research center under the Department of Health, shall expand its capacity for research and development of interventions on mental and neurological services in the country. It shall also play a key role as a training base to all allied fields in both government agencies and nongovernment organizations which are involved in the national mental health care delivery.

CHAPTER V

MENTAL HEALTH SERVICE IN THE COMMUNITY

SEC. 21. *Community-based Mental Health Care Facilities.* - The national government, through the Philippine Council for

1 Mental Health, shall fund the establishment and operation of
2 community-based mental health care facilities of at least initially
3 one per province, city and cluster municipalities in the entire
4 country to the institutionalized mental health care services and
5 enhance the rights-based approach to mental health care.

6 SEC. 22. Each community-based mental health care facility
7 shall, in addition to adequate room, office or clinic, have a
8 complement of mental health professionals, allied professionals,
9 support staff, trained barangay health workers, volunteer family
10 members of patients or service users, basic equipment and supplies,
11 and adequate stock of medicines.

12 SEC. 23. Every province, city and cluster of municipalities,
13 hosting community-based mental health care facilities shall assist
14 the Philippine Council for Mental Health in the efficient and
15 continued operation of the community-based mental health care
16 facilities.

17 SEC. 24. *Reportorial Requirements.* – The community-based
18 mental health care facility shall make a quarterly report to the
19 Philippine Council for Mental Health which shall include, among
20 others, the following data: number of patients/service users
21 attended to and/or served, the respective kinds of mental illness or
22 disability, duration and result of the treatment, and patients/service
23 users' age, gender, educational attainment and employment without
24 disclosing the identities of such patients/service users for
25 confidentiality.

26 SEC. 25. *Local Mental Health Service.* – Mental health
27 service shall, within the general health care system in the
28 community, include the following:

1 (a) Development and integration of mental health care at the
2 primary health care in the community;

3 (b) Support services for families and coworkers of service
4 users, carers, legal representatives and mental health professionals;

5 (c) Continuation of programs for capacity-building among
6 existing local mental health workers so that they can undertake
7 mental health care in the community and undertake training and
8 capacity-building programs in close coordination with mental or
9 psychiatric hospitals or departments of psychiatry in general or
10 university hospitals; and

11 (d) Advocacy and promotion of mental health awareness
12 among the general population.

13 SEC. 26. *Psychiatric, Psychosocial, and Neurologic Services in*
14 *Regional, Provincial, and Tertiary Hospitals.* - All regional,
15 provincial, and tertiary hospitals, including private hospitals
16 rendering service to paying patients, shall provide the following
17 psychiatric, psychosocial, and neurologic services:

18 (a) Short-term, in-patient hospital care in an adequate
19 psychiatric ward for service users exhibiting acute psychiatric
20 symptoms;

21 (b) Partial hospital care for those with psychiatric symptoms
22 or undergoing difficult personal and family circumstances;

23 (c) Out-patient clinic in close collaboration with the mental
24 health program at the primary health centers in the area;

25 (d) Linkage and possible supervision of home care services
26 for those with special needs as a consequence of long-term
27 hospitalization, unavailable family members, inadequate or
28 noncompliance to treatment;

1 (e) Coordination with drug rehabilitation centers on the care,
2 treatment and rehabilitation of persons suffering from drug or
3 alcohol induced mental, emotional and behavioral disorder; and

4 (f) Referral system with other health and social welfare
5 programs, both government and nongovernment, for programs on
6 the prevention of mental illness, the management of those at risk
7 for mental health and psychosocial problems and mental illness or
8 disability.

9 SEC. 27. *Local Health Care Facilities.* – Each LGU, upon its
10 determination of the necessity based on well-supported data
11 provided by its local health office, shall establish or upgrade
12 hospitals and facilities with adequate and qualified personnel,
13 equipment and supplies to be able to provide mental health services
14 and to address psychiatric emergencies: *Provided,* That people in
15 geographically isolated and/or highly populated and depressed areas
16 shall have the same level of access and shall not be neglected by
17 providing other means such as home visits or mobile health care
18 clinics, as needed: *Provided, further,* That the national government
19 shall provide additional funding and other necessary assistance for
20 the effective implementation of this provision.

21 SEC. 28. *Capacity to Conduct Drug Screening.* – Pursuant to
22 its duty to provide mental health services and consistent with the
23 policy of treating drug dependency as a mental health issue, each
24 local health care facility must be capable of conducting drug
25 screening and, for this purpose, must employ at least one (1) DOH
26 physician who is licensed to conduct such examination.

27 SEC. 29. *Capacity Building of Barangay Health Workers.*
28 – The DOH shall be responsible for disseminating information and

1 providing training programs to LGUs. The LGUs, with the technical
2 assistance of the DOH, shall be responsible for the training of
3 barangay health workers (BHWs) and other barangay volunteers on
4 the promotion of mental health. The DOH shall provide assistance
5 to LGUs with medical supplies and equipment needed by BHWs to
6 carry out their functions effectively.

7 SEC. 30. *Public Awareness.* – The DOH and the LGUs shall
8 initiate and sustain a heightened nationwide multimedia campaign
9 to raise the level of public awareness on the protection and
10 promotion of mental health and rights including, but not limited to,
11 mental health and nutrition, stress handling, guidance and
12 counseling, and other elements of mental health.

13 CHAPTER VI

14 MENTAL HEALTH FOR DRUG DEPENDENTS

15 SEC. 31. *Voluntary Submission of a Drug Dependent to*
16 *Confinement, Treatment and Rehabilitation.* – Persons who avail of
17 the voluntary submission provision of Republic Act No. 9165,
18 otherwise known as the “Comprehensive Dangerous Drugs Act of
19 2002”, shall undergo an examination for mental illness due to drug
20 dependency and, if found to be mentally ill, shall be covered by
21 the provision of this Act such as the rights of mentally ill
22 persons and the services and facilities available to those with
23 mental illness.

24 Persons charged under Republic Act No. 9165, otherwise
25 known as the “Comprehensive Dangerous Dugs Act of 2002”, shall
26 likewise undergo an examination for mental illness and, if found to
27 be mentally ill, be entitled to the same rights and privileges under
28 this Act for persons who avail of the voluntary submission provision.

CHAPTER VII

EDUCATION, RESEARCH AND DEVELOPMENT

SEC. 32. *Integration of Mental Health into the Educational System.* – The State shall ensure the integration of mental health into the educational system, as follows:

(a) Age-appropriate content pertaining to mental health shall be integrated into the curriculum at all educational levels;

(b) Psychiatry and neurology shall be required subjects in all medical and allied health courses, including post-graduate courses in health; and

(c) Traditional disciplines such as psychiatry and psychology as well as other international best practices shall be included in the curricula.

SEC. 33. *Mental Health Programs in Educational Institutions.* – Educational institutions such as schools, colleges, universities, and technical schools shall:

(a) Develop age-appropriate training and guidelines to students and peer group heads to ensure the proper implementation of peer counseling and student-to-student helping programs;

(b) Provide school-based mental health promotion, screening, and referral systems including student-to-student helping programs, peer counseling and other similar methods of delivering knowledge that improve social learning and provide psychosocial support;

(c) Work in collaboration with government-run and provide academic institutions, mental health associations, civic society groups, and other relevant stakeholders to develop age-appropriate and culturally-relevant mental health services to students; and

1 (d) Develop other programs for students, educators, and
2 other employees designed to: raise awareness on mental health
3 issues; identify and provide support for individuals at risk; and
4 facilitate access of individuals with mental health conditions to
5 treatment and psychosocial support.

6 SEC. 34. *Mental Health Programs and Policies in the*
7 *Workplace.* - Employers shall develop appropriate policies and
8 programs on mental health in the workplace designed to: raise
9 awareness on mental health issues; correct the stigma and
10 discrimination associated with mental health conditions; identify
11 and provide support for individuals at risk; and facilitate access of
12 individuals with mental health conditions to treatment and
13 psychosocial support.

14 SEC. 35. *Research and Development.* - Research and
15 development shall be undertaken, in collaboration with academic
16 institutions, psychiatric, neurologic, and related associations, and
17 nongovernment organizations, to produce the information, evidence,
18 and research necessary to formulate and develop a culturally-
19 relevant national mental health program incorporating indigenous
20 concepts and practices related to mental health:

21 (a) High ethical standards in mental health research shall be
22 promoted to ensure that: research is conducted only with the free
23 and informed consent of the persons involved; researchers do not
24 receive privileges, compensation or remuneration in exchange for
25 encouraging or recruiting participants; potentially harmful or
26 dangerous research is not undertaken; and all research is approved
27 by an independent ethics committee, in accordance with applicable
28 law; and

(b) Research and development shall also be undertaken *vis-à-vis* nonmedical programs such as physical fitness programs, sports, emotional support pets, journal writing, occupational therapy, art and music therapy, gardening, traveling, meditation, talk therapy, peer support groups, and other traditional or alternative practices.

CHAPTER VIII

MISCELLANEOUS PROVISIONS

SEC. 36. *Appropriations.* – The amount needed for the initial implementation of this Act shall be charged against the 2017 and 2018 appropriations of the DOH for the following:

(a) Maintenance and other operating expenses of the National Mental Health Program and capital outlays for the development of psychiatric facilities among selected DOH hospitals which shall both be sub-alloted with the Philippine Council for Mental Health for its administration and disbursement; and

(b) Two percent (2%) of the total new revenues collected under the Tax Reform for Acceleration and Inclusion. The amount appropriated for the National Center for Mental Health shall remain with this pioneer government mental health institution.

Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act under the budget of the Philippine Council for Mental Health which annual appropriations shall be no less than the initial amount appropriated for the first year implementation of this Act as well as of the previous year's annual appropriations.

SEC. 37. *Implementing Rules and Regulations (IRR).* – Within ninety (90) days from the effectivity of this Act, the Secretary of Health shall, in coordination with the Council,

1 formulate the IRR necessary for the effective implementation of
2 this Act.

3 SEC. 38. *Penalty Clause.* – Any person who violates any of
4 the provisions of this Act or its IRR shall, upon conviction by final
5 judgment, be punished by imprisonment of not less than six (6)
6 months nor more than two (2) years or a fine of not less than ten
7 thousand pesos (P10,000.00) nor more than two hundred thousand
8 pesos (P200,000.00), or both, at the discretion of the court. If the
9 violation is committed by a juridical person, the penalty provided for
10 in this Act shall be imposed upon the directors, officers, employees
11 or other officials or persons therein responsible for the offense. If
12 the violation is committed by an alien, he/she shall be immediately
13 deported after service of sentence, without need of further
14 proceedings.

15 SEC. 39. *Separability Clause.* – If any provision or part of
16 this Act is held invalid or unconstitutional, the remaining parts or
17 provisions not affected thereby shall remain in full force and effect.

18 SEC. 40. *Repealing Clause.* – Executive Order No. 470,
19 series of 1998, is hereby repealed. All other laws, rules, regulations,
20 orders, circulars, and other issuances or parts thereof which are
21 inconsistent with the provisions of this Act are hereby repealed or
22 amended accordingly.

23 SEC. 41. *Effectivity.* – This Act shall take effect fifteen (15)
24 days after its publication in the *Official Gazette* or in a newspaper
25 of general circulation.

Approved,

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