

Senate
S.B. No. 3509

JAN - 7 1938

Introduced by Senate President Juan Ponce Enrile

EXPLANATORY NOTE

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". It calls to attention that mental health is more than just the presence of psychiatric disorder or sickness but, more importantly, also redounds to a positive condition of one's mental well-being.

Mental health is a vital part of full and total health. Problems on mental health contains not just the traditional mental disorders but the issues of target populations susceptible to psychosocial risks caused by extreme life experiences such as disasters, near-death experiences, heinous and violent crimes, internal displacement brought about by religious and civil unrest including the psychosocial matters of daily living like preserving a sense of well-being in these complicated times.

Mental health programs therefore should realize the significance of community efforts with multi-sectoral and multi-disciplinary participation. Such programs must take into consideration the promotive, preventive, curative and rehabilitative aspects of medical attention. Psychiatric patient care continues beyond mental hospitals, and must be made available in general hospitals, health centers and homes. Relevant health care activities and interventions must be done closest to where the need or the patient is.

In the Philippines, mental health services are clearly lacking. Both human and financial resources are also wanting. Whatever mental health strategy our government currently follows is still hindered by a small budget and inadequate administrative framework. No mental health law has been founded.

What is ideal is to assimilate mental health into primary health care, provide mental health care in general hospitals and develop community-based mental health services. Services for mental health should be obtainable within the public health and the hospital system in the country.

The purpose of this bill is the comprehensive addition of Mental Health in the national system. It is to render available, accessible, affordable and equitable quality mental health care and services to the Filipinos especially the poor, the underserved and high risk populations. The passage of this proposed law will go a long way in promoting mental health among the general population.

In this context, passage of the Bill is earnestly requested.


JUAN PONCE ENRILE

FOURTEENTH CONGRESS OF THE)
 REPUBLIC OF THE PHILIPPINES)
 Third Regular Session)

OFFICE OF THE SECRETARY

2 NOV -3 : 38

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AN ACT
PROVIDING FOR A NATIONAL MENTAL HEALTH CARE DELIVERY SYSTEM,
ESTABLISHING FOR THE PURPOSE THE PHILIPPINE COUNCIL FOR MENTAL
HEALTH AND APPROPRIATING FUNDS THEREFOR

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

1 SECTION 1. **Short Title.** – This Act shall be known as the “*National Mental Health*
 2 *Act of 2009.*”

3 SEC. 2. **Declaration of Policy.** – It is hereby declared the policy of the State to
 4 uphold the right of the people to mental health and instill mental health consciousness among
 5 them. Towards this end, the State shall adopt an integrated and comprehensive approach to the
 6 development of the National Mental Health Care Delivery System to deliver appropriate services
 7 and interventions including provision of mental health protection, care, treatment and other
 8 essential services to those with mental illness or disability.

9 SEC. 3. **Objectives.** – The objectives of this Act are as follows:

10 a) Promote a shift from a hospital based system to a strengthened community based
 11 mental health care delivery system;

12 b) Reorient and modernize the existing mental health facilities or institutions;

13 c) Integrate mental health care in the general health care delivery system;

14 d) Prevent, treat and control mental illness at all levels and rehabilitate persons with
 15 mental disability;

16 e) Provide access to comprehensive health care and treatment which ensure a well-
 17 balanced mental health program of community based and hospital care and treatment;

18 f) Establish a nationwide multi-sectoral collaborative network for the identification
 19 and prevention of mental illness or disability and the management of mental health problems
 20 among vulnerable groups in the population which include those affected by overseas
 21 employment, children, adolescents, elderly and those who are in need of special protection like
 22 survivors of extreme life experiences and violence, among others; and,

23 g) Protect and promote the mental health of the people through a multi-disciplinary
 24 approach that encompasses health, education, labor and employment, justice, and social welfare.

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

1 a. *Mental health* refers to a state of well-being in which an individual fulfills his/her
2 own potential in every stage of human development, at work and in relationships, in order to
3 cope with the day to day stresses of life and make a positive contribution to the community;

4 b. *Mental illness* refers to mental or psychiatric disorder characterized by the
5 existence of recognizable changes in the thoughts, feelings and general behaviour of an
6 individual brought about by neurobiological causes manifested by genetic or biochemical
7 abnormalities and associated medical conditions which include distress, personality disorder,
8 substance use dependence and mental retardation;

9 c. *Psychosocial problem* refers to a condition that indicates the existence of
10 recognizable changes in the individual's behaviour, thoughts and feelings brought about and
11 closely related to sudden, extreme and prolonged stressors in the physical or social environment;

12 d. *Mental disability* refers to impairments, activity limitations and individual and
13 participatory restrictions denoting the negative aspects of interaction between an individual and
14 his environment. This results from organic syndromes such as mental retardation, acquired
15 lesions of the central nervous system, dementia and psychotic and non-psychotic disorders;

16 e. *Patient* refers to a person receiving mental health care and treatment or
17 psychosocial intervention from a mental health care facility or clinic;

18 f. *Legal representative* refers to a person charged by law with the duty of
19 representing a patient in any specified undertaking or of exercising specified rights on the
20 patient's behalf;

21 g. *Mental health professionals* refer to those persons with formal education and
22 training in mental health and behavioural sciences, such as, but not limited to, psychiatrist,
23 psychologist, psychiatric nurse or psychiatric social worker;

24 h. *Mental health workers* refer to trained volunteers and advocates engaged in
25 mental health promotion and services under the supervision of mental health professionals; and,

26 i. *Allied professionals* refer to any trained or certified non-psychiatric physician,
27 social worker, nurse, occupational therapist, recreational therapist, counselor, priest, minister,
28 pastor, nun, trained or certified non-psychiatric individual or non-physician.

29 **SEC. 5. *Philippine Council for Mental Health.*** – The Philippine Council for
30 Mental Health, hereinafter referred to as the Council, is hereby established as an attached agency
31 under the Department of Health (DOH), to provide for a coherent, rational and unified response
32 to mental health problems, concerns and efforts through the formulation and implementation of
33 the National Mental Health Care Delivery System.

34 For purposes of this Act, the National Mental Health Care Delivery System shall
35 constitute a quality mental health care program, through the development of efficient and
36 effective structures, systems and mechanisms, that will ensure equitable, accessible, affordable,
37 appropriate, efficient and effective delivery of mental health care to all its stakeholders by
38 qualified, competent, compassionate and ethical mental health professionals and mental health
39 workers.

1 SEC. 6. ***Duties and Functions.*** – The Council shall exercise the following duties
2 and functions:

3 a. Review and formulate policies and guidelines on mental health issues and
4 concerns;

5 b. Develop a comprehensive and integrated national plan and program on mental
6 health;

7 c. Conduct regular monitoring and evaluation in support of policy formulation and
8 planning on mental health;

9 d. Promote and facilitate collaboration among sectors and disciplines for the
10 development and implementation of mental health related programs within these sectors;

11 e. Provide over-all technical supervision and ensure compliance with policies,
12 programs, and projects within the comprehensive framework of the National Mental Health Care
13 Delivery System and other such activities related to the implementation of this Act, through the
14 review of mental health services and the adoption of legal and other remedies provided by law;

15 f. Plan and implement the necessary and urgent capacity building, reorientation and
16 training programs for all mental health professionals, mental health workers and allied
17 professionals as articulated in this Act;

18 g. Review all existing laws related to mental health and recommend legislation
19 which will sustain and strengthen programs, services and other mental health initiatives;

20 h. Conduct or cause to be conducted studies and researches on mental health, with
21 special emphasis on studies that would serve as basis for developing appropriate and culturally
22 relevant mental health services in the community;

23 i. Create such inter-agency committees, project task forces, and other groups
24 necessary to implement the policy and program framework of this Act; and,

25 j. Perform such other duties and functions necessary to carry out the purposes of
26 this Act.

27 SEC. 7. ***Composition.*** – The Council shall be composed of the following:

28 a) The Secretary of Health, as *ex officio* chairman;

29 b) The Executive Director, as vice chairman;

30 c) Two (2) representatives from the government sector;

31 d) One (1) representative from the private health sector or consumer groups;

32 e) One (1) representative from the academe; and,

33 f) Two (2) representatives from the nongovernment organizations involved in
34 mental health issues, as members.

35 The members of the Council shall be appointed by the President from among the
36 nominees of their respective organizations.

37 SEC. 8. ***Term of Office.*** – The members of the Council shall serve for three (3)
38 years. In case a vacancy occurs in the Council, any person chosen to fill the vacancy shall serve
39 only for the unexpired term of the member whom he succeeds.

1 SEC. 9. ***Per Diem.*** – The members of the Council shall receive reasonable *per*
2 *diems* and transportation allowance as may be fixed by the Council for any meeting actually
3 attended.

4 SEC. 10. ***Quorum.*** – The presence of a majority of the members of the Council
5 shall constitute a quorum.

6 SEC. 11. ***Meetings.*** – The Council shall meet at least once a month or as frequently
7 as necessary to discharge its duties and functions. The Council shall be convoked by the
8 Chairman or upon written request of at least three (3) of its members.

9 SEC. 12. ***Executive Director.*** – The Council shall appoint an Executive Director
10 who shall serve for a term of three (3) years. The Executive Director shall be eligible for one (1)
11 reappointment and shall not be removed from office except in accordance with existing laws.

12 SEC. 13. ***Duties and Functions.*** – The Executive Director shall exercise the
13 following duties and functions:

14 a) Act as chief executive officer of the Council and assume full responsibility in
15 implementing its purposes and objectives;

16 b) Maintain a close and functional relationship with the Department of Health and
17 other government and private entities concerning mental health care;

18 c) Formulate, develop, and implement, subject to the approval of the Council,
19 measures that will effectively carry out the policies laid down by the Council;

20 d) Execute and administer all approved policies, programs and measures, and
21 allocate appropriate resources for their implementation;

22 e) Recommend to the Secretary of Health the appointment of personnel of the
23 Council including supervisory, technical, clerical and other personnel in accordance to the
24 staffing patterns and organizational structure approved by the Council; and,

25 f) Represent the Council in all of its official transactions or dealings and authorize
26 legal contracts, annual reports, financial statements, correspondence and other documents.

27 SEC. 14. ***Salary.*** – The Executive Director shall receive a salary to be fixed by the
28 Council in accordance with the Salary Standardization Law.

29 SEC. 15. ***Appointment of Members.*** – Within thirty (30) days from the date of the
30 effectivity of this Act, the President of the Philippines shall appoint the members of the Council.

31 SEC. 16. ***Community Based Mental Health Care.*** – The Mental Health Care
32 Delivery System shall evolve from a predominantly hospital based mental health care system to a
33 comprehensive community based mental health care system which shall consist of: a) mental
34 health service development; b) capacity building, reorientation and training; and c) research and
35 development.

36 a. ***Mental Health Service Development.*** – Mental health service shall, within the
37 general health care system in the community, include the following:

38 i. Development and integration of mental health care at the primary health care
39 in the community;

1 ii. Continuation of programs for capacity building among existing local
2 mental health workers so that they can undertake mental health care in the community
3 and undertake training and capacity building programs in close coordination with mental
4 or psychiatric hospitals or departments of psychiatry in general or university hospitals;

5 iii. Continuous support services and intervention for families and co-workers;

6 iv. Advocacy and promotion of mental health awareness among the general
7 population.

8 b. ***Capacity Building, Reorientation and Training.*** – Capacity building,
9 reorientation and training shall, in close coordination with departments of psychiatry in general
10 hospitals, university hospitals or mental facilities, be required for those who are mental health
11 professionals or workers whose previous education and training had not emphasized community
12 mental health perspective.

13 c. ***Research and Development.*** – Research and development shall be undertaken, in
14 collaboration with academic institutions, mental health associations and non-government
15 organizations, to develop appropriate and culturally relevant mental health services in the
16 community.

17 SEC. 17. ***Promotion of Mental Health.*** – To protect the right for dignity, respect
18 and justice of those who are suffering from mental health problems, the Council shall promote an
19 integrated approach to mental health care to prevent mental disorders through programs that
20 strengthen the basic coping mechanism of individuals in relation to stress and advocacy to raise
21 the value of mental health consciousness among the people.

22 SEC. 18. ***Access to Effective and High Quality Mental Health Care.*** – Any person
23 shall have the right to receive mental health care appropriate to his needs and shall be entitled to
24 care and treatment in accordance to the same standards and accessibility as other sick
25 individuals.

26 An improved, effective and easy access to mental health care shall be made possible and
27 a shift from a predominantly hospital based mental health care to community based care shall be
28 provided.

29 SEC. 19. ***Person with Mental Illness or Disability.*** – The determination that a
30 person has a mental illness or disability shall be made according to internationally accepted
31 medical classifications and standards.

32 SEC. 20. ***Confidentiality.*** – All patients or clients with mental illness or disability
33 shall enjoy the right to confidentiality.

34 SEC. 21. ***Patient's Treatment.*** – A patient with mental illness or disability shall
35 have the right to treatment in the least restrictive environment suited to the patients' mental
36 health needs.

37 SEC. 22. ***Consent to Care, Treatment or Rehabilitation.*** – The consent of the
38 patient to be treated or admitted in a mental health facility shall be obtained freely, without
39 threats or improper inducements, and with pertinent disclosure to the patient of adequate and

1 understandable information in a form or language that is understood by the patient. When the
 2 patient, at the relevant time, lacks the capacity to give or withhold consent, his next of kin or
 3 legal representative shall give consent.

4 SEC. 23. ***Mental Health Facility.*** – A mental health facility shall have adequate
 5 number of mental health professionals, workers and allied professionals which shall include
 6 ample space to provide each patient with privacy and appropriate diagnostic and therapeutic
 7 apparatus, regular and comprehensive treatment and medications. Every mental health facility
 8 shall be inspected frequently by competent authorities to guarantee that the treatment conditions
 9 and care of patients comply with these existing regulations.

10 SEC. 24. ***Voluntary Admission.*** – Every patient admitted voluntarily shall have the
 11 right to leave the facility upon the recommendation of his attending psychiatrist: *Provided*, That
 12 the patient may be retained for further treatment and care in case of following observations:

- 13 a. There exists a serious likelihood of danger of harming himself or others;
- 14 b. The severity of the patient's mental illness is likely to lead a serious deterioration
 15 in his condition; and,
- 16 c. The appropriate treatment can only be done by admission to a mental health
 17 facility.

18 SEC. 25. ***Psychiatric Service in Regional and Provincial hospitals.*** – A psychiatric
 19 service shall be established in every regional and provincial hospital which shall provide the
 20 following:

- 21 a. Short term in-patient hospital care for those with acute psychiatric symptoms in a
 22 small psychiatric ward;
- 23 b. Partial hospital care for those with psychiatric symptoms or undergoing difficult
 24 personal and family circumstances;
- 25 c. Out-patient clinic in close collaboration with the mental health program at the
 26 primary health centers in the area;
- 27 d. Linkage and possible supervision of home care services for those with special
 28 needs as a consequence of long-term hospitalization, unavailable families, inadequate or non-
 29 compliance to treatment;
- 30 e. Coordination with drug rehabilitation centers on the care, treatment and
 31 rehabilitation of persons suffering from drug or alcohol induced mental, emotional and
 32 behavioural disorder; and,
- 33 f. Referral system with other health and social welfare programs, both government
 34 and non-government, for programs in the prevention of mental illness, the management of those
 35 at risk for mental health and psychosocial problems and mental illness or disability.

36 SEC. 26. ***Access to Information.*** – Only patients or former patients shall be entitled
 37 to have access to their personal mental health records. For justifiable reason, such confidential
 38 information may not be given to the patient but instead be given to the patient's representative or
 39 counsel.

1 SEC. 27. ***Implementing Rules and Regulations.*** – Within ninety (90) days from the
2 effectivity of this Act, the Secretary of Health shall, in coordination with the Council, formulate
3 the rules and regulations necessary for the effective implementation of this Act.

4 SEC. 28. ***Appropriation.*** – The initial amount of Seventy Million (₱70,000,000.00)
5 Pesos is hereby appropriated for the initial implementation of this Act. Thereafter, any amount
6 as may be necessary to carry out the provisions of this Act shall be included in the General
7 Appropriations Act.

8 SEC. 29. ***Repealing Clause.*** – All laws, decrees, executive orders, proclamations,
9 rules and regulations, and issuances, or parts thereof, which are inconsistent with the provisions
10 of this Act are hereby repealed or amended accordingly.

11 SEC. 30. ***Effectivity.*** – This Act shall take effect fifteen (15) days after publication
12 in the Official Gazette or in two (2) national newspapers of general circulation.

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14 Approved,