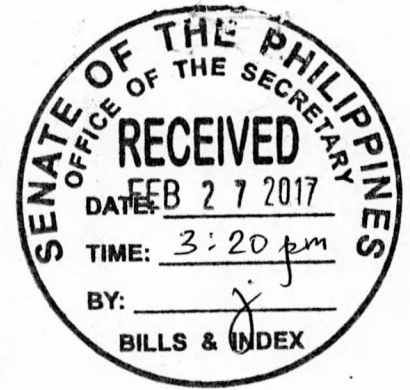


SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



SENATE

Committee Report No. 41

Prepared and submitted jointly by the Committees on Health and Demography, Local Government, and Finance on FEB 27 2017

Re: Senate Bill No. 1354

Recommending its approval in substitution of Senate Bill Nos. 9, 415, 522, 657, 1155, and 1190

Sponsor: Senator Risa Hontiveros

MR. PRESIDENT:

The Committees on Health and Demography, Local Government, and Finance to which were referred:

Senate Bill No. 9, introduced by Senator Vicente C. Sotto III, entitled:

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

Senate Bill No. 415, introduced by Senator Loren B. Legarda, entitled:

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

Senate Bill No. 522, introduced by Senator Antonio “Sonny” F. Trillanes IV, entitled:

**“AN ACT
ESTABLISHING A COMPREHENSIVE ADULT MENTAL
HEALTH PROGRAM IN THE COUNTRY, APPROPRIATING
FUNDS THEREOF AND FOR OTHER PURPOSES”**

Senate Bill No. 657, introduced by Senator Paolo Aquino “Bam” Aquino IV, entitled:

**“AN ACT
MANDATING THE CREATION OF A MENTAL HEALTH
PROGRAM FOR THE ADOLESCENTS AND YOUTH IN LOCAL
GOVERNMENT UNITS AND ACADEMIC INSTITUTIONS”**

Senate Bill No. 1155, introduced by Senator Juan Edgardo “Sonny” M. Angara, entitled:

**“AN ACT
PROMULGATING A NATIONAL MENTAL HEALTH POLICY
TOWARDS THE ENHANCEMENT OF INTEGRATED MENTAL
HEALTH SERVICES, THE PROMOTION AND PROTECTION OF
PERSONS UTILIZING MENTAL HEALTH SERVICES,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER
PURPOSES”**

and Senate Bill No. 1190, introduced by Senators Risa Hontiveros and Villanueva, entitled:

**“AN ACT
ESTABLISHING A NATIONAL MENTAL HEALTH POLICY FOR
THE PURPOSES OF ENHANCING THE DELIVERY OF
INTEGRATED MENTAL HEALTH SERVICES, PROMOTING
AND PROTECTING PERSONS UTILIZING PSYCHIATRIC,
NEUROLOGIC, AND PSYCHOSOCIAL HEALTH SERVICES,
APPROPRIATING FUNDS THEREFOR AND FOR OTHER
PURPOSES”**

have considered the same and have the honor to report back to the Senate with the recommendation that the attached bill, Senate Bill No. 1354, prepared by the Committees, *entitled*:

**“AN ACT
ESTABLISHING A NATIONAL MENTAL HEALTH POLICY FOR
THE PURPOSES OF ENHANCING THE DELIVERY OF
INTEGRATED MENTAL HEALTH SERVICES, PROMOTING
AND PROTECTING PERSONS UTILIZING PSYCHIATRIC,
NEUROLOGIC, AND PSYCHOSOCIAL HEALTH SERVICES,
APPROPRIATING FUNDS THEREFOR AND FOR OTHER
PURPOSES”**

be approved in substitution of Senate Bill Nos. 9, 415, 522, 657, 1155, and 1190 with Senators Sotto III, Legarda, Trillanes IV, Aquino IV, Angara, Hontiveros, and Villanueva as authors thereof.

Respectfully Submitted:

Chairpersons:



SONNY ANGARA
Committee on Local Government
Vice-Chairperson, Committee on Finance
Member, Committee on Health
and Demography

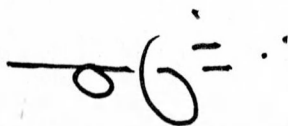


RISA HONTIVEROS
Committee on Health and
Demography
Vice-Chairperson, Committee on
Local Government
Member, Committee on Finance

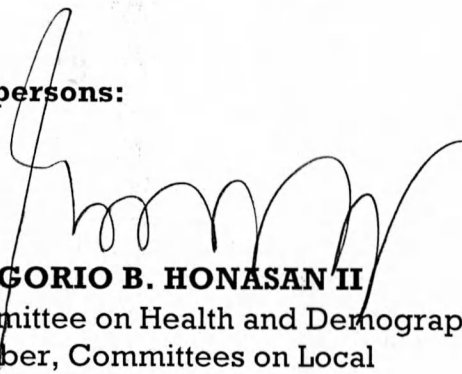


LOREN B. LEGARDA
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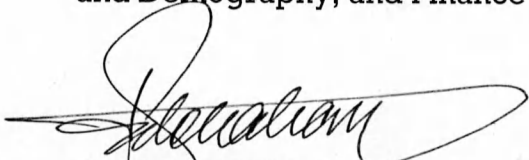
Vice-Chairpersons:



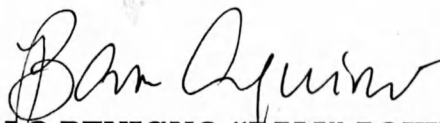
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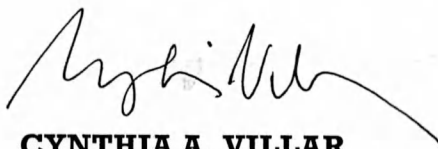
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Member, Committee on Local
Government



PANFILO M. LACSON
Committee on Finance

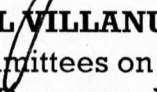



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RICHARD J. GORDON
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Committees on Health
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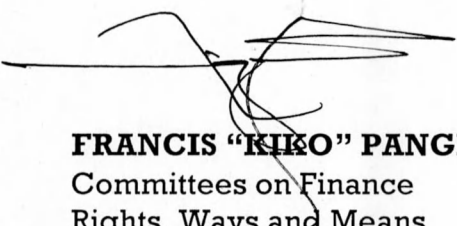

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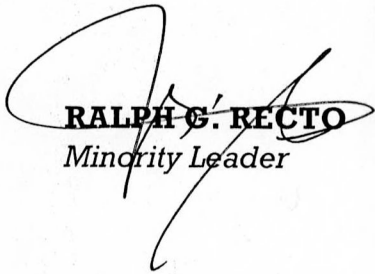
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Rights, Ways and Means

Ex-Officio Members:



RALPH G. RECTO
Minority Leader

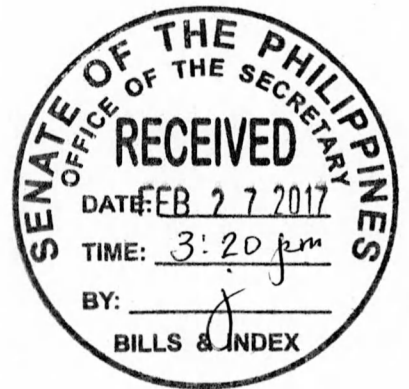


VICENTE C. SOTTO III
Majority Leader

FRANKLIN M. DRILON
President Pro-Tempore

AQUILINO "KOKO" PIMENTEL III
Senate President

SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



S E N A T E

Senate Bill No. 1354

(In Substitution of Senate Bill Nos. 9, 415, 522, 657, 1155, and 1190)

Prepared and submitted jointly by the Committees on Health and Demography, Local Government, and Finance with Senators Sotto III, Legarda, Trillanes IV, Aquino IV, Angara, Hontiveros and Villanueva as authors thereof

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

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

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ARTICLE I

Policy, Objectives, and Definitions

Section 1. Short Title. – This Act shall be known as the “Mental Health Act of 2017.”

Sec. 2. Declaration of Policy. – The State hereby affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services.

The State commits itself to promoting the well-being of its people by ensuring that: mental health is valued, promoted and protected; mental health conditions are treated and prevented; timely, affordable, high-quality, and culturally-appropriate mental health care is made available to the public; and persons affected by mental health conditions are able to exercise the full range of human rights, and participate fully in society and at work, free from stigmatization and discrimination.

1 The State shall comply strictly with its obligations under the United
2 Nations Convention on the Rights of Persons with Disabilities and all other
3 relevant international and regional human rights conventions and declarations.
4 The applicability of Republic Act (R. A.) No. 7277, as amended, otherwise known
5 as the “Magna Carta for Disabled Persons”, to persons with mental health
6 conditions, as defined herein, is expressly recognized.

7 **Sec. 3. Objectives.** – The objectives of this Act are, as follows:

- 8 (a) Strengthen effective leadership and governance for mental health by,
9 among others, formulating, developing, and implementing national
10 policies, strategies, programs, and regulations relating to mental health;
11 (b) Develop and establish a comprehensive, integrated, effective, and efficient
12 national mental health care system responsive to the psychiatric,
13 neurologic, and psychosocial needs of the Filipino people;
14 (c) Protect the rights and freedoms of persons with psychiatric, neurologic,
15 and psychosocial health needs;
16 (d) Strengthen information systems, evidence and research for mental health;
17 and
18 (e) Integrate strategies promoting mental health in educational institutions,
19 the workplace, and in communities.

20 **Sec. 4. Definitions.** – For the purposes of this Act, the following
21 definitions shall apply:

- 22 (a) “Confidentiality” means ensuring that all relevant information related to
23 persons with psychiatric, neurologic, and psychosocial health needs is kept
24 safe from access or use by, or disclosure to, persons or entities who are not
25 authorized to access, use, or possess such information;
26 (b) “Deinstitutionalization” refers to the process of transitioning service users,
27 including persons with mental health conditions and psychosocial
28 disabilities, from institutional and other segregated settings, to
29 community-based settings that enable social participation, recovery-based

- 1 approaches to mental health, and individualized care in accordance with
2 the service user's will and preference;
- 3 (c) "Discrimination" means any distinction, exclusion or restriction which has
4 the purpose or effect of impairing or nullifying the recognition or exercise,
5 on an equal basis with others, of all human rights and fundamental
6 freedoms;
- 7 (d) "Free Prior Informed Consent" or "Informed Consent" refers to consent
8 voluntarily given by a service user to a plan for treatment, after a full
9 disclosure communicated in plain language by the attending mental health
10 service provider, of the nature, consequences, benefits, and risks of the
11 proposed treatment, as well as available alternatives;
- 12 (e) "Legal Capacity" refers to both legal capacity as well as the capacity to
13 make decisions and act;
- 14 (f) "Legal Representative" refers to a person: designated by the service user,
15 appointed by a court of competent jurisdiction; or authorized by this Act
16 or any other applicable law, to act on the service user's behalf;
- 17 (g) "Mental Health" refers to a state of psychosocial well-being in which the
18 individual realizes his or her own abilities, copes adequately with the
19 normal stresses of life, displays resilience in the face of extreme life events,
20 works productively and fruitfully, and is able to make a positive
21 contribution to the community;
- 22 (h) "Mental Health Condition" refers to a neurologic or psychiatric condition
23 characterized by the existence of a recognizable, clinically-significant
24 disturbance in an individual's cognition, emotional regulation, or behavior
25 that reflects a genetic or acquired dysfunction in the neurobiological,
26 psychosocial, or developmental processes underlying mental functioning.
27 The determination of whether a mental health condition exists shall be
28 based on the best available scientific and medical evidence;

- 1 (i) "Mental Health Facility" refers to any establishment, or any unit of an
2 establishment, which has, as its primary function the provision of mental
3 health services;
- 4 (j) "Mental Health Professional" refers to a medical doctor, clinical
5 psychologist, nurse, social worker or any other appropriately-trained and
6 qualified person with specific skills relevant to the provision of mental
7 health services;
- 8 (k) "Mental Health Service Provider" shall refer to an entity or individual
9 providing mental health services as defined in this Act, whether public or
10 private, including, but not limited to, mental health professionals and
11 workers, social workers and counselors, peer counselors, informal
12 community caregivers, mental health advocates and their organizations,
13 personal ombudsmen, and persons or entities offering non-medical
14 alternative therapies;
- 15 (l) "Mental Health Services" refer to psychosocial, psychiatric or neurologic
16 activities and programs along the whole range of the mental health
17 support spectrum including enhancement, prevention, treatment, and
18 aftercare;
- 19 (m) "Mental Health Worker" refers to a trained person, volunteer or advocate
20 engaged in mental health promotion, providing services under the
21 supervision of a mental health professional;
- 22 (n) "Impairment or Temporary Loss of Legal Capacity" refers to a medically-
23 determined, temporary inability on the part of a service user or any other
24 person affected by a mental health condition, to:
- 25 (i) Understand information concerning the nature of a mental health
26 condition;
- 27 (ii) Understand the consequences of one's decisions and actions on
28 one's life or health, or the life or health of others;

- 1 (iii) Understand information about the nature of the treatment
2 proposed, including methodology, direct effects, and possible side-effects;
3 and
4 (iv) Effectively communicate consent to treatment or hospitalization, or
5 information regarding one's own condition.
- 6 (o) "Psychiatric Emergency" refer to a condition presenting a serious and
7 immediate threat to the health and well-being of a service user or any
8 other person affected by a mental disorder, or to the health and well-being
9 of others, such as, but not limited to, threatened or attempted suicide,
10 acute intoxication, severe depression, acute psychosis, or violent behavior,
11 requiring immediate medical or psychiatric intervention;
- 12 (p) "Psychosocial Problem" refers to a condition that indicates the existence of
13 dysfunctions in a person's behavior, thoughts and feelings brought about
14 by sudden, extreme, prolonged or cumulative stressors in the physical or
15 social environment;
- 16 (q) "Recovery-Based Approach" means an approach to intervention and
17 treatment centered on the strengths of a service user and involving the
18 active participation, as equal partners in care, of persons with lived
19 experiences in mental health. This requires integrating a service user's
20 understanding of his or her condition into any plan for treatment and
21 recovery;
- 22 (r) "Services User" means a person with lived experience of any mental health
23 condition including persons who require, or are undergoing, psychiatric,
24 neurologic or psychosocial care;
- 25 (s) "Support" refers to the spectrum of informal and formal arrangements or
26 services of varying types and intensities, provided by the State, private
27 entities, or communities, aimed at assisting a service user in the exercise of
28 his or her legal capacity or rights, including: community services; personal
29 assistants and ombudsmen; powers of attorney and other legal and

1 personal planning tools; peer support; support for self-advocacy; non-
2 formal community caregiver networks; dialogue systems; alternate
3 communication methods, such as non-verbal, sign, augmentative, and
4 manual communication; and the use of assistive devices and technology;
5 and

6 (t) “Supported Decision Making” is the act of assisting a service user who is
7 not affected by an impairment or temporary loss of legal capacity, in
8 expressing a mental health-related preference, intention or decision. It
9 includes all the necessary support, safeguards and measures to ensure
10 protection from undue influence, coercion or abuse.

11 **ARTICLE II**

12 ***Rights of Service Users & Other Stakeholders***

13 **Sec. 5. *Rights of Service Users.*** – Service users shall enjoy, on an equal
14 and non-discriminatory basis, all rights guaranteed by the Constitution as well as
15 those recognized under the United Nations Convention on the Rights of Persons
16 with Disabilities and all other relevant international and regional human rights
17 conventions and declarations, including the right to:

- 18 (a) Freedom from social, economic, and political discrimination and
19 stigmatization, whether committed by public or private actors;
- 20 (b) Exercise all their inherent civil, political, economic, social, religious,
21 educational, and cultural rights respecting individual qualities, abilities,
22 and diversity of background, without discrimination on the basis of
23 physical disability, age, gender, sexual orientation, race, color, language,
24 religion or national, ethnic, or social origin;
- 25 (c) Receive evidence-based treatment of the same standard and quality,
26 regardless of age, sex, socioeconomic status, race, ethnicity or sexual
27 orientation;
- 28 (d) Access affordable essential health and social services for the purpose of
29 achieving the highest attainable standard of mental health;

- 1 (e) Receive mental health services at all levels of the national health care
2 system;
- 3 (f) Receive comprehensive and coordinated treatment integrating holistic
4 prevention, promotion, rehabilitation, care and support, aimed at
5 addressing mental health care needs through a multi-disciplinary, user-
6 driven treatment and recovery plan;
- 7 (g) Receive psychosocial care and clinical treatment in the least restrictive
8 environment and manner;
- 9 (h) Receive humane treatment free from solitary confinement, torture, and
10 other forms of cruel, inhumane, harmful or degrading treatment;
- 11 (i) Receive aftercare and rehabilitation within the community whenever
12 possible, for the purpose of facilitating social reintegration;
- 13 (j) Receive adequate information regarding available multi-disciplinary
14 mental health services;
- 15 (k) Participate in mental health advocacy, policy planning, legislation, service
16 provision, monitoring, research and evaluation;
- 17 (l) Confidentiality of all information, communications, and records, in
18 whatever form or medium stored, regarding the service user, any aspect of
19 the service user's mental health, or any treatment or care received by the
20 service user, which information, communications, and records shall not be
21 disclosed to third parties without the written consent of the service user
22 concerned or the service user's legal representative, except in the following
23 circumstances:
- 24 (i) Disclosure is required by law or pursuant to an order issued by a
25 court of competent jurisdiction;
- 26 (ii) A life-threatening emergency exists and such disclosure is necessary
27 to prevent harm or injury to the service user or to other persons;

- 1 (iii) The service user is a minor and the attending mental health
2 professional reasonably believes that the service user is a victim of child
3 abuse;
- 4 (iv) Disclosure is required in connection with an administrative, civil, or
5 criminal case against a mental health professional or worker for negligence
6 or a breach of professional ethics, to the extent necessary to completely
7 adjudicate, settle, or resolve any issue or controversy involved therein; or
- 8 (v) Disclosure is in the interest of public safety or national security.
- 9 (m) Give prior informed consent before receiving treatment or care, including
10 the right to withdraw such consent. Such consent shall be recorded in the
11 service user's clinical record;
- 12 (n) Participate in the development and formulation of the psychosocial care or
13 clinical treatment plan to be implemented;
- 14 (o) Designate or appoint a person of legal age to act as his or her legal
15 representative in accordance with this Act, except in cases of impairment
16 or temporary loss legal capacity;
- 17 (p) Send or receive uncensored private communication which may include
18 communication by letter, telephone or electronic mean, and receive
19 visitors at reasonable times, including the service user's legal
20 representative and representatives from the Commission on Human
21 Rights;
- 22 (q) Legal representation, through competent counsel of the service user's
23 choice. In case the service user cannot afford the services of counsel, the
24 Public Attorney's Office, or a legal aid institution of the service user or
25 representative's choice, shall assist the service user;
- 26 (r) Access to their clinical records unless, in the opinion of the attending
27 mental health professional, revealing such information would cause harm
28 to the service user's health or put the safety of others at risk. When any
29 such clinical records are withheld, the service user or his or her legal

1 representative may contest such decision with the internal review board
2 created pursuant to this Act authorized to investigate and resolve disputes,
3 or with the Commission on Human Rights; and

4 (s) Information, within twenty-four (24) of admission to a mental health
5 facility, of the rights enumerated in this section in a form and language
6 understood by the service user.

7 **Sec. 6. *Rights of Family Members & Legal Representatives.*** – Family
8 members and duly-designated or appointed legal representative of the service
9 user shall have the right to:

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

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

15 (c) Apply for release and transfer of the service user to an appropriate mental
16 health facility; and

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

19 **Sec. 7. *Rights of Mental Health Professionals.*** – Mental health
20 professionals shall have the right to:

21 (a) A safe and supportive work environment;

22 (b) Continuous education and training;

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

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

27 (e) Participate in the development of mental health policy and service delivery
28 guidelines;

- 1 (f) Except in emergency situations, manage and control all aspects of his or
2 her practice, including whether or not to accept or decline a service user
3 for treatment; and
- 4 (g) Advocate for the rights of a service user, in cases where the service user's
5 wishes are at odds with those of his family or legal representative.

6 ARTICLE III

7 *Treatment & Consent*

8 **Sec. 8. *Prior Informed Consent to Treatment.*** – Service users must
9 provide informed consent in writing prior to the implementation by mental
10 health professionals, workers, and other service providers of any plan or program
11 of therapy or treatment, including physical or chemical restraint. All persons,
12 including service users, persons with disabilities, and minors, shall be presumed
13 to possess legal capacity for the purposes of this Act or any other applicable law,
14 irrespective of the nature or effects of their mental health condition or disability.
15 Children shall have the right to express their views on all matters affecting
16 themselves and have such views given due consideration in accordance with their
17 age and maturity

18 **Sec. 9. *Advance Directive.*** – A service user may set out his or her
19 preference in relation to treatment through a signed, dated, and notarized
20 advance directive executed for the purpose. An advance directive may be revoked
21 by a new advance directive or by a notarized revocation.

22 **Sec. 10. *Legal Representative.*** – A service user may designate a person of
23 legal age to act as his or her legal representative through a notarized document
24 executed for that purpose.

25 (a) *Functions.* A service user's legal representative shall: provide the service
26 user with support and help represent his or her interests; receive medical
27 information about the service user in accordance with this Act; assist the
28 service user *vis-à-vis* the exercise of any right provided under this Act; and
29 be consulted with respect to any treatment or therapy received by the

1 service user. The appointment of a legal representative may be revoked by
2 the appointment of a new legal representative or by a notarized revocation.

3 (b) *Declining an Appointment.* A person thus appointed may decline to act as
4 a service user's legal representative at any time. However, a person who
5 declines to continue being a service user's legal representative must take
6 reasonable steps to inform the service user, as well as the service user's
7 attending mental health professional or worker, of this fact.

8 (c) *Failure to Appoint.* If the service user fails to appoint a legal
9 representative, the following persons shall act as the service user's legal
10 representative, in the order provided below:

11 (1) The spouse, if any, unless permanently separated from the service
12 user by a decree issued by a court of competent jurisdiction, or
13 unless such spouse has abandoned or been abandoned by the
14 service user for any period which has not yet come to an end;

15 (2) Non-Minor Children;

16 (3) Either parent by mutual consent, if the service user is a minor;

17 (4) A person appointed by the court; or

18 (5) Chief, administrator, or medical director of a mental health care
19 facility.

20 **Sec. 11. Supported Decision Making.** – A service user may designate up to
21 three (3) persons or “supporters”, including the service user's legal
22 representative, for the purposes of supported decision making. These supporters
23 shall have the authority to: access the service user's medical information; consult
24 with the service user *vis-à-vis* any proposed treatment or therapy; be present
25 during a service user's appointments and consultations with mental health
26 professionals, workers, and other service providers during the course of
27 treatment or therapy.

28 **Sec. 12. Internal Review Board.** – The DOH shall establish a sufficient
29 number of internal review boards to expeditiously review all cases, disputes, and

1 controversies involving the treatment, restraint or confinement of service users
2 within the Philippines, with at least one (1) such internal review board for each
3 mental health facility.

4 (a) *Composition.* Each internal review board shall be composed of:

5 (1) Two (2) representatives from the DOH;

6 (2) Two (2) medical doctors, at least one of whom should have training
7 in the neurosciences including, but not limited to, psychiatry,
8 neurology, and substance abuse therapy;

9 (3) One (1) clinical psychologist;

10 (4) One (1) representative from the CHR; and

11 (5) One (1) person nominated by an organization or association
12 representing service users and their families.

13 (b) Each internal review board shall have the following powers and functions:

14 (1) Conduct regular review, monitoring, and audit of all cases involving
15 the treatment, confinement or restraint of service users within its
16 territorial jurisdiction;

17 (2) Inspect mental health facilities to ensure that service users therein
18 are not being subjected to cruel, inhumane, or degrading conditions
19 or treatment;

20 (3) *Motu proprio*, or upon the receipt of a written complaint or petition
21 filed by a service user or a service user's immediate family or legal
22 representative, investigate cases, disputes, and controversies
23 involving the involuntary treatment, confinement or restraint of a
24 service user; and

25 (4) Take all necessary action to rectify or remedy violations of a service
26 user's rights *vis-à-vis* treatment, confinement or restraint,
27 including recommending that an administrative, civil, or criminal
28 case be filed by the appropriate government agency.

1 (c) The DOH shall promulgate the rules and regulations necessary for the
2 efficient disposition of all proceedings, matters, and cases referred to, or
3 reviewed by, the internal review board.

4 **Sec. 13. *Exceptions to Informed Consent.*** – During psychiatric or
5 neurologic emergencies, or when there is impairment or temporary loss of
6 capacity on the part of a service user, treatment, restraint or confinement,
7 whether physical or chemical, may be administered or implemented pursuant to
8 the following safeguards and conditions:

9 (a) In compliance with the service user’s advance directives, if available,
10 unless doing so would pose an immediate risk of serious harm to the
11 patient or another person;

12 (b) Only to the extent that such treatment or restraint is necessary, and only
13 while a psychiatric or neurologic emergency, or impairment or temporary
14 loss of capacity, exists or persists;

15 (c) Upon the order of the service user’s attending mental health professional,
16 which order must be reviewed by the internal review board of the mental
17 health facility where the patient is being treated within fifteen (15) days
18 from the date such order was issued, and every fifteen (15) days thereafter
19 while the treatment or restraint continues; and

20 (d) That such involuntary treatment or restraint shall be in strict accordance
21 with guidelines approved by the appropriate authorities, which must
22 contain clear criteria regulating the application and termination of such
23 medical intervention, and fully documented and subject to regular external
24 independent monitoring, review, and audit by the internal review boards
25 established by this Act.

26 **ARTICLE IV**

27 ***Mental Health Services***

28 **Sec. 14. *Mental Health Services at the Community Level.*** – Within the
29 general health care system, the following mental health services shall be

1 developed and integrated into the primary health care system at the community
2 level:

- 3 (a) Basic mental health services, which shall be made available at all local
4 government units down to the barangay level;
- 5 (b) Community resilience and psychosocial well-being training in all
6 barangays, including the availability of mental health and psychosocial
7 support services during and after natural disasters and other calamities;
- 8 (c) Training and capacity-building programs for local mental health workers
9 in coordination with mental health facilities and departments of psychiatry
10 in general or university hospitals;
- 11 (d) Support services for families and co-workers of service users, mental
12 health professionals, and mental health workers; and
- 13 (e) Dissemination of mental health information and promotion of mental
14 health awareness among the general population.

15 **Sec. 15.** *Psychiatric, Psychosocial, and Neurologic Services in Regional,*
16 *Provincial, and Tertiary Hospitals.* – All regional, provincial, and tertiary
17 hospitals shall provide the following psychiatric, psychosocial, and neurologic
18 services:

- 19 (a) Short-term, in-patient hospital care in a small psychiatric ward for service
20 users exhibiting acute psychiatric symptoms;
- 21 (b) Partial hospital care for those exhibiting psychiatric symptoms or
22 experiencing difficulties *vis-à-vis* their personal and family circumstances;
- 23 (c) Out-patient services in close collaboration with existing mental health
24 programs at primary health care centers in the same area;
- 25 (d) Home care services for service users with special needs as a result of,
26 among others, long-term hospitalization, non-compliance with or
27 inadequacy of treatment, and absence of immediate family;

1 (e) Coordination with drug rehabilitation centers *vis-à-vis* the care,
2 treatment, and rehabilitation of persons suffering from addiction and
3 other substance-induced mental disorders; and

4 (f) A referral system involving other public and private health and social
5 welfare service providers, for the purpose of expanding access to programs
6 aimed at preventing mental illness and managing the condition of persons
7 at risk of developing mental, neurologic, and psychosocial problems.

8 **Sec. 16. Duties & Responsibilities of Mental Health Facilities.** – Mental
9 health facilities shall:

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

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

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

17 (d) Ensure that informed consent is obtained from service users prior to the
18 implementation of any medical procedure or plan of treatment or care,
19 except during psychiatric or neurologic emergencies or when impairment
20 or temporary loss of capacity exists, as defined herein;

21 (e) Maintain a register containing information on all medical treatments and
22 procedures involuntarily administered to service users;

23 (f) Ensure that legal representatives are designated or appointed only after
24 the requirements of this Act and the procedures established for the
25 purpose have been observed, which procedures should respect the
26 autonomy and preferences of the patient as far as possible; and

27 (g) Establish an internal review body to monitor and ensure compliance with
28 the provisions of this Act, as well as receive, investigate, resolve, and act
29 upon complaints brought by service users or their families and legal

1 representatives against the mental health facility or any mental health
2 professional or worker.

3 **ARTICLE V**

4 ***Education, Promotion of Mental Health in Educational Institutions***
5 ***and in the Workplace***

6 **Sec. 17.** *Integration of Mental Health into the Educational System.* – The
7 State shall ensure the integration of the mental health into the educational
8 system, as follows:

- 9 (a) Age-appropriate content pertaining to mental health shall be integrated
10 into the curriculum at all educational levels; and
11 (b) Psychiatry and neurology shall be required subjects in all medical and
12 allied health courses, including post-graduate courses in health.

13 **Sec. 18.** *Mental Health Programs in Educational Institutions.* –
14 Educational institutions such schools, colleges, universities, and technical schools
15 shall develop programs for students, educators, and other employees designed to:
16 raise awareness on mental health issues; identify and provide support for
17 individuals at risk, and facilitate access of individuals with mental health
18 conditions to treatment and psychosocial support.

19 **Sec. 19.** *Mental Health Programs and Policies in the Workplace.* –
20 Employers shall develop appropriate policies and programs on mental health in
21 the workplace designed to: raise awareness on mental health issues; correct the
22 stigma and discrimination associated with mental health conditions; identify and
23 provide support for individuals at risk; and facilitate access of individuals with
24 mental health conditions to treatment and psychosocial support.

25 **ARTICLE VI**

26 ***Capacity Building, Research and Development***

27 **Sec. 20.** *Capacity-Building, Reorientation, and Training.* – In close
28 coordination with mental health facilities, and the departments of psychiatry in
29 general and university hospitals, mental health professionals, workers, and other

1 service providers shall undergo capacity-building, reorientation, and training to
2 develop their ability to deliver evidence-based, culturally-appropriate and human
3 rights-oriented mental health services, with an emphasis on the community and
4 public health aspects of mental health.

5 **Sec. 21. *Research & Development.*** – Research and development shall be
6 undertaken, in collaboration with academic institutions, psychiatric, neurologic,
7 and related associations, and non-government organizations, to produce the
8 information, evidence, and research necessary to formulate and develop a
9 culturally-relevant national mental health program incorporating indigenous
10 concepts and practices related to mental health.

11 (a) High ethical standards in mental health research shall be promoted to
12 ensure that: research is conducted only with the free and informed consent
13 of the persons involved; researchers do not receive any privileges,
14 compensation or remuneration in exchange for encouraging or recruiting
15 participants; potentially harmful or dangerous research is not undertaken;
16 and all research is approved by an independent ethics committee, in
17 accordance with applicable law.

18 (b) Research and development shall also be undertaken *vis-à-vis* non-medical
19 alternatives such as physical fitness programs, sports, emotional support
20 animals, journal writing, occupational therapy, art and music therapy,
21 gardening, traveling, meditation, talk therapy, peer support groups, and
22 other traditional or alternative practices.

23 **ARTICLE VII**

24 ***Duties & Responsibilities of Government Agencies***

25 **Sec. 22. *Duties and Responsibilities of the Department of Health (DOH).***

26 – To achieve the policy and objectives of this Act, the DOH shall:

27 (a) Formulate, develop, and implement a national mental health program;

28 (b) Ensure that a safe, therapeutic, and hygienic environment with sufficient
29 privacy exists in all mental health facilities and, for this purpose, shall be

- 1 responsible for the regulation, licensing, monitoring, and assessment of all
2 mental health facilities;
- 3 (c) Integrate mental health into the routine health information system
4 and identify, collate, routinely report and use core mental health data
5 disaggregated by sex and age, and health outcomes, including data on
6 completed and attempted suicides, in order to improve mental health
7 service delivery, promotion and prevention strategies;
- 8 (d) Improve research capacity and academic collaboration on national
9 priorities for research in mental health, particularly operational
10 research with direct relevance to service development, implementation,
11 and the exercise of human rights by persons with mental disorders,
12 including the establishment of centers of excellence;
- 13 (e) Ensure that all public and private mental health institutions uphold the
14 right of patients to be protected against torture or cruel, inhumane, and
15 degrading treatment;
- 16 (f) Coordinate with the Philippine Health Insurance Corporation to ensure
17 that insurance packages equivalent to those covering physical disorders of
18 comparable impact to the patient, as measured by Disability-Adjusted Life
19 Year or other methodologies, are available to patients affected by mental
20 disorders;
- 21 (g) Prohibit forced or inadequately remunerated labor within mental health
22 facilities, unless such labor is justified as part of an accepted therapeutic
23 treatment program;
- 24 (h) Provide support services for families and co-workers of service users,
25 mental health professionals, workers, and other service providers; and
- 26 (i) Develop alternatives to institutionalization, particularly community,
27 recovery-based approaches to treatment aimed at receiving patients
28 discharged from hospitals, meeting the needs expressed by persons with

1 mental health disorders, and respecting their autonomy, decisions, dignity,
2 and privacy.

3 **Sec. 23. Duties and Responsibilities of the Commission on Human Rights**

4 *(CHR)*. – The CHR shall:

5 (a) Establish mechanisms to investigate, address, and act upon impropriety
6 and abuse in the treatment and care received by service users, particularly
7 when such treatment or care is administered or implemented
8 involuntarily;

9 (b) Inspect mental health facilities to ensure that service users therein are not
10 being subjected to cruel, inhumane, or degrading conditions or treatment;

11 (c) Investigate all cases involving involuntary treatment, confinement, or care
12 of service users, for the purpose of ensuring strict compliance with
13 domestic and international standards respecting the legality, quality, and
14 appropriateness of such treatment, confinement, or care; and

15 (d) Appoint a focal commissioner for mental health tasked with protecting and
16 promoting the rights of service users and other persons utilizing mental
17 health services or confined in mental health facilities, as well as the rights
18 of mental health professionals and workers. The focal commissioner shall,
19 upon a finding that a mental health facility, mental health professional, or
20 mental health worker has violated any of the rights provided for in this
21 Act, take all necessary action to rectify or remedy such violation, including
22 recommending that an administrative, civil, or criminal case be filed by the
23 appropriate government agency.

24 **Sec. 24. Duties and Responsibilities of the Department of Education,**
25 *Commission on Higher Education, and the Technical Education and Skills*
26 *Development Authority*. – The DepEd, CHED, TESDA shall:

27 (a) Integrate age-appropriate content pertaining to mental health into the
28 curriculum at all educational levels both in public and private institutions;

- 1 (b) Develop guidelines and standards on age-appropriate and evidenced-
2 based mental health programs both in public and private institutions; and
3 (c) Pursue strategies that promote the realization of mental health and well-
4 being in educational institutions.

5 **Sec. 25. Duties and Responsibilities of the Department of Labor and**
6 *Employment and the Civil Service Commission.* – The DOLE and the CSC shall:

- 7 (a) Develop guidelines and standards on appropriate and evidenced-based
8 mental health programs for the workplace as described in this Act.
9 (b) Develop policies that promote mental health in the workplace and address
10 stigma and discrimination suffered by people with mental health
11 conditions.

12 **Sec. 26. Duties and Responsibilities of the Department of Social Work &**
13 *Development.* – The DSWD shall:

- 14 (a) Refer service users to mental health facilities, professionals, workers, and
15 other service providers for appropriate care;
16 (b) Provide or facilitate access to public or group housing facilities,
17 counselling, therapy, and livelihood training and other available skill
18 development programs; and
19 (c) In coordination with LGUs and Barangays, formulate, develop, and
20 implement community resilience and psychosocial well-being training,
21 including psychosocial support services during and after natural disasters
22 and other calamities.

23 **Sec. 27. Duties & Responsibilities of Local Government Units.** – Local
24 Government Units (LGUs) shall:

- 25 (a) Review, formulate, and develop the regulations and guidelines necessary
26 to implement an effective mental health care & wellness policy within the
27 territorial jurisdiction of each LGU, including the passage of a local
28 ordinance on the subject of mental health;

- 1 (b) Integrate mental health care services in the general health care delivery
2 system and ensure that mental health services are provided in primary
3 health care facilities and hospitals within their respective territorial
4 jurisdictions;
- 5 (c) Establish the training programs necessary to enhance the capacity of
6 mental health service providers at the LGU level;
- 7 (d) Promote de-institutionalization and other recover-based approaches to the
8 delivery of mental health care services;
- 9 (e) Establish, re-orient, and modernize the mental health care facilities
10 necessary to adequately provide mental health services to persons within
11 their respective territorial jurisdictions;
- 12 (f) Where independent living arrangements are not available, provide or
13 facilitate access to public housing facilities, vocational training and skill
14 development programs, and disability or pension benefits;
- 15 (g) Refer service users to mental health facilities, professionals, workers, and
16 other service providers for appropriate care; and
- 17 (h) Establish a multi-sectoral stakeholder network for the identification,
18 management, and prevention of mental health conditions.

19 **ARTICLE VIII**

20 ***Miscellaneous Provisions***

21 **Sec. 28. *Implementing Rules & Regulations.*** – The Secretary of Health, in
22 coordination with the CHR, DSWD, DILG, DepEd, CHED, TESDA, DOLE, CSC,
23 and associations or organizations representing service users and mental
24 professionals, workers, and other service providers, shall issue the Implementing
25 Rules & Regulations necessary for the effective implementation of this Act within
26 ninety (90) days from the effectivity thereof.

27 **Sec. 29. *Appropriations.*** – The amount necessary for the initial
28 implementation of the provisions of this Act shall be charged against the current
29 year's appropriations of the Department of Health. Thereafter, five percent (5%)

1 of the incremental revenues from the excise tax on alcohol and tobacco products
2 collected by the government pursuant to Republic Act No. 10351 shall be
3 earmarked for the implementation of this Act.

4 **Sec. 30. *Penalty Clause.*** – Any person who violates any of the provisions
5 of this Act or its Implementing Rules and Regulations shall, upon conviction by
6 final judgment, be punished by imprisonment of not less than six (6) months nor
7 more than two (2) years or a fine of not less than Ten Thousand pesos
8 (PhP10,000), nor more than Two Hundred Thousand pesos (PhP200,000), or
9 both, at the discretion of the court. If the violation is committed by a juridical
10 person, the officer responsible therefor shall serve the imprisonment when
11 imposed. If violation is committed by an alien, he or she shall be immediately
12 deported after service of sentence, without need of further proceedings.

13 **Sec. 31. *Separability Clause.*** – If any provision of this Act is declared
14 unconstitutional or invalid by a court of competent jurisdiction, the remaining
15 provisions not affected thereby shall continue to be in full force and effect.

16 **Sec. 32. *Repealing Clause.*** – All laws, decrees, executive orders,
17 department or memorandum orders and other administrative issuances or parts
18 thereof which are inconsistent with the provisions of this Act are hereby
19 modified, superseded or repealed accordingly.

20 **Sec. 33. *Effectivity.*** – This Act shall take effect fifteen (15) days after
21 publication in the Official Gazette or in at least two (2) newspapers of general
22 circulation.

Approved,