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Republic of the Philippines
 HOUSE OF REPRESENTATIVES
 Quezon City, Metro Manila

SEVENTEENTH CONGRESS
 First Regular Session

HOUSE BILL NO. 349

Introduced by **HONORABLE ROMERO "MIRO" S. QUIMBO**

EXPLANATORY NOTE

Article II, Section 15 of the Philippine Constitution states that “the State shall protect and promote the right to health of the people and instill health consciousness among them.” Furthermore, Article III, Section 1 states that no person shall be denied the equal protection of the laws. These constitutional provisions protect the right of every Filipino to a healthy and well-balanced life and mandate the State to deliver such. It does not limit to the State’s responsibility to the physical health but also includes mental welfare. The World Health Organization, in its Constitution, defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Thus, mental health is indispensable in achieving complete wellness of Filipinos.

In recent years, mental health has not been given the attention it needs. The state lacks resources to effectively provide for and sufficiently address the growing number of mental health disorders. Research indicates that 75% to 85% of people, from in low and middle-income countries suffering from mental disorders do not receive treatment for at least a year.

There have been several studies in the Philippines, which show the need for more intensive mental healthcare delivery system. The Global School Based Health Survey of the World Health Organization, in 2011, stated that 16% of students between 13-15 years old have considered attempting suicide while 13% have actually attempted suicide one or more times. A study conducted by the Department of Health, in 2006, among government employees in Metro Manila revealed that 32% out of 327 respondents have experienced a mental health problem in their lifetime. The incidence of suicide in males increased from 0.23 to 3.59 per 100,000 between 1984 and 2005 while rates rose from 0.12 to 1.09 per 100,000 in females (Redaniela, Dalida and Gunnel 2011). A DOH-SWS Survey conducted in 2004 showed that almost one per 100 households (0.7%) has a member with mental disability. According to 2003 DOH report, intentional self-harm is the ninth leading cause of death among 20-24 years old.

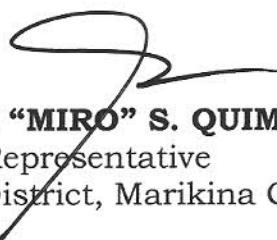
In addition to the lack of proper care, mental health patients are also prone to abuses in the health care system. The UN Special Rapporteur on Torture reports on the prevalence of practices which can be considered "cruel and inhuman, degrading prevalence of practices which can be considered "cruel and inhuman, degrading treatment" or even torture in health care settings. It cites the people with mental health needs, including those with long term sensory and intellectual impairments neglected or detained in different ways under the care of psychiatric or social care institutions and other residential centers, may be subject to all kinds of abuses or violence.

As a reaction to this, the WHO and other institutions have pushed for a "rights-based" mental health legislation. The WHO mentioned the following in its 2003 Mental Health Legislation and Human Rights:

1. People with mental disorders constitute a vulnerable section of society.
2. Mental health legislation is necessary for protecting the rights of people with mental disorders.
3. Mental health legislation is concerned with more than care and treatment. It provides a legal framework to address critical mental health issues such as access to care, rehabilitation and aftercare, full integration of people with mental disorders into the community, and the promotion of mental health in different sectors of society.
4. There is no national mental health legislation in 25% of countries with nearly 31% of the world's population.
5. Mental health legislation is an integral part of mental health policy and provides a legislative framework for achieving the goals of such policy.

This proposed law aims to address the growing need for a national mental health system which could deliver services to our people. Furthermore, it hopes to provide available, accessible, affordable and equitable quality mental health care services to Filipinos, specifically the underprivileged and high risk population. Enactment of this proposed law would help promote the mental health for the entire country.

In view of the foregoing, the immediate passage of this bill is earnestly sought.



ROMERO "MIRO" S. QUIMBO
Representative
Second District, Marikina City

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

SEVENTEENTH CONGRESS
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HOUSE BILL NO. _____

Introduced by HONORABLE ROMERO "MIRO" S. QUIMBO

1 **AN ACT PROMOTING/ADVOCATING MENTAL HEALTH,**
2 **PROMULGATING A NATIONAL MENTAL HEALTH POLICY TOWARDS**
3 **THE ENHANCEMENT OF INTEGRATED MENTAL HEALTH SERVICES,**
4 **THE PROMOTION AND PROTECTION OF PERSONS UTILIZING MENTAL**
5 **HEALTH SERVICES AND THE ESTABLISHMENT OF A PHILIPPINE**
6 **MENTAL HEALTH COUNCIL**

7
8 *Be it enacted by the Senate and the House of Representatives of the*
9 *Philippines in Congress assembled:*

10
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12 **SECTION 1. Short Title** – This Act shall be known as “Philippine Mental
13 Health Act of 2016”

14 **SECTION 2. Declaration of Policy.** It is hereby declared the policy of the
15 State to uphold the basic right of all Filipinos to mental health and to
16 respect the fundamental rights of people who require mental health
17 services. As recognized in the Universal Declaration of Human Rights, the
18 International Covenant on Economic, Social and Cultural Rights and the
19 International Covenant on Civil and Political Rights, persons with mental
20 disabilities have the right to equality and non-discrimination, dignity and
21 respect, privacy and individual autonomy, information and participation.
22 The State, being a signatory to the Convention, recognizes that people with
23 mental disabilities by virtue of the nature and/or severity of their illness,
24 have specific vulnerabilities and therefore need special care that is
25 appropriate to their needs and is based on nationally and internationally-
26 accepted standards.

27 The State recognizes its obligations as a State-Party to the UN Convention
28 on the Rights of Persons with Disabilities under Article 4 of the present
29 Convention “to ensure and promote the full realization of all human rights
30 and fundamental freedom for all persons with disabilities without the
31 discrimination of any kind on the basis of disability.” Furthermore, the State
32 aligns itself with the UN General Assembly resolution 46/119 of December
33 17, 1991, on the Principles for the Protection of Persons with Mental Illness

1 and the Improvement of Mental Health Care that lays down the policies and
2 guidelines for the protection from harm of persons with mental disabilities
3 and the improvement of mental health care.

4 **SECTION 3. Objectives.** The following are the objectives of this Philippine
5 Mental Health Act:

6 (a) Ensure a community of Filipinos who are mentally healthy, able to
7 contribute to the development of the country and attain a better quality of
8 life through access to an integrated, well-planned, effectively organized and
9 efficiently delivered mental health care system that responds to their mental
10 health needs in equity with their physical health needs;

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

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

17 **SECTION 4. Definition of Terms.** For the purpose of this Act, the following
18 terms shall be defined as follows:

19 (a) **Allied professionals** refer to any formally educated and trained non-
20 mental health professionals such as (but not limited to) physicians, social
21 workers, nurses, occupational therapists, recreational therapists, priests,
22 ministers, pastors and nuns.

23 (b) **Board certification** refers to the process of qualifying medical specialists
24 through requirements and examinations set by the Board of the particular
25 medical specialty so appointed or elected for that specific purpose by the
26 registered members of the medical specialty association

27 (c) **Carer** refers to the person who may or may not be the patient's next of
28 kin nor relative who maintains a close personal relationship with the patient
29 and manifests concern for his welfare.

30 (d) "**Discrimination on the basis of disability**" means any distinction,
31 exclusion or restriction on the basis of disability which has the purpose or
32 effect of impairing or nullifying the recognition, enjoyment or exercise, on an
33 equal basis with others, of all human rights and fundamental freedoms in
34 the political, economic, social, cultural, civil or any other field. It includes all
35 forms of discrimination, including denial of reasonable accommodation

36 (e) **Legal representative** refers to a substitute decision-maker charged by
37 law with the duty of representing a patient in any specified undertaking or
38 of exercising specified rights on the patient's behalf. The legal representative

1 may also be a person appointed in writing by the patient to act on his/her
2 behalf unless the patient lacks mental capacity, or otherwise fails to appoint
3 a legal representative in writing, in which case the legal representative shall
4 be take to be in the following order:

- 5 a) the spouse, if any, unless permanently separated from the patient
6 as rendered by a Court of competent jurisdiction, or has deserted or
7 has been deserted by the patient for any period which has not come to
8 an end; or
- 9 b) sons and daughters over the age of eighteen years;
- 10 c) either parent by mutual consent; and
- 11 d) a person appointed by a decree of a Court to represent the patient.

12 (f) **Mental disability** refers to impairments, activity limitations, and
13 individual and participatory restrictions denoting dysfunctional aspects of
14 interaction between an individual and his environment.

15 (g) **Mental health** refers to a state of well being in which every individual
16 realizes his or her own potential, can cope with the normal stresses of life,
17 can work productively and fruitfully, and is able to make a contribution to
18 his or her community.

19 (h) **Mental health professionals** refer to persons trained and Board certified
20 to practice psychiatry as well as licensed psychologists, guidance counselors
21 and psychometricians.

22 (i) **Mental health workers** refer to trained volunteers and advocates
23 engaged in mental health promotion and services under the supervision of
24 mental health professionals

25 (j) **Mental illness** refers to mental or psychiatric disorder characterized by
26 the existence of recognizable changes in the thoughts, feelings and general
27 behavior of an individual brought about by neurobiological and/or
28 psychosocial factors causing psychological, intellectual or social
29 dysfunction.

30 (k) **Mental or psychological incapacity** is the inability to:

- 31 a) Understand the information given concerning the nature of the
32 disorder;
- 33 b) Understand the consequences that his/her decisions and actions
34 have for his/her own life or health and for the life and health of others,
35 which may be serious and irreversible;

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

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

6 e) Effectively communicate with others regarding his/her condition and
7 his/her consent to treatment or hospitalization

8 (m) **Patient** refers to a person receiving/utilizing mental health care and
9 treatment from a mental health care facility or clinic

10 (n) **Psychiatric emergencies** are conditions which may present a serious
11 threat to a person's wellbeing and/or that of others requiring immediate
12 psychiatric interventions such as in cases of attempted suicide, acute
13 intoxication, severe depression, acute psychosis, or violent behavior

14 (o) **Psychosocial problem** refers to a condition that indicates the existence
15 of disturbances in the individual's behavior; thoughts and feelings brought
16 about by sudden, extreme or prolonged stressors in the physical or social
17 environment.

18 **SECTION 5. Rights of Persons with Mental Health Needs.** – Without
19 prejudice to anything provided in this Act and unless prevented by law,
20 persons with mental health needs shall have the right to:

21 (a) Exercise all their inherent civil, political, economic, social, religious,
22 educational and cultural rights respecting individual qualities, abilities and
23 diverse backgrounds and without any discrimination on grounds of physical
24 disability, age, gender, sexual orientation, race, color, language, religion or
25 national or ethnic social origin of the patient concerned;

26 (b) Receive treatment of the same quality and standard as other individuals
27 in a safe and conducive environment.

28 (c) Receive treatment, which addresses holistically their needs through a
29 multidisciplinary care plan approach;

30 (d) Receive treatment in the least restrictive environment and in the least
31 restrictive manner;

32 (e) Protection from torture, cruel, inhuman and degrading treatment;

33 (f) Receive aftercare and rehabilitation when possible in the community so
34 as to facilitate their social inclusion;

1 (g) Be adequately informed about the disorder and the multidisciplinary
2 services available to cater to their needs and the treatment options
3 available;

4 (h) Actively participate in the formulation of the multidisciplinary treatment
5 plan;

6 (i) Give free and informed consent before any treatment or care is provided
7 and such consent shall be recorded in the patient's clinical record. This is
8 without prejudice to the patient's right to withdraw consent;

9 (j) Have a responsible legal representative and carer of their choice whenever
10 possible;

11 (k) Confidentiality of all information about themselves, illness and treatment
12 in whatever form stored, which information shall not be revealed to third
13 parties without their consent unless:

14 1) There is a life-threatening emergency when information is urgently
15 required to save lives;

16 2) It is in the interest of public safety;

17 3) Ordered by court to do so; and

18 4) Whosoever is requesting such information is entitled by law to
19 receive it.

20 (l) Access to their clinical records unless, in the opinion of his/her attending
21 mental health professional, revealing such information may cause harm to
22 the person's health or put at risk the safety of others. When any information
23 is withheld, the patient or legal representative may contest such decision
24 with the appropriate hospital/mental health facility body authorized to
25 investigate and resolve disputes or to the Commission on Human Rights;

26 (m) Be informed within twenty-four hours of admission to a facility of their
27 rights in a form and language which the patient understands, which
28 information shall include an explanation of those rights and how to exercise
29 them, unless they are mentally incapacitated, in which case the legal
30 representative and the carer are entitled to such information;

31 (n) The mental health patient/ legal representative shall be entitled to a
32 competent counsel of his own choice. In case, he cannot afford one, the
33 Public Attorney's Office or any legal aid institution of his/her choice will
34 assist him/her.

35 (o) The mental health patient and his/her legal representative and carer
36 shall be entitled to effective participation in the development of legislation

1 (p) The mental health patient shall not be put in a solitary confinement.

2

ARTICLE I

Duties and Responsibilities of Government Agencies

3

4

5 **SECTION 6. Duties and Responsibilities of the Department of Health**

6 **(DOH) –**

7 1. It shall ensure conditions for a safe, therapeutic and hygienic
8 environment with sufficient privacy in mental health facilities and shall be
9 responsible for the licensing, monitoring and assessment of all mental
10 health facilities.

11 2. It shall ensure that all public and private mental health institutions are
12 protecting the rights of patients against cruel, inhuman and degrading
13 treatment and/or torture.

14 3. It shall prohibit forced or inadequately remunerated labor within mental
15 health institutions. This does not include the activities justified as part of an
16 accepted therapeutic treatment.

17 4. DOH through the Philippine Mental Health Council as the primary duty-
18 bearer shall develop the alternatives to institutionalization, in particular
19 community-based treatment with a view of receiving persons discharged
20 from hospitals. Such alternatives should meet the needs expressed by
21 persons with mental disorders and respect the autonomy, choices, dignity
22 and privacy of the person concerned.

23 **SECTION 7. Duties and Responsibilities of the Commission on Human**

24 **Rights (CHR)**

25 1. CHR is authorized to inspect both public and private mental health
26 facilities upon complaints that patients therein are treated in a manner less
27 than humane or are victims of torture and other cruel, inhuman and
28 degrading treatment.

29 2. CHR and other monitoring bodies are authorized to conduct inspection of
30 all places where psychiatric patients are held for involuntary treatment or
31 otherwise, to ensure full compliance with domestic and international
32 standards governing the legal basis for treatment and detention, quality of
33 medical care, and living standards.

34 3. It shall appoint a Focal Commissioner on Mental Health under the CHR
35 under such terms as deemed appropriate with the following functions and
36 duties:

- (1) Promote and safeguard the rights of persons utilizing mental health services and their carers;
 - (2) Review any policies and make such recommendations to any competent authority to safeguard or to enhance the rights if such persons and to facilitate their social inclusion and well-being;
 - (3) Investigate any complaint alleging breach of patient's rights and take any subsequent action or make recommendations which may be required to protect the welfare of that person;
 - (4) Investigate any complaint about any aspect of care and treatment provided by a facility or a health care professional and take any decisions or make any recommendations that are required;
 - (5) Conduct regular inspections, at least annually, of all facilities to ascertain that the rights of patients and all the provisions of this Act are being upheld. During such visit, the Focal Commissioner shall have unrestricted access to all parts of the facility and the right to interview in private any consenting patients;
 - (6) Report any case amounting to a breach of human rights within a facility to the Department of Health and any other appropriate competent authority recommending the rectification of such a breach and take any proportional action he deems appropriate;
 - (7) Report to the Department of Health and to any other appropriate competent authority any healthcare professional for breach of human rights or for contravening any provision of this Act and this without prejudice to any other proportional action that he may deem necessary to take;
 - (8) Present to the Commission on Human Rights an annual report of activities;
 - (9) Any other functions which the Commission on Human Rights may prescribe by regulations under this Act;

SECTION 8. DOH, CHR and/or the Department of Justice (DOJ) shall receive all complaints of improprieties and abuses in mental health care and shall initiate appropriate investigation and action against those who authorized the confinement and committed the improprieties and abuses;

1 **SECTION 9. Duties and Responsibilities of national and local**
2 **hospitals** – National and Local hospitals:

3 (a) Shall ensure that guidelines and protocols for minimizing restrictive care
4 are established.

5 (b) Are compelled to inform patients of their rights. Every patient, whether in
6 voluntary or involuntary treatment, should be fully informed about the
7 treatment to be prescribed and the reason for recommending it and given
8 the opportunity to refuse the treatment or any other medical intervention.
9 Informed consent must be sought from all psychiatric patients at all times
10 except in instances of mental or psychological incapacity as defined in
11 Section 3.

12 (c) Must ensure that any involuntary medical treatment and restraint,
13 physical or chemical, for those with mental disorder can only be used to the
14 extent strictly necessary under the following conditions:

15 (1) In psychiatric emergencies;

16 (2) That the treatment without consent and restraint is at the order od
17 an attending physician whose orders must be reviewed by a Board
18 certified psychiatrist as soon as possible or within one month;

19 (3) That the decision to subject the patient to involuntary treatment is
20 resorted to only when all other means of control have been attempted
21 and failed;

22 (4) That the head of the institution, medical or mental health facility
23 will oversee such a decision strictly following the approved guidelines,
24 which include criteria for regulating the application and termination
25 of such interventions;

26 (5) Used only for the shortest possible period of time as assessed by a
27 Board certified psychiatrist or attending physician under the
28 supervision by a Board certified psychiatrist; and

29 (6) Recorded and subject to regular external independent monitoring.

30 (d) Must certify that the patient who has been subject to any intervention
31 without consent has been debriefed as soon as the mental condition
32 meaningfully permits it and he/or she and the legal guardian or substitute
33 decision-maker must have access to medical records.

34 (e) Must keep a register on involuntary treatment and procedures

35 (f) Must ensure that the decision for the need for a legal representative or
36 substitute decision maker shall be made only for reasons of mental

1 incapacity and shall be made following established judicial procedures
2 which should ensure that the rights, will and preferences of the patients are
3 respected as far as possible, it should be;

4 (1) Tailored to the patient's circumstances, i.e. be proportional to the
5 degree to which such measures affects the patient's rights and
6 interests; it shall only apply in the field where the patient's judgement
7 is failing and where decision making is necessary;

8 (2) Applied for the shortest time possible;

9 (3) Free of conflicts of interest and undue influence from family
10 members, the institution where the person is treated or others;

11 (4) Subject to regular review by a competent, independent and
12 impartial authority or judicial body;

13 (5) Overseen by an independent monitoring body; and

14 (6) Subject to appeal by the person or a trusted next of kin.

15 (g) Must ensure that families or other primary carers are entitled to
16 information about the person with a mental disorder unless the patient
17 refuses the divulging of such information.

18 (h) Must involve family members or other primary carers in the formulation
19 and implementation of the patient's individualized treatment plan.

20 (i) Must make transparent and accessible to the person affected and his/her
21 family the decision to apply involuntary treatment, as this is an essential
22 factor for building and maintaining mutual confidence.

23 (j) Must mandate the creation of an appropriate body, which will ensure
24 compliance with the requirements and procedures provided by this act.

25 (k) Must provide the patient under treatment and hospitalization without
26 consent access to an independent mechanism of complaint and
27 compensation for any inappropriate treatment provided. Complaint
28 mechanisms must:

29 (1) Be designed in a manner that is sensitive to the particular needs of
30 the patient;

31 (2) Provide the individual with the necessary assistance to lodge a
32 complaint, and the complaint mechanism must be empowered to
33 inquire effectively and independently into the circumstances leading
34 to the complaint;

(3) Be mandated to initiate disciplinary sanctions or pass the case to the prosecuting authorities with a view to initiating a criminal investigation against a person or persons found guilty of misconduct; and

(4) Ensure that complaints are dealt with in a speedy manner.

ARTICLE II

Mental Health Service in the Local Government Units

SECTION 10. *Mental Health Service in the Community* – Mental health service shall, within the general health care system in the community, include the following:

- a. Development and integration of mental health care at the primary health care in the community;
 - 1. Mental health should be integrated into the primary care system with the availability of basic mental health services down to the barangay health level.
 - 2. Training for community resilience and psychological well-being in all barangays and availability of Mental Health and Psychosocial Support Services (MHPSS) workers for disasters and post-disasters.
 - b. Continuation of programs for capacity building among existing local mental health workers so that they can undertake mental health care in the community and undertake training and capacity building programs in close coordination with mental or psychiatric hospitals or departments of psychiatry in general or university hospitals;
 - c. Continuous support services and intervention for families and co-workers;
 - d. Advocacy and promotion of mental health awareness among the general population;

SECTION 11. *Psychiatric Service in Regional and Provincial Hospitals*

– Psychiatric service shall be established in every regional and provincial hospitals which shall provide the following:

1. Short-term in-patient hospital care for those with acute psychiatric symptoms in a small psychiatric ward;

2. Partial hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;
3. Out-patient clinic in close collaboration with the mental health programs at the primary health centers in the area;
4. Linkage and possible supervision of home care services for those with special needs as a consequence of long-term hospitalization, unavailable families, inadequate or non-compliance to treatment;
5. Coordination with drug rehabilitation, centers on the care, treatment and rehabilitation of persons suffering from drug or alcohol induced mental, emotional and behavioral disorder; and
6. Referral system with other health and social welfare programs, both government and non-government, for programs, in the prevention of mental illness, the management of those at risk for mental health and psychosocial problems and mental illness or disability.

SECTION 12. Capacity Building, Reorientation and Training – Mental health professionals or workers whose previous education and training had not emphasized the community and public health perspective of mental health shall undergo capacity building, reorientation and training, in close coordination with the departments of psychiatry in general hospitals, university hospitals or mental facilities.

Capacity building, reorientation and training shall, in close coordination with the departments of psychiatry in general hospitals, university hospitals or mental facilities, be for those who are mental health professionals or workers whose previous education and training had not emphasized the community and public health perspective of mental health.

SECTION 13. Integration of Mental Health/Psychiatry in the Curricula – Mental health/psychiatry shall be required subject in all medical and allied health courses, including postgraduate courses in health.

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

ARTICLE III **The Philippine Mental Health Council**

SECTION 15. Establishment – The Philippine Council for Mental Health, herein referred to as the Council, is hereby established as an attached agency under the DOH, to provide for a coherent, rational and unified

1 response to mental health problems, concerns and efforts through the
2 formulation and implementation of the National Mental Health Care Delivery
3 System.

4 For purposes of this Act, the National Mental Health Care Delivery System
5 shall constitute a quality mental health care program, through the
6 development of efficient and effective structures, systems and mechanisms,
7 that will ensure equitable, accessible, affordable, appropriate, efficient and
8 effective delivery of mental health care to all its stakeholders by qualified,
9 competent, compassionate and ethical mental health professionals and
10 mental health workers.

11 **SECTION 16. Duties and Functions.** - The Council shall exercise the
12 following duties:

13 (a) Review and formulate policies and guidelines on mental health issues
14 and concerns;

15 (b) Develop a comprehensive and integrated national plan and program on
16 mental health;

17 (c) Conduct regular monitoring and evaluation in support of policy formation
18 and planning on mental health;

19 (d) Promote and facilitate collaboration among sectors and disciplines for the
20 development and implementation of mental health related programs within
21 these sectors;

22 (e) Provide over-all technical supervision and ensure compliance with
23 policies, programs and projects within the comprehensive framework of the
24 National Mental Health Care Delivery System and other such activities
25 related to the implementation of this Act, through the review of mental
26 health services and the adoption of legal and other remedies provided by
27 law;

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

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

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

- 1 (i) Create inter-agency committees, project task forces, and other groups
2 necessary to implement the policy, and program framework of this Act;
- 3 (j) Perform other duties and functions necessary to carry out the purposes of
4 this Act; and
- 5 (k) Collaborate with the following agencies specifically:
- 6 (1) The Department of Science and Technology (DOST) and attached
7 agencies like the Philippine Institute of Traditional and Alternative Health
8 Care (PITAHC) and the Philippine Council for Health Research and
9 Development (PCHRD) to advance research on basic and clinical studies into
10 mental illness and complementary and alternative treatment.
- 11 (2) The Department of Education (DepEd) and the Commission on Higher
12 Education (CHED) to develop school based mental health promotion,
13 screening and referral systems.
- 14 (3) The Philippine Health Insurance Corporation (PhilHealth) to make sure
15 that availability of insurance packages is in place with parity to physical
16 disorders with similar impact to the patient as measured by Disability
17 Adjusted Life Years or similar instrumentation.
- 18 (4) The Technical Education and Skills Development Authority (TESDA), the
19 Department of Social Welfare and Development (DSWD), the Department of
20 Agriculture (DA), the Department of Trade and Industry (DTI), the
21 Department of Environment and Natural Resources (DENR), the Department
22 of Interior and Local Government (DILG) and other agencies to develop
23 vocational opportunities via innovative systems like Care Farms,
24 Psychological Rehabilitation and similar modalities with program design and
25 planning in conjunction with psychiatrists and other mental health
26 specialists.
- 27 (5) The Department of Labor and Employment (DOLE) to promote diversity
28 and equal protection in the workplace mandating companies to develop
29 programs to enhance mental wellness of all employees and to ensure work
30 accommodations of mentally ill.
- 31 (6) The National Economic and Development Authority (NEDA) to envision
32 programs to promote the mental wealth of our nation, including inclusive
33 growth for the mentally ill.
- 34 (7) The National Center for Health Promotion to lead in the formulation of
35 the standard and development of mental health information, education and
36 communication and advocacy strategies to ensure the promotion of a totally
37 healthy and less stressful lifestyle for the Filipinos.

1 (8) The National Epidemiological Center to develop and update the
2 epidemiology of mental diseases and services available in the country in the
3 form of a census or a similar instrument. Research into epidemiology, risk
4 factors, treatment and management of mental disorders should be given a
5 priority. It shall ensure the development or enhancement of national
6 reporting and surveillance systems and methodologies and the generation,
7 availability, accessibility, sharing, exchange, and distribution of information
8 and knowledge on mental health and the neurological cases.

9 (9) The Philippine Statistical Authority to formulate and integrate mental
10 health protective risk factors and other such data that may help in the
11 formulation of policies towards mental wellness and prevention of mental
12 illness.

13 (10) The Commission on Human Rights on matters pertaining to human
14 rights issues, particularly, the protections of persons utilizing mental health
15 services and the prevention of cruel, inhuman and degrading treatment in
16 mental health care facilities.

17 **SECTION. 17. Composition.** – The Council shall be composed of the
18 following:

- 19 (1) The Secretary of Health, as ex officio chairman;
- 20 (2) The Executive Director, as vice chairman and Chief Executive
21 Officer;
- 22 (3) Two (2) representatives from the government sector;
- 23 (4) Two (2) representatives from the private health sector or consumer
24 groups;
- 25 (5) One (1) representative from the academe/research;
- 26 (6) Two (2) representatives from the professional organization; and
- 27 (7) Two (2) representatives from the allied nongovernment
28 organizations involved in mental health issues, as members.

29 The President from among the nominees of their respective organizations
30 shall appoint the members of the Council.

31 **SECTION. 18. Term of Office.** – The members of the Council shall serve for
32 three (3) years. In case a vacancy occurs in the Council, any person chosen
33 to fill the vacancy shall serve only for the unexpired term of the member
34 whom he/she succeeds.

35 **SECTION. 19. Per Diem.** – The members of the Council shall receive
36 reasonable per diems and transportation allowance subject to existing rules
37 and regulations of the Department of Budget and Management (DBM).

38 **SECTION. 20. Quorum.** – The presence of a majority of the members of the
39 Council shall constitute a quorum.

1 **SECTION. 21. Meetings** – The Council shall meet at least once a month or
2 as frequently as necessary to discharge its duties and functions. The
3 Council shall be convoked by the Chairman or upon written request of at
4 least three (3) of its members.

5 **SECTION. 22. Executive Directors** – (a) The Council shall appoint an
6 Executive Director who shall serve for a term of three (3) years. The
7 Executive Director shall be eligible for one (1) reappointment and shall not
8 be removed from office except in accordance with existing laws.

9 (b) the Executive Director shall have the following duties and functions:

10 (1) Act as chief executive officer of the Council and assume full responsibility
11 in implementing its purposes and objectives;

12 (2) Maintain a close and functional relationship with the Department of
13 Health and other government and private entities concerning mental health
14 care;

15 (3) Formulate, develop, and implement, subject to the approval of the
16 Council, measures that will effectively carry out the policies laid down by the
17 Council;

18 (4) Execute and administer approved policies, programs and measures, and
19 allocate appropriate resources for their implementation;

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

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

27 **SECTION. 23. Salary.** – The Executive Director shall receive a salary to be
28 fixed by the Council in accordance with the Salary Standardization Law.

29 **SECTION. 24. Appointment of Members.** – Within thirty (30) days from the
30 date of this Act, the President of the Philippines shall appoint the members
31 of the Council.

32 **SECTION. 25. Advisory Board.** – The Philippine Mental Health Council
33 shall create an advisory board consisting of mental health care users, carers
34 and professionals, representatives of the DOH as well as visiting bodies
35 under national and international obligations of the State.

ARTICLE IV

Miscellaneous Provisions

SECTION. 26. *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, formulate the implementing rules and regulations necessary for the effective implementation of this Act.

SECTION. 27. *Appropriations.* – The initial amount of P 170 million (P 170,000,000) is hereby appropriated for the initial implementation of this Act. Thereafter, any amount as may be necessary to carry out the provisions of this Act shall be included in the General Appropriations Act.

SECTION. 28. Separability Clause. – If any provision of this Act is held invalid or unconstitutional, the remainder of the Act or the provision not otherwise affected shall remain valid and subsisting.

SECTION. 29. Repealing Clause. – Executive Order 470, s. 1998 is hereby repealed. Any law, presidential decree or issuance, executive order, letter of instruction, administrative rule or regulation contrary to or inconsistent with the provisions of this Act is hereby repealed, modified or amended accordingly.

SECTION. 30. *Effectivity.* – This Act shall take effect fifteen (15) days upon its publication in at least two (2) national newspapers of general circulation.

Approved,