Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 4301

Introduced by **BAYAN MUNA** Representative **CARLOS ISAGANI T. ZARATE**

AN ACT PROMOTING MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING, PROMULGATING A NATIONAL POLICY ON MENTAL HEALTH, PROVIDING FOR A NATIONAL MENTAL HEALTH PROGRAM TOWARDS THE ENHANCEMENT OF COMPREHENSIVE MENTAL HEALTH SERVICES, PROTECTION OF PERSONS WITH MENTAL HEALTH NEEDS AND ESTABLISHMENT OF A NATIONAL COMMISSION ON MENTAL HEALTH

EXPLANATORY NOTE

This bill aims to address the need for a mental health law and define a national policy on mental health care and psychosocial services for the physical, mental and social well-being of all Filipino citizens. The integration of a balanced community-based and hospital-based mental health services through a National Program on Mental Health and Psychosocial Well-Being aims to promote mental health, prevent mental problems and render comprehensive, equitable, accessible, affordable and quality mental health care – all integrated into all levels of the health care system from the national, regional, provincial, city/ municipality to the barangay.

Article 2 Section 15 and Article XIII Section 11 of the 1987 Philippine Constitution states that *the State shall protect and promote the right to health of the people and instill health consciousness among them, and adopt an integrated and comprehensive approach to health development giving priority to the needs of the underprivileged, sick, elderly, disabled, women, and children.*

The Philippines, being a signatory and State-Party to the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights, recognizes that persons with mental disabilities have the right to equality and non-discrimination, dignity and respect, privacy and individual autonomy, information and participation. The State also recognizes that people with mental disabilities, by virtue of the nature and/or severity of their condition, have specific vulnerabilities and needs and therefore require special care and interventions appropriate to their needs and based on nationally and internationally accepted standards.

Also, in Republic Act 7277 or the Magna Carta for Disabled Persons, it is categorically stated that *"The State shall protect and promote the right to health of disabled persons and shall*

adopt an integrated and comprehensive approach to their health development".

The Philippines, further, acknowledges its obligations as a State-Party to the UN Convention on the Rights of Persons with Disabilities, which stated that among its purposes, under Article 4 thereof, is "to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability." Furthermore, the Philippines also adheres to the UN General Assembly resolution 46/119 of December 17, 1991, on the *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care* that lays down the policies and guidelines for the protection from harm of persons with mental disabilities and the improvement of mental health care.

Mental disorders are found in all population groups, in women and men, at all stages of life, among the rich and poor, in both rural and urban settings, in both rich and poor countries. Mental illness is the third most common form of disability in the Philippines, after visual and hearing impairment,with an average of 88 reported cases per 100,000 population as of year 2000. A survey conducted for the Department of Health in 2004, states that for every 1000 households, seven (0.7% of households) have family members suffering from mental disability.

The country has one of the highest mortality rates from suicide and self-inflicted injuries with 1.8 per 100,000 population, going as high as 132.9 per 100,000 in the Southern Tagalog region.

A study by the World Health Organization in 2011 revealed that 16 % of Filipino students aged 13-15 had contemplated suicide while 13% have actually attempted suicide. In 2003, intentional self-harm was found to be the 9th leading cause of death among young Filipino adults (20-24 years old). In 2007, the Philippine Psychiatric Association estimated that up to 20 % of adults suffer from mental disorders.

In a population survey conducted in the Western Visayas region in 1994, one out of three Filipino adults and one out of five children were diagnosed to have mental disorders. Another study conducted in Metro Manila primary care centers showed that of the total patient consultations, one (1) out of five (5) adults and one (1) out of 10 children have mental disorders. A similar study in Bulacan rural health centers showed that 34% of adults consulting in these clinics have psychological symptoms. Substance abuse is the leading direct and indirect cause of mental illness with 2.5% of the population affected (1998) and an estimated 3.2 million drug users in 2016.

The effect of mental disorders extends beyond individual and family suffering to the national economic development, resulting in economic loss due to its adverse effects on the country's labor supply, earnings and participation in productivity and the cost of institutionalization of persons with mental disorders. The poor are at a higher risk of developing mental disorders while mental disorders increase the likelihood of those living in poverty.

Inequity in the socioeconomic conditions of the country is reflected in inequities in mental health and general well-being. Mental illness and poor health are rooted in poverty, widespread unemployment, landlessness, sociocultural marginalization and oppression. The increasing loss of jobs, increasing number of overseas Filipino workers, the prevailing global crisis, widespread occurrence of domestic violence and child abuse are important factors that

lead to problems in mental health. Financial incapacity to meet the basic needs of food, education, adequate shelter and humane living conditions drives many Filipinos to destitution, despair, substance abuse & addiction, mental disorders, early death and even suicide. In developing countries like the Philippines, the situation is further aggravated by systemic corruption, poor governance, and disasters due to natural and manmade causes.

Mental health inequalities have resulted in profound suffering and death mainly because people do not have access to the treatment they need. There is a widening treatment gap due to the lack of budget for mental health services which contributes to limited prioritization of mental health in health planning, resource allocation, and workforce development, further increasing unmet mental health needs. Individuals with mental disorders treated in public health services are required to pay for the cost of their treatment and psycho-active drugs while treatment for physical health problems is provided free.

Unfortunately, with a population of over 100 million, the country has only three (3) mental hospitals, 46 outpatient facilities, four (4) day treatment facilities, 19 community-based psychiatric inpatient facilities, and 15 community residential or custodial home care facilities.

Almost all mental health facilities are loacted in major urban centers, majority are privately owned, and the single specialty mental hospital is in the National Capital Region with a bed capacity of only 4,200. Only an estimated 490 psychiatrists and 1000 nurses are working in psychiatric care. Thus, majority of people with mental health problems (75% in one study) go untreated despite the availability of effective treatment. The Philippines is among the 35 countries or 25 % of countries worldwide with no mental health policies or legislation to address the basic needs and rights of persons with mental illness.

Again, to emphasize, unmet mental health needs generate social problems including unemployment, substance abuse, poverty, increase in crime and political instability. Other than loss of income, unemployment results in loss of work motivation, skills, self-confidence and psychological stability for the individual, disruption of family relations and social life, increase in morbidity and mortality rates and aggravation of social exclusion and marginalization. Thus, poverty becomes both a determinant and a consequence of poor mental health.

Consequences of this large gap in mental health services include continued unnecessary suffering and premature deaths, increased stigma and marginalization, lack of treatment for persons suffering from mental health problems, and lack of investment by the government in the mental health workforce and infrastructure.

> "In defining health, the WHO clearly articulated the importance of mental health by including it with overall physical and social well-being. By putting it in between the state of 'physical' and 'social' well-being, this definition symbolically shows how mental health ties physical health and social well-being together. Neglect of mental health needs in health policies often translates to neglect in research, funding, services, and infrastructure (e.g. the development of competent mental health workforce) especially in poor and underserved communities (WHO, 2001a, 2001b). Mental health is vital to our understanding of health and economic development and must be prioritized in health planning, resource allocation and fully integrated with other primary care services."

A key strategy in addressing the inequalities in mental health care is the integration of mental health with other primary care services at the community level as the basic unit of care. Community-based mental health is now widely recognized as the best effective strategy to reach the greatest number of persons needing mental health care. Community-based mental health care offers affordable and cost-effective care, promotes access to care, and respect for human rights (WHO/WONCA, 2008). Involving the whole community in caring for persons with mental problems will help reduce social stigma and discrimination, reducing the social isolation, marginalization, neglect and need for institutionalization of people living with mental health problems. Community management of mental health services will help people realize that persons with mental illness can still live productive lives, be integrated to the society and contribute to the betterment of social conditions.

> "Ethical and human rights challenges in caring for people living with mental illness and their families exist. These include:
>
> (1) justification to provide mental health services to communities when primary health care services are inaccessible, unavailable and unaffordable and therefore unsustainable in rural and hard-to-reach areas;
>
> (2) lack of public awareness on mental health and limited knowledge about the causes of mental illness which have resulted in mental health being given low priority by the policy makers and health providers,
>
> (3) the vicious circle between mental ill-health and poverty,
>
> (4) the role played by stigma towards individuals who have mental illness and their families, and
>
> (5) inadequate developed mental health policies, resulting in limitations to bring about major reforms in the implementation of mental health policies and service delivery needed by mental health systems.
>
> Although the idea of health without mental health sounds absurd, mental health is perhaps the most neglected aspect of health in developed and developing nations. Addressing mental disorders often appears to be an afterthought in health and social policy development, added to existing 'more important health issues' rather than a part of individual and population overall health and wellbeing." (*Int Rev Psychiatry 2010*)

The gravity and pervasiveness of mental health problems in the country at present underscores the need for an integrated, inter-sectoral and multidisciplinary inter-agency approach and makes imperative the enactment of strong, focused and decisive measures to improve the mental health and well-being of all Filipinos.

There is, thus, a necessity for the creation of a National Commission on Mental Health directly under the Office of the President to ensure the mandatory cooperation and timely actions of all the different government agencies, private entities and sectors involved.

Mental health and psychosocial well-being is not solely the purview and concern of just one government agency, not even the Department of Health. This has been a long-accepted

concept incorporated in the WHO definition of health and was formally recognized in the Declaration of Alma Ata in 1978. Past experiences with inter-agency collaboration among government entities have resulted in non-compliance and failure to carry out solutions collectively arrived at because of bureaucratic constraints encountered by committees led by a single department or government entity that does not have sufficient mandate to regulate or enforce actions on co-equal departments or agencies within the government structure.

Through the passage of a Philippine Mental Health Act, the State commits to the promotion and protection of the rights of the person with psychosocial and mental health needs and adheres to the framework that addressing the profound social disadvantage of these individuals enhances their capacity to make significant contributions in the civil, political, economic, social, and cultural spheres of the society.

Thus, immediate passage of this bill is earnestly sought.

Approved,

Rep. CARLOS ISAGANI T. ZARATE
Bayan Muna Party-List

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

ARTICLE I. General Provisions

SECTION 1. ***Short Title.*** This act shall be known as the "**Philippine Mental Health Act of 2016**".

SECTION 2. ***Declaration of Policy.*** It is hereby declared the policy of the State to:

(a) uphold, protect, and promote the basic right to health of all Filipinos with due attention to mental health and psychosocial well-being;
(b) respect the fundamental rights of people who require mental health and psychosocial services and those of trained mental health workers, not necessarily professionals, who provide these types of services;
(c) provide appropriate, accessible, affordable, effective and efficient mental health and

psychosocial interventions and services, from prevention to treatment and rehabilitation, that will ensure that every citizen shall be able to continue to function and exercise their inherent civil, political, economic, social, religious, educational, and cultural rights; and

(d) ensure the establishment of an integrated and comprehensive mental health care system (encompassing primary to tertiary levels of care, promotion, prevention to treatment and rehabilitation) from the national to the barangay community level.

SECTION 3. ***Objectives.*** The Philippine Mental Health Act aims to:

(a) Promote and protect the mental health of the Filipino people through an integrated, unified, multidisciplinary, wholistic, inter-sectoral approach that encompasses health, education, labor and employment, justice and social welfare.

(b) Provide access to a pro-people rights-based comprehensive health care and treatment by re-orienting the national health care system and modernizing mental health facilities to ensure a well-balanced mental health program of community-based and hospital-based care and treatment

(c) Prevent, treat and control mental illness at all levels and rehabilitate persons with mental disability through an enhanced community-based mental health care system in each barangay & municipality in every province in the country by establishing mental health and psychosocial support services at each level of governance.

(d) Integrate mental health in the general curriculum of the education system and strengthen psychology and psychiatry courses in the curriculum of health sciences, medical and allied professions and behavioral sciences.

SECTION 4. ***Definition of Terms.*** For the purposes of this Act the following terms shall be defined as follows:

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

(b) **Mental disability** refers to impairments in thinking and feeling that results in activity limitations, and individual and participatory restrictions denoting dysfunctional aspects of interaction between an individual and his/her environment.

(c) **Mental illness** refers to neurologic or psychiatric disorder characterized by the existence of recognizable, clinically significant disturbance in an individual's cognition, emotion regulation or behavior that reflects a dysfunction in the neurobiological, psychosocial, or developmental processes underlying mental functioning. Socially deviant behavior (e.g. political, religious or sexual) and conflicts primarily between the individual and society are not mental disorders unless the deviance or conflicts results in a dysfunction in the individual as described above.

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

(e) **Mental or psychological incapacity** refers to the:

1) Impairment in the ability to carry on daily living activities such as caring for one's person or property with reasonable discretion or
2) Inability to understand the consequences that his/her decisions and actions have for

his/her own life or health and for the life and health of others, which may be serious and irreversible

3) Inability to understand information given about the nature of her/his disorder and the treatment proposed, including the means of treatment, its direct effects and possible side effects and
4) Inability to communicate effectively with others regarding her/his condition and her/his consent to treatment or hospitalization.

(f) **Psychiatric emergencies** are conditions which may present serious threat to a person's well-being and/ or that of others requiring immediate intervention such as in cases of attempted suicide, severe depression, sever panic/ anxiety attack, acute psychosis or violent behavior.

(g) **Carer** refers to the person who may or may not be the patient's next of kin nor relative who maintains a close personal relationship with the patient, manifests concern for the patient and takes on responsibility for the care of the patient.

(h) **Mental health professionals** refer to persons formally trained to diagnose and treat mental illness such as psychiatrists, psychologists, guidance counselors and psychometricians.

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

(j) **Allied professionals** refer to any formally educated and trained non-mental health professionals such as (but not limited to) physicians, social workers, nurses, occupational therapists, recreational therapists, priests, ministers, pastors and nuns, trained or certified non-physician or non-psychiatric individual

(k) **Rehabilitation** is the process of helping people, including persons with mental problems or disabilities, to find ways of returning to the normal life they led before the illness started

(l) **Community based rehabilitation** refers to a rights based program planned and implemented in the community that ensures intervention for a mental health patient either as a supplement to hospital care or in place of hospital treatment as long as the patient is not a danger to himself or to others

(m) **Confidentiality** refers to the relationship of trust or confidence created or is existing between patients and their attending mental health professional, mental health worker or allied professional. It also applies to any person who, in any official capacity has acquired or may have acquire such confidential information.

(n) **Discrimination on the basis of disability** means any distinction, exclusion or restriction on the basis of disability - physical or mental - which has the purpose or effect of nullifying the recognition, enjoyment or exercise on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination including denial of reasonable accommodation.

(o) **Legal representative** refers to a substitute decision-maker charged by law with the duty of representing a patient in any specified undertaking or of exercising specified rights on the patient's behalf. The legal representative may also be a person appointed in writing by the patient to act on his/her behalf unless the patient lacks the mental capacity, or otherwise fails to appoint a legal representative in writing, in which case shall be taken in the following order:

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

(2) Sons and/or daughters over the age of eighteen years
(3) Either parent of the patient by mutual consent, and
(4) A person appointed by a decree of a Court to represent the patient

Article II. Rights and Protection of Persons with Mental Health Needs

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

(a) Exercise all their inherent civil, political, economic, social, religious, educational and cultural rights respecting individual qualities, abilities and diverse backgrounds and without any discrimination on grounds of physical disability, age , gender, sexual orientation, race, color, language, religion, or national or ethnic social origin of the patient concerned;
(b) Receive treatment of the same quality and standard as other individuals in a safe and conducive environment;
(c) Receive treatment which addresses their needs wholistically through a multidisciplinary care plan approach;
(d) Receive treatment in the least restrictive environment and in the least restrictive manner:
(e) Protection from torture, cruel, inhuman and degrading treatment;
(f) Receive aftercare and rehabilitation when possible in the community (urban and rural) so as to facilitate their social reintegration and inclusion;
(g) Be adequately informed about the disorder and the multidisciplinary services available to cater to their needs and the treatment options available;
(h) Actively participate in the formulation of their multidisciplinary treatment plan;
(i) Give free and informed consent before any treatment or care is provided and such consent shall be recorded in the patient's clinical record. This is without prejudice to the patient's right to withdraw consent. Informed consent must be sought from all psychiatric patients at all times except in instances of mental or psychological incapacity and/or psychiatric emergencies as defined in Section 4 (e) and (f), Article 1;
(j) Give free and informed consent before any research study or surveys conducted. Such consent shall be recorded in the patient's clinical record. This is without prejudice to the patient's right to withdraw consent.
(k) Have a responsible legal representative and carer of their choice whenever necessary;
(l) Confidentiality of all information about themselves, illness and treatment in whatever form stored, which information shall not be revealed to third parties without their consent unless:
    1) There is a life-threatening emergency when information is urgently required to save lives;
    2) It is the interest of public safety;
    3) Ordered by the court to do so; and
    4) Whoever is requesting such information is entitled by law to receive it.

(m) Access to their clinical records unless in the opinion of his/her attending mental health professional, revealing such information may cause harm to the person's health or put at risk the safety of others. When any information is withheld, the patient or legal representative may contest such decision with the appropriate hospital/ mental

health facility body authorized to investigate and resolve disputes or to the Commission on Human Rights;

(n) Be informed within twenty-four (24) hours of admission to a facility of their rights in a form and language which the patient understands, which information shall include an explanation of those rights and how to exercise them, unless they are mentally incapacitated, in which case the legal representative and the carer are entitled to such information;

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

(p) The mental health patient / legal representative shall have the right to file with the National Commission on Mental Healthcomplaints of improprieties, abuses in mental health care, violations of rights of persons with mental health needs, and seek to initiate appropriate investigation and action against those who authorized involuntary treatment or confinement and committed improprieties, abuses and other violations. The Commission is authorized to investigate. conduct inspections and recommend appropriate admininstrative, civil, and penal actions before the proper body to ensure full compliance with domestic and international standards governing the legal basis for treatment and detention, quality of medical care and living standards. This does not preclude the mental health patient/ legal representative from directly filing a complaint before an appropriate government agency;

(q) The mental health patient and his/her legal representative and carer shall be entitled to effective participation in the development of legislation related to mental health and psychosocial measures;

(r) The mental health patient shall not be put in a solitary confinement and/or restraints except in circumstances that may result in self-harm or injury to others and shall be done in accordance with Section 14 (c), (d), and (e), Article IV.

ARTICLE III. Mental Health Services

SECTION 6: Mental Health Services in the Community. – Mental health services shall, within the general health care system in the community, include the following:

a. Development and integration of mental health in the primary health care system in the community ensuring the availability of basic mental health services down to the barangay health level.

b. Training for community resilience and psychological well-being in all barangays and availability of Mental Health and Psychosocial Support Service (MHPSS) workers for disasters and post-disaster interventions

c. Establishment and continuation of programs for capacity building among existing local mental health workers so that they can undertake mental health interventions in the community and participate in training and capacity building programs in close coordination with mental or psychiatric hospitals or departments of psychiatry in general or university hospitals;

d. Initiating and maintaining continuous support services and intervention for families and co-workers;

e. Advocacy and promotion of mental health awareness among the general population;

f. Collaboration with and mobilization of non-government organizations, people's organizations, religious and civic groups within an organized community-based network of mental health services at the barangay and municipal level

SECTION 7: Establishment of a Mental Health Desk. City and Municipal Health Offices are mandated to establish a Mental Health Desk handled by a mental health coordinator who must be a mental health practitioner. The Mental Health desk shall provide assistance for the basic mental health needs of individuals especially the vulnerable populations of elderly, adolescent and youth. These include initial assessments and preliminary consultations concerning mental health issues of a person. Depending on the severity of their condition, referrals to the appropriate facility or intervening agency shall be made.

SECTION 8: Technical Working Groups. City or Municipal Health Offices shall have the power to organize technical working groups for the purpose of creating Mental Health Care Strategies suitable for special groups and vulnerable populations in the community including children, out of school youth, the elderly and persons with disabilities. Agencies involved should include but are not limited to DSWD, NCDA, DepEd, CHED, DOLE, non-government organizations and concerned sectors such as elderly, women and youth groups. These technical working groups shall be for the purposes of ensuring a healthy and conducive community environment appropriate to the situations and needs of the persons with mental conditions.

SECTION 9. Out of School Youth and Persons with Disabilities. In case of out-of-school youth and persons with disabilities, the MHPSS teams or Mental Health Desk officers shall coordinate with the DSWD and the DILG to ensure that there must be at least one (1) session, within six (6) months, of mental health awareness or psychoeducation sessions, screening and assessment check-ups or as often as needed based on the assessment of a mental health worker.

SECTION 10: Mental Health Services in National, Regional and Provincial Hospitals. Mental health services shall be established nationwide in every regional and provincial hospital which shall provide the following:

1. Enhancement of the National Center for Mental Health through additional personnel, physical structures, equipment, diagnostic facilities, medicines and adequate budgetary appropriation
2. Short-term in-patient hospital care for those with acute psychiatric symptoms in a psychiatric ward with allocations of at least 50 beds for regional hospitals and 25 beds for provincial hospitals;
3. Emergency hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;
4. Out-patient clinic in close collaboration with the mental health programs at the primary and secondary health facilities;
5. Linkage and 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;
6. Rehabilitation services for the care, treatment, rehabilitation and social reintegration of persons suffering from drug or alcohol induced mental, emotional, and behavioral disorder; and
7. Referral system with other health and social welfare programs, both government and non-government, for programs on prevention of mental illness and management of persons at risk for mental and psychosocial problems and mental illness or disability.

SECTION 11. Employment of a Guidance Counselor. In coordination with the DepEd and the CHED, every accredited public and private educational institution, among the primary, secondary, and tertiary levels, shall see to it that it employs at least one (1) in-house certified guidance counselor and/or allied professional who is trained as an authorized mental health practitioner who would oversee and provide counseling services to persons having psychosocial problems or suffering from mental illnesses. Depending on the severity of their condition, referrals to the appropriate facility or intervening agency shall be made.

SECTION 12. Community-Based Mental Health Care. The Mental Health Care System shall evolve from a predominantly hospital-based mental health services to a comprehensive Community-based Health Care System which shall consist of:

a. Mental Health Education, Awareness and Promotion programs among the broad public, socio-civic groups, Non –government Organizations (NGOs), educators and teachers, religious groups and service workers
b. Community –based mental health services development including:
   (1) Training and formation of volunteer mental health and psychosocial support (MHPSS) teams at the barangay and municipal/city level;
   (2) System of referral services from the barangay level to the municipal and city level and onward to the provincial, regional and national level;
   (3) Home-based prevention, treatment and rehabilitation strategies based on particular needs identified in mental health profiling of communities; and
   (4) Appropriate psychosocial interventions during crisis, emergencies and disasters.
c. Capacity building, orientation and training for volunteer community health workers, teachers, carers, parents and relatives of patients as well as enhancement of skills and re-orientation of mental health workers, practitioners and professionals who are mainly clinic- and hospital-based with previous education and training which had no community mental health perspective.
d. Research and development of culturally appropriate mental health approaches and health information systems.

ARTICLE IV. Duties and Responsibilities of Government Agencies

SECTION 13. Duties and Responsibilities of the Department of Health (DOH)

(a) The Department of Health shall develop a mental health awareness program. It is hereby mandated that the DOH, in coordination with government agencies relevant for this purpose, create a framework for Mental Health Awareness Program to promote effective strategies regarding mental health care, its components, and services. Every LGU and academic institution shall create their own in accordance with general guidelines set by the National Commission on Mental Health . LGUs and academic institutions shall coordinate with all concerned government agencies and private sectors for the implementation of the program.
(b) It shall establish a balanced system of community-based and hospital-based mental health services at all levels of the public health care system from the barangay, municipal, city, provincial, regional to the national level.
(c) It shall ensure conditions for a safe, therapeutic and hygienic environment with sufficient privacy in mental health facilities and shall be responsible for the licensing, monitoring and assessment of all mental health facilities.
(d) It shall ensure that all public and private mental health institutions are protecting the

rights of patients against cruel, inhuman and degrading treatment and/or torture.

(e) It shall prohibit forced or inadequately remunerated labor within mental health institutions. This does not include the activities justified as part of an accepted therapeutic treatment.

(f) It shall ensure that all personnel working in public mental health services shall be adequately compensated and avail of additional benefits for hazard and risk pay

SECTION 14. Duties and Responsibilities of National and Local Hospitals.

National and Local hospitals:

a. Shall ensure that guidelines and protocols for minimizing restrictive care are established.
b. Are compelled to inform patients of their rights. Every patient, whether in voluntary or involuntary treatment, should be fully informed about the treatment to be prescribed and the reason for recommending it and given the opportunity to refuse the treatment or any other medical intervention. Informed consent must be sought from all psychiatric patients at all times except in instances of mental or psychological incapacity and/or psychiatric emergencies as defined in Sections 4 (e) and (f), Article I;
c. Must ensure that any involuntary medical treatment and restraint, physical or chemical, for those with mental disorder can only be used to the extent strictly necessary under the following conditions:
    1. In psychiatric emergencies;
    2. That the treatment without consent and restraint is at the order of an attending physician whose order must be reviewed by a Board certified psychiatrist as soon as possible or within 15 working days;
    3. That the decision to subject the patient to involuntary treatment is resorted to only when all other means of control have been attempted and failed;
    4. That the head of the institution, medical or mental health facility will oversee such decision strictly following the approved guidelines, which include criteria for regulating the application and termination of such interventions;
    5. Used only for the shortest possible period of time as assessed by a Board certified Psychiatrist or attending Physician under the supervision by a Board certified Psychiatrist; and
    6. Recorded and subject to regular external independent monitoring.
d. Must certify that the patient who has been subject to any intervention without consent has been debriefed as soon as the mental condition meaningfully permits it and her/she and the legal guardian or substitute decision-maker must have access to medical records.
e. Must keep a register on involuntary treatment and procedures.
f. Must ensure that the decision for the need for a legal representative or substitute decision maker shall be made only for reasons of mental incapacity and shall be made following established judicial procedures which should ensure that the rights, will and preferences of the patients are respected as far as possible, it should be:
    1. Tailored to the patient's circumstances, i.e. be proportional to the degree to which such measures affects the patient's rights and interests; it shall only apply in the field wherein the patient's judgment is failing and where decision making is necessary;
    2. Applied for the shortest time possible;
    3. Free of conflicts of interest and undue influence form family members, the

institution where the person is treated or others;

4. Subject to regular review by a competent, independent and impartial authority or judicial body;
5. Overseen by an independent monitoring body; and
6. Subject to appeal by the person or a trusted next of kin.

g. Must ensure that families or other primary carers are entitled to information about the person with a mental disorder unless the patient refuses the divulging of such information.
h. Must involve family members or other primary carers in the formulation and implementation of the patient's individualized treatment plan.
i. Must make transparent and accessible to the person affected and his/her family the decision to apply involuntary treatment, as this is an essential factor for building and maintaining mutual confidence.
j. Must mandate the creation of an appropriate body such as Ethics committees, Complaints committee, which will ensure compliance with the requirements and procedures provided by this Act.
k. Must provide the patient under treatment and hospitalization without consent access to an independent mechanism of complaint and compensation for any inappropriate treatment provided. Complaint mechanisms must:
    1. Be designed in a manner that is sensitive to the particular needs of the patient;
    2. Provide the individual with the necessary assistance to lodge a complaint, and the complaint mechanism must be empowered to inquire effectively and independently into the circumstances leading 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 found guilty of misconduct; and
    4. Ensure that complaints are dealt with in a speedy manner.

ARTICLE V. The National Commission for Mental Health

SECTION 15. The National Commission for Mental Health. The National Commission for Mental Health, hereinafter referred to as the Commission, is hereby established as a government agency directly under the Office of the President to provide for a comprehensive, wholistic, multi-sectoral, inter-disciplinary and integrated response to mental health issues, problems, concerns and efforts through the formulation and implementation of a National Mental Health Program.

SECTION 16. The National Mental Health Program. The National Mental Health Program shall faithfully reflect the national policy on mental health and carry out the provisions of this Act through the development of efficient and effective structures, systems, mechanisms and procedures that will ensure comprehensive, equitable, accessible, affordable, appropriate, efficient, effective and quality mental health care services and psychosocial well-being for all Filipino citizens by qualified, competent, compassionate and ethical mental health professionals and mental health workers.

SECTION 17. Composition of the National Commission for Mental Health. The Commission shall be composed of

1) The Chairperson to be appointed by the President from competent and respected

members of the professional psychiatric association
2) The Executive Director as Vice Chairperson and Chief Executive Officer
3) One (1) representative from the Department of Health
4) One (1) representative from the Department of Social Welfare and Development
5) One (1) representative from the Academe/ Research field
6) Two (2) representatives from the private health sector and / or consumer groups
7) Two (2) representatives from the professional organizations
8) Two (2) representatives from non-government organizations involved in mental health and psychosocial concerns.

SECTION 18. Term of Office of the Commission. The members of the Commission shall serve for three (3) years with possible renewal of appointment only for a second term. Any vacancy shall be filled up for only for the remaining unexpired term of office.

SECTION 19. Duties and Functions of the National Commission on Mental Health. The National Commission as a government body directly under the Office of the President shall be responsible for and take charge of implementing all the provisions of the Mental Health Act of 2016.

The Commission shall exercise the following duties:

a. Review and formulate policies and guidelines on mental health issues and concerns;
b. Develop a comprehensive and integrated national plan and program on mental health;
c. Develop and establish a Community-based Mental Health Program and set up structures to implement this at different levels from the barangay to the municipal, city, provincial and regional levels.
d. Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;
e. Conduct public and sectoral consultations to promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs;
f. Provide over-all technical supervision and ensure compliance with policies, programs, and projects within the comprehensive framework of the National Mental Health Care Program and other such activities related to the implementation of this Act, through the review of mental health services and the adoption of legal and other remedies provided by law;
g. Plan and implement the necessary and urgent capacity building, reorientation and training programs for all mental health professionals, mental health workers, and allied professionals as articulated in this Act;
h. Review all existing laws related to mental health and recommend legislation which will sustain and strengthen programs, services, and other mental health initiatives;
i. Conduct or facilitate the implementation of studies and researches on mental health, with special emphasis on studies that would serve as basis for developing appropriate and culturally relevant mental health services in the community;
j. Create inter-agency committees, project task forces, and other groups necessary to implement the policy and program framework of this Act;
k. Promote an integrated approach to mental health care to prevent mental disorders through programs that strengthen the basic coping mechanism of individuals in relation to stress and advocacy to raise the value of mental health consciousness among the people to protect the right for dignity, respect, and justice of those who are suffering from mental health problems;
l. Receive and investigate complaints of improprieties, abuses in mental health care, and

violations of rights of persons with mental health needs. It shall recommend appropriate administrative, civil, and penal actions before the proper body;

m. Perform other duties and functions necessary to carry out the purposes of this Act; and
n. Collaborate with the following agencies, specifically:

1. ***The Department of Health*** to develop a mental health awareness program and establish a balanced system of community-based and hospital-based mental health services at all levels of the public health care system from the national, regional, provincial, city/ municipal to the barangay level.
2. ***The Department of Education (DepEd)*** and the ***Commission on Higher Education (CHED)*** to ensure the inclusion of Mental Health courses in the curricula at all levels of adjustments for each level and to strengthen different levels of Psychiatry and Psychology courses in the behavioral and health sciences (medical and allied medical professions). These agencies shall develop school-based mental health promotion, screening and referral systems in coordination with the Department of Health.
3. The ***Department of Science and Technology (DOST)*** and attached agencies like the ***Philippine Institute of Traditional and Alternative Health Care (PITAHC)*** and the ***Philippine Council for Health Research and Development (PCHRD)*** to advance research on basic and clinical studies into mental illness and complementary and alternative treatment modalities.
4. The ***Philippine Health Insurance Corporation (PhilHealth)*** to make sure that availability of insurance packages is in place with substantial equity to physical disorders with similar impact to the patient as measured by Disability Adjusted Life Years or similar instrumentation.
5. The ***Technical Education and Skills Development Authority (TESDA)***, the ***Department of Social Welfare and Development (DSWD)***, the ***Department of Agriculture (DA)***, the ***Department of Trade and Industry (DTI),*** the ***Department of Environment and Natural Resources (DENR)***, the ***Department of Interior and Local Government (DILG)*** and other agencies to develop vocational opportunities and gainful employment of persons with mental health problems via innovative systems like Care Farms, Work Therapy, Psychosocial Rehabilitation and similar modalities with program design and planning in conjunction with psychiatrists and other mental health specialists.
6. The ***Department of Labor and Employment (DOLE)*** to promote diversity and equal protection in the workplace mandating companies to develop programs to enhance mental wellness of all employees as well as to ensure work accommodations of mentally ill and adoption of non-discriminatory policies in hiring and compensation of persons with mental / psychosocial problems.
7. The ***National Economic and Development Authority (NEDA)*** to envision programs to promote the mental wealth of our nation, including inclusive growth for the mentally ill.
8. The ***National Center for Health Promotion*** to lead in the formulation of the standard and the development of mental health information, education, and communication and advocacy strategies to ensure the promotion of a totally healthy and less stressful lifestyle for the Filipinos.
9. The ***National Epidemiological Center*** to develop and update the epidemiology of mental disease and services available in the country in the form of a census or a similar instrument. Research into epidemiology, risk

factors, treatment and management of mental disorders should be given a priority. It shall ensure the development or enhancement of national reporting and surveillance systems and methodologies and the generation, availability, accessibility, sharing, exchange, and distribution of information and knowledge on mental health and the establishment of the national registry of mental and neurological cases.

10. The ***Philippine Statistical Authority (PSA)*** to formulate and integrate mental health protective risk factors and other such data that may help in the formulation of policies towards mental wellness and prevention of mental illness.
11. The ***Commission on Human Rights (CHR)*** on matters pertaining to human rights issues. Particularly, the protection of persons utilizing mental health services and the prevention of torture, cruel, inhuman and degrading treatment in mental health care facilities.

ARTICLE VI. Appropriations and Other Provisions

SECTION 20. ***Appropriations and Other Fund Sources.*** An initial amount of 200 million pesos (PhP 200,000,000.00) is hereby appropriated for the initial implementation of this Act. Thereafter, the amount necessary to carry out the provisions of this Act shall be included in the yearly General Appropriations Act. National, Regional and Provincial hospitals shall be provided with sufficient financial support to operate and maintain their Mental Health Units including free medications for out-patient services for indigent patients and in-patient services, and for the appropriate community-based mental health services.

Local government units from the provincial to the municipal/ city level shall require business establishments to allocate at least one percent (1%) of their gross sales to support the implementation of the Mental Health program of the city/ municipality up to the barangay level. These donations be treated as tax shelter by the BIR.

SECTION 21. ***Penalty.*** - Any person that violates any of the provisions under Section 5, Article II of this Act shall be punished by a fine of not less than Twenty Thousand Pesos (P20,000.00), but not more than Fifty Thousand Pesos (P50,000.00.) Corporate directors or officers found guilty of the same shall be punished similarly. For entities and corporations, and juridical persons found guilty of violating the same will be punished by a fine of not less than One Hundred Thousand Pesos (P100,000), but not more than Two Million Pesos (P2,000,000).

SECTION 22. ***Repealing Clause.*** - All previous or existing laws, decrees, executive orders, memorandum circulars, rules and regulations or parts thereof inconsistent with this Act are hereby repealed accordingly.

SECTION 23. ***Separability Clause.*** - If, for any reason, any section or provision of this Act is declared null and void, no other section, provision, or part thereof shall be affected and the same shall remain in full force and effect.

SECTION 24. ***Effectivity Clause.*** - This Act shall take effect immediately after publication in Official Gazette or a national newspaper of general circulation.

Approved,