

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

House bill No. **4101**



Introduced by Honorable Cristina "Chiqui" Roa-Puno

Explanatory Note

EXPLANATORY NOTE

The World Health Organization (WHO) recognized in a study conducted in 2003 that mental health legislation is necessary for protecting the rights of people with mental health disorders. While the Philippines presently has a National Mental Health Policy, there is no comprehensive mental health legislation. In 2007, the Department of Health (DOH) and the WHO jointly conducted a study and found that the elements necessary for pursuing an effective mental health program in the Philippines are in place, although fragmented. The study highlighted the need for a mental health law to institutionalize these programs in order for mental health to be equally accessible to all sectors of society.

The bill not only focuses on the rights of the mentally ill and those being treated for mental illnesses, it also seeks to recognize that everyone is entitled to basic mental health. Article XV, Section 2 of the 1987 Constitution expressly provides that the State shall protect and promote the right to health of the people and instill health consciousness among them. Indeed, an important dimension of this right to health is the right to mental health.

Moreover, this bill recognizes that daily living conditions may favorably or adversely affect mental health, and that mental illnesses may be attributed to extreme experiences, such as drug abuse and addiction.

In the interest of protecting the rights of mentally ill persons, it calls for the establishment of the Philippine Mental Health Council which shall develop and implement a National Mental Health Care Delivery System.

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


CRISTINA "CHIKUI" ROA-PUNO

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HOUSE BILL NO. _____

Introduced by Honorable Cristina “Chiqui” Roa-Puno

1
2 AN ACT PROMOTING MENTAL HEALTH, PROMULGATING A NATIONAL
3 MENTAL HEALTH POLICY TOWARDS THE ENHANCEMENT OF INTEGRATED
4 MENTAL HEALTH SERVICES AND THE PROMOTION AND PROTECTION OF
5 PERSONS UTILIZING MENTAL HEALTH SERVICES, PROVIDING MENTAL
6 HEALTH TESTING FOR DRUG DEPENDENTS AND THE ESTABLISHMENT OF A
7 PHILIPPINE MENTAL HEALTH COUNCIL
8

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

11
12 CHAPTER I

13
14 GENERAL PROVISIONS

15
16 SECTION 1. *Title.* – This Act shall be known as the “*Comprehensive Mental Health*
17 *Act.*”
18

19 SEC. 2. *Declaration of Policy.* – It is the policy of the State to protect and promote the
20 right to health of people and instill health consciousness among them. To this end, the State
21 shall, as a policy, create and ensure a unified, accountable, comprehensive mental health service
22 system, which shall:
23

24 a) Promote sound mental health by upholding the basic rights of all Filipinos to
25 mental health.
26

27 b) Respect the fundamental rights of people who require mental health services to
28 enhance their significant contribution in the civil, political, economic, social and cultural spheres.
29

30 c) Recognize that mental health include not only commonly known mental illnesses
31 and disorders but also the effect to one’s minds of the risk brought by extreme life experiences
32 such as disasters, armed conflict, domestic abuse, drug abuse and dependence, addiction, as well
33 as the psychosocial concerns of daily living.
34

1 d) Reduce the chronicity of mental illness.

2
3 e) Make available best possible measures to promote mental well-being and to
4 prevent mental disorder.

5
6 f) Provide equitable access to quality, affordable, geographically accessible and
7 voluntary mental health.

8
9 g) Provide effective mechanisms or measures to re-integrate into society individuals
10 who have fallen victim to mental health illnesses, including drug abuse and drug dependence,
11 through sustainable programs of treatment and rehabilitation.

12
13 SEC. 3. *Objectives.* – Pursuant to the above declaration, the State shall adopt the
14 following objectives:

15
16 a) Ensure a community of Filipinos who are mentally healthy, able to contribute to
17 the development of the country and attain a better quality of life through access to an integrated,
18 well-planned, effectively organized and efficiently delivered mental health care system that
19 responds to their mental health needs in equity with their physical health needs;

20
21 b) Promote mental health, protection of the rights and freedoms of persons with
22 mental health needs and the reduction of the burden and consequences of mental ill-health,
23 mental and brain disorders and disabilities; and

24
25 c) Provide the direction of a coherent, rational and unified response to the nation's
26 mental health problems, concerns and efforts.

27
28 SEC. 4. *Definition of Terms.* – For the purpose of this Act, the following terms shall be
29 defined as follows:

30
31 a) **Allied professionals** refer to any formally educated and trained non-mental health
32 professionals.

33
34 b) **Board certification** refers to the process of qualifying medical specialists through
35 requireemnts and examinations set by the Board of a particular medical specialty so appointed or
36 elected for that specific purpose by the registered members of the medical specialty association.

37
38 c) **Carer** refers to the person who may or may not be the patient's next of kin or
39 relative who maintains a close personal relationship with the patient and manifests concern for
40 his welfare.

41
42 d) **CHED** means the Commission on Higher Education.

43
44 e) **CHR** means the Commission on Human Rights.

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

5
6 g) **DepEd** means the Department of Education.

7
8 h) **Discrimination on the basis of disability** means any distinction, exclusion or
9 restriction on the basis of disability which has the purpose or effect of impairing or nullifying the
10 recognition, enjoyment or exercise, on an equal basis with others, of all human rights and
11 fundamental freedoms in the political, economic, social, cultural, civil or any other field. It
12 includes all forms of discrimination, including denial of reasonable accommodation. Special
13 measures solely to protect the rights, or secure the advancement, of persons with mental illness
14 shall not be deemed to be discriminatory.

15
16 i) **DA** means the Department of Agriculture.

17
18 j) **DENR** means the Department of Environment and Natural Resources.

19
20 k) **DILG** means the Department of Interior and Local Government.

21
22 l) **DOH** means the Department of Health.

23
24 m) **DOJ** means the Department of Justice.

25
26 n) **DOLE** means the Department of Labor and Employment.

27
28 o) **DOST** means the Department of Science and Technology.

29
30 p) **DSWD** means the Department of Social Work and Development.

31
32 q) **DTI** means the Department of Trade and Industry.

33
34 r) **Legal representative** refers to a substitute decision-maker charged by law with
35 the duty or representing a patient in any specified undertaking or of exercising specified rights on
36 the patient's behalf. The legal representative may also be a person appointed in writing by the
37 patient to act on his/her behalf unless the patient lacks mental capacity, or otherwise fails to
38 appoint a legal representative in writing, in which case the legal representative shall be taken to
39 be in the following order:

40
41 i.) the spouse, if any, unless permanently separated from the patient as
42 rendered by a Court of competent jurisdiction, or has deserted or has been
43 deserted by the patient for any period which has not come to an end; or

44
45 ii.) sons and daughters over the age of eighteen years;

1
2 iii.) either parent by mutual consent; and

3
4 iv.) a person appointed by a decree of a Court to represent the patient.

5
6 s) **Mental disability** refers to impairments, activity limitations and individual and
7 participatory restrictions denoting dysfunctional aspects of interaction between an individual and
8 his environment.

9
10 t) **Mental health** refers to a state of well being in which every individual realizes
11 his or her own potential, can cope with the normal stresses of life, can work productively and
12 fruitfully and is able to make a contribution to his or her community.

13
14 u) **Mental health facility** refers to any establishment, or any unit of an
15 establishment, which has, as its primary function, mental health care or services.

16
17 v) **Mental health professionals** refers to a persons trained and Board certified to
18 practice psychiatry as well as licensed psychologists, guidance counselors and psychometricians.

19
20 w) **Mental health services** refer to psychosocial, psychiatric or neurologic activities
21 and programs along with the whole range of the mental health support spectrum including
22 enhancement, prevention, treatment and aftercare, which are provided by mental health facilities
23 and mental health professionals.

24
25 x) **Mental health workers** refer to trained volunteers and advocates engaged in
26 mental health promotion and services under the supervision of mental health professionals.

27
28 y) **Mental illness** refers to neurologic or psychiatric disorder characterized by the
29 existence of recognizable, clinically significant disturbances in an individual's cognition,
30 thoughts, emotion and general behaviour that reflects a dysfunction in the neurobiological,
31 psychosocial or development processes underlying psychological, intellectual or social
32 dysfunction. Socially deviant behavior (e.g. political, religious or sexual) and conflicts primarily
33 between the individual and society are not mental disorders unless the deviance or conflict
34 results from a dysfunction in the individual, as described above. A person is said to suffer from
35 chronic mental illness if he suffers from a serious mental illness that causes him to be
36 significantly functionally impaired over an indefinite period of time.

37
38 z) **Mental or psychological incapacity** is the inability to:

39
40 i.) Understand the information given concerning the nature of the disorder;

41
42 ii.) Understand the consequences that his/her decisions and actions have for
43 his/her own life or health and for the life and health of others, which may
44 be serious and irreversible;

- iii.) Understand that treatment might mitigate or remedy the condition and that lack of treatment might aggravate it;
- iv.) Understand the information about the nature of treatment proposed, including the means of treatment, its direct effects and its possible side effects; and
- v.) Effectively communicate with others regarding his/her condition and his/her consent to treatment or hospitalization.

aa) **NEDA** means the National Economic and Development Authority.

bb) **Patients** refer to a person receiving/utilizing mental health care and treatment from a mental health care facility or clinic.

cc) **PhilHealth** refers to Philippine Health Insurance Corporation.

dd) **Psychiatric emergencies** are conditions which may present a serious threat to a person's well being and/or that of others requiring immediate psychiatric interventions such as in cases of attempted suicide, acute intoxication, severe depression, acute psychosis or violent behavior.

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

ff) **TESDA** refers to the Technical Education and Skills Development Authority.

CHAPTER II

BASIC MENTAL HEALTH RIGHTS

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

SEC. 6. *Right of Person with Mental Illnesses or who is being treated for a Mental Illness.* – Every person with a mental illness or who is being treated for a mental illness shall have the following rights:

a) The right to be treated with humanity and respect for the inherent dignity of the human person.

b) The right to protection from economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment.

1
2 c) The right against discrimination on the ground of mental illness.
3

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

13 e) The right to receive treatment of the same quality and standards as other
14 individuals in a safe and conducive environment.
15

16 f) The right to be adequately informed about the disorder and the services available
17 to cater to their needs and the treatment options available and to actively consent to, and
18 participate in the formulation of, such services and treatment plans.
19

20 g) The right to live and work, to the extent possible, in the community.
21

22 h) The right to confidentiality of all information, communication and records about
23 themselves, illness and treatment in whatever form stored, which information shall not be
24 revealed to third parties without their consent unless:
25

26 1. There is a law that requires disclosure;
27

28 2. It can be argued that the person has provided express or implied consent to
29 the disclosure; and
30

31 3. There is good reason to believe that specific persons or groups are place in
32 serious, credible threat of harm if such disclosure is not made.
33

34 **SEC. 7. *Rights of Family Members, Carers and Legal Representatives.*** – The family
35 members and duly-designated or appointed legal representative of the service user shall have the
36 right to:
37

38 a) Receive appropriate psychosocial support from the relevant government agencies;
39

40 b) With the consent of the concerned service user, participate in the formulation,
41 development and implementation of the service user's individualized treatment plan;
42

43 c) Apply for release and transfer of the service user to an appropriate mental health
44 facility; and
45

1 d) Participate in mental health advocacy, policy, planning, legislation service
2 provision, monitoring, research and evaluation.
3

4 **SEC. 8. *Rights of Mental Health Professionals.*** – Mental health professionals shall
5 have the right to:
6

7 a) A safe and supporting work environment;

8 b) Continuous education and training;

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

10 d) Except in emergency situations, manage and control all aspects of his or her
11 practice, including whether or not to accept or decline a service user for treatment;
12

13 e) Advocate for the right of a service user, in cases where the service user's wishes
14 are at odds with those of his family or legal representative.
15

16 **SEC. 9. *Quality of Mental Health Services.*** – Mental health services provided pursuant
17 to this Act shall be:
18

19 a) Based, when feasible, on research findings.
20

21 b) Based on individual clinical needs, cultural and ethnic needs and other special
22 needs of individuals being served.
23

24 c) Most appropriate and least restrictive setting available to the local mental health
25 authority.
26

27 d) Accessible to all age group.
28

29 e) Provided by qualified individuals and delivered in a manner that provides
30 accountability.
31

32 **SEC. 10. *Mandatory Philhealth Coverage.*** – Notwithstanding Republic Act No. 7277,
33 all persons with mental disability or those diagnosed to have chronic mental illness shall be
34 covered by the National Insurance Program of Philhealth. Funds necessary to ensure the
35 enrollment of all persons with mental disability who are not currently covered under any existing
36 category shall be sourced from the National Health Insurance Fund of Philhealth earmarked from
37 the proceeds of sin tax collections provided for in Republic Act No. 10351.
38

39 For the purpose of implementing this Section, PhilHealth and DSWD shall promulgate,
40 not later than thirty (30) days upon the effectivity of this Act, the necessary rules and regulation
41 for the proper and effective implementation.
42
43
44
45

1 f) Plan and implement the necessary and urgent capacity building reorientation and
2 training programs for all mental health professionals, mental health workers and allied
3 professional as articulated in this Act;
4

5 g) Review all existing laws related to mental health and recommend legislation
6 which will sustain and strengthen programs, services and other mental health initiatives;
7

8 h) Conduct or facilitate the implementation of studies and researches on mental
9 health, with special emphasis on studies that would serve as basis for developing appropriate and
10 culturally relevant mental health services in the community;
11

12 i) Create inter-agency committees, project task forces and other groups necessary to
13 implement the policy and program framework of this Act;
14

15 j) Perform other duties and functions necessary to carry out the purposes of this Act;
16 and
17

18 k) Collaborate with the following agencies, specifically:
19

20 i.) The DOST and attached agencies like the Philippine Institute of Traditional
21 and Alternative Health Care (PITAHC) and the Philippine Council for
22 Health Research and Development (PCHRD) to advance research on basic
23 and clinical studies into mental illness and complementary and alternative
24 treatment.
25

26 ii.) The DepEd and the CHED, to develop school based mental health
27 promotion, screening and referral systems.
28

29 iii.) PhilHealth, to make sure that availability of insurance packages is in place
30 with parity to physical disorders with similar impact to the patient as
31 measured by Disability Adjusted Life Years or similar instrumentation.
32

33 iv.) The TESDA, the DSWD, the DA, the DTI, the DENR, the DILG and other
34 agencies, to develop vocational opportunities via innovative modalities with
35 program design and planning in conjunction with psychiatrists and other
36 mental health specialist.
37

38 v.) The DOLE, to promote diversity and equal protection in the workplace
39 mandating companies to develop programs to enhance mental wellness of
40 all employees and to ensure work accommodations of mentally ill.
41

42 vi.) The NEDA, to envision programs to promote the mental wealth of our
43 nation, including inclusive growth for the mentally ill.
44

- 1 vii.) The National Center for Health Promotion, to lead in the formulation of the
2 standard and development of mental health information, education and
3 communication and advocacy strategies to ensure the promotion of a totally
4 healthy and less stressful lifestyle for the Filipinos.
5
6 viii.) The National Epidemiological Center, to develop and update the
7 epidemiology of mental diseases and services available in the country in the
8 form of a census or a similar instrument. Research into epidemiology, risk
9 factors, treatment and management of mental disorders should be given a
10 priority. It shall ensure the development and enhancement of national
11 reporting and surveillance systems and methodologies and the generation,
12 availability, accessibility, sharing, exchange and distribution of information
13 and knowledge on mental health and the neurological cases.
14
15 ix.) The Philippine Statistical Authority, to formulate and integrate mental
16 health protective risk factors and other such data may help in the
17 formulation of policies towards mental wellness and prevention of mental
18 illness.
19
20 x.) The CHR, on matters pertaining to human rights issues, particularly, the
21 protections of persons utilizing mental health services and the prevention of
22 cruel, inhuman and degrading treatment in mental health care facilities.
23
24 xi.) Local government units, to formulate and integrate local concerns and
25 issued in the formulation of policies towards mental wellness, prevention
26 of mental illness and services for persons with mental illnesses.
27

28 **SEC. 15. *Composition.*** – The Council shall be composed of the following:
29

- 30 a) The Secretary of Health, as ex-officio chairman;
31
32 b) The Executive Director, as vice chairman and Chief Executive Officer;
33
34 c) Two (2) representatives from the government health sector;
35
36 d) Two (2) representatives from the private health sector or consumer groups;
37
38 e) One (1) representative from the academe/research;
39
40 f) Two (2) representatives from the medical professional organization; and
41
42 g) Two (2) representatives from the allied non-government organizations involved in
43 mental health issues, as members.
44

1 The President, from among the nominees of their respective organizations, shall appoint
2 the members of the Council.

3
4 **SEC. 16. *Term of Office.*** – The members of the Council shall serve for three (3) years.
5 In case a vacancy occurs in the Council, any person chosen to fill the vacancy shall serve only
6 for the unexpired term of the member whom he/she succeeded.

7
8 **SEC. 17. *Meetings.*** – The Council shall meet at least once a month or as frequently as
9 necessary to discharge its duties and functions. The Council shall be convened by the Chairman
10 or upon written request of at least three (3) of its members.

11
12 **SEC. 18. *Quorum.*** – The presence of a majority of the members of the Council shall
13 constitute a quorum.

14
15 **SEC. 19. *Per Diem.*** – The members of the Council shall receive reasonable *per diems*
16 and transportation allowance subject to the existing rules and regulations of the Department of
17 Budget and Management.

18
19 **SEC. 20. *Executive Directors.*** – (a) The Council shall appoint an Executive Director
20 who shall serve for a term of three (3) years. The Executive Director shall be eligible for one (1)
21 reappointment and shall not be removed from office except in accordance with existing laws.

22
23 (b) the Executive Director shall have the following duties and functions:

- 24
25 i. Act as chief executive officer of the Council and assume full responsibility
26 in implementing its purposes and objectives;
27
28 ii. Maintain a close and functional relationship with the DOH and other
29 government and private entities concerning mental health care;
30
31 iii. Formulate, develop and implement, subject to the approval of the Council,
32 measures that will effectively carry out the policies laid down by the
33 Council;
34
35 iv. Execute and administer approved policies, programs and measures and
36 allocate appropriate resources for their implementation
37
38 v. Recommend to the Secretary of Health the appointment of personnel of the
39 Council including supervisory, technical, clerical and other personnel in
40 accordance with the staffing patterns and organizational structure approved
41 by the Council; and
42
43 vi. Represent the Council in all of its official transactions or dealings and
44 authorize legal contracts, annual reports, financial statements and other
45 documents.

1 **SEC. 21. *Salary.*** – The Executive Director shall receive a salary to be fixed by the
2 Council in accordance with the Salary Standardization Law.
3

4 **SEC. 22. *Bureau of Mental Health Development.*** – To ensure the proper and efficient
5 implementation of this Act, a Bureau of Mental Health Development is hereby created within the
6 DOH, which shall be primarily responsible for coordinating all current mental health programs
7 being implemented with the National Mental Health Care Delivery System, and any amendments
8 thereto and likewise serve as the secretariat of the Council.
9

10 The Bureau shall have the following functions:

11 a) Oversee the development of mental health measures for sub-programs and
12 components.
13

14 b) Integrate the various programs, project and activities from the various program
15 development and management groups for each sub-program.
16

17 c) Manage the various sub-programs and components of the National Mental Health
18 Care Delivery System
19

20 d) Oversee the implementation of prevention and control measures for mental health
21 issues and concerns.
22

23 The Bureau shall be headed by the Executive Director, mentioned in this Act.
24

25 The Secretary of DOH, upon recommendation of the Executive Director, shall determine
26 the organizational structure of the Bureau and create new divisions or units as may be deemed
27 necessary and shall appoint officers and employees of the Bureau in accordance with the civil
28 service rules and regulations.
29

30 **SEC. 23. *Appointment of Members.*** – Within thirty (30) days from the date of this Act,
31 the President of the Philippines shall appoint the members of the Council.
32

33 **SEC. 24. *National Mental Health Care Delivery System.*** – Within six (6) months from
34 the effectivity of this Act and immediately after the appointment of all members of the Council,
35 the Council shall convene and develop the National Mental Health Care Delivery System.
36

37 For purposes of this Act, the National Mental Health Care Delivery System shall
38 constitute a quality mental health care program, which shall include enhancement of integrated
39 mental health services, the promotion and protection of persons utilizing mental health services,
40 prescribing measures for prevention and control of mental disorders through the development of
41 efficient and effective structures, systems and mechanisms, effective delivery of mental health
42 care to all its stakeholders by qualified, competent, compassionate and ethical mental health
43 professionals and mental health workers. The National Mental Health Care Delivery System
44 shall also include and institute a nationwide mental health information and education program.
45

1 Among others, the National Mental Health Care Delivery System shall:

2
3 a.) Provide for an age-specific schedule of mental health issues, including commonly
4 known mental illnesses and disorders as well as risk factors that have been clinically determined
5 to affect one's mental health.

6
7 b.) Provide for standards and policies that will ensure conditions for a safe,
8 therapeutic and hygienic environment with sufficient privacy in mental health facilities.

9
10 c.) Provide for the duties and responsibilities of each government agency concerned
11 with mental health in the implementation of the National Mental Health Care Delivery System.

12
13 d.) Provide the responsibilities of the service users, his or her family, carers, legal
14 representatives, mental health professionals and mental health facilities that will ensure
15 maximum effectivity of implemented mental health programs.

16
17 e.) Provide for the standards applicable to licensing, monitoring and assessment of
18 mental health facilities.

19
20 f.) Develop alternatives to institutionalization, such as community-based treatment
21 with a view of receiving persons discharged from hospitals.

22
23 **SEC. 25. *Coordination with the Local Community*** - The DOH shall supervise the
24 development and coordination of locally available mental health services by the local government
25 units in a manner consistent with this Act.

26 27 28 **CHAPTER IV**

29 30 **MENTAL HEALTH SERVICE IN THE COMMUNITY**

31
32 **SEC. 26. *Local Mental Health Service***. – Mental health service of local communities
33 shall, within the general health care system and consistent with the National Mental Health Care
34 Delivery System, include the following:

35
36 a) Development, integration and implementation of mental health care at the primary
37 health care in the community;

38
39 b) Support services for families and co-workers of service users, carers, legal
40 representatives and mental health professionals; and

41
42 c) Advocacy and promotion of mental health awareness among the general
43 population in the community level.

1 **SEC. 27. Local Budgetary Allocation to Mental Health** – Local Health Boards of
2 municipalities, cities and provinces shall allocate at least ten percent (10%) of its annual buget
3 for mental health services and mental health facilities necessary for the effective implementation
4 of the provisions of this Act.

5
6 This allocation for mental health by local health boards shall be used to develop and
7 coordinate a system of affordable and locally available mental health services in accordance with
8 the provisions of this Act, including the following:

- 9
10 a) Education and prevention services;
11
12 b) Screening services, including screening of drug dependents who
13 voluntarily submit for treatment and rehabilitation;
14
15 c) Emergency services;
16
17 d) Outpatient services; and
18
19 e) Residential treatment services.

20
21 **SEC. 28. Local Health Care Facilities.** – Each local government unit, upon its
22 determination of the necessity based on well-supported data provided by its local health office
23 shall endeavor to establish or upgrade hospitals and facilities with adequate and qualified
24 personnel, equipment and supplies to be able to provide mental health services and to address
25 psychiatric emergencies; Provided, that people on geographically isolated or highly populated
26 and depressed areas shall have the same level of access and shall not be neglected by providing
27 other means such as home visits or mobile health care clinics, as needed. Provided, further, That
28 the national government shall provide additional and necessary finding and other necessary
29 assistance for the effective implementation of this provision.

30
31 **SEC. 29. Capacity to Conduct Drug Dependency Examination.** – Pursuant to its duty to
32 provide mental health services and consistent with the policy of treating drug dependency as a
33 mental health issue, each local health care facility must be capable of conducting drug
34 dependency examinations and for this purpose, must employ at least one (1) DOH accredited
35 physician who is licensed to conduct such examination.

36
37 **SEC. 30. Capacity Building of Barangay Health Workers.** – The DOH, shall be
38 responsible for disseminating information and providing training programs to the LGUs. The
39 LGUs, with the technical assistance of the DOH, shall be responsible for the training of BHWs
40 and other barangay volunteers on the promotion of mental health. The DOH shall provide the
41 LGUs with medical supplies and equipment needed by BHWs to carry out their functions
42 effectively; Provided, further, That the national government shall provide additional and
43 necessary funding and other necessary assistance for the effective implementation of this
44 provision including the possible provision of additional honoraria for BHWs.

SEC. 31. *Public Awareness.* – The DOH and the LGUs shall initiate and sustain a heightened nationwide multimedia campaign to raise the level of public awareness on the protection and promotion of mental health and rights including, but not limited to, mental health and nutrition, stress handling, guidance and counseling and other elements of mental health.

CHAPTER V

MENTAL HEALTH FOR DRUG DEPENDENTS

SEC. 32. Voluntary Submission of a Drug Dependent to Confinement, Treatment and Rehabilitation. – In addition to the voluntary submission program provided in Republic Act No. 9165 otherwise known as the *Comprehensive Dangerous Drugs Act of 2002*, a drug dependent may apply for treatment and rehabilitation of mental illness due to drug dependency and addiction, by himself/herself or through his/her parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity, under this Act through the baranggay. Upon application, the baranggay shall refer the applicant to a DOH accredited physician in the nearest local mental health facility who shall examine the applicant and determine whether he or she is mentally ill due to drug dependency and addiction. Should the DOH accredited physician find the applicant mentally ill, he shall issue a certification to that effect with a recommendation as to the treatment plan fit for the applicant. Should the DOH accredited physician find that applicant is not mentally ill, he shall likewise issue a certification to that effect.

The certification of the DOH accredited physician shall be forwarded to the baranggay. A certification finding the applicant to be mentally ill shall be forwarded by the baranggay to the Council, which shall secure the necessary Court order approving the treatment and rehabilitation of the applicant. A certification that applicant is not mentally ill shall be forwarded by the baranggay to the Dangerous Drug Board for processing under Republic Act No. 9165.

Upon completion of the Court approved treatment and rehabilitation pursuant to the voluntary submission program under this Act, the head of the mental health facility or treatment and rehabilitation center wherein the applicant was committed or treated shall apprise the Court and the Council of the status of said drug dependent and determine whether further confinement or treatment will be for the welfare of the drug dependent and his/her family or the community. Any recommendation for after-care or continuation of treatment and confinement shall be subject to the approval of the Court.

SEC. 33. Exemption from the Criminal Liability. – A drug dependent under the voluntary submission program provided in Section 32 of this Act, who completes the prescribed treatment plan and/or is finally discharged from confinement, shall be exempt from the criminal liability under Section 15 of Republic Act No. 9165, subject to the following conditions:

- a) He/she has complied with the rules and regulations of the mental health facility, the applicable rules and regulations of the Council;

- 1 b) He/she has never been charged or convicted of any offense punishable under Republic
2 Act No. 9165, Dangerous Drugs Act of 1972 or Republic Act No. 6425, as amended; the
3 Revised Penal Code, as amended; or any special penal laws;
4
5 c) He/she has no record of escape from a mental health facility or any treatment and
6 rehabilitation centers for drug dependents referred to in Republic Act No. 9165;
7 *Provided*, That had he/she escaped, he/she surrendered by himself/herself or through
8 his/her parent, spouse, guardian or relative within the fourth degree of consanguinity or
9 affinity, within one (1) week from the date of the said escape; and
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11 d) He/she poses no serious danger to himself/herself, his/her family or the community by
12 his/her exemption from criminal liability.
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14 A drug dependent who is discharged upon completion of the voluntary submission program,
15 but does not qualify for exemption from criminal liability under this Section, may be charged
16 under the provisions of Republic Act No. 9165, but shall be placed on probation and undergo a
17 community service in lieu of imprisonment and/or fine in the discretion of the court, without
18 prejudice to the outcome of any pending case filed in court.
19

20 **SEC. 34. *Mandatory Mental Health Examination of Apprehended/Arrested Drug***
21 ***Offenders.*** – Any person apprehended or arrested for the use of dangerous drugs in violation of
22 Section 15 of Republic Act No. 9165; or any person apprehended or arrested for violation of any
23 provisions of Republic Act No. 9165, who is confirmed to be under the influence of dangerous
24 drugs after the conduct of a screening laboratory examination or test pursuant to Section 38 of
25 said Act, shall likewise undergo a mandatory mental health examination to be conducted by a
26 DOH accredited physician to determine whether he or she has mental illness or disability. The
27 DOH accredited physician shall issue a certification stating the results of his/her findings and
28 his/her recommendation on a treatment and rehabilitation plan fit for the examined person, which
29 recommendation shall be submitted to the Court, for its proper consideration.
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31 CHAPTER VI

32 EDUCATION, RESEARCH AND DEVELOPMENT

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35 **SEC. 35. *Integration of Mental Health/Psychiatry in the Curricula.*** – Mental
36 health/psychiatry shall be a required subject in all medical and allied health courses, including
37 postgraduate courses in health.
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39 **SEC. 36. *Research and Development.*** – Research and development shall be undertaken,
40 in collaboration with academic institutions, mental health associations and non-government
41 organizations, to develop appropriate and culturally relevant mental health services.
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CHAPTER VI

MISCELLANEOUS PROVISIONS

SEC. 37. *Appropriation.* – In order to provide the necessary funds required for the organization and initial calendar year of operational expenditures of the Council, the amount of One hundred million pesos (P100,000,000.00) from the National Treasury is hereby appropriated. Thereafter, such amount necessary for the continued operation of the Council and the implementation of the National Mental Health Care Delivery System shall be included in the annual General Appropriations Act incorporated in the regular budget of the DOH.

SEC. 38. *Implementing Rules and Regulations.* – 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.

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

SEC. 40. *Repealing Clause.* – Executive Order 470, s 1998 is hereby repealed. All other laws, rules, regulations, orders, circulars, and other issuances or parts thereof, which are inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

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

Approved,