

HOUSE OF REPRESENTATIVES

House Bill No. 1419

Introduced by Representative Susan A. Yap

EXPLANATORY NOTE

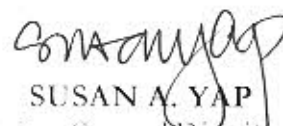
The WHO defines mental health as a “state of well being that enables a person to realize his or her own abilities to cope with the normal stresses of life, can work productively and fruitfully, and is able to make contribution to his or her community.”

In our country's pursuit of development, mental health is very much important because it mirrors how the society and its environment allow the individual to process and motivate the person to act productively. Various external factors affect mental health, from the constant pressures of life, to the traumatic experiences of disasters, natural phenomenon and man-made violence.

Mental illness is not a fatal disease. Even those who have been mentally ill for most of their lives rarely die of mental illness. However, there is a growing concern for the increasing trend of mortality rate from suicide and self-inflicted injuries which has reached a level of 1.8 deaths per 100,000 population in 2000 (PHIS). The public health impact of mental illness lies in the fact that it can cause disability for prolonged periods. In a disability survey by the National Statistics Office in 2000, it was found that mental illness is the third most common form of disability after visual and hearing impairments (NHO 2005-2010, DOH).

Because of this, our mental health program should be multi-disciplinary and encompass the particular needs of our people. Presently, our mental health centers are obviously in utter desolate conditions primarily because of lack of funds, and secondarily because of the proper paradigm with which to operate.

Our vision for the national mental health program includes its universal access, up-to-date knowledge and technology, and fitted to our public health systems that reaches out to those most deserving despite of their economic conditions. The program that this bill envisions answers that need. As such, immediate passage of the bill is earnestly sought.


SUSAN A. YAP

Representative, Second District of Tarlac

HOUSE OF REPRESENTATIVES

House Bill No. **1419**

Introduced by Representative Susan A. Yap

AN ACT

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

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

SECTION 1. *Short Title.* - This Act shall be known as the "*National Mental Health Act of 2010.*"

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

SEC. 3. *Objectives.* - The objectives of this Act are as follows: a) Promote a shift from a hospital based system to a strengthened community based mental health care delivery system;

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

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

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

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

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

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

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

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

b. *Mental illness* refers to mental or psychiatric disorder characterized by the existence of recognizable changes in the thoughts, feelings and general behaviour of an individual brought about

1 by neurobiological causes manifested by genetic or biochemical abnormalities and associated medical
2 conditions which include distress, personality disorder, substance use dependence and mental
3 retardation;

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

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

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

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

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

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

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

23
24 **SEC. 5. *Philippine Council for Mental Health.*** - The Philippine Council for Mental
25 Health, hereinafter referred to as the Council, is hereby established as an attached agency under the
26 Department of Health (DOH), to provide for a coherent, rational and unified response to mental
27 health problems, concerns and efforts through the formulation and implementation of the National
28 Mental Health Care Delivery System.

29
30 For purposes of this Act, the National Mental Health Care Delivery System shall constitute a
31 quality mental health care program, through the development of efficient and effective structures,
32 systems and mechanisms, that will ensure equitable, accessible, affordable, appropriate, efficient and
33 effective delivery of mental health care to all its stakeholders by qualified, competent, compassionate
34 and ethical mental health professionals and mental health workers.

35
36 **SEC. 6. *Duties and Functions.*** - The Council shall exercise the following duties and functions:

37 a. Review and formulate policies and guidelines on mental health issues and concerns;
38 b. Develop a comprehensive and integrated national plan and program on mental health;
39 c. Conduct regular monitoring and evaluation in support of policy formulation and planning
40 on mental health;

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

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

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

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

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

- 1 i. Create such inter-agency committees, project task forces, and other groups necessary to
2 implement the policy and program framework of this Act; and,
3 j. Perform such other duties and functions necessary to carry out the purposes of this Act.
4

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

- 6 a) The Secretary of Health, as *ex officio* chairman;
7 b) The Executive Director, as vice chairman;
8 c) Two (2) representatives from the government sector;
9 d) One (1) representative from the private health sector or consumer groups;
10 e) One (1) representative from the academe; and,
11 f) Two (2) representatives from the nongovernment organizations involved in mental health
12 issues, as members.
13

14 The members of the Council shall be appointed by the President from among the nominees
15 of their respective organizations.
16

17 SEC. 8. *Term of Office.* The members of the Council shall serve for three (3) years. In case a
18 vacancy occurs in the Council, any person chosen to fill the vacancy shall serve only for the
19 unexpired term of the member whom he succeeds.
20

21 SEC. 9. *Per Diem.* The members of the Council shall receive reasonable *per diems* and
22 transportation allowance as may be fixed by the Council for any meeting actually attended.
23

24 SEC. 10. *Quorum.* The presence of a majority of the members of the Council shall
25 constitute a quorum.
26

27 SEC. 11. *Meetings.* The Council shall meet at least once a month or as frequently as
28 necessary to discharge its duties and functions. The Council shall be convoked by the Chairman or
29 upon written request of at least three (3) of its members
30

31 SEC. 12. *Executive Director.* The Council shall appoint an Executive Director who shall
32 serve for a term of three (3) years. The Executive Director shall be eligible for one (1)
33 reappointment and shall not be removed from office except in accordance with existing laws.
34

35 SEC. 13. *Duties and Functions.* The Executive Director shall exercise the following duties
36 and functions:
37

- 38 a) Act as chief executive officer of the Council and assume full responsibility in
39 implementing its purposes and objectives;
40 b) Maintain a close and functional relationship with the Department of Health and other
41 government and private entities concerning mental health care;
42 c) Formulate, develop, and implement, subject to the approval of the Council, measures that
43 will effectively carry out the policies laid down by the Council;
44 d) Execute and administer all approved policies, programs and measures, and allocate
45 appropriate resources for their implementation;
46 e) Recommend to the Secretary of Health the appointment of personnel of the Council
47 including supervisory, technical, clerical and other personnel in accordance to the staffing patterns
48 and organizational structure approved by the Council; and,
49 f) Represent the Council in all of its official transactions or dealings and authorize legal
50 contracts, annual reports, financial statements, correspondence and other documents.
51

52 SEC. 14. *Salary.* The Executive Director shall receive a salary to be fixed by the Council in
53 accordance with the Salary Standardization Law.
54

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

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

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

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

ii. 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;

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

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

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

c. *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.

SEC. 17. *Promotion of Mental Health.* - To protect the right for dignity, respect and justice of those who are suffering from mental health problems, the Council shall 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

40
41 SEC. 27. *Implementing Rules and Regulations.* - Within ninety (90) days from the effectivity of
42 this Act, the Secretary of Health shall, in coordination with the Council, formulate the rules and
43 regulations necessary for the effective implementation of this Act.

44
45 SEC. 28. *Appropriation.* - The initial amount of Seventy Million (P70,000,000.00) Pesos is
46 hereby appropriated for the initial implementation of this Act. Thereafter, any amount as may be
47 necessary to carry out the provisions of this Act shall be included in the General Appropriations
48 Act.

49
50 SEC. 29. *Repealing Clause.* - All laws, decrees, executive orders, proclamations, rules and
51 regulations, and issuances, or parts thereof, which are inconsistent with the provisions of this Act
52 are hereby repealed or amended accordingly.

53
54 SEC. 30. *Effectivity.* - This Act shall take effect fifteen (15) days after publication in the
55 Official Gazette or in two (2) national newspapers of general circulation.

1 Approved,