

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

FIFTEENTH CONGRESS

First Regular Session

House Bill No. 2704

Introduced by Hon. Karlo A. B. Nograles

EXPLANATORY NOTE

Most Filipinos are directly or indirectly touched and possibly burdened by the impact of mental illness at some point in their lives. They are equally affected by the adverse effects on them and their families of extreme life experiences that have beset the country. Yet there remains inadequate attention to and awareness of the problems regarding the mental health of the population. This situation prevails despite the evidences found in various studies done locally that point to the urgency and extent of the problems of mental health in the country.

Mental health is the state of well-being in which an individual is able to fulfill his potential in every stage of his development at work and in his relationships, copes with day to day and extraordinary stresses of life and contributes to his community. This definition points to the importance of promoting the mental health of Filipinos while at the same time, programs to combat mental illness are to be provided.

Mental illness refers to mental or psychiatric disorder characterized by the existence of recognizable changes in the thoughts, feelings and general behavior of an individual brought about by neurobiological causes manifested by genetic biochemical abnormalities and associated medical conditions and psychosocial factors in the environment which impacts on the individual. In most cases these are experienced as distress and manifesting as severe interference with personal functions in daily life. Hence, those affected by mental disorders can be disabled and a burden to their families and community.

One out of five adult patients and one out of ten children of ages 5 to 15 years old have diagnosable psychiatric disorders, according to a World Health Organization (WHO) study. A population survey, conducted in the Western Visayas Region in 1994, showed that thirty two (32%) of adult Filipinos and twenty two (22%) of children were diagnosed to have psychiatric syndromes. This translates to 1 out of 3 Filipino adults and 1 out of 5 children to have a psychiatric disorder. Another study (L.L. Ignacio *et al*) conducted in three primary health centers in Manila showed that one out of 5 adults and one out of 10 children ages 5-15 years old consulting these health centers have mental disorders. A similar study

conducted in rural health centers in three municipalities in Bulacan showed that 34% of adults consulting these clinics have psychological symptoms and the same study showed the high prevalence of psychiatric disorders such as depression, anxiety, alcoholism and chronic psychosis. However only 5% of these consultees in general health clinics were recognized by the physicians, midwives and barangay health workers in these areas. This low recognition among physicians and health workers has therefore rendered them incapable to recognize the need to treat these disorders as part of their daily health care activities.

A study in 2005 on mental disorders among employees in several government offices in the National Capital Region, found that one out of three employees have identifiable psychiatric problems. The same study found that one out of four households has members who suffer from mental health problems.

The geological and geographical characteristics of the Philippines make it highly vulnerable to natural disasters. In addition it is a country with long-standing socio-economic problems and unstable political situation. Hence, the mental health of Filipinos has been of much concern, because many Filipinos have had to deal with the tremendous psychosocial consequences of these adverse life experiences. The high unemployment rate and the increasing loss of jobs, the increasing number of overseas Filipino workers and its impact on the family, the continuing occurrence of domestic violence and child abuse, are among the current conditions that have major mental health concerns for the country. These are recognized as important factors that lead to problems in the mental health of Filipinos. With the prevailing global crisis, it can be expected that more Filipinos will suffer mentally. All the situations mentioned above point to the fact that, there are and will be, many citizens who are unable to be fully productive, a fact that our country can not afford.

There are presently major barriers to a more effective delivery of mental health care in the Philippines. These include: low awareness among decision makers and the public of mental health issues as well as low prioritization of mental health care by the government; non-integration of mental health care services with regular health services; difficulties in shifting from hospital-based to community-based mental health care, low allocations for mental health care programs; inadequate policy framework (absence of mental health law), inadequate facilities and resources, low public awareness and recognition of mental health issues, and inadequate facilities and shortage of resources.

In most areas of the country, the management of patients with mental or psychiatric disorders is centralized in mental hospitals, which remain overcrowded isolated and undermanned. These hospitals are generally not easily accessible and available, nor do they have the necessary supply of medications to treat their patients. They are therefore unable to provide effective treatment. Their overcrowding *vis-à-vis* shortage of manpower, seriously create a dehumanizing effect on hospital staff and their patients, compromising therefore the quality of their care for these patients.

There is now world-wide recognition of the fact that community based mental health care would offer the best effective strategy to reach the high number in the population who needs mental health care. However, community-based mental health care, especially at the primary health care level is widely unavailable. In many communities, there are many cases of chronic untreated mentally ill patients who are simply ignored even by their families, or

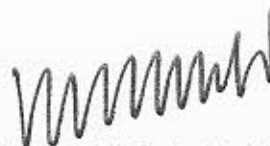
confined in cells in their homes or even tied to posts in their house. Many of these patients roam the streets unkempt and are abused and ridiculed by people. This has perpetuated their isolation and has strengthened the stigma which their mental illness has given them.

There are also no coordination programs for those in the community for those who suffer from the psychosocial and mental health consequences as a result of prevailing adverse life experiences that beset the Philippines.

These problems are manifestations of the glaringly low priority which is given by the government to the provision of mental health care.

Although a national mental health policy has been formulated in 2001, there has not been much progress in implementing its stated structural framework. The country has no mental health law, no adequate funding support for mental health programs and projects, and no balanced system of hospital-based and community-based mental health service. This, despite the fact that the Philippines is a signatory to a 1991 United Nation General Assembly Resolution which sets principles for the protection of persons with mental illness and the improvement of mental health.

In this light, this bill aims to define a national mental health policy and to develop an effective national mental health care delivery system in the Philippines.



HON. KARLO A. B. NOGRALES

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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 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 2009."*

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 by neurobiological causes manifested by genetic or biochemical abnormalities and associated medical conditions which include distress, personality disorder, substance use dependence and mental retardation;
- c. *Psychosocial problem* refers to a condition that indicates the existence of

recognizable changes in the individual's behaviour, thoughts and feelings brought about and closely related to sudden, extreme and prolonged stressors in the physical or social environment;

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

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

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

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

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

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

SEC. 5. *Philippine Council for Mental Health.*- The Philippine Council for Mental Health, hereinafter referred to as the Council, is hereby established as an attached agency

under the Department of Health (DOH), to provide for a coherent, rational and unified response to mental health problems, concerns and efforts through the formulation and implementation of the National Mental Health Care Delivery System.

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

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

- 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. Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;
- d. Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within these sectors;
- e. Provide over-all technical supervision and ensure compliance with policies, programs, and projects within the comprehensive framework of the National Mental Health Care Delivery System 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;

f. 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;

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

h. Conduct or cause to be conducted 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;

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

j. Perform such other duties and functions necessary to carry out the purposes of this Act.

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

a) The Secretary of Health, as *ex officio* chairman;

b) The Executive Director, as vice chairman;

c) Three (3) representatives from the government health sector;

d) Two (2) representatives from the private health sector;

e) One (1) representative from the academe; and

f) One (1) representative from the nongovernment organizations involved in mental health issues, as members.

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

SEC. 8. **Term of Office.**- The members of the Council shall serve for three (3) years. In case a vacancy occurs in the Council, any person chosen to fill the vacancy shall serve

only for the unexpired term of the member whom he succeeds.

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

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

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

SEC. 12. ***Executive Director.*** - The Council shall appoint an Executive Director who shall serve for a term of six (6) years. The Executive Director shall be eligible for reappointment and shall not be removed from office except in accordance with existing laws.

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

- a) Act as chief executive officer of the Council and assume full responsibility in implementing its purposes and objectives;
- b) Maintain a close and functional relationship with the Department of Health and other government and private entities concerning mental health care;
- c) Formulate, develop, and implement, subject to the approval of the Council, measures that will effectively carry out the policies laid down by the Council;
- d) Execute and administer all approved policies, programs and measures, and allocate appropriate resources for their implementation;
- e) Recommend to the Secretary of Health the appointment of personnel of the

Council including supervisory, technical, clerical and other personnel in accordance to the staffing patterns and organizational structure approved by the Council; and

f) Represent the Council in all of its official transactions or dealings and authorize legal contracts, annual reports, financial statements, correspondence and other documents.

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

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:

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

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

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

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

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

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

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

observations:

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

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

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

or disability.

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

SEC. 27. ***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 rules and regulations necessary for the effective implementation of this Act.

SEC. 28. ***Appropriation.*** - The initial amount of seventy Million (Php 70,000,000.00) Pesos is hereby appropriated for the initial implementation of this Act. Thereafter, any amount as may be necessary to carry out the provisions of this Act shall be included in the General Appropriations Act.

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

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

Approved,