

FIFTEENTH CONGRESS)
REPUBLIC OF THE PHILIPPINES)
FIRST REGULAR SESSION)

HOUSE OF REPRESENTATIVES

Introduced by Representative Rufus B. Rodriguez and
Representative Maximo B. Rodriguez, Jr.

House Bill No. 3390

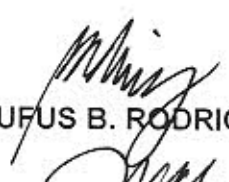
EXPLANATORY NOTE

Mental health is a vital part of full and total health. Problems on mental health contain not just the traditional mental disorders but the issues of target populations susceptible to psychosocial risks caused by extreme life experiences such as disaster, near-death experiences, heinous and violent crimes, internal displacement brought about by religious and civil unrest including the psychosocial matters of daily living like preserving a sense of well-being in these complicated times.

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." It calls to attention that mental health is more than just the presence of psychiatric disorder or sickness but, more importantly, also redounds to a positive condition of one's mental well-being.

There is need for a comprehensive addition of Mental Health in the national system. It is to render available, accessible, affordable and equitable quality mental health care services to the Filipinos especially the poor, the undeserved and high risk populations. The passage of this proposed law will go a long way in promoting mental health among the general population.

Approval of this bill is earnestly requested.


RUFUS B. RODRIGUEZ


MAXIMO B. RODRIGUEZ, JR.

FIFTEENTH CONGRESS)
REPUBLIC OF THE PHILIPPINES)
FIRST REGULAR SESSION)

HOUSE OF REPRESENTATIVES

Introduced by Representative Rufus B. Rodriguez and
Representative Maximo B. Rodriguez, Jr.

House Bill No. 3390

AN ACT

PROVIDING FOR A NATIONAL MENTAL HEALTH CARE DELIVERY
SYSTEM, ESTABLISHING OF 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 “**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 re 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 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-being 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 including those affected by overseas employment,

- children, adolescents, elderly and those who are in need or special protection like survivors of extreme life experiences and violence, among other; 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 behavior of an individual brought about by neurobiological causes manifested by genetic or biochemical abnormalities and associated mental 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 behavior 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 disorder;
- (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 behavioral 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 therapists, 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, national 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 professional 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 the Act, through the review of mental health services and the adoption of legal 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 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 researchers on mental health services in community;
- (i) Create 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) Two (2) representatives from the government sector;
- (d) One (1) representative from the private health sector or consumer groups;
- (e) One (1) representative from the academe; and
- (f) Two (2) representatives from the non-government organizations involved in mental health issues, as members.

Sec. 8. Term of Office – The members of 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 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 three (3) years. The Executive Director shall be eligible for one (1) 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 implementations;
- (e) Recommend to the Secretary of Health the appointment of personnel of the Council including Supervisory, technical, clerical and other personnel in

- (f) accordance to the staffing patterns and organizational structure approved by the Council; and
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 Philippine 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 at the primary health care in the community;
 - i. Development and integration of mental health care at the primary 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 perspectives.
- 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 and integrate 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.

As 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. Patient's Treatment – 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 patient's 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 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 danger is likely to lead a serious deterioration in his condition; and
- b. The severity of the patient's mental illness is likely to lead a serious determination 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 service 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 behavioral disorder; and
- f. Referral system with the health and social welfare program, both government and non-government, for program 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 Regulation – 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 or the effective implementation of this Act.

Sec. 28. Appropriation – The initial amount of Seventy Million (Php70,000,000.00) 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 newspaper of general circulation.

Approved,