

SIXTEENTH CONGRESS  
OF THE REPUBLIC OF THE PHILIPPINES )  
*First Regular Session*

HOUSE OF REPRESENTATIVES

House Bill No. **404**



Introduced by Representative Susan A. Yap

EXPLANATORY NOTE

The World Health Organization 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.

As discussed in the National Mental Health Program of the DOH, “People with mental health conditions meet vulnerability criteria: they experience severe stigma and discrimination; they are more likely to be subjected to abuse and violence than the general population; they encounter barriers to exercising their civil and political rights, and participating fully in society; they lack access to health and social services, and services during emergencies; they encounter restriction to education; and they excluded from income-generating and employment opportunities. As a cumulative result of these factors, people with mental conditions are at heightened risk for premature death and disability...xxx...”

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.

  
SUSAN A. YAP

Representative, Second District of Tarlac

HOUSE OF REPRESENTATIVES

House Bill No. **404**

Introduced by Representative Susan A. Yap

AN ACT  
PROVIDING FOR A NATIONAL MENTAL HEALTH CARE DELIVERY SYSTEM,  
ESTABLISHING FOR THE PURPOSE THE NATIONAL MANAGEMENT  
COMMITTEE 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 2013."

**SECTION 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.

**SECTION 3. *Objectives.*** The objectives of this Act are as follows:

- a. 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;
- b. 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;
- 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 health disability;
- e. Reorient and modernize the existing mental health facilities and institutions;
- f. Promote a shift from a hospital-based system to a strengthened community-based mental health care delivery system; and
- g. Provide access to comprehensive health care and treatment which ensure a well-balanced mental health program of community-based and hospital care and treatment.

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

- a. *Mental health* - refers to a state of well-being in which an individual fulfils 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, socio-cultural stresses, or medical conditions. This is also includes personality disorders, 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 stresses 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, counsellor, priest, minister, pastor, nun, trained or certified non-psychiatric individual or non-physician.

**SECTION 5. *National Management Committee for Mental Health.*** The National Management Committee for Mental Health, hereinafter referred to as the Committee, is hereby established under the National Center for Disease Prevention and Control of 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 effective and efficient structures, systems and mechanisms for legislation and upholding patients' rights; mental health financing; organization of mental health services; advocacy; quality improvement; psychotropic medications; mental health resource; and research, development and evaluation 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 health professionals and health workers.

**SECTION 6. *Duties and Function.*** The Committee shall exercise the following duties and functions:

- a. Review and formulate policies and guidelines on mental health issues and concerns;
- b. Ensure the development of a comprehensive and integrated national plan and program on mental health;
- c. 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;
- d. Review all existing laws related to mental health and recommend legislation which will sustain and strengthen programs, services and other mental health initiatives;
- e. Plan and implement the necessary and urgent capacity building, reorientation and training programs for all health professionals, health workers and allied health professionals as articulated in this Act;

- f. Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within these sectors;
- g. 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;
- h. Conduct regular monitoring and evaluation in support of policy formulation and create such inter-agency committees, project task forces, and other groups necessary to implement the purposes of this Act; and
- j. Perform such other duties and functions necessary to carry out the purposes of this Act.

**SECTION 7. *Composition.*** The Committee shall be composed of the following:

- a. Chairperson – Undersecretary of Policy and Standards Development for Service Delivery (PSDO-SD)
- b. Vice Chairperson – To be nominated from among the stakeholders who are members of the Committee.
- c. Two (2) representatives from the Government Sector, one of whom is the Program Manager who manages the secretariat
- d. One (1) representative from the Private Health Sector
- e. One (1) representative from Philippine Health Insurance Corporation
- f. One (1) representative from the academe
- g. Two (2) representatives from the non-government organization involved in mental health issues

The members of the Committee shall be appointed by the Secretary of Health from among the nominees of their representative organizations.

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

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

**SECTION 10. *Quorum.*** The presence of a majority of the members of the Committee shall constitute a quorum.

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

**SECTION 12. *Appointment of Members.*** Within thirty (30) days from the date of the effectivity of his Act, the Secretary of Health shall appoint the members of the Committee.

**SECTION 13. *Legislation and Patients' Human Rights.***

- a. *Person with Mental Illness or Disability.* The determination that a person has mental illness shall be made according to internationally accepted medical classifications and standards as it applies to the country's standards.
- b. *Patient's treatment.* A person with mental health or disability shall have the right to treatment in the least restrictive environment suited to the patient's mental health needs.
- c. *Consent to Care, Treatment and 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.
- d. *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 the following observations:
- i. There exists serious likelihood of danger of harming himself or others;
  - ii. The severity of the patient's mental illness is likely to lead to a serious deterioration in his condition; and
  - iii. The appropriate treatment can only be done by admission to a mental health facility.
- e. *Confidentiality.* All patients with mental illness or disability shall enjoy the right to confidentiality.
- f. *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 to the patient's representative or counsel.

**SECTION 14. *Mental Health Financing.*** Inherent in the Mental Health Care Delivery System is the exploration of acceptable schemes to lessen the burden of cost of medical expenditures related to the treatment of mental disorders, incentives for service providers, and generation of adequate funds for mental health.

**SECTION 15. *Organization of Mental Health Services.***

- a. *Integration to primary health care.* Appropriate mental health services shall be developed and integrated at the primary health care where selected treatment services, preventive and promotional activities are delivered by primary care professionals.
- b. *Community Based Mental Health Care.* The Mental Health Care delivery system shall evolve from a predominantly hospital based mental health care system to an accessible comprehensive community based mental health care system that will provide an opportunity for many persons with severe mental disorders to continue living in the community, improve their quality of life, provide opportunities for productivity, and thus promote community integration.
- c. *Psychiatric Service in Regional and Provincial Hospitals.* A psychiatric service shall be established in every regional and provincial hospital which shall provide the following:
  - i. Short term in-patient care for those with acute psychiatric symptoms in a small psychiatric ward;
  - ii. Partial hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;
  - iii. Out patient clinics in close collaboration with the mental health program in the primary health centers in the area;
  - iv. Linkage and possible supervision of home care services for those with special needs as a consequence of long-term hospitalization, unavailable families, inadequacy or noncompliance to treatment;
  - v. Coordination with drug rehabilitation centers on the care, treatment and rehabilitation of persons suffering from drug or alcohol induced mental, emotional and behavioral disorders; and
  - vi. 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.
- d. *Specialized Mental Health Facility.* The specialized mental health facility shall provide acute and high security units, units for children and elderly, forensic psychiatry units, and institutionalized programs to improve the clinical and social outcomes of the patients in terms of functioning, productivity and quality of life.

1       **SECTION 16. *Advocacy.***

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- 3       a. *Promotion of Mental Health.* There shall be advocacy and conscious efforts to raise the
- 4       value of mental health among the general population.
- 5       b. *Reduction of Risk.* To protect the right for dignity, respect and justice of those
- 6       suffering from mental health problems and high risk for developing mental
- 7       disorders, the Committee shall promote an integrated approach to mental health care
- 8       to prevent mental disorders through programs that strengthen the basic coping
- 9       mechanism of individuals in relation to stress and other such means.
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11       **SECTION 17. *Effective and High Quality Mental Health Care.*** Any person shall have

12       the right to receive mental health care appropriate to his needs and shall be entitled to care and

13       treatment in accordance to the same standards and accessibility as other sick individuals.

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15       **SECTION 18. *Mental Health Resources.***

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- 17       a. *Capacity Building and Training.* Capacity building and training shall, in close
- 18       coordination with departments of psychiatry in general hospitals and university
- 19       hospitals or in specialized mental health facilities, be required for health professionals
- 20       and workers to gain adequate knowledge, attitude and skills for delivering mental
- 21       health services with a community mental health perspective. The existing program
- 22       for capacity building among local health workers shall continue so that they can
- 23       undertake mental health care in the community.
- 24       b. *Specialized Mental Health Facility.* The specialized mental health facility shall have
- 25       adequate number of mental health professionals and other allied health workers;
- 26       ample space to provide each patient with privacy and appropriate diagnostic and
- 27       therapeutic tools; comprehensive range of treatment and medications; and shall be
- 28       inspected frequently by competent authorities to guarantee that the treatment
- 29       conditions and care of patients comply with the existing regulations.
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31       **SECTION 19. *Research, Development and Evaluation.***

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- 33       a. *Research and Development.* Research and development shall be undertaken, in
- 34       collaboration with academic institutions, mental health associations and non-
- 35       government organizations, to develop appropriate and culturally relevant mental
- 36       health services in the community.
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38       **SECTION 20. *Implementing Rules and Regulations.*** Within ninety (90) days from the

39       effectivity of this Act, the Secretary of Health shall, in coordination with the Committee, formulate

40       the rules and regulations necessary for the effective implementation of this Act.

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42       **SECTION 21. *Appropriation.*** The initial amount of Seventy Million (Php 70,000,000.00)

43       pesos is hereby appropriated for the initial implementation of this Act. Thereafter, any amount as

44       may be necessary to carry out the provisions of this Act shall be included in the General

45       Appropriations Act.

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47       **SECTION 22. *Repealing Clause.*** All laws, decrees, executive orders, proclamations, rules

48       and regulations, and issuances, or parts thereof, which are inconsistent with the provisions of this

49       Act are hereby repealed or amended accordingly.

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51       **SECTION 23. *Effectivity.*** This Act shall take effect fifteen (15) days following the

52       completion of its publication in a newspaper of general circulation in the Philippines.

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Approved,