

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

SIXTEENTH CONGRESS
Second Regular Session

House Bill No. 5347



Introduced by Representatives Leni Gerona-Robredo, Ibarra M. Gutierrez, Walden F. Bello, Kaka J. Bag-ao, Romero S. Quimbo, Karlo Alexei B. Nograles, Emmi A. de Jesus

EXPLANATORY NOTE

Article II, Section 15 of the Philippine Constitution states that "the State shall protect and promote the right to health of the people and instill health consciousness among them." Furthermore, Article III, Section 1 states that no person shall be denied the equal protection of the laws. These constitutional provisions protect the right of every Filipino to a healthy and well-balanced life and mandate the state to deliver such. It does not limit to the state's responsibility to the physical health but also includes mental welfare. The World Health Organization, in its Constitution, defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Thus, mental health is indispensable in achieving complete wellness of Filipinos.

In recent years, mental health has not been given the attention it needs. The state lacks resources to effectively provide for and sufficiently address the growing number of mental health disorders. Research indicates that 75% to 85% of people, from in low and middle-income countries, suffering from mental disorders do not receive treatment for at least a year.

There have been several studies in the Philippines, which show the need for a more intensive mental healthcare delivery system. The Global School Based Health Survey of the World Health Organization, in 2011, stated that 16% of students between 13-15 years old have considered attempting suicide while 13% have actually attempted suicide one or more times. A study conducted by the Department of Health, in 2006, among government employees in Metro Manila revealed that 32% out of 327 respondents have experienced a mental health problem in their lifetime. The incidence of suicide in males increased from 0.23 to 3.59 per 100,000 between 1984 and 2005 while rates rose from 0.12 to 1.09 per 100,000 in females (Redaniel, Dalida and Gunnell 2011). A DOH-SWS survey conducted in 2004 showed that almost one per 100 households (0.7%) has a member with mental disability. According to a 2003 DOH report, intentional self-harm is the ninth leading cause of death among 20-24 years old.

In addition to the lack of proper care, mental health patients are also prone to abuses in the healthcare system. The UN Special Rapporteur on Torture reports on the prevalence of practices which can be considered "cruel and inhuman, degrading

prevalence of practices which can be considered "cruel and inhuman, degrading treatment" or even torture in health care settings. It cites the people with mental health needs, including those with long term sensory and intellectual impairments neglected or detained in different ways under the care of psychiatric or social care institutions and other residential centers, may be subject to all kinds of abuses or violence.

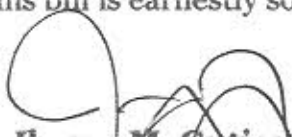
As a reaction to this, the WHO and other institutions have pushed for a "rights-based" mental health legislation. The WHO mentioned the following in its 2003 Mental Health Legislation and Human Rights:

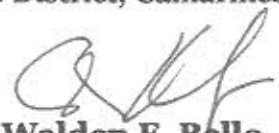
1. People with mental disorders constitute a vulnerable section of society.
2. Mental health legislation is necessary for protecting the rights of people with mental disorders.
3. Mental health legislation is concerned with more than care and treatment. It provides a legal framework to address critical mental health issues such as access to care, rehabilitation and aftercare, full integration of people with mental disorders into the community, and the promotion of mental health in different sectors of society.
4. There is no national mental health legislation in 25% of countries with nearly 31% of the world's population.
5. Mental health legislation is an integral part of mental health policy and provides a legislative framework for achieving the goals of such policy.

This proposed law aims to address the growing need for a national mental health system which could deliver services to our people. Furthermore, it hopes to provide available, accessible, affordable and equitable quality mental health care services to Filipinos, specifically the underprivileged and high-risk population. Enactment of this proposed law would help promote mental health for the entire country.

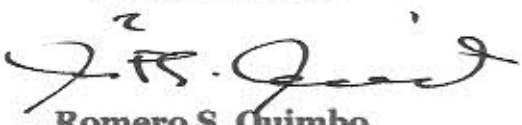
In view of the foregoing, the immediate passage of this bill is earnestly sought.

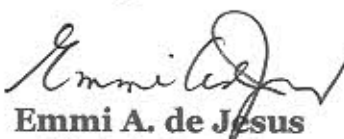

Leni Gerona-Robredo
Third District, Camarines Sur


Ibarra M. Gutierrez
Akbayan Partylist


Walden F. Bello
Akbayan Partylist


Kaka J. Bag-ao
Lone District, Dinagat Islands


Romero S. Quimbo
Second District, Marikina City


Emmi A. de Jesus
Gabriela Partylist


KARLO A. B. NOGRALES

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House Bill no. **5347**

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1 **AN ACT PROMOTING/ADVOCATING MENTAL HEALTH,**
2 **PROMULGATING A NATIONAL MENTAL HEALTH POLICY**
3 **TOWARDS THE ENHANCEMENT OF INTEGRATED MENTAL**
4 **HEALTH SERVICES, THE PROMOTION AND PROTECTION OF**
5 **PERSONS UTILIZING MENTAL HEALTH SERVICES AND THE**
6 **ESTABLISHMENT OF A PHILIPPINE MENTAL HEALTH COUNCIL**
7

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

10
11 **SECTION. 1. Short Title.** - This Act shall be known as the "Philippine Mental
12 Health Act of 2015".
13

14 **SEC. 2. Declaration of Policy.** – It is hereby declared the policy of the State
15 to uphold the basic right of all Filipinos to mental health and to respect the
16 fundamental rights of people who require mental health services. As recognized
17 in the Universal Declaration of Human Rights, the International Covenant on
18 Economic, Social and Cultural Rights, and the International Covenant on Civil &
19 Political Rights, persons with mental disabilities have the right to equality and
20 non-discrimination, dignity and respect, privacy and individual autonomy,
21 information and participation. The State, being a signatory to the Convention,
22 recognizes that people with mental disabilities by virtue of the nature and/or
23 severity of their illness, have specific vulnerabilities and therefore need special
24 care that is appropriate to their needs and is based on nationally and
25 internationally-accepted standards.
26

27 The State recognizes its obligations as a State-Party to the UN Convention on the
28 Rights of Persons with Disabilities under Article 4 of the present Convention "to
29 ensure and promote the full realization of all human rights and fundamental
30 freedoms for all persons with disabilities without discrimination of any kind on
31 the basis of disability." Furthermore, the State aligns itself with the UN General
32 Assembly resolution 46/119 of December 17, 1991, on the Principles for the

1 Assembly resolution 46/119 of December 17, 1991, on the Principles for the
2 Protection of Persons with Mental Illness and the Improvement of Mental Health
3 Care that lays down the policies and guidelines for the protection from harm of
4 persons with mental disabilities and the improvement of mental health care.

5
6 **SEC. 3. Objectives.** – The following are the objectives of this Philippine Mental
7 Health Act:

8
9 (a) Ensure a community of Filipinos who are mentally healthy, able to contribute
10 to the development of the country and attain a better quality of life through
11 access to an integrated, well-planned, effectively organized and efficiently
12 delivered mental health care system that responds to their mental health needs in
13 equity with their physical health needs;

14
15 (b) Promote mental health, protection of the rights and freedoms of persons with
16 mental health needs and the reduction of the burden and consequences of mental
17 ill-health, mental and brain disorders and disabilities; and

18
19 (c) Provide the direction for a coherent, rational, and unified response to the
20 nation's mental health problems, concerns and efforts.

21
22 **SEC. 4. Definition of Terms.** – For the purpose of this Act, the following
23 terms shall be defined as follows:

24
25 (a) **Allied professionals** refer to any formally educated and trained non-
26 mental health professionals such as (but not limited to) physicians, social
27 workers, nurses, occupational therapists, recreational therapists, priests,
28 ministers, pastor, and nuns.

29
30 (b) **Board certification** refers to the process of qualifying medical specialists
31 through requirements and examinations set by the Board of the particular
32 medical specialty so appointed or elected for that specific purpose by the
33 registered members of the medical specialty association.

34
35 (c) **Carer** refers to a person who may or may not be the patient's next of kin nor
36 relative who maintains a close personal relationship with the patient and
37 manifests concern for his welfare.

38
39 (d) **"Discrimination on the basis of disability"** means any distinction,
40 exclusion or restriction on the basis of disability which has the purpose or effect
41 of impairing or nullifying the recognition, enjoyment or exercise, on an equal
42 basis with others, of all human rights and fundamental freedoms in the political,
43 economic, social, cultural, civil or any other field. It includes all forms of
44 discrimination, including denial of reasonable accommodation

45
46 (e) **Legal representative** refers to a substitute decision-maker charged by law
47 with the duty of representing a patient in any specified undertaking or of

exercising specified rights on the patient's behalf. The legal representative may also be a person appointed in writing by the patient to act on his/her behalf unless the patient lacks mental capacity, or otherwise fails to appoint a legal representative in writing, in which case the legal representative shall be taken to be in the following order:

- a) the spouse, if any, unless permanently separated from the patient as rendered by a Court of competent jurisdiction, or has deserted or has been deserted by the patient for any period which has not come to an end; or
- b) sons and daughters over the age of eighteen years;
- c) either parent by mutual consent; and
- d) a person appointed by a decree of a Court to represent the patient.

(f) Mental disability refers to impairments, activity limitations, and individual and participatory restrictions denoting dysfunctional aspects of interaction between an individual and his environment.

(g) Mental health refers to a state of well being in which every individual realizes his or her own potential, 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.

(h) Mental health professionals refer to persons trained and Board certified to practice psychiatry as well as licensed psychologists, guidance counselors and psychometricians.

(i) Mental health workers refer to trained volunteers and advocates engaged in mental health promotion and services under the supervision of mental health professionals.

(j) 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 and/or psychosocial factors causing psychological, intellectual or social dysfunction

(k) Mental or psychological incapacity is the inability to:

- a) Understand the information given concerning the nature of the disorder;
- b) Understand the consequences that his/her decisions and actions have for his/her own life or health and for the life and health of others, which may be serious and irreversible;
- c) Understand that treatment might mitigate or remedy the condition and that lack of treatment might aggravate it;
- d) Understand information about the nature of treatment proposed, including the means of treatment, its direct effects and its possible side effects; and

1 e) Effectively communicate with others regarding his/her condition and
2 his/her consent to treatment or hospitalization.

3
4 **(m) Patient** refers to a person receiving/utilizing mental health care and
5 treatment from a mental health care facility or clinic.

6
7 **(n) Psychiatric emergencies** are conditions which may present a serious
8 threat to the person's wellbeing and/or that of others requiring immediate
9 psychiatric interventions such as in cases of attempted suicide, acute intoxication,
10 severe depression, acute psychosis, or violent behavior.

11
12 **(o) Psychosocial problem** refers to a condition that indicates the existence of
13 disturbances in the individual's behavior; thoughts and feelings brought about by
14 sudden, extreme or prolonged stressors in the physical or social environment.

15
16 **SEC. 5. Rights of Persons with Mental Health Needs.** – Without
17 prejudice to anything provided in this Act and unless prevented by law, persons
18 with mental health needs shall have the right to:

19
20 (a) Exercise all their inherent civil, political, economic, social, religious,
21 educational and cultural rights respecting individual qualities, abilities and
22 diverse backgrounds and without any discrimination on grounds of physical
23 disability, age, gender, sexual orientation, race, color, language, religion or
24 national or ethnic or social origin of the patient concerned;

25
26 (b) Receive treatment of the same quality and standard as other individuals in a
27 safe and conducive environment.

28
29 (c) Receive treatment, which addresses holistically their needs through a
30 multidisciplinary care plan approach;

31
32 (d) Receive treatment in the least restrictive environment and in the least
33 restrictive manner;

34
35 (e) Protection from torture, cruel, inhuman and degrading treatment;

36
37 (f) Receive aftercare and rehabilitation when possible in the community so as to
38 facilitate their social inclusion;

39
40 (g) Be adequately informed about the disorder and the multidisciplinary services
41 available to cater to their needs and the treatment options available;

42
43 (h) Actively participate in the formulation of the multidisciplinary treatment
44 plan;

- (i) Give free and informed consent before any treatment or care is provided and such consent shall be recorded in the patient's clinical record. This is without prejudice to the patient's right to withdraw consent;
- (j) Have a responsible legal representative and carer of their choice whenever possible;
- (k) Confidentiality of all information about themselves, illness and treatment in whatever form stored, which information shall not be revealed to third parties without their consent unless:
- 1) There is a life-threatening emergency when information is urgently required to save lives;
 - 2) It is in the interest of public safety;
 - 3) Ordered by court to do so; and
 - 4) Whosoever is requesting such information is entitled by law to receive it.
- (l) Access to their clinical records unless, in the opinion of his/her attending mental health professional, revealing such information may cause harm to the person's health or put at risk the safety of others. When any information is withheld, the patient or the legal representative may contest such decision with the appropriate hospital/mental health facility body authorized to investigate and resolve disputes or to the Commission on Human Rights;
- (m) Be informed within twenty-four hours of admission to a facility of their rights in a form and language which the patient understands, which information shall include an explanation of those rights and how to exercise them, unless they are mentally incapacitated, in which case the legal representative and the carer are entitled to such information;
- (n) The mental health patient/legal representative shall be entitled to a competent counsel of his own choice. In case he cannot afford one, the Public Attorney's Office or any legal aid institution of his/her choice will assist him.
- (o) The mental health patient and his/her legal representative and carer shall be entitled to effective participation in the development of legislation.
- (p) The mental health patient shall not be put in a solitary confinement.

ARTICLE I

Duties and Responsibilities of Government Agencies

SEC. 6. Duties and Responsibilities of the Department of Health (DOH) -

1. It shall ensure conditions for a safe, therapeutic and hygienic environment with sufficient privacy in mental health facilities and shall be responsible for the licensing, monitoring and assessment of all mental health facilities.
2. It shall ensure that all public and private mental health institutions are protecting the rights of patients against cruel, inhuman and degrading treatment and/or torture.
3. It shall prohibit forced or inadequately remunerated labor within mental health institutions. This does not include activities justified as part of an accepted therapeutic treatment.
4. The Department of Health through the Philippine Mental Health Council as the primary duty-bearer shall develop alternatives to institutionalization, in particular community-based treatment with a view of receiving persons discharged from hospitals. Such alternatives should meet the needs expressed by persons with mental disorders and respect the autonomy, choices, dignity and privacy of the person concerned.

SEC. 7. Duties and Responsibilities of the Commission on Human Rights (CHR)

1. The Commission on Human Rights is authorized to inspect both public and private mental health facilities upon complaints that patients therein are treated in a manner less than humane or are victims or torture and other cruel, inhuman and degrading treatment.
2. The Commission on Human Rights and other monitoring bodies are authorized to conduct inspection of all places where psychiatric patients are held for involuntary treatment or otherwise, to ensure full compliance with domestic and international standards governing the legal basis for treatment and detention, quality of medical care, and living standards.
3. It shall appoint a Focal Commissioner on Mental Health under the CHR under such terms as deemed appropriate with the following functions and duties:
 - (1) Promote and safeguard the rights of persons utilizing mental health services and their carers;
 - (2) Review any policies and make such recommendations to any competent authority to safeguard or to enhance the rights of such persons and to facilitate their social inclusion and wellbeing;

(3) Investigate any complaint alleging breach of patient's rights and take any subsequent action or make recommendations which may be required to protect the welfare of that person;

(4) Investigate any complaint about any aspect of care and treatment provided by a facility or a health care professional and take any decisions or make any recommendations that are required;

(5) Conduct regular inspections, at least annually, of all facilities to ascertain that the rights of patients and all the provisions of this Act are being upheld. During such visit the Focal Commissioner shall have unrestricted access to all parts of the facility and the right to interview in private any consenting patient;

(6) Report any case amounting to a breach of human rights within a facility to the Department of Health and any other appropriate competent authority recommending the rectification of such a breach and take any other proportional action he deems appropriate;

(7) Report to the Department of Health and to any other appropriate competent authority any healthcare professional for breach of human rights or for contravening any provision of this Act and this without prejudice to any other proportional action that he may deem necessary to take;

(8) Present to the Commission on Human Rights an annual report of activities;

(9) Any other function which the Commission on Human Rights may prescribe by regulations under this Act.

4. In the performance of his/her functions, the Focal Point Commissioner on Mental Health shall be assisted by and shall consult with: (1) healthcare professionals; (2) service users and carers; and (3) other relevant stakeholders.

SEC.8 The Department of Health, the Commission on Human Rights and/or the Department of Justice shall receive all complaints of improprieties and abuses in mental health care and shall initiate appropriate investigation and action against those who authorized the confinement and committed the improprieties and abuses.

SEC. 9 Duties and Responsibilities of national and local hospitals –
National and local hospitals:

(a) Shall ensure that guidelines and protocols for minimizing restrictive care are established.

(b) Are compelled to inform patients of their rights. Every patient, whether in voluntary or involuntary treatment, should be fully informed about the treatment to be prescribed and the reason for recommending it and given the opportunity to refuse treatment or any other medical intervention. Informed consent must be sought from all psychiatric patients at all times except in instances of mental or psychological incapacity as defined in Section 3.

(c) Must ensure that any involuntary medical treatment and restraint, physical or chemical, for those with mental disorder can only be used to the extent strictly necessary under the following conditions:

(1) In psychiatric emergencies;

(2) That the treatment without consent and restraint is at the order of an attending physician whose orders must be reviewed by a Board certified psychiatrist as soon as possible or within one month;

(3) That the decision to subject the patient to involuntary treatment is resorted to only when all other means of control have been attempted and failed;

(4) That the head of the institution, medical or mental health facility will oversee such a decision strictly following approved guidelines, which include clear criteria for regulating the application and termination of such interventions;

(5) Used only for the shortest possible period of time as assessed by a Board certified psychiatrist or attending physician under the supervision by a Board certified psychiatrist; and

(6) Recorded and subjected to regular external independent monitoring.

(d) Must certify that the patient who has been subject to any intervention without consent has been debriefed as soon as the mental condition meaningfully permits it and he/she and the legal guardian or substitute decision-maker must have access to the medical records.

(e) Must keep a register on involuntary treatment and procedures.

(f) Must ensure that the decision for the need for a legal representative or substitute decision-maker shall be made only for reasons of mental incapacity and shall be made following established judicial procedures which should ensure that the rights, will and preferences of the patient are respected as far as possible; it should be:

(1) Tailored to the patient's circumstances, i.e., be proportional to the degree to which such measures affects the patient's rights and interests; it

shall only apply in the fields where the patient's judgment is failing and where decision making is necessary;

(2) Applied for the shortest time possible;

(3) Free of conflicts of interest and undue influence from family members, the institution where the person is treated or others;

(4) Subject to regular review by a competent, independent and impartial authority or judicial body;

(5) Overseen by an independent monitoring body; and

(6) Subject to appeal by the person or a trusted next of kin.

(g) Must ensure that families or other primary carers are entitled to information about the person with a mental disorder unless the patient refuses the divulging of such information.

(h) Must involve family members or other primary carers in the formulation and implementation of the patient's individualized treatment plan.

(i) Must make transparent and accessible to the person affected and his/her family the decision to apply involuntary treatment, as this is an essential factor for building and maintaining mutual confidence.

(j) Must mandate the creation of an appropriate body, which will ensure compliance with the requirements and procedures provided by this act.

(k) Must provide the patient under treatment and hospitalization without consent access to an independent mechanism of complaint and compensation for any inappropriate treatment provided. Complaints mechanisms must:

(1) Be designed in a manner that is sensitive to the particular needs of the patient;

(2) Provide the individual with the necessary assistance to lodge a complaint, and the complaint mechanism must be empowered to inquire effectively and independently into the circumstances leading to the complaint;

(3) Be mandated to initiate disciplinary sanctions or pass the case to the prosecuting authorities with a view to initiating a criminal investigation against a person or persons found guilty of misconduct; and

(4) Ensure that complaints are dealt with in a speedy manner.

1
2
3 **ARTICLE II**
4 **Mental Health Service in the Local Government Units**

5 **SEC. 10. *Mental Health Service in the Community.*** – Mental health
6 service shall, within the general health care system in the community, include the
7 following:
8

- 9 a. Development and integration of mental health care at the primary
10 health care in the community;
11
12 1. Mental health should be integrated into the primary care system
13 with the availability of basic mental health services down to the
14 barangay health level.
15
16 2. Training for community resilience and psychosocial well-being in
17 all barangays and availability of Mental Health and Psychosocial
18 Support Services (MHPSS) workers for disasters and post-disasters.
19
20 b. Continuation of programs for capacity building among existing local
21 mental health workers so that they can undertake mental health care in
22 the community and undertake training and capacity building programs
23 in close coordination with mental or psychiatric hospitals or
24 departments of psychiatry in general or university hospitals.;
25
26 c. Continuous support services and intervention for families and co-
27 workers;
28
29 d. Advocacy and promotion of mental health awareness among the
30 general population;
31

32 **SEC. 11. *Psychiatric Service in Regional and Provincial hospitals.*** –
33 Psychiatric service shall be established in every regional and provincial hospitals
34 which shall provide the following:

- 35 1. Short-term in-patient hospital care for those with acute psychiatric
36 symptoms in a small psychiatric ward;
37
38 2. Partial hospital care for those with psychiatric symptoms or
39 undergoing difficult personal and family circumstances;
40
41 3. Out-patient clinic in close collaboration with the mental health
42 program at the primary health centers in the area;
43

4. 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;
5. 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
6. 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. 12. Capacity Building, Reorientation and Training – Mental health professionals or workers whose previous education and training had not emphasized the community and public health perspective of mental health shall undergo capacity building, reorientation and training, in close coordination with the departments of psychiatry in general hospitals, university hospitals or mental facilities.

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

SEC. 13. Integration of Mental Health/Psychiatry in the Curricula. – Mental health/psychiatry shall be a required subject in all medical and allied health courses, including postgraduate courses in health.

SEC. 14. 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.

ARTICLE III The Philippine Mental Health Council

SEC. 15. Establishment - 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

1 the National Mental Health Care Delivery System.

2
3 For purposes of this Act, the National Mental Health Care Delivery System shall
4 constitute a quality mental health care program, through the development of
5 efficient and effective structures, systems and mechanisms, that will ensure
6 equitable, accessible, affordable, appropriate, efficient and effective delivery of
7 mental health care to all its stakeholders by qualified, competent, compassionate
8 and ethical mental health professionals and mental health workers.

9
10 **SEC. 16. Duties and Functions.** – The Council shall exercise the following
11 duties:

12
13 (a) Review and formulate policies and guidelines on mental health issues and
14 concerns;

15
16 (b) Develop a comprehensive and integrated national plan and program on
17 mental health;

18
19 (c) Conduct regular monitoring and evaluation in support of policy formulation
20 and planning on mental health;

21
22 (d) Promote and facilitate collaboration among sectors and disciplines for the
23 development and implementation of mental health related programs within these
24 sectors;

25
26 (e) Provide over-all technical supervision and ensure compliance with policies,
27 programs, and projects within the comprehensive framework of the National
28 Mental Health Care Delivery System and other such activities related to the
29 implementation of this Act, through the review of mental health services and the
30 adoption of legal and other remedies provided by law;

31
32 (f) Plan and implement the necessary and urgent capacity building, reorientation
33 and training programs for all mental health professionals, mental health workers
34 and allied professionals as articulated in this Act;

35
36 (g) Review all existing laws related to mental health and recommend legislation
37 which will sustain and strengthen programs, services and other mental health
38 initiatives;

39
40 (h) Conduct or facilitate the implementation of studies and researches on mental
41 health, with special emphasis on studies that would serve as basis for developing
42 appropriate and culturally relevant mental health services in the community;

43
44 (i) Create inter-agency committees, project task forces, and other groups
45 necessary to implement the policy and program framework of this Act;

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

(k) Collaborate with the following agencies specifically:

(1) The Department of Science and Technology (DOST) and attached agencies like the Philippine Institute of Traditional and Alternative Health Care (PITAHAC) and the Philippine Council for Health Research and Development (PCHRD) to advance research on basic and clinical studies into mental illness and complementary and alternative treatment.

(2) The Department of Education (DepEd) and the Commission on Higher Education (CHED) to develop school based mental health promotion, screening and referral systems.

(3) The Philippine Health Insurance Corporation (PhilHealth) to make sure that availability of insurance packages is in place with parity to physical disorders with similar impact to the patient as measured by Disability Adjusted Life Years or similar instrumentation.

(4) The Technical Education and Skills Development Authority (TESDA), the Department of Social Welfare and Development (DSWD), the Department of Agriculture (DA), the Department of Trade and Industry (DTI), the Department of Environment and Natural Resources (DENR), the Department of the Interior and Local Government (DILG) and other agencies to develop vocational opportunities via innovative systems like Care Farms, Psychosocial Rehabilitation and similar modalities with program design and planning in conjunction with psychiatrists and other mental health specialists.

(5) The Department of Labor and Employment (DOLE) to promote diversity and equal protection in the workplace mandating companies to develop programs to enhance mental wellness of all employees and ensure work accommodations of mentally ill.

(6) The National Economic and Development Authority (NEDA) to envision programs to promote the mental wealth of our nation, including inclusive growth for the mentally ill.

(7) The National Center for Health Promotion to lead in the formulation of the standard and the development of mental health information, education and communication and advocacy strategies to ensure the promotion of a totally healthy and less stressful lifestyle for the Filipinos.

(8) The National Epidemiological Center to develop and update the epidemiology of mental diseases and services available in the country in the form of a census or a similar instrument. Research into epidemiology, risk factors, treatment and

1 management of mental disorders should be given a priority. It shall ensure the
2 development or enhancement of national reporting and surveillance systems and
3 methodologies and the generation, availability, accessibility, sharing, exchange,
4 and distribution of information and knowledge on mental health and the
5 establishment of the national registry of mental
6 and neurological cases.

7
8 (9) The Philippine Statistical Authority to formulate and integrate mental health
9 protective risk factors and other such data that may help in the formulation of
10 policies towards mental wellness and prevention of mental illness.

11
12 (10) The Commission on Human Rights on matters pertaining to human rights
13 issues, particularly, the protection of persons utilizing mental health services and
14 the prevention of cruel, inhuman and degrading treatment in mental health care
15 facilities.

16
17 **SEC. 17. Composition.** – The Council shall be composed of the following:

- 18
19 (1) The Secretary of Health, as ex officio chairman;
20 (2) The Executive Director, as vice chairman and Chief Executive Officer;
21 (3) Two (2) representatives from the government sector;
22 (4) Two (2) representatives from the private health sector or consumer
23 groups;
24 (5) One (1) representative from the academe/research;
25 (6) Two (2) representatives from the professional organization; and
26 (7) Two (2) representatives from the allied nongovernment organizations
27 involved in mental health issues, as members.

28
29 The President from among the nominees of their respective organizations shall
30 appoint the members of the Council

31
32 **SEC. 18. Term of Office.** – The members of the Council shall serve for three
33 (3) years. In case a vacancy occurs in the Council, any person chosen to fill the
34 vacancy shall serve only for the unexpired term of the member whom he
35 succeeds.

36
37 **SEC. 19. Per Diem.** – The members of the Council shall receive reasonable per
38 diems and transportation allowance subject to existing rules and regulations of
39 the Department of Budget and Management (DBM).

40
41 **SEC. 20. Quorum.** – The presence of a majority of the members of the Council
42 shall constitute a quorum.

43
44
45 **SEC. 21. Meetings.** – The Council shall meet at least once a month or as
46 frequently as necessary to discharge its duties and functions. The Council shall be

1 convoked by the Chairman or upon written request of at least three (3) of its
2 members.

3
4 **SEC. 22. Executive Director.** – (a) The Council shall appoint an Executive
5 Director who shall serve for a term of three (3) years. The Executive Director
6 shall be eligible for one (1) reappointment and shall not be removed from office
7 except in accordance with existing laws.

8
9 (b) The Executive Director shall the following duties and functions:

10
11 (1) Act as chief executive officer of the Council and assume full responsibility in
12 implementing its purposes and objectives;

13
14 (2) Maintain a close and functional relationship with the Department of Health
15 and other government and private entities concerning mental health care;

16
17 (3) Formulate, develop, and implement, subject to the approval of the Council,
18 measures that will effectively carry out the policies laid down by the Council;

19
20 (4) Execute and administer all approved policies, programs and measures, and
21 allocate appropriate resources for their implementation;

22
23 (5) Recommend to the Secretary of Health the appointment of personnel of the
24 Council including supervisory, technical, clerical and other personnel in
25 accordance with the staffing patterns and organizational structure approved by
26 the Council; and,

27
28 (6) Represent the Council in all of its official transactions or dealings and
29 authorize legal contracts, annual reports, financial statements, and other
30 documents.

31
32 **SEC. 23. Salary.** – The Executive Director shall receive a salary to be fixed by
33 the Council in accordance with the Salary Standardization Law.

34
35 **SEC. 24. Appointment of Members.** – Within thirty (30) days from the date
36 of this Act, the President of the Philippines shall appoint the members of the
37 Council.

38
39 **SEC. 25. Advisory Board.** –The Philippine Mental Health Council shall create
40 an advisory board consisting of mental health care users, carers and
41 professionals, representatives of the DOH as well as visiting bodies under
42 national and international obligations of the State.

43
44 **ARTICLE IV**
45 **Miscellaneous Provisions**
46

1 **SEC. 26. *Implementing Rules and Regulations (IRR).*** –Within (90)
2 days from the effectivity of this Act, the Secretary of Health shall, in coordination
3 with the Council, formulate the implementing rules and regulations necessary for
4 the effective implementation of this Act.

5
6 **SEC. 27. *Appropriations.*** –The initial amount of 170 million pesos is hereby
7 appropriated for the initial implementation of this Act. Thereafter, any amount as
8 may be necessary to carry out the provisions of this Act shall be included in the
9 General Appropriations Act.

10
11 **SEC. 28. *Separability Clause.*** - If any provision of this Act is held invalid or
12 unconstitutional, the remainder of the Act or the provision not otherwise affected
13 shall remain valid and subsisting.

14
15 **SEC. 29. *Repealing Clause.*** – Executive Order 470, s.1998 is hereby repealed.
16 Any law, presidential decree or issuance, executive order, letter of instruction,
17 administrative rule or regulation contrary to or inconsistent with the provisions
18 of this Act is hereby repealed, modified or amended accordingly.

19
20 **SEC. 30. *Effectivity*** – This Act shall take effect fifteen (15) days upon its
21 publication in at least two (2) national newspapers of general circulation.