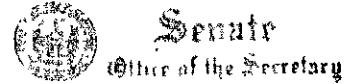


SIXTEENTH CONGRESS OF)
THE REPUBLIC OF THE PHILIPPINES)
Second Regular Session)



14 NOV 11 P3:34

S E N A T E

RECEIVED BY: *[Signature]*

S.B. NO. 2450

Introduced by Senator Loren Legarda

AN ACT PROMOTING MENTAL HEALTH, PROMULGATING A NATIONAL MENTAL HEALTH POLICY TOWARDS THE ENHANCEMENT OF INTEGRATED MENTAL HEALTH SERVICES, PROTECTION OF PERSONS UTILIZING MENTAL HEALTH SERVICES AND ESTABLISHMENT OF A PHILIPPINE MENTAL HEALTH COUNCIL

EXPLANATORY NOTE

In a survey conducted by the Department of Health among 327 government employees in Metro Manila, 32% were found to have experienced mental health problems. Almost one per 100 households (0.7%) has a member with mental disability (DOH-SWS, 2004). As early as 2003, intentional self-harm was already found to be the 9th leading cause of death among 20-24 years old Filipino adults (DOH 2003). 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). Individuals with chronic mental illness, children, overseas Filipino workers and those in areas of armed conflict have higher risk of getting mental health problems.

Further adding to the woes of those afflicted with mental health illnesses is the shortage in qualified mental health professionals. At present there are only an estimated 490 psychiatrists and 1000 nurses working in psychiatric care, and even less general practitioners trained in early assessment and management of common mental health problem in the community. The number of addiction specialists, psychologists, occupational therapists, guidance counselors and social workers are extremely inadequate to meet the mental health needs of the 100 million Filipinos.

There are two mental hospitals, 46 outpatient facilities, four day treatment facilities, 19 community-based psychiatric inpatient facilities and 15 community residential (custodial home-care) facilities for the whole country. Almost all mental health facilities are in major cities, while the only mental hospital in the National Capital Region houses only 4,200 beds.

This bill seeks to integrate mental health services into the national health system in order to meet the needs of those who lack access to readily-available, affordable and equitable mental health care, especially the poor. It proposes to create the Philippine Council for Mental Health as an attached agency of the Department of Health, to provide a 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 the reasons cited, the passage of the Bill is earnestly requested.



LOREN LEGARDA
Senator

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

1 **SECTION. 1. Short Title.** This Act shall be known as the
2 "Philippine Mental Health Act of 2014".
3

4 **SEC. 2. Declaration of Policy.** It is hereby declared the policy of
5 the State to uphold the basic right of all Filipinos to mental health and to
6 respect the fundamental rights of people who require mental health
7 services. As enshrined in the Universal Declaration of Human Rights, the
8 International Covenant on Economic, Social and Cultural Rights, and the
9 International Covenant on Civil & Political Rights, the State
10 acknowledges that persons with mental disabilities have the right to
11 equality and non-discrimination, dignity and respect, privacy and
12 individual autonomy, information and participation. The State further
13 recognizes that people with mental disabilities by virtue of the nature
14 and/or severity of their illness, have specific vulnerabilities and therefore
15 need special care appropriate to their needs and based on nationally and
16 internationally-accepted standards.

17 The State recognizes its obligations as a State-Party to the UN
18 Convention on the Rights of Persons with Disabilities under Article 4 of
19 the present Convention "to ensure and promote the full realization of all
20 human rights and fundamental freedoms for all persons with disabilities
21 without discrimination of any kind on the basis of disability". Likewise,

1 the State aligns itself with the UN General Assembly resolution 46/119 of
2 December 17, 1991, on the Principles For The Protection Of Persons With
3 Mental Illness And The Improvement Of Mental Health Care which lays
4 down the policies and guidelines for the protection from harm of persons
5 with mental disabilities and the improvement of mental health care.

6 Through the passage of this Philippine Mental Health Act the State
7 commits to the promotion and protection of the rights of the person with
8 mental health needs and the belief that addressing their profound social
9 disadvantage enhances their significant contribution in the civil,
10 political, economic, social and cultural spheres.

11
12 **SEC 3. Objectives.** This Act seeks to:

13 (a) Ensure a community of Filipinos who are mentally healthy, able
14 to contribute to the development of the country and attain a better
15 quality of life through access to an integrated mental health care system
16 that responds to mental health needs of Filipinos in equity with their
17 physical health needs.

18 (b) Protect the rights and freedoms of persons with mental health
19 needs and the reduction of the burden and consequences of mental ill-
20 health, mental and brain disorders and disabilities.

21 (c) Provide the direction for a coherent, rational, and unified
22 response to the national mental health issues.

23
24 **SEC. 4. Definition of Terms.** The following terms, as used in this
25 Act, shall mean the following:

26 (a) "Mental health" refers to a state of well-being in which every
27 individual realizes his or her own potential, can cope with the normal
28 stresses of life, can work productively and fruitfully, and is able to
29 make a contribution to her or his community.

30
31 (b) "Mental illness" refers to mental or psychiatric disorder
32 characterized by the existence of recognizable changes in the
33 thoughts, feelings and general behavior of an individual brought
34 about by neurobiological and/or psychosocial causes manifested by
35 behavioral symptoms with associated mental and/or emotional
36 conditions.

37 (c) "Psychosocial problem" refers to a condition that indicates the

- 1 existence of recognizable disturbances in an individual's behavior,
2 thoughts and feelings brought about and closely related to sudden,
3 extreme or prolonged stressors in the physical or social environment.
- 4 (d) "Patient" refers to a person receiving/utilizing mental health care
5 and treatment or psychosocial intervention from a mental health care
6 facility or clinic.
- 7 (e) "Legal representative" refers to a substitute decision-maker
8 charged by law with the duty of representing a patient in any specified
9 undertaking or of exercising specified rights on the patient's behalf.
10 The legal representative may also be a person appointed in writing by
11 the patient to act on his behalf unless the patient lacks mental
12 capacity, or otherwise fails to appoint a legal representative in writing,
13 in which case the legal representative shall be taken to be in the
14 following order:
- 15 i. the spouse, if any, unless permanently separated from the
16 patient as rendered by a Court of competent jurisdiction, or has
17 deserted or has been deserted by the patient for any period which
18 has not come to an end; or
- 19 ii. sons and daughters over the age of eighteen (18) years; or
- 20 iii. either parent by mutual consent; or
- 21 ii. a person appointed by a decree of a Court to represent the
22 patient.
- 23 (f) "Mental health professional" refers to a person with formal
24 education and training in mental health and behavioral sciences such
25 as but not limited to, a psychiatrist, psychologist, psychiatric nurse or
26 psychiatric social worker.
- 27 (g) "Mental health worker" refers to a trained volunteer or advocate
28 engaged in mental health promotion and services under the
29 supervision of a mental health professional.
- 30 (h) "Allied professional" refers to any trained or certified non-
31 psychiatric physician, social worker, nurse, occupational therapists,
32 recreational therapist, counselor, priest, minister, pastor, nun,
33 trained or certified non-psychiatric individual or non- physician.
- 34 (i) "Mental disability" refers to impairments, activity limitations and
35 individual and participatory restrictions denoting dysfunctional
36 aspects of interaction between an individual and his environment.
- 37 (j) "Mental or psychological incapacity" is the inability to:

- 1 i. understand the information given concerning the nature of
- 2 the disorder;
- 3 ii. understand the consequences that his /her decisions and
- 4 actions have for their own life or health and for the life and
- 5 health of others, which may be serious and irreversible;
- 6 iii. understand that treatment might mitigate or remedy the
- 7 condition and that lack of treatment might aggravate it;
- 8 iv. understand information about the nature of treatment
- 9 proposed, including the means of treatment, its direct effects
- 10 and its possible side effects;
- 11 v. effectively communicate with others regarding their condition
- 12 and their consent to treatment or hospitalization.

13 The carer shall be a person who may or may not be the person's
14 next of kin or relative who maintains a close personal
15 relationship with the patient and manifests concern for his
16 welfare.

17 (k) "Psychiatric Emergencies" are conditions which may present a
18 serious threat to a person's well-being or that of others, and require
19 immediate psychiatric interventions, such as attempted suicide, acute
20 intoxication, severe depression, acute psychosis, or violent behavior.

21 (l) "Discrimination on the basis of disability" means any distinction,
22 exclusion or restriction on the basis of disability which has the
23 purpose or effect of impairing or nullifying the recognition, enjoyment
24 or exercise, on an equal basis with others, of all human rights and
25 fundamental freedoms in the political, economic, social, cultural, civil
26 or any other field. It includes all forms of discrimination, including
27 denial of reasonable accommodation.

28
29 **SEC. 5. Rights of Persons with Mental Health Needs.** Without
30 prejudice to anything provided in this Act and unless prevented by law,
31 persons with mental health needs shall have the right to:

- 32 (a) Exercise all their inherent civil, political, economic, social,
- 33 religious, educational and cultural rights respecting
- 34 individual qualities, abilities and diverse backgrounds
- 35 and without any discrimination on grounds of physical
- 36 disability, age, gender, sexual orientation, race, colour,
- 37 language, religion or national or ethnic or social origin of

- 1 the patient concerned;
- 2 (b) Receive treatment of the same quality and standard as other
3 individuals;
- 4 (c) Receive treatment which addresses holistically their needs
5 through a multidisciplinary care plan approach;
- 6 (d) Receive treatment in the least restrictive environment and in
7 the least restrictive manner;
- 8 (e) Receive care primarily in the community;
- 9 (f) After-care and rehabilitation when possible in the
10 community so as to facilitate their social inclusion;
- 11 (g) Be adequately informed about the disorder and the
12 multidisciplinary services available to cater for their needs
13 and the treatment options available;
- 14 (h) Actively participate in the formulation of the
15 multidisciplinary treatment plan.
- 16

17 **SEC. 6. Right to Therapeutic Environment.** The State through
18 its authorized agencies shall ensure conditions for a safe, therapeutic
19 and hygienic environment with sufficient privacy in mental health
20 facilities.

21

22 **SEC. 7. Prohibition on Torture and Cruel Treatment.** The State
23 through its authorized agencies shall ensure that all public and private
24 mental health institutions are protecting the rights of patients against
25 cruel, inhuman and degrading and/or torture. It shall prohibit forced or
26 inadequately remunerated labor by patients within mental health
27 institutions. This does not include activities justified as part of an
28 accepted therapeutic treatment.

29

30 **SEC. 8. Prohibition on Solitary Confinement.** The use of solitary
31 confinement shall be prohibited.

32

33 **SEC. 9. Respect for Human Rights.** The Commission on Human
34 Rights is authorized to conduct inspection of all places where psychiatric
35 patients are held for involuntary treatment or otherwise, to ensure full
36 compliance with domestic and international standards governing the
37 legal basis for treatment and detention, quality of medical care, and

1 living standards, and to ensure that no patients therein are treated in a
2 manner less than humane or are victims of torture and other cruel,
3 inhuman and degrading treatment.

4
5 **SEC. 10. Alternatives to Institutionalization.** The Department of
6 Health, as the primary duty-bearer, shall develop alternatives to
7 institutionalization, especially community-based treatment, in particular
8 with a view to receiving persons discharged from hospitals. Such
9 alternatives should meet the needs expressed by persons with mental
10 disorders and respect the autonomy, choices, dignity and privacy of the
11 person concerned.

12
13 **SEC. 11. Complaints and Investigation.** The Department of
14 Health, Commission on Human Rights or Department of Justice shall
15 receive all complaints of improprieties and abuses in mental health care
16 and shall initiate appropriate investigation and action.

17 The patient / legal representative shall be entitled to a competent
18 counsel of his own choice. In case he cannot afford one, he/she will be
19 assisted by the Public Attorney's Office or any legal aid institution of
20 choice.

21
22 **SEC. 12. Oversight and Quasi-Judicial Procedures.** The State
23 shall mandate the appointment of a Focal Commissioner on Mental
24 Health under the Philippine Council for Mental Health with the following
25 functions and duties:

26 (a) Promote and safeguard the rights of persons utilizing mental health
27 services and their carers;

28 (b) Review any policies and make such recommendations to any
29 competent authority to safeguard or to enhance the rights of such
30 persons and to facilitate their social inclusion and wellbeing;

31 (c) Investigate any complaint alleging breach of patient's rights and take
32 any subsequent action which may be required to protect the welfare of
33 that person;

34 (d) Investigate complaints about any aspect of care and treatment
35 provided by a licensed facility or a healthcare professional and take any
36 decisions or make any recommendations that are required;

37 (e) Conduct regular inspections, at least annually, of all licensed facilities

1 to ascertain that the rights of patients and all the provisions of this Act
2 are being upheld. During such visit he shall have unrestricted access to
3 all parts of the licensed facility and the right to interview in private any
4 consenting patient in such facility;

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

9 (g) Report to the appropriate competent authority any health care
10 professional for breach of human rights or for contravening any provision
11 of this Act and this without prejudice to any other proportional action
12 that he may deem necessary to take;

13 (h) Prepare an annual report of activities to be submitted to the
14 Department of Health.

15 In the performance of his functions, the Focal Point Commissioner on
16 Mental Health shall consult with healthcare professionals, service users
17 and carers, and other relevant stakeholders

18

19 **SEC. 13. Duties of Health Authorities.** Health authorities shall
20 have the following duties:

21 (a) Ensure that guidelines and protocols for minimizing restrictive care
22 are established.

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

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

33 i. Psychiatric emergencies;

34 ii. That the treatment without consent and restraint is at the
35 order of an attending physician whose orders must be
36 reviewed as soon as possible and not to exceed one month by
37 a qualified psychiatrist;

- 1 iii. That the decision to subject to involuntary treatment is
2 resorted to only when all other means of control have been
3 attempted and failed.
- 4 iv. That such a decision is overseen by the head of the
5 institution/medical or mental health facility strictly following
6 approved guidelines which include clear criteria for regulating
7 the application and termination of such interventions;
- 8 v. Only for the shortest possible period of time as assessed by a
9 psychiatrist or attending physician on supervision by a
10 psychiatrist.
- 11 vi. Recorded and subjected to regular external independent
12 monitoring; and
- 13 (d) Must certify that the patient who has been subject to any
14 intervention without consent has been debriefed as soon as the
15 mental condition meaningfully permits it and he /she and legal
16 guardian/substitute decision-maker must have access to the medical
17 record.
- 18 (e) Must keep a register on involuntary treatment and procedures.
- 19 (f) Must ensure that the rights, will and preferences of the patient are
20 respected as far as possible. A legal representative/substitute
21 decision-maker shall:
- 22 i. Be allowed only for reasons of mental incapacity following
23 established judicial procedures;
- 24 ii. Apply for the shortest time possible;
- 25 iii. Be free of conflicts of interest and undue influence from family
26 members or the institution where the person is treated or
27 others;
- 28 iv. Be subject to regular review by a competent, independent and
29 impartial authority or judicial body;
- 30 v. Be overseen by an independent monitoring body;
- 31 vi. Be subject to appeal by the person or a trusted next of kin.
- 32 (g) Must ensure that families or other primary carers are entitled to
33 information about the person with a mental disorder unless the
34 patient refuses the divulging of such information.
- 35 (h) Must involve family members or other primary carers in the
36 formulation and implementation of the patient's individualized the
37 treatment plan.

1 (i) Must make transparent and accessible to the person affected, its
2 family and to the public in general the decision to apply involuntary
3 treatment must be as this is an essential factor for building and
4 maintaining mutual confidence.

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

8 (k) Must provide the patient under treatment and hospitalization
9 without consent access to an independent mechanism of complaint
10 and compensation for any inappropriate treatment provided.

11 Complaints mechanisms must:

12 i. Be designed in a manner that is sensitive to the particular
13 needs of the patient;

14 ii. Provide the individual with the necessary assistance to lodge
15 a complaint, and the complaint mechanism must be
16 empowered to inquire effectively and independently into the
17 circumstances leading to the complaint;

18 iii. Be mandated to initiate disciplinary sanctions or pass the
19 case to the prosecuting authorities with a view to initiating a
20 criminal investigation against a person or persons found
21 guilty of misconduct;

22 iv. Ensure that complaints are dealt with in a speedy manner.
23

24 **SEC. 14. Philippine Council for Mental Health.** The Philippine
25 Council for Mental Health, hereinafter referred to as the Council, is
26 hereby established as an attached agency under the Department of
27 Health (DOH), to provide for a coherent, rational and unified response to
28 mental health problems, concerns and efforts through the formulation
29 and implementation of the National Mental Health Care Delivery System.
30

31 **SEC. 15. National Mental Health Care Delivery System.** The
32 National Mental Health Care Delivery System shall constitute a quality
33 mental health care program, through the development of efficient and
34 effective structures, systems and mechanisms, that will ensure equitable,
35 accessible, affordable, appropriate, efficient and effective delivery of
36 mental health care to all its stakeholders by qualified, competent,
37 compassionate and ethical mental health professionals and mental

1 health workers.

2 **SEC. 16. Duties and Functions.** The Council shall exercise the
3 following duties with regard to Mental Health Education and Information
4 as a health service:

- 5 (a) Review and formulate policies and guidelines on mental health
6 issues and concerns;
- 7 (b) Develop a comprehensive and integrated national plan and
8 program on mental health;
- 9 (c) Conduct regular monitoring and evaluation in support of policy
10 formulation and planning on mental health;
- 11 (d) Promote and facilitate collaboration among sectors and disciplines
12 for the development and implementation of mental health related
13 programs within these sectors;
- 14 (e) Provide over-all technical supervision and ensure compliance with
15 policies, programs, and projects within the comprehensive
16 framework of the National Mental Health Care Delivery System and
17 other such activities related to the implementation of this Act,
18 through the review of mental health services and the adoption of
19 legal and other remedies provided by law;
- 20 (f) Plan and implement the necessary and urgent capacity building,
21 reorientation and training programs for all mental health
22 professionals, mental health workers and allied professionals as
23 articulated in this Act;
- 24 (g) Review all existing laws related to mental health and recommend
25 legislation which will sustain and strengthen programs, services
26 and other mental health initiatives;
- 27 (h) Conduct or cause to be conducted studies and researches on
28 mental health, with special emphasis on studies that would serve
29 as basis for developing appropriate and culturally relevant mental
30 health services in the community;
- 31 (i) Create such inter-agency committees, project task forces, and
32 other groups necessary to implement the policy and program
33 framework of this Act; and
- 34 (j) Perform such other duties and functions necessary to carry out the
35 purposes of this Act.
- 36

37 **SEC. 17. Inter-agency Mechanisms.** The Council shall collaborate

1 with the following agencies:

- 2 (a) DOST and attached agencies like PITAHC and PCHRD to advance
3 research on basic and clinical studies into mental illness and
4 complementary and alternative treatment;
- 5 (b) DepEd and CHED to develop school based mental health
6 promotion, screening and referral systems;
- 7 (c) PHILHEALTH to make sure that availability of insurance packages
8 is in place with substantial equity to physical disorders with
9 similar impact to the patient as measured by Disability Adjusted
10 Life Years or similar instrumentation;
- 11 (d) TESDA, DSWD, DA, DTI, DENR and DILG and other agencies to
12 develop vocational opportunities via innovative systems like Care
13 Farms, Psychosocial Rehabilitation and similar modalities with
14 program design and planning in conjunction with psychiatrists
15 and other mental health specialists;
- 16 (e) DOLE to promote diversity and equal protection in the workplace
17 mandating companies to develop programs to enhance mental
18 wellness and work accommodations for the mentally ill employees;
- 19 (f) NEDA to envision programs to promote the mental wealth of our
20 nation, including inclusive growth among the mentally ill;
- 21 (g) The National Center for Health promotion shall lead in the
22 formulation of the standard and the development of mental health
23 information, education and communication and advocacy
24 strategies to ensure the promotion of a totally healthy and less
25 stressful lifestyle for the Filipinos;
- 26 (h) National Epidemiological Center to develop and update the
27 epidemiology of mental diseases and services available in the
28 country in the form of a census or a similar instrument. Research
29 into epidemiology, risk factors, treatment and management of
30 mental disorders should be given a priority. It shall ensure the
31 development or enhancement of national reporting and
32 surveillance systems and methodologies and the generation,
33 availability accessibility sharing exchange and distribution of
34 information and knowledge on mental health and the
35 establishment of the national registry of mental and neurological
36 cases;
- 37 (i) Philippine Statistical Authority to formulate and integrate mental

1 health protective risk factors and other such data that may help in
2 the formulation of policies towards mental wellness and prevention
3 of mental illness;

- 4 (j) Commission on Human Rights on matters pertaining to human
5 rights issues, particularly, the protection of persons utilizing
6 mental health services and the prevention of cruel, inhuman and
7 degrading treatment in mental health care facilities.

8
9 **SEC. 18. Composition.** The Council shall be composed of the
10 following:

11 (a) The Secretary of Health, as ex-officio chairman;

12 (b) The Executive Director, as vice chair;

13 (c) Two (2) representatives from the government sector;

14 (d) One (1) representative from the private health sector or consumer
15 groups;

16 (e) One (1) representative from the academe/research;

17 (f) Two (2) representatives from the professional organization; and

18 (g) Two (2) representatives from the allied nongovernment organizations
19 involved in mental health issues, as members.

20 The members of the Council shall be appointed by the President from
21 among the nominees of their respective organizations within 30 days
22 from the date of effectivity of this Act.

23
24 **SEC. 19. Term of Office.** The members of the Council shall serve
25 for a term of three (3) years. In case a vacancy occurs in the Council, any
26 person chosen to fill the vacancy shall serve only for the unexpired term
27 of the member whom he succeeds.

28
29 **SEC. 20. Meetings.** The Council shall meet at least once a month
30 or as frequently as necessary to discharge its duties and functions. The
31 Council shall be convened by the Chairman or upon written request of at
32 least three (3) of its members. The presence of a majority of the members
33 of the Council shall constitute a quorum.

34
35 **SEC. 21. Per Diem.** The members of the Council shall receive
36 reasonable per diems and transportation allowance as may be fixed by
37 the Council for any meeting actually attended.

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SEC. 22. 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.

The Executive Director shall 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 with 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, and other documents.

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

SEC. 24. Advisory Board. The Philippine Council for Mental Health Council shall the create an advisory board consisting of Mental Health care users, carers and professionals, representatives of the DOH as well as visiting bodies under national and international obligations of the State.

SEC. 25. Implementing Rules and Regulations. Within (90) days from the effectivity of this Act, the Secretary of Health shall, in

1 coordination with the Council, formulate the rules and regulations
2 necessary for the effective implementation of this Act.

3

4 **SEC. 26. Appropriation.** The initial amount of Php Fifty Million
5 Pesos (Php 50,000.00) is hereby appropriated for the initial
6 implementation of this Act. Thereafter, any amount as may be necessary
7 to carry out the provisions of this Act shall be included in the General
8 Appropriations Act. Regional hospitals shall be provided with financial
9 support to maintain their own Mental Health Unit capable of catering to
10 50 to 100 patients. Local Government Units should require business
11 establishments to donate from one to three percent (1% to 3%) of their
12 gross sales to support the Mental Health Program of the City. Donations
13 will be treated as tax shelter by the BIR.

14

15 **SEC. 27. Separability Clause.** If any provision of this Act is held
16 invalid or unconstitutional, the remainder of the Act or the provision not
17 otherwise affected shall remain valid and subsisting.

18

19 **SEC. 28. Repealing Clause.** Any law, presidential decree or
20 issuance, executive order, letter of instruction, administrative rule or
21 regulation contrary to or inconsistent with the provisions of this Act is
22 hereby repealed, modified or amended accordingly.

23

24 **SEC. 29. Effectivity.** This Act shall take effect fifteen (15) days
25 upon its publication in at least two (2) national newspapers of general
26 circulation.

27

28 Approved,