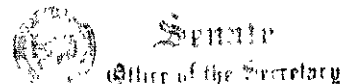


CONGRESS OF THE PHILIPPINES)
SIXTEENTH CONGRESS)
Second Regular Session)



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SENATE
Senate Bill No. 2484

RECEIVED BY: *[Signature]*

Introduced By Senator Vicente C. Sotto III

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

EXPLANATORY NOTE

The right of all Filipinos to have a healthy life is protected under Article 2, Section 15 of the Philippine Constitution which states that "the State shall protect and promote the right to health of the people and instill health consciousness among them." An important dimension of this right to health is mental health because "health," as defined in the World Health Organization Constitution, is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Physical health and mental health are inseparable in terms of achieving a more complete state of wellness.

However, as an aspect of health, mental health has not been given much priority. The resources that have been provided to tackle the huge burden of mental disorders are insufficient, inequitably distributed, and inefficiently used. Studies show that the proportion of persons with mental illness who do not receive any treatment for at least one year in low and middle income countries range between 75% to 85%.

In the Philippines, studies reveal the extent of the mental health needs of the country's population. For example, the Global School Based Health Survey (WHO 2011) has shown that 16% of students between 13-15 years old have ever seriously considered attempting suicide during the past year while 13% have actually attempted suicide one or more times during the past year. A study conducted by the Department of Health among government employees in Metro Manila revealed that 32% out of 327 respondents have experienced a mental health problem in their lifetime (DOH 2006). 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). Almost one per 100 households (0.7%) has a member with mental disability (DOH-SWS 2004). Intentional self-harm is the ninth leading cause of death among 20-24 years old (DOH 2003).

Compounding these problems, persons with mental illness are vulnerable to abuse in healthcare settings. A recent report of the UN Special Reporter on Torture raised alarm on the prevalence of practices which can be considered "cruel and inhuman, degrading treatment" or even torture in health care settings. The report cites that persons with psychosocial disabilities, including those with long term sensory and intellectual impairments who have been neglected or detained in a variety of settings, from psychiatric to social care institutions or other residential centers, may be subject to all kinds of abuses or violence.

It is in this context that international bodies like the WHO have advocated for mental health legislation with a "rights-based" approach. In its 2003 document *Mental Health Legislation and Human Rights*, the WHO noted the following: "(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

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

9


10 The purpose of this bill is to incorporate and institutionalize
11 comprehensive mental health services into the national health system of the
12 Philippines. The aim is to render available, accessible, affordable and
13 equitable quality mental health care and services to Filipinos, especially the
14 poor, underserved and high-risk population. The passage of this proposed
15 law will help promote mental health among the general population.

16

17 In this context, passage of the Bill is earnestly requested.


VICENTE C. SOTTO III
Senator

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1 AN ACT
2 PROMOTING MENTAL HEALTH, PROMULGATING A NATIONAL MENTAL
3 HEALTH POLICY TOWARDS THE ENHANCEMENT OF INTEGRATED
4 MENTAL 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*
9 *in Congress assembled:*

10
11 **SECTION. 1. Short Title.** --This Act shall be known as the "Philippine
12 Mental Health Act of 2014".

13
14 **SEC. 2. Declaration of Policy.** --It is hereby declared that the policy of the
15 State is to uphold the basic right of all Filipinos to mental health and to
16 respect the fundamental rights of people who require mental health
17 services. As recognized in the Universal Declaration of Human Rights, the
18 International Covenant on Economic, Social and Cultural Rights, and the
19 International Covenant on Civil & Political Rights, persons with mental
20 disabilities have the right to equality and non-discrimination, dignity and
21 respect, privacy and individual autonomy, information and participation.

1 The state, being a signatory to the Convention, recognizes that people with
2 mental disabilities have the right to equality and non-discrimination,
3 dignity and respect, privacy and individual autonomy, information and
4 participation. The State, being a signatory to the Convention, recognizes
5 that people with mental disabilities by virtue of the nature and/or severity
6 of their illness, have specific vulnerabilities and therefore need special care
7 that is appropriate to their needs and is based on nationally and
8 internationally-accepted standards.

9

10 The State recognizes its obligations as a State-Party to the UN Convention
11 on the Rights of Persons with Disabilities under Article 4 of the present
12 Convention “to ensure and promote the full realization of all human rights
13 and fundamental freedoms for all persons with disabilities without
14 discrimination of any kind on the basis of disability.” Likewise, the State
15 aligns itself with the UN General Assembly resolution 46/119 of December
16 17, 1991, on the Principles For The Protection Of Persons With Mental
17 Illness And The Improvement Of Mental Health Care that lays down the
18 policies and guidelines for the protection from harm of persons with mental
19 disabilities and the improvement of mental health care.

20

21 Through the passage of this Philippine Mental Health Act, the State
22 commits to the promotion and protection of the rights of the person with
23 mental health needs and the belief that addressing their profound social
24 disadvantage enhances their significant contribution in the civil,
25 political, economic, social and cultural spheres.

26

27 **SEC 3.Objectives.** –The following are the objectives of this Philippine
28 Mental Health Act:

29

30 (a) Ensure a community of Filipinos who are mentally healthy, able to
31 contribute to the development of the country and attain a better

1 quality of life through access to an integrated, well-planned, effectively
2 organized and efficiently delivered mental health care system that
3 responds to their mental health needs in equity with their physical
4 health needs.

5
6 (b) Promote mental health, protection of the rights and freedoms of
7 persons with mental health needs and the reduction of the burden
8 and consequences of mental ill-health, mental and brain disorders
9 and disabilities.

10
11 (c) Provide the direction for a coherent, rational, and unified response
12 to the nation's mental health problems, concerns and efforts.

13
14 **SEC. 4. Definition of Terms.** – For the purpose of this Act, the following
15 terms shall be defined as follows:

16
17 (a) **Mental health** refers to a state of well being in which every
18 individual realizes his or her own potential, can cope with the normal
19 stresses of life, can work productively and fruitfully, and is able to
20 make a contribution to his or her community.

21
22 (b) **Mental illness** refers to mental or psychiatric disorder
23 characterized by the existence of recognizable changes in the
24 thoughts, feelings and general behavior of an individual brought
25 about by neurobiological and/or psychosocial factors causing
26 psychological, intellectual or social dysfunction

27 (c) **Psychosocial problem** refers to a condition that indicates the
28 existence of disturbances in the individual's behavior; thoughts and
29 feelings brought about by sudden, extreme or prolonged stressors in
30 the physical or social environment.

1 (d) **Patient** refers to a person receiving/utilizing mental health care
2 and treatment from a mental health care facility or clinic.

3

4 (e) **Legal representative** refers to a substitute decision-maker
5 charged by law with the duty of representing a patient in any specified
6 undertaking or of exercising specified rights on the patient's behalf.
7 The legal representative may also be a person appointed in writing by
8 the patient to act on his/her behalf unless the patient lacks mental
9 capacity, or otherwise fails to appoint a legal representative in writing,
10 in which case the legal representative shall be taken to be in the
11 following order:

12

13 (1) the spouse, if any, unless permanently separated from the
14 patient as rendered by a Court of competent jurisdiction, or
15 has deserted or has been deserted by the patient for any period
16 which has not come to an end; or

17 (2) sons and daughters over the age of eighteen years; or

18

19 (3) either parent by mutual consent;

20

21 (4) a person appointed by a decree of a Court to represent the
22 patient.

23

24 (f) **Mental health professionals** refer to persons trained and Board
25 certified to practice psychiatry as well as licensed psychologists,
26 guidance counselors and psychometricians.

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

1 (h) **Mental health workers** refer to trained volunteers and advocates
2 engaged in mental health promotion and services under the
3 supervision of mental health professionals.

4
5 (i) **Allied professionals** refer to any formally educated and trained
6 non-mental health professionals such as (but not limited to)
7 physicians, social workers, nurses, occupational therapists,
8 recreational therapists, priests, ministers, pastor, and nuns.

9
10 (j) **Mental disability** refers to impairments, activity limitations, and
11 individual and participatory restrictions denoting dysfunctional
12 aspects of interaction between an individual and his environment.

13
14 (j) **Mental or psychological incapacity** is the inability to:

15
16 (1) Understand the information given concerning the nature
17 of the disorder;

18 (2) Understand the consequences that his/her decisions
19 and actions have for his/her own life or health and for
20 the life and health of others, which may be serious and
21 irreversible;

22 (3) Understand that treatment might mitigate or remedy the
23 condition and that lack of treatment might aggravate it;

24 (4) Understand information about the nature of treatment
25 proposed, including the means of treatment, its direct
26 effects and its possible side effects; and

27 (5) Effectively communicate with others regarding his/her
28 condition and his/her consent to treatment or
29 hospitalization.

1 (k) **Career** refers a person who may or may not be the patient's s next
2 of kin nor relative who maintains a close personal relationship with
3 the patient and manifests concern for his welfare.

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

9
10 (m) **"Discrimination on the basis of disability"** means any
11 distinction, exclusion or restriction on the basis of disability which
12 has the purpose or effect of impairing or nullifying the recognition,
13 enjoyment or exercise, on an equal basis with others, of all human
14 rights and fundamental freedoms in the political, economic, social,
15 cultural, civil or any other field. It includes all forms of discrimination,
16 including denial of reasonable accommodation¹

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

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

28
29 (b) Receive treatment of the same quality and standard as
30 other individuals in a safe and conducive environment.

- 1 (c) Receive treatment which addresses holistically their
2 needs through a multidisciplinary care plan approach;
- 3 (d) Receive treatment in the least restrictive environment and
4 in the least restrictive manner;
- 5 (e) Protection from torture, cruel, inhuman and degrading
6 treatment
- 7
- 8 (f) Receive aftercare and rehabilitation when possible in the
9 community so as to facilitate their social inclusion;
- 10
- 11 (g) Be adequately informed about the disorder and the
12 multidisciplinary services available cater to their needs and the
13 treatment options available;
- 14
- 15 (h) Actively participate in the formulation of the
16 multidisciplinary treatment plan;
- 17
- 18 (i) Give free and informed consent before any treatment or care
19 is provided and such cons shall be recorded in the patient's
20 clinical record. This is without prejudice to the patient's right to
21 withdraw consent;
- 22
- 23 (j) Have a responsible legal representative and career of their
24 choice whenever possible;
- 25
- 26 (k) Confidentiality of all information about themselves, illness
27 and treatment in whatever form stored, which information shall
28 not be revealed to third parties without their consent unless:
- 29
- 30 (1) There is a life threatening emergency when information is
31 urgently required to save lives; or
- 32 (2) it is in the interest of public safety; or
- 33 (3) ordered by court to do so; or

1 (4) whosoever is requesting such information is entitled by
2 law to receive it.

3
4 (l) Access to their clinical records unless, in the opinion of his/her
5 attending mental health professional, revealing such information may
6 cause harm to the person's health or put at risk the safety of others.
7 When any information is withheld, the patient or the legal
8 representative may contest such decision with the appropriate
9 hospital/mental health facility body authorized to investigate and
10 resolve disputes or to the Commission on Human Rights

11
12 (m) Be informed within twenty-four hours of admission to a facility of
13 their rights in a form and language which the patient understands,
14 which information shall include an explanation of those rights and
15 how to exercise them, unless they are mentally incapacitated, in
16 which case the legal representative and the caregiver are entitled to such
17 information;

18 19 **ARTICLE I**

20 **Protection of Persons Utilizing Mental Health Services**

21
22 **SEC. 6.** The State through its authorized agencies shall ensure conditions
23 for a safe, therapeutic and hygienic environment with sufficient privacy in
24 mental health facilities and shall be responsible for the licensing,
25 monitoring and assessment of all mental health facilities.

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

1 The Commission on Human Rights is authorized to inspect both public
2 and private mental health facilities upon complaints that patients therein
3 are treated in a manner less than humane or are victims or torture and
4 other cruel, inhuman and degrading treatment.

5

6 **SEC. 8.** The use of solitary confinement shall be prohibited.²

7

8 **SEC. 9.** The Department of Health through the Philippine Mental Health
9 Council as the primary duty-bearer shall develop alternatives to
10 institutionalization, in particular community-based treatment with a view
11 of receiving persons discharged from hospitals.³ Such alternatives should
12 meet the needs expressed by persons with mental disorders and respect
13 the autonomy, choices, dignity and privacy of the person concerned.⁴

14

15 **SEC. 10.** The Department of Health, the Commission on Human Rights
16 and/or the Department of Justice shall receive all complaints of
17 improprieties and abuses in mental health care and shall initiate
18 appropriate investigation and action against those who authorized the
19 confinement and committed the improprieties and abuses.

20

21 **SEC. 11.** The patient/legal representative shall be entitled to a competent
22 counsel of his own choice. In case he cannot afford one, the Public
23 Attorney's Office or any legal aid institution of his/her choice will assist
24 him.

25 **SEC. 12.** The Commission on Human Rights and other monitoring bodies
26 are authorized to conduct inspection of all places where psychiatric
27 patients are held for involuntary treatment or otherwise, to ensure full
28 compliance with domestic and international standards governing the legal
29 basis for treatment and detention, quality of medical care, and living
30 standards.

1 **SEC. 13.** The patient and his/her legal representative and carer shall be
2 entitled to effective participation in the development of legislation.

3

4 **SEC. 14. *Oversight and Quasi Judicial Procedures.***

5

6 (a) The State shall mandate the appointment of a Focal Commissioner on
7 Mental Health under the Commission on Human Rights under such terms
8 as deemed appropriate with the following functions and duties:

9

10 (1) Promote and safeguard the rights of persons utilizing
11 mental health services and their careers;

12

13 (2) Review any policies and make such recommendations to
14 any competent authority to safeguard or to enhance the rights
15 of such persons and to facilitate their social inclusion and
16 wellbeing;

17

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

22

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

27

28 (5) Conduct regular inspections, at least annually, of all
29 facilities to ascertain that the rights of patients and all the
30 provisions of this Act are being upheld. During such visit the
31 Focal Commissioner shall have unrestricted access to all parts

1 of the facility and the right to interview in private any
2 consenting patient;

3

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

9

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

15

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

18

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

21

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

26

27 **SEC. 15. Duties of Health Authorities**

28

29 **Health authorities:**

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

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

8

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

12

13 (1) In psychiatric emergencies.

14

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

18

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

22

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

27

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

31

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

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

5

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

7

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

13

14 (1) Tailored to the patient's circumstances, i.e., be
15 proportional to the degree to which such measures
16 affects the patient's rights and interests; it shall only
17 apply in the fields where the patient's judgment is failing
18 and where decision making is necessary;

19

20 (2) Applied for the shortest time possible;

21

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

25

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

28

29 (5) Overseen by an independent monitoring body; and

30

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

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

4

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

8

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

12

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

15

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

20

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

23

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

28

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

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

2
3 **ARTICLE II**

4 **The Philippine Mental Health Council**

5 **SEC. 16.** The Philippine Council for Mental Health, hereinafter referred to
6 as the Council, is hereby established as an attached agency under the
7 Department of Health (DOH), to provide for a coherent, rational and unified
8 response to mental health problems, concerns and efforts through the
9 formulation and implementation of
10 the National Mental Health Care Delivery System.

11
12 For purposes of this Act, the National Mental Health Care Delivery System
13 shall constitute a quality mental health care program, through the
14 development of efficient and effective structures, systems and mechanisms,
15 that will ensure equitable, accessible, affordable, appropriate, efficient and
16 effective delivery of mental health care to all its stakeholders by qualified,
17 competent, compassionate and ethical mental health professionals and
18 mental health workers.

19
20 **SEC. 17. Duties and Functions.** – The Council shall exercise the following
21 duties:

22
23 (a) Review and formulate policies and guidelines on mental health
24 issues and concerns;

25
26 (b) Develop a comprehensive and integrated national plan and
27 program on mental health;

28
29 (c) Conduct regular monitoring and evaluation in support of policy
30 formulation and planning on mental health;

1 (d) Promote and facilitate collaboration among sectors and disciplines for
2 the development and implementation of mental health related programs
3 within these sectors;

4

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

11

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

15

16 (g) Review all existing laws related to mental health and recommend
17 legislation which will sustain and strengthen programs, services and
18 other mental health initiatives;

19

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

24

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

27

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

30

31 (k) Collaborate with the following agencies specifically:

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

8
9 (2) The Department of Education (DepEd) and the
10 Commission on Higher Education (CHED) to develop school
11 based mental health promotion, screening and referral
12 systems.

13
14 (3) The Philippine Health Insurance Corporation
15 (PhilHealth) to make sure that availability of insurance
16 packages is in place with substantial equity to physical
17 disorders with similar impact to the patient as measured by
18 Disability Adjusted Life Years or similar instrumentation.

19
20 (4) The Technical Education and Skills Development
21 Authority (TESDA), the Department of Social Welfare and
22 Development (DSWD), the Department of Agriculture (DA),
23 the Department of Trade and Industry (DTI), the Department
24 of Environment and Natural Resources (DENR), the
25 Department of the Interior and Local Government (DILG) and
26 other agencies to develop vocational opportunities via
27 innovative systems like Care Farms, Psychosocial
28 Rehabilitation and similar modalities with program design
29 and planning in conjunction with psychiatrists and other
30 mental health specialists.

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

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

10
11 (7) The National Center for Health Promotion to lead in
12 the formulation of the standard and the development of
13 mental health information, education and communication
14 and advocacy strategies to ensure the promotion of a totally
15 healthy and less stressful lifestyle for the Filipinos.

16
17 (8) The National Epidemiological Center to develop and
18 update the epidemiology of mental diseases and services
19 available in the country in the form of a census or a similar
20 instrument. Research into epidemiology, risk factors,
21 treatment and management of mental disorders should be
22 given a priority. It shall ensure the development or
23 enhancement of national reporting and surveillance systems
24 and methodologies and the generation, availability,
25 accessibility, sharing, exchange, and distribution of
26 information and knowledge on mental health and the
27 establishment of the national registry of mental and
28 neurological cases.

29
30 (9) The Philippine Statistical Authority to formulate and
31 integrate mental health protective risk factors and other such

1 data that may help in the formulation of policies towards
2 mental wellness and prevention of mental illness.

3
4 (10) The Commission on Human Rights on matters
5 pertaining to human rights issues, particularly, the
6 protection of persons utilizing mental health services and the
7 prevention of cruel, inhuman and degrading treatment in
8 mental health care facilities.

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

11 -The Secretary of Health, as ex officio chairman; The Executive Director, as
12 vice chairman and Chief Executive Officer; -Two (2) representatives from
13 the government sector; One (1) representative from the private health
14 sector or consumer groups; -One (1) representative from the
15 academe/research; Two representatives from the professional
16 organization; and Two (2) representatives from the allied nongovernment
17 organizations involved in mental health issues, as members.

18
19 The President from among the nominees of their respective organizations
20 shall appoint the members of the Council.

21
22 **SEC. 19. Term of Office.** – The members of the Council shall serve for
23 three (3) years. In case a vacancy occurs in the Council, any person chosen
24 to fill the vacancy shall serve only for the unexpired term of the member
25 whom he succeeds.

26
27 **SEC. 20. Per Diem.** – The members of the Council shall receive
28 reasonable per diems and transportation allowance as may be fixed by
29 the Council for any meeting actually attended.

1 **SEC.21. Quorum.** – The presence of a majority of the members of the
2 Council shall constitute a quorum.

3

4 **SEC.22. Meetings.** – The Council shall meet at least once a month or as
5 frequently as necessary to discharge its duties and functions. The
6 Council shall be convoked by the Chairman or upon written request of at
7 least three (3) of its members.

8

9 **SEC. 23. Executive Director.** – (a) The Council shall appoint an Executive
10 Director who shall serve for a term of three (3) years. The Executive
11 Director shall be eligible for one

12

13 (1) reappointment and shall not be removed from office
14 except in accordance with existing laws.

15

16 (b) The Executive Director shall the following duties and
17 functions:

18

19 (1) Act as chief executive officer of the Council and
20 assume full responsibility in implementing its purposes
21 and objectives;

22

23 (2) Maintain a close and functional relationship with
24 the Department of Health and other government and
25 private entities concerning mental health care;

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

29

30 (4) Execute and administer all approved policies,

1 programs and measures, and allocate appropriate
2 resources for their implementation;

3
4 (5) Recommend to the Secretary of Health the
5 appointment of personnel of the Council including
6 supervisory, technical, clerical and other personnel in
7 accordance with the staffing patterns and organizational
8 structure approved by the Council; and,

9
10 (6) Represent the Council in all of its official
11 transactions or dealings and authorize legal contracts,
12 annual reports, financial statements, and other
13 documents.

14
15 **SEC. 24. Salary.** – The Executive Director shall receive a salary to be fixed
16 by the Council in accordance with the Salary Standardization Law.

17
18 **SEC. 25. Appointment of Members.** – Within thirty (30) days from the
19 date of this Act, the President of the Philippines shall appoint the
20 members of the Council.

21
22 **SEC. 26. Advisory Board.** –The Philippine Mental Health Council shall
23 create an advisory board consisting of mental health care users, careers and
24 professionals, representatives of the DOH as well as visiting bodies under
25 national and international obligations of the State.

26 **ARTICLE III**

27 **Miscellaneous Provisions**

28
29 **SEC. 27. Implementing Rules and Regulations (IRR).** –Within (90)
30 days from the effectivity of this Act, the Secretary of Health shall, in

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

3

4 **SEC. 28. Appropriation.** –The initial amount of 170 million pesos is
5 hereby appropriated for the initial implementation of this Act. Thereafter,
6 any amount as may be necessary to carry out the provisions of this Act
7 shall be included in the General Appropriations Act.

8

9 Regional hospitals shall be provided with financial support to maintain
10 their own Mental Health Unit capable of catering to 50 to 100 patients.

11

12 Local Government Units should require business establishments to donate
13 from one to three percent (1% to 3%) of their gross sales to support the
14 Mental Health Program of the city or municipality. Donations will be treated
15 as tax shelter by the BIR.

16

17 **SEC. 29. Separability Clause.** - If any provision of this Act is held
18 invalid or unconstitutional, the remainder of the Act or the provision not
19 otherwise affected shall remain valid and subsisting.

20

21 **SEC.30. Repealing Clause.** -Any law, presidential decree or issuance,
22 executive order, letter of instruction, administrative rule or regulation
23 contrary to or inconsistent with the provisions of this Act is hereby
24 repealed, modified or amended accordingly.

25

26 **SEC. 31. Effectivity** – This Act shall take effect fifteen (15) days upon its
27 publication in at least two (2) national newspapers of general circulation.

APPROVED,