

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



'16 JUL 19 AIO:12

**S E N A T E**  
**S.B. NO. 415**

RECEIVED BY: *[Signature]*

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**Introduced by SENATOR LOREN LEGARDA**

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**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 (DOH), among 327 government employees in Metro Manila, 32% were found to have experienced mental health problems (DOH-NEC, 2006). Almost one per 100 households (0.7%) has a member with mental disability. As early as 2003, intentional self-harm was already found to be the 9th leading cause of death among Filipino adults aged between 20 and 24 years old. 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 100 million Filipinos.

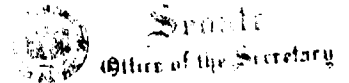
There are two mental hospitals, 46 outpatient facilities, four day treatment facilities, 19 community-based psychiatric inpatient facilities and 15 community residential (custodial home-care) facilities for the whole country. Almost all mental health facilities are in major cities, while the only mental 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 DOH, 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 “Philippine  
2 Mental Health Act.”  
3

4 **SEC. 2. Declaration of Policy.** – It is hereby declared the policy of the  
5 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

18 The State recognizes its obligations as a state party to the UN Convention  
19 on the Rights of Persons with Disabilities under Article 4 of the present  
20 Convention “to ensure and promote the full realization of all human  
21 rights and fundamental freedom for all persons with disabilities without  
22 discrimination of any kind on the basis of disability”. Likewise, the State  
23 aligns itself with the UN General Assembly resolution 46/119 of  
24 December 17, 1991, on the Principles for the Protection of Persons with  
25 Mental Illness and the Improvement of Mental Health Care which lays  
26 down the policies and guidelines for the protection of persons with  
27 mental disabilities and the improvement of mental health care.  
28

29 Through the passage of this Philippine Mental Health Act, the State  
30 commits to the promotion and protection of the rights of the person with  
31 mental health needs and the belief that addressing their profound social

1 disadvantage enhances their significant contribution in the civil,  
2 political, economic, social and cultural spheres.

3  
4 **SEC 3. Objectives.** – This Act seeks to:

5  
6 (a) Ensure a community of Filipinos who are mentally healthy, able to  
7 contribute to the development of the country and attain better quality of  
8 life through access to an integrated mental health care system that  
9 responds to mental health needs of Filipinos in equity with their physical  
10 health needs.

11 (b) Protect the rights and freedom of persons with mental health needs  
12 and the reduction of the burden and consequences of mental ill-health,  
13 mental disorders and disabilities.

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

16  
17 **SEC. 4. Definition of Terms.** – The following terms, as used in this Act,  
18 shall mean the following:

19  
20 (a) “Mental health” refers to a state of well-being in which every  
21 individual realizes his or her own potential, can cope with the normal  
22 stresses of life, can work productively, and is able to make a  
23 contribution to his or her community.

24  
25 (b) “Mental illness” refers to mental or psychiatric disorder characterized  
26 by the existence of recognizable changes in the thoughts, feelings and  
27 general behavior of an individual brought about by neurobiological  
28 and/or psychosocial causes manifested by behavioral symptoms with  
29 associated mental and/or emotional conditions.

30  
31 (c) “Psychosocial problem” refers to a condition that indicates the  
32 existence of recognizable disturbances in an individual’s behavior,  
33 thoughts and feelings brought about and closely related to sudden,  
34 extreme or prolonged stressors in the physical or social environment.

35  
36 (d) “Patient” refers to a person receiving/utilizing mental health care and  
37 treatment or psychosocial intervention from a mental health care  
38 facility or clinic.

39  
40 (e) “Legal representative” refers to a substitute decision-maker charged  
41 by law with the duty of representing a patient in any specified  
42 undertaking or of exercising specified rights on the patient’s behalf.  
43 The legal representative may also be a person appointed in writing by  
44 the patient to act on his behalf unless the patient lacks mental  
45 capacity, or otherwise fails to appoint a legal representative in writing,  
46 in which case the legal representative shall be taken to be in the  
47 following order:

48  
49 i. the spouse, if any, unless permanently separated from the  
50 patient as rendered by a Court of competent jurisdiction, or has  
51 deserted or has been deserted by the patient for any period which  
52 has not come to an end; or

53 ii. sons and daughters over the age of eighteen (18) years; or

54 iii. either parent by mutual consent; or

55 iiiii. a person appointed by a decree of a Court to represent the  
56 patient.

- 1 (f) "Mental health professional" refers to a person with formal education  
2 and training in mental health and behavioral sciences such as, but  
3 not limited to, a psychiatrist, psychologist, psychiatric nurse or  
4 psychiatric social worker.  
5
- 6 (g) "Mental health worker" refers to a trained volunteer or advocate  
7 engaged in mental health promotion and services under the  
8 supervision of a mental health professional.  
9
- 10 (h) "Allied professional" refers to any trained or certified non-psychiatric  
11 physician, social worker, nurse, occupational therapists, recreational  
12 therapist, counselor, priest, minister, pastor, nun, trained or certified  
13 non-psychiatric individual or non-physician.  
14
- 15 (i) "Mental disability" refers to impairments, activity limitations and  
16 individual and participatory restrictions denoting dysfunctional  
17 aspects of interaction between an individual and his environment.  
18
- 19 (j) "Mental or psychological incapacity" is the inability to:  
20 i. Understand the information given concerning the nature of the  
21 disorder;  
22 ii. Understand the consequences that his /her decisions and actions  
23 have for their own life or health, and for the life and health of others,  
24 which may be serious and irreversible;  
25 iii. Understand that treatment might mitigate or remedy the condition  
26 and that lack of treatment might aggravate it;  
27 iv. Understand information about the nature of treatment proposed,  
28 including the means of treatment, its direct effects and its possible  
29 side effects; or,  
30 v. Effectively communicate with others regarding their condition and  
31 their consent to treatment or hospitalization.  
32
- 33 (k) "Psychiatric Emergencies" are conditions which may present a serious  
34 threat to a person's well-being or that of others, and require  
35 immediate psychiatric interventions, such as attempted suicide, acute  
36 intoxication, severe depression, acute psychosis, or violent behavior.  
37
- 38 (l) "Discrimination on the basis of disability" means any distinction,  
39 exclusion or restriction on the basis of disability which has the  
40 purpose or effect of impairing or nullifying the recognition, enjoyment  
41 or exercise, on an equal basis with others, of all human rights and  
42 fundamental freedoms in the political, economic, social, cultural, civil  
43 or any other field. It includes all forms of discrimination, including  
44 denial of reasonable accommodation.  
45

46 **SEC. 5. Rights of Persons with Mental Health Needs.** – Without  
47 prejudice to anything provided in this Act and unless prevented by law,  
48 persons with mental health needs shall have the right to:  
49

- 50 (a) Exercise all their inherent civil, political, economic, social, religious,  
51 educational and cultural rights respecting individual qualities,  
52 abilities and diverse backgrounds, and without any discrimination  
53 on grounds of physical disability, age, gender, sexual orientation,  
54 race, color, language, religion or national or ethnic or social origin of  
55 the patient concerned;  
56 (b) Receive treatment of the same quality and standard as other

1 individuals;

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

14  
15 **SEC. 6. Right to Therapeutic Environment.** – The State, through its  
16 authorized agencies, shall ensure conditions for a safe, therapeutic and  
17 hygienic environment with sufficient privacy in mental health facilities.

18  
19 **SEC. 7. Prohibition on Torture and Cruel Treatment.** – The State,  
20 through its authorized agencies, shall ensure that all public and private  
21 mental health institutions are protecting the rights of patients against  
22 cruel, inhuman and degrading, and/or torture. It shall prohibit forced or  
23 inadequately remunerated labor by patients within mental health  
24 institutions. This does not include activities justified as part of an  
25 accepted therapeutic treatment.

26  
27 **SEC. 8. Prohibition on Solitary Confinement.** – The use of solitary  
28 confinement shall be prohibited.

29  
30 **SEC. 9. Respect for Human Rights.** – The Commission on Human  
31 Rights is authorized to conduct inspection of all places where psychiatric  
32 patients are held for involuntary treatment or otherwise, to ensure full  
33 compliance with domestic and international standards governing the  
34 legal basis for treatment and detention, quality of medical care, and  
35 living standards, and to ensure that no patients therein are treated in a  
36 manner less than humane or are victims of torture and other cruel,  
37 inhuman and degrading treatments.

38  
39 **SEC. 10. Alternatives to Institutionalization.** – The Department of  
40 Health (DOH), as the primary duty-bearer, shall develop alternatives to  
41 institutionalization, especially community-based treatment, in particular  
42 with a view to receiving persons discharged from hospitals. Such  
43 alternatives should meet the needs expressed by persons with mental  
44 disorders and respect the autonomy, choices, dignity and privacy of the  
45 person concerned.

46  
47 **SEC. 11. Complaints and Investigation.** – The DOH, Commission on  
48 Human Rights (CHR), and Department of Justice (DOJ) shall receive all  
49 complaints of improprieties and abuses in mental health care, and shall  
50 initiate appropriate investigation and action.

51  
52 The patient / legal representative shall be entitled to a competent  
53 counsel of his choice. In case he cannot afford one, he/she will be  
54 assisted by the Public Attorney's Office or any legal aid institution of  
55 choice.

1 **SEC. 12. Oversight and Quasi-Judicial Procedures.** – The State shall  
2 mandate the appointment of a Focal Commissioner on Mental Health  
3 under the Philippine Council for Mental Health with the following  
4 functions and duties:

5 (a) Promote and safeguard the rights of persons utilizing mental health  
6 services;

7 (b) Review any policies and make such recommendations to any  
8 competent authority to safeguard or to enhance the rights of such  
9 persons and to facilitate their social inclusion and well-being;

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

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

16 (e) Conduct regular inspections, at least annually, of all licensed facilities  
17 to ascertain that the rights of patients and all the provisions of this Act  
18 are being upheld. During such visit he shall have unrestricted access to  
19 all parts of the licensed facility and the right to interview in private any  
20 consenting patient in such facility;

21 (f) Report any case amounting to a breach of human rights within a  
22 licensed facility to the appropriate competent authority recommending  
23 the rectification of such and take any other proportional action he/she  
24 deems appropriate;

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

29 (h) Prepare an annual report of activities to be submitted to the DOH.  
30

31 In the performance of his functions, the Focal Point Commissioner on  
32 Mental Health shall consult with healthcare professionals, service users  
33 and other relevant stakeholders.  
34

35 **SEC. 13. Duties of Health Authorities.** – Health authorities shall have  
36 the following duties:

37 (a) Ensure that guidelines and protocols for minimizing restrictive care  
38 are established;

39 (b) Inform patients of their rights. Every patient, whether in voluntary or  
40 involuntary treatment, should be fully informed about the treatment  
41 to be prescribed and the reason for recommending it. He/she may be  
42 given the opportunity to refuse any treatment or any other medical  
43 intervention. Informed consent must be sought from all psychiatric  
44 patients at all times except in instances of mental or psychological  
45 incapacity as defined in Section 3 of this Act;

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

49 i. Psychiatric emergencies;

50 ii. Ordered by an attending physician whose orders must be  
51 reviewed as soon as possible and not to exceed one month by  
52 a qualified psychiatrist;

53 iii. That the decision to subject to involuntary treatment is  
54 resorted only when all other means of control have been  
55 attempted and failed;

56 iv. That such decision is overseen by the head of the

- 1 institution/medical or mental health facility strictly following  
2 approved guidelines which include clear criteria for regulating  
3 the application and termination of such interventions;
- 4 v. Only for the shortest possible period of time as assessed by a  
5 psychiatrist or attending physician on supervision by a  
6 psychiatrist; and,
- 7 vi. Recorded and subjected to regular external independent  
8 monitoring.
- 9 (d) Must certify that the patient who has been subjected to any  
10 intervention without consent has been debriefed as soon as the  
11 mental condition meaningfully permits it. The patient and/or the legal  
12 guardian must have an access to the medical record;
- 13 (e) Must keep a registry of involuntary treatment and procedures;
- 14 (f) Must ensure that the rights, will and preferences of the patient are  
15 respected. A legal representative/substitute decision-maker shall:
- 16 i. Be allowed only for reasons of mental incapacity following  
17 established judicial procedures;
- 18 ii. Apply for the shortest time possible;
- 19 iii. Be free from conflicts of interest and undue influence from  
20 family members or the institution where the person is treated or  
21 others;
- 22 iv. Be subjected to regular review by a competent, independent and  
23 impartial authority or judicial body;
- 24 v. Be overseen by an independent monitoring body;
- 25 vi. Be subject to appeal by the person or a trusted next of kin.
- 26 (g) Must ensure that families are entitled to information about the person  
27 with a mental disorder unless the patient refuses divulgence of such  
28 information;
- 29 (h) Must involve family members in the formulation and implementation  
30 of the patient's individualized treatment plan;
- 31 (i) Must mandate the creation of an appropriate body which will ensure  
32 compliance with the requirements and procedures provided by this  
33 Act;
- 34 (j) Must provide the patient under treatment and hospitalization without  
35 consent, access to an independent mechanism of complaint and  
36 compensation for any inappropriate treatment provided. Complaints  
37 mechanisms must:
- 38 i. Be designed in a manner that is sensitive to the particular needs  
39 of the patient;
- 40 ii. Provide the individual with the necessary assistance to lodge a  
41 complaint, and the mechanism must be empowered to inquire  
42 effectively and independently into the circumstances leading to  
43 the complaint;
- 44 iii. Be mandated to initiate disciplinary sanctions or pass the case  
45 to the prosecuting authorities with a view to initiating a criminal  
46 investigation against a person or persons found guilty of  
47 misconduct;
- 48 iv. Ensure that complaints are dealt with in a speedy manner.

49  
50 **SEC. 14. Philippine Council for Mental Health.** – The Philippine  
51 Council for Mental Health, hereinafter referred to as the Council, is  
52 hereby established as an attached agency under the DOH, to provide for  
53 a coherent, rational and unified response to mental health problems,  
54 concerns and efforts through the formulation and implementation of the  
55 National Mental Health Care Delivery System.  
56

1 **SEC. 15. National Mental Health Care Delivery System.** – The  
2 National Mental Health Care Delivery System shall constitute a quality  
3 mental health care program, through the development of efficient and  
4 effective structures, systems and mechanisms that will ensure equitable,  
5 accessible, affordable, appropriate, efficient and effective delivery of  
6 mental health care to all its stakeholders by qualified, competent,  
7 compassionate and ethical mental health professionals and mental  
8 health workers.

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

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

42  
43 **SEC. 17. Inter-agency Mechanisms.** – The Council shall collaborate  
44 with the following agencies:

- 45 (a) Department of Science and Technology (DOST) and attached  
46 agencies like the Philippine Council for Health Research and  
47 Development (PCHRD) and DOH's Philippine Institute of  
48 Traditional and Alternative Health Care (PITAHC) to advance  
49 research on basic and clinical studies into mental illness and  
50 complementary and alternative treatment;
- 51 (b) Department of Education (DepEd) and Commission on Higher  
52 Education (CHED) to develop school-based mental health  
53 promotion, screening and referral systems;
- 54 (c) Philippine Health Insurance Corporation (PhilHealth) to make sure  
55 the availability of insurance packages with substantial equity to  
56 physical disorders with similar impact to the patient as measured



- 1 by Disability Adjusted Life Years or similar instrumentation;
- 2 (d) Technical Education and Skills Development Authority (TESDA),  
3 Department of Social Welfare and Development (DSWD),  
4 Department of Agriculture (DA), Department of Trade and Industry  
5 (DTI), Department of Environment and Natural Resources (DENR),  
6 Department of Interior and Local Government (DILG), and other  
7 agencies to develop vocational opportunities via innovative systems  
8 like Care Farms, Psychosocial Rehabilitation, and similar  
9 modalities with program design and planning in conjunction with  
10 psychiatrists and other mental health specialists;
- 11 (e) Department of Labor and Employment (DOLE) to promote diversity  
12 and equal protection in the workplace, mandating companies to  
13 develop programs to enhance mental wellness and work  
14 accommodations for the mentally ill employees;
- 15 (f) National Economic and Development Authority (NEDA) to envision  
16 programs to promote the mental wealth of our nation, including  
17 inclusive growth, among the mentally ill;
- 18 (g) The National Center for Health Promotion shall lead in the  
19 formulation of the standard and the development of mental health  
20 information, education, and communication, and advocacy  
21 strategies to ensure the promotion of a totally healthy and less  
22 stressful lifestyle for Filipinos;
- 23 (h) National Epidemiological Center to develop and update the  
24 epidemiology of mental diseases and services available in the  
25 country in the form of a census or a similar instrument.  
26 Researches on risk factors, treatment and management of mental  
27 disorders should be given a priority. It shall ensure the  
28 development or enhancement of national reporting and  
29 surveillance systems and establishment of the national registry of  
30 mental and neurological cases;
- 31 (i) Philippine Statistical Authority to formulate and integrate mental  
32 health protective risk factors and other such data that may help in  
33 the formulation of policies towards mental wellness and prevention  
34 of mental illness;
- 35

36 **SEC. 18. Composition.** - The Council shall be composed of the  
37 following:

- 38 (a) The Secretary of Health, as *Ex-Officio Chairman*;  
39 (b) The Executive Director, as Vice-Chairman;  
40 (c) Two (2) representatives from the government sector;  
41 (d) One (1) representative from the private health sector or consumer  
42 groups;  
43 (e) One (1) representative from the academe/research;  
44 (f) Two (2) representatives from the professional organization; and  
45 (g) Two (2) representatives from the allied nongovernment organizations  
46 involved in mental health issues, as members.
- 47

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

51

52 **SEC. 19. Term of Office.** - The members of the Council shall serve for a  
53 term of three (3) years. In case a vacancy occurs in the Council, any  
54 person chosen to fill the vacancy shall serve only for the unexpired term  
55 of the member whom he succeeds.

56

1 **SEC. 20. Meetings.** – The Council shall meet at least once a month or as  
2 frequently as necessary to discharge its duties and functions. The  
3 Council shall be convened by the Chairman or upon written request of at  
4 least three (3) of its members. The presence of a majority of the members  
5 of the Council shall constitute a quorum.

6  
7 **SEC. 21. Per Diem.** – The members of the Council shall receive  
8 reasonable *per diems* and transportation allowance as may be agreed  
9 upon by the Council.

10  
11 **SEC. 22. Executive Director.** – The Council shall appoint an Executive  
12 Director who shall serve for a term of three (3) years. The Executive  
13 Director shall be eligible for one (1) reappointment and shall not be  
14 removed from office except in accordance with existing laws.

15  
16 The Executive Director shall have the following duties and functions:

17 (a) Act as chief executive officer of the Council and assume full  
18 responsibility in implementing its purposes and objectives;

19 (b) Maintain a close and functional relationship with the DOH and other  
20 government and private entities concerning mental health care;

21 (c) Formulate, develop, and implement, subject to the approval of the  
22 Council, measures that will effectively carry out the policies laid down by  
23 the Council;

24 (d) Execute and administer all approved policies, programs, and  
25 measures, and allocate appropriate resources for their implementation;

26 (e) Recommend to the Secretary of Health the appointment of personnel  
27 of the Council including supervisory, technical, clerical, and other  
28 personnel in accordance with the organizational structure approved by  
29 the Council; and,

30 (f) Represent the Council in all of its official transactions or dealings and  
31 authorize legal contracts, annual reports, financial statements, and other  
32 documents.

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

36  
37 **SEC. 24. Advisory Board.** – The Philippine Council for Mental Health  
38 Council shall create an advisory board consisting of Mental Health care  
39 givers and professionals, representatives of the DOH as well as visiting  
40 bodies under national and international obligations of the State.

41  
42 **SEC. 25. Implementing Rules and Regulations.** – Within (90) days  
43 from the effectivity of this Act, the Secretary of Health shall, in  
44 coordination with the Council, formulate the rules and regulations  
45 necessary for the effective implementation of this Act.

46  
47 **SEC. 26. Appropriation.** The initial amount of Fifty million pesos (Php  
48 50,000,000.00) is hereby appropriated for the initial implementation of  
49 this Act. Thereafter, any amount as may be necessary to carry out the  
50 provisions of this Act shall be included in the General Appropriations  
51 Act. Regional hospitals shall be provided with financial support to  
52 maintain their own Mental Health Unit capable of catering to 50 to 100  
53 patients. Local Government Units should require business  
54 establishments to donate from one to three percent (1% to 3%) of their  
55 gross sales to support the Mental Health Program of the City. Donations  
56 will be treated as tax shelter by the BIR.

1  
2 **SEC. 27. Separability Clause.** – If any provision of this Act is held  
3 invalid or unconstitutional, the remainder of the Act or the provision not  
4 otherwise affected shall remain valid and subsisting.

5  
6 **SEC. 28. Repealing Clause.** – Any law, presidential decree or issuance,  
7 executive order, letter of instruction, administrative rule or regulation  
8 contrary to or inconsistent with the provisions of this Act is hereby  
9 repealed, modified or amended accordingly.

10  
11 **SEC. 29. Effectivity.** – This Act shall take effect fifteen (15) days upon  
12 its publication in at least two (2) national newspapers of general  
13 circulation.

14  
15 Approved,