



SENATE

S. No. 1354

PREPARED AND SUBMITTED JOINTLY BY THE COMMITTEES
ON HEALTH AND DEMOGRAPHY, LOCAL GOVERNMENT,
AND FINANCE WITH SENATORS SOTTO III, LEGARDA,
TRILLANES IV, AQUINO IV, ANGARA, HONTIVEROS AND
VILLANUEVA AS AUTHORS THEREOF

AN ACT ESTABLISHING A NATIONAL MENTAL
HEALTH POLICY FOR THE PURPOSE OF
ENHANCING THE DELIVERY OF INTEGRATED
MENTAL HEALTH SERVICES, PROMOTING AND
PROTECTING PERSONS UTILIZING PSYCHIATRIC,
NEUROLOGIC AND PSYCHOSOCIAL HEALTH
SERVICES, APPROPRIATING FUNDS THEREFOR
AND FOR OTHER PURPOSES

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

1 ARTICLE I

2 POLICY, OBJECTIVES, AND DEFINITIONS

3 SECTION 1. *Short Title.* – This Act shall be known
4 as the “Mental Health Act of 2017”.

5 SEC. 2. *Declaration of Policy.* – The State hereby
6 affirms the basic right of all Filipinos to mental health as

1 well as the fundamental rights of people who require
2 mental health services.

3 The State commits itself to promoting the well-being
4 of its people by ensuring that: mental health is valued,
5 promoted and protected; mental health conditions are
6 treated and prevented; timely, affordable, high-quality,
7 and culturally-appropriate mental health care is made
8 available to the public; and persons affected by mental
9 health conditions are able to exercise the full range of
10 human rights, and participate fully in society and at work,
11 free from stigmatization and discrimination.

12 The State shall comply strictly with its obligations
13 under the United Nations Convention on the Rights of
14 Persons with Disabilities and all other relevant
15 international and regional human rights conventions and
16 declarations. The applicability of Republic Act No. 7277, as
17 amended, otherwise known as the "Magna Carta for
18 Disabled Persons", to persons with mental health
19 conditions, as defined herein, is expressly recognized.

1 SEC. 3. *Objectives.* – The objectives of this Act are, as
2 follows:

3 a) Strengthen effective leadership and governance
4 for mental health by, among others, formulating,
5 developing, and implementing national policies, strategies,
6 programs, and regulations relating to mental health;

7 b) Develop and establish a comprehensive,
8 integrated, effective, and efficient national mental health
9 care system responsive to the psychiatric, neurologic, and
10 psychosocial needs of the Filipino people;

11 c) Protect the rights and freedoms of persons with
12 psychiatric, neurologic, and psychosocial health needs;

13 d) Strengthen information systems, evidence and
14 research for mental health; and

15 e) Integrate strategies promoting mental health in
16 educational institutions, the workplace, and in
17 communities.

18 SEC. 4. *Definitions.* – For the purposes of this Act,
19 the following definitions shall apply:

1 a) *Confidentiality* means ensuring that all relevant
2 information related to persons with psychiatric, neurologic,
3 and psychosocial health needs is kept safe from access or
4 use by, or disclosure to, persons or entities who are not
5 authorized to access, use, or possess such information;

6 b) *Deinstitutionalization* refers to the process of
7 transitioning service users, including persons with mental
8 health conditions and psychosocial disabilities, from
9 institutional and other segregated settings, to community-
10 based settings that enable social participation, recovery-
11 based approaches to mental health, and individualized
12 care in accordance with the service user's will and
13 preference;

14 c) *Discrimination* means any distinction, exclusion
15 or restriction which has the purpose or effect of impairing
16 or nullifying the recognition or exercise, on an equal basis
17 with others, of all human rights and fundamental
18 freedoms;

1 d) *Free Prior Informed Consent* or *Informed Consent*
2 refers to consent voluntarily given by a service user to a
3 plan for treatment, after a full disclosure communicated in
4 plain language by the attending mental health service
5 provider, of the nature, consequences, benefits, and risks of
6 the proposed treatment, as well as available alternatives;

7 e) *Legal Capacity* refers to both legal capacity as
8 well as the capacity to make decisions and act;

9 f) *Legal Representative* refers to a person: designated
10 by the service user, appointed by a court of competent
11 jurisdiction; or authorized by this Act or any other
12 applicable law, to act on the service user's behalf;

13 g) *Mental Health* refers to a state of psychosocial
14 well-being in which the individual realizes his or her own
15 abilities, copes adequately with the normal stresses of life,
16 displays resilience in the face of extreme life events, works
17 productively and fruitfully, and is able to make a positive
18 contribution to the community;

1 h) *Mental Health Condition* refers to a neurologic or
2 psychiatric condition characterized by the existence of a
3 recognizable, clinically-significant disturbance in an
4 individual's cognition, emotional regulation, or behavior
5 that reflects a genetic or acquired dysfunction in the
6 neurobiological, psychosocial, or developmental processes
7 underlying mental functioning. The determination of
8 neurologic and psychiatric conditions shall be based on
9 scientifically-accepted medical nomenclature and best
10 available scientific and medical evidence;

11 i) *Mental Health Facility* refers to any establishment,
12 or any unit of an establishment, which has, as its primary
13 function the provision of mental health services;

14 j) *Mental Health Professional* refers to a medical
15 doctor, psychologist, nurse, social worker or any other
16 appropriately-trained and qualified person with specific
17 skills relevant to the provision of mental health services;

18 k) *Mental Health Service Provider* shall refer to an
19 entity or individual providing mental health services as

1 defined in this Act, whether public or private, including,
2 but not limited to, mental health professionals and
3 workers, social workers and counselors, peer counselors,
4 informal community caregivers, mental health advocates
5 and their organizations, personal ombudsmen, and persons
6 or entities offering non-medical alternative therapies;

7 l) *Mental Health Services* refer to psychosocial,
8 psychiatric or neurologic activities and programs along the
9 whole range of the mental health support spectrum
10 including enhancement, prevention, treatment, and
11 aftercare;

12 m) *Mental Health Worker* refers to a trained person,
13 volunteer or advocate engaged in mental health promotion,
14 providing services under the supervision of a mental
15 health professional;

16 n) *Impairment or Temporary Loss of Legal Capacity*
17 refers to a medically-determined, temporary inability on
18 the part of a service user or any other person affected by a
19 mental health condition, to:

1 1) Understand information concerning the nature of
2 a mental health condition;

3 2) Understand the consequences of one's decisions
4 and actions on one's life or health, or the life or health of
5 others;

6 3) Understand information about the nature of the
7 treatment proposed, including methodology, direct effects,
8 and possible side-effects; and

9 4) Effectively communicate consent to treatment or
10 hospitalization, or information regarding one's own
11 condition.

12 o) *Psychiatric or Neurologic Emergency* refers to a
13 condition presenting a serious and immediate threat to the
14 health and well-being of a service user or any other person
15 affected by a mental health condition, or to the health and
16 well-being of others, such as, but not limited to, threatened or
17 attempted suicide, acute intoxication, severe depression,
18 acute psychosis, acute alteration of consciousness, status
19 epilepticus or violent behavior, requiring immediate medical
20 or psychiatric intervention;

1 p) *Psychosocial Problem* refers to a condition that
2 indicates the existence of dysfunctions in a person's behavior,
3 thoughts and feelings brought about by sudden, extreme,
4 prolonged or cumulative stressors in the physical or social
5 environment;

6 q) *Recovery-Based Approach* means an approach to
7 intervention and treatment centered on the strengths of a
8 service user and involving the active participation, as equal
9 partners in care, of persons with lived experiences in mental
10 health. This requires integrating a service user's
11 understanding of his or her condition into any plan for
12 treatment and recovery;

13 r) *Services User* means a person with lived experience
14 of any mental health condition including persons who require,
15 or are undergoing, psychiatric, neurologic or psychosocial
16 care;

17 s) *Support* refers to the spectrum of informal and
18 formal arrangements or services of varying types and
19 intensities, provided by the State, private entities, or
20 communities, aimed at assisting a service user in the exercise

1 of his or her legal capacity or rights, including: community
2 services; personal assistants and ombudsmen; powers of
3 attorney and other legal and personal planning tools; peer
4 support; support for self-advocacy; non-formal community
5 caregiver networks; dialogue systems; alternate
6 communication methods, such as non-verbal, sign,
7 augmentative, and manual communication; and the use of
8 assistive devices and technology; and

9 t) *Supported Decision Making* is the act of assisting a
10 service user who is not affected by an impairment or
11 temporary loss of legal capacity, in expressing a mental
12 health-related preference, intention or decision. It includes all
13 the necessary support, safeguards and measures to ensure
14 protection from undue influence, coercion or abuse.

15 ARTICLE II

16 RIGHTS OF SERVICE USERS AND OTHER STAKEHOLDERS

17 SEC. 5. *Rights of Service Users*. – Service users shall
18 enjoy, on an equal and non-discriminatory basis, all rights
19 guaranteed by the Constitution as well as those recognized
20 under the United Nations Convention on the Rights of

1 Persons with Disabilities and all other relevant
2 international and regional human rights conventions and
3 declarations, including the right to:

4 a) Freedom from social, economic, and political
5 discrimination and stigmatization, whether committed by
6 public or private actors;

7 b) Exercise all their inherent civil, political, economic,
8 social, religious, educational, and cultural rights respecting
9 individual qualities, abilities, and diversity of background,
10 without discrimination on the basis of physical disability,
11 age, gender, sexual orientation, race, color, language,
12 religion or national, ethnic, or social origin;

13 c) Receive evidence-based treatment of the same
14 standard and quality, regardless of age, sex, socioeconomic
15 status, race, ethnicity or sexual orientation;

16 d) Access affordable essential health and social
17 services for the purpose of achieving the highest attainable
18 standard of mental health;

1 e) Receive mental health services at all levels of the
2 national health care system;

3 f) Receive comprehensive and coordinated treatment
4 integrating holistic prevention, promotion, rehabilitation,
5 care and support, aimed at addressing mental health
6 care needs through a multi-disciplinary, user-driven
7 treatment and recovery plan;

8 g) Receive psychosocial care and clinical treatment in
9 the least restrictive environment and manner;

10 h) Receive humane treatment free from solitary
11 confinement, torture, and other forms of cruel, inhumane,
12 harmful or degrading treatment;

13 i) Receive aftercare and rehabilitation within the
14 community whenever possible, for the purpose of
15 facilitating social reintegration;

16 j) Receive adequate information regarding available
17 multi-disciplinary mental health services;

1 k) Participate in mental health advocacy, policy
2 planning, legislation, service provision, monitoring,
3 research and evaluation;

4 l) Confidentiality of all information, communications,
5 and records, in whatever form or medium stored, regarding
6 the service user, any aspect of the service user's mental
7 health, or any treatment or care received by the service
8 user, which information, communications, and records
9 shall not be disclosed to third parties without the written
10 consent of the service user concerned or the service user's
11 legal representative, except in the following circumstances:

12 1) Disclosure is required by law or pursuant to an
13 order issued by a court of competent jurisdiction;

14 2) A life-threatening emergency exists and such
15 disclosure is necessary to prevent harm or injury to the
16 service user or to other persons;

17 3) The service user is a minor and the attending
18 mental health professional reasonably believes that the
19 service user is a victim of child abuse;

1 4) Disclosure is required in connection with an
2 administrative, civil, or criminal case against a mental
3 health professional or worker for negligence or a breach of
4 professional ethics, to the extent necessary to completely
5 adjudicate, settle, or resolve any issue or controversy
6 involved therein; or

7 5) Disclosure is in the interest of public safety or
8 national security.

9 m) Give prior informed consent before receiving
10 treatment or care, including the right to withdraw such
11 consent. Such consent shall be recorded in the service
12 user's clinical record;

13 n) Participate in the development and formulation of
14 the psychosocial care or clinical treatment plan to be
15 implemented;

16 o) Designate or appoint a person of legal age to act as
17 his or her legal representative in accordance with this Act,
18 except in cases of impairment or temporary loss legal
19 capacity;

1 p) Send or receive uncensored private communication
2 which may include communication by letter, telephone or
3 electronic mean, and receive visitors at reasonable times,
4 including the service user's legal representative and
5 representatives from the Commission on Human Rights
6 (CHR);

7 q) Legal representation, through competent counsel
8 of the service user's choice. In case the service user cannot
9 afford the services of counsel, the Public Attorney's Office,
10 or a legal aid institution of the service user or
11 representative's choice, shall assist the service user;

12 r) Access to their clinical records unless, in the
13 opinion of the attending mental health professional,
14 revealing such information would cause harm to the
15 service user's health or put the safety of others at risk.
16 When any such clinical records are withheld, the service
17 user or his or her legal representative may contest such
18 decision with the internal review board created pursuant

1 to this Act authorized to investigate and resolve disputes,
2 or with the CHR; and

3 s) Information, within twenty-four (24) hours of
4 admission to a mental health facility, of the rights
5 enumerated in this section in a form and language
6 understood by the service user.

7 SEC. 6. *Rights of Family Members and Legal*
8 *Representatives.* – Family members and duly-designated
9 or appointed legal representative of the service user shall
10 have the right to:

11 a) Receive appropriate psychosocial support from the
12 relevant government agencies;

13 b) With the consent of the concerned service user,
14 participate in the formulation, development, and
15 implementation of the service user's individualized
16 treatment plan;

17 c) Apply for release and transfer of the service user
18 to an appropriate mental health facility; and

1 d) Participate in mental health advocacy, policy
2 planning, legislation, service provision, monitoring, research
3 and evaluation.

4 SEC. 7. *Rights of Mental Health Professionals.* –
5 Mental health professionals shall have the right to:

6 a) A safe and supportive work environment;

7 b) Continuous education and training;

8 c) Participate in the planning, development, and
9 management of mental health services;

10 d) Contribute to the development and regular review
11 of standards for evaluating mental health services provided
12 to service users;

13 e) Participate in the development of mental health
14 policy and service delivery guidelines;

15 f) Except in emergency situations, manage and
16 control all aspects of his or her practice, including whether
17 or not to accept or decline a service user for treatment; and

1 SEC. 9. *Advance Directive.* – A service user may set
2 out his or her preference in relation to treatment through a
3 signed, dated, and notarized advance directive executed for
4 the purpose. An advance directive may be revoked by a
5 new advance directive or by a notarized revocation.

6 SEC. 10. *Legal Representative.* – A service user may
7 designate a person of legal age to act as his or her legal
8 representative through a notarized document executed for
9 that purpose.

10 a) *Functions.* A service user's legal representative
11 shall: provide the service user with support and help
12 represent his or her interests; receive medical information
13 about the service user in accordance with this Act; assist
14 the service user *vis-à-vis* the exercise of any right provided
15 under this Act; and be consulted with respect to any
16 treatment or therapy received by the service user. The
17 appointment of a legal representative may be revoked by
18 the appointment of a new legal representative or by a
19 notarized revocation.

1 b) *Declining an Appointment.* A person thus
2 appointed may decline to act as a service user's legal
3 representative at any time. However, a person who
4 declines to continue being a service user's legal
5 representative must take reasonable steps to inform the
6 service user, as well as the service user's attending mental
7 health professional or worker, of this fact.

8 c) *Failure to Appoint.* If the service user fails to
9 appoint a legal representative, the following persons shall
10 act as the service user's legal representative, in the order
11 provided below:

12 1) The spouse, if any, unless permanently separated
13 from the service user by a decree issued by a court of
14 competent jurisdiction, or unless such spouse has
15 abandoned or been abandoned by the service user for any
16 period which has not yet come to an end;

17 2) Non-minor children;

18 3) Either parent by mutual consent, if the service
19 user is a minor;

1 4) A person appointed by the court; or

2 5) Chief, administrator, or medical director of a
3 mental health care facility.

4 SEC. 11. *Supported Decision Making.* – A service
5 user may designate up to three (3) persons or “supporters”,
6 including the service user’s legal representative, for the
7 purposes of supported decision making. These supporters
8 shall have the authority to: access the service user’s
9 medical information; consult with the service user *vis-à-vis*
10 any proposed treatment or therapy; be present during a
11 service user’s appointments and consultations with mental
12 health professionals, workers, and other service providers
13 during the course of treatment or therapy.

14 SEC. 12. *Internal Review Board.* – The Department
15 of Health (DOH) shall establish a sufficient number of
16 internal review boards to expeditiously review all cases,
17 disputes, and controversies involving the treatment,
18 restraint or confinement of service users within the

1 Philippines, with at least one (1) such internal review
2 board for each mental health facility.

3 a) *Composition.* Each internal review board shall be
4 composed of:

5 1) Two (2) representatives from the DOH;

6 2) Two (2) medical doctors, at least one (1) of whom
7 should have training in the neurosciences including, but
8 not limited to, psychiatry, neurology, and substance abuse
9 therapy;

10 3) One (1) psychologist;

11 4) One (1) representative from the CHR; and

12 5) One (1) person nominated by an organization or
13 association representing service users and their families.

14 b) Each internal review board shall have the
15 following powers and functions:

16 1) Conduct regular review, monitoring, and audit of
17 all cases involving the treatment, confinement or restraint
18 of service users within its territorial jurisdiction;

1 2) Inspect mental health facilities to ensure that
2 service users therein are not being subjected to cruel,
3 inhumane, or degrading conditions or treatment;

4 3) *Motu proprio*, or upon the receipt of a written
5 complaint or petition filed by a service user or a service
6 user's immediate family or legal representative,
7 investigate cases, disputes, and controversies involving the
8 involuntary treatment, confinement or restraint of a
9 service user; and

10 4) Take all necessary action to rectify or remedy
11 violations of a service user's rights *vis-à-vis* treatment,
12 confinement or restraint, including recommending that an
13 administrative, civil, or criminal case be filed by the
14 appropriate government agency.

15 c) The DOH shall promulgate the rules and
16 regulations necessary for the efficient disposition of all
17 proceedings, matters, and cases referred to, or reviewed by,
18 the internal review board.

1 SEC. 13. *Exceptions to Informed Consent.* – During
2 psychiatric or neurologic emergencies, or when there is
3 impairment or temporary loss of capacity on the part of a
4 service user, treatment, restraint or confinement, whether
5 physical or chemical, may be administered or implemented
6 pursuant to the following safeguards and conditions:

7 a) In compliance with the service user's advance
8 directives, if available, unless doing so would pose an
9 immediate risk of serious harm to the patient or another
10 person;

11 b) Only to the extent that such treatment or
12 restraint is necessary, and only while a psychiatric or
13 neurologic emergency, or impairment or temporary loss of
14 capacity, exists or persists;

15 c) Upon the order of the service user's attending
16 mental health professional, which order must be reviewed
17 by the internal review board of the mental health facility
18 where the patient is being treated within fifteen (15) days
19 from the date such order was issued, and every fifteen (15)

1 days thereafter while the treatment or restraint continues;
2 and

3 d) That such involuntary treatment or restraint
4 shall be in strict accordance with guidelines approved by
5 the appropriate authorities, which must contain clear
6 criteria regulating the application and termination of such
7 medical intervention, and fully documented and subject to
8 regular external independent monitoring, review, and
9 audit by the internal review boards established by this Act.

10 ARTICLE IV

11 MENTAL HEALTH SERVICES

12 SEC. 14. *Mental Health Services at the Community*

13 *Level.* – Within the general health care system, the
14 following mental health services shall be developed and
15 integrated into the primary health care system at the
16 community level:

17 a) Basic mental health services, which shall be made
18 available at all local government units (LGUs) down to
19 the barangay level;

1 b) Community resilience and psychosocial well-being
2 training in all barangays, including the availability of
3 mental health and psychosocial support services during
4 and after natural disasters and other calamities;

5 c) Training and capacity-building programs for local
6 mental health workers in coordination with mental health
7 facilities, academic institutions and other stakeholders;

8 d) Support services for families and co-workers of
9 service users, mental health professionals, and mental
10 health workers; and

11 e) Dissemination of mental health information and
12 promotion of mental health awareness among the general
13 population.

14 SEC. 15. *Psychiatric, Psychosocial, and Neurologic*
15 *Services in Regional, Provincial, and Tertiary Hospitals.* –

16 All regional, provincial, and tertiary hospitals shall provide
17 the following psychiatric, psychosocial, and neurologic
18 services:

1 a) Short-term, in-patient hospital care in a small
2 psychiatric or neurologic ward for service users exhibiting
3 acute psychiatric or neurologic symptoms;

4 b) Partial hospital care for those exhibiting psychiatric
5 symptoms or experiencing difficulties *vis-à-vis* their personal
6 and family circumstances;

7 c) Out-patient services in close collaboration with
8 existing mental health programs at primary health care
9 centers in the same area;

10 d) Home care services for service users with special
11 needs as a result of, among others, long-term hospitalization,
12 non-compliance with or inadequacy of treatment, and
13 absence of immediate family;

14 e) Coordination with drug rehabilitation centers *vis-*
15 *à-vis* the care, treatment, and rehabilitation of persons
16 suffering from addiction and other substance-induced
17 mental health conditions; and

18 f) A referral system involving other public and
19 private health and social welfare service providers, for the

1 purpose of expanding access to programs aimed at
2 preventing mental illness and managing the condition of
3 persons at risk of developing mental, neurologic, and
4 psychosocial problems.

5 SEC. 16. *Suicide Prevention Programs.* – Mental
6 health programs shall also include mechanisms for suicide
7 intervention, prevention, and response strategies with
8 particular attention to the concerns of the youth.

9 SEC. 17. *Duties and Responsibilities of Mental Health*
10 *Facilities.* – Mental health facilities shall:

11 a) Establish policies, guidelines, and protocols for
12 minimizing the use of restrictive care and involuntary
13 treatment;

14 b) Inform service users of their rights under this Act
15 and all other pertinent laws and regulations;

16 c) Provide every service user, whether admitted for
17 voluntary or involuntary treatment, with complete
18 information regarding the plan of treatment to be
19 implemented;

1 d) Ensure that informed consent is obtained from
2 service users prior to the implementation of any medical
3 procedure or plan of treatment or care, except during
4 psychiatric or neurologic emergencies or when impairment
5 or temporary loss of capacity exists, as defined herein;

6 e) Maintain a register containing information on all
7 medical treatments and procedures involuntarily
8 administered to service users;

9 f) Ensure that legal representatives are designated
10 or appointed only after the requirements of this Act and
11 the procedures established for the purpose have been
12 observed, which procedures should respect the autonomy
13 and preferences of the patient as far as possible; and

14 g) Establish an internal review body to monitor and
15 ensure compliance with the provisions of this Act, as well
16 as receive, investigate, resolve, and act upon complaints
17 brought by service users or their families and legal
18 representatives against the mental health facility or any
19 mental health professional or worker.

ARTICLE V

EDUCATION, PROMOTION OF MENTAL HEALTH IN
EDUCATIONAL INSTITUTIONS AND IN THE WORKPLACE

SEC. 18. *Integration of Mental Health into the Educational System.* – The State shall ensure the integration of the mental health into the educational system, as follows:

a) Age-appropriate content pertaining to mental health shall be integrated into the curriculum at all educational levels; and

b) Psychiatry and neurology shall be required subjects in all medical and allied health courses, including post-graduate courses in health.

SEC. 19. *Mental Health Programs in Educational Institutions.* – Educational institutions such schools, colleges, universities, and technical schools shall develop programs for students, educators, and other employees designed to: raise awareness on mental health issues; identify and provide support for individuals at risk, and

1 mental health services, with an emphasis on the
2 community and public health aspects of mental health.

3 SEC. 22. *Research and Development.* – Research
4 and development shall be undertaken, in collaboration
5 with academic institutions, psychiatric, neurologic, and
6 related associations, and nongovernment organizations, to
7 produce the information, evidence, and research necessary
8 to formulate and develop a culturally-relevant national
9 mental health program incorporating indigenous concepts
10 and practices related to mental health.

11 a) High ethical standards in mental health research
12 shall be promoted to ensure that: research is conducted
13 only with the free and informed consent of the persons
14 involved; researchers do not receive any privileges,
15 compensation or remuneration in exchange for
16 encouraging or recruiting participants; potentially harmful
17 or dangerous research is not undertaken; and all research
18 is approved by an independent ethics committee, in
19 accordance with applicable law.

1 c) Integrate mental health into the routine health
2 information system and identify, collate, routinely
3 report and use core mental health data disaggregated
4 by sex and age, and health outcomes, including data on
5 completed and attempted suicides, in order to improve
6 mental health service delivery, promotion and
7 prevention strategies;

8 d) Improve research capacity and academic
9 collaboration on national priorities for research in
10 mental health, particularly operational research with
11 direct relevance to service development, implementation,
12 and the exercise of human rights by persons with
13 mental disorders, including the establishment of centers of
14 excellence;

15 e) Ensure that all public and private mental health
16 institutions uphold the right of patients to be protected
17 against torture or cruel, inhumane, and degrading
18 treatment;

1 f) Coordinate with the Philippine Health Insurance
2 Corporation to ensure that insurance packages equivalent
3 to those covering physical disorders of comparable impact
4 to the patient, as measured by Disability-Adjusted Life
5 Year or other methodologies, are available to patients
6 affected by mental health conditions;

7 g) Prohibit forced or inadequately remunerated labor
8 within mental health facilities, unless such labor is
9 justified as part of an accepted therapeutic treatment
10 program;

11 h) Provide support services for families and
12 co-workers of service users, mental health professionals,
13 workers, and other service providers;

14 i) Develop alternatives to institutionalization,
15 particularly community, recovery-based approaches to
16 treatment aimed at receiving patients discharged from
17 hospitals, meeting the needs expressed by persons with
18 mental health conditions, and respecting their autonomy,
19 decisions, dignity, and privacy; and

1 j) Strengthen its 24/7 hotline, to provide assistance
2 to individuals with mental health conditions, especially
3 individuals at risk of committing suicide.

4 SEC. 24. *Duties and Responsibilities of the Commission*
5 *on Human Rights (CHR)*. – The CHR shall:

6 a) Establish mechanisms to investigate, address, and
7 act upon impropriety and abuse in the treatment and care
8 received by service users, particularly when such
9 treatment or care is administered or implemented
10 involuntarily;

11 b) Inspect mental health facilities to ensure that
12 service users therein are not being subjected to cruel,
13 inhumane, or degrading conditions or treatment;

14 c) Investigate all cases involving involuntary
15 treatment, confinement, or care of service users, for the
16 purpose of ensuring strict compliance with domestic and
17 international standards respecting the legality, quality,
18 and appropriateness of such treatment, confinement, or
19 care; and

1 d) Appoint a focal commissioner for mental health
2 tasked with protecting and promoting the rights of service
3 users and other persons utilizing mental health services or
4 confined in mental health facilities, as well as the rights of
5 mental health professionals and workers. The focal
6 commissioner shall, upon a finding that a mental health
7 facility, mental health professional, or mental health
8 worker has violated any of the rights provided for in this
9 Act, take all necessary action to rectify or remedy such
10 violation, including recommending that an administrative,
11 civil, or criminal case be filed by the appropriate
12 government agency.

13 SEC. 25. *Duties and Responsibilities of the Department of*
14 *Education (DepEd), Commission on Higher Education*
15 *(CHED), and the Technical Education and Skills Development*
16 *Authority (TESDA).* – The DepEd, CHED, TESDA shall:

17 a) Integrate age-appropriate content pertaining to
18 mental health into the curriculum at all educational levels
19 both in public and private institutions;

1 b) Develop guidelines and standards on age-
2 appropriate and evidenced-based mental health programs
3 both in public and private institutions; and

4 c) Pursue strategies that promote the realization of
5 mental health and well-being in educational institutions.

6 SEC. 26. *Duties and Responsibilities of the Department of*
7 *Labor and Employment (DOLE) and the Civil Service*
8 *Commission (CSC).* – The DOLE and the CSC shall:

9 a) Develop guidelines and standards on appropriate
10 and evidenced-based mental health programs for the
11 workplace as described in this Act.

12 b) Develop policies that promote mental health in the
13 workplace and address stigma and discrimination suffered
14 by people with mental health conditions.

15 SEC. 27. *Duties and Responsibilities of the Department*
16 *of Social Welfare and Development (DSWD).* – The DSWD
17 shall:

1 a) Refer service users to mental health facilities,
2 professionals, workers, and other service providers for
3 appropriate care;

4 b) Provide or facilitate access to public or group
5 housing facilities, counselling, therapy, and livelihood
6 training and other available skill development programs;
7 and

8 c) In coordination with LGUs and the DOH, formulate,
9 develop, and implement community resilience and
10 psychosocial well-being training, including psychosocial
11 support services during and after natural disasters and
12 other calamities.

13 SEC. 28. *Duties and Responsibilities of Local*
14 *Government Units. (LGUs).* – LGUs shall:

15 a) Review, formulate, and develop the regulations and
16 guidelines necessary to implement an effective mental
17 health care and wellness policy within the territorial
18 jurisdiction of each LGU, including the passage of a local

1 ordinance on the subject of mental health, consistent with
2 existing relevant national policies and guidelines;

3 b) Integrate mental health care services in the general
4 health care delivery system and ensure that mental health
5 services are provided in primary health care facilities and
6 hospitals within their respective territorial jurisdictions;

7 c) Establish the training programs necessary to
8 enhance the capacity of mental health service providers at
9 the LGU level in coordination with appropriate national
10 government agencies and other stakeholders;

11 d) Promote de-institutionalization and other recover-
12 based approaches to the delivery of mental health care
13 services;

14 e) Establish, re-orient, and modernize the mental
15 health care facilities necessary to adequately provide
16 mental health services to persons within their respective
17 territorial jurisdictions;

18 f) Where independent living arrangements are not
19 available, provide or facilitate access to public housing

1 facilities, vocational training and skill development
2 programs, and disability or pension benefits;

3 g) Refer service users to mental health facilities,
4 professionals, workers, and other service providers for
5 appropriate care; and

6 h) Establish a multi-sectoral stakeholder network for
7 the identification, management, and prevention of mental
8 health conditions.

9 ARTICLE VIII

10 MISCELLANEOUS PROVISIONS

11 SEC. 29. *Implementing Rules and Regulations (IRR).*

12 – The Secretary of Health, in coordination with the CHR,
13 DSWD, DILG, DepEd, CHED, TESDA, DOLE, CSC, and
14 associations or organizations representing service users
15 and mental professionals, workers, and other service
16 providers, shall issue the IRR necessary for the effective
17 implementation of this Act within ninety (90) days from
18 the effectivity thereof.

1 SEC. 30. *Appropriations.* – The amount necessary
2 for the initial implementation of the provisions of this Act
3 shall be charged against the current year's appropriations
4 of the DOH. Thereafter, five percent (5%) of the
5 incremental revenues from the excise tax on alcohol and
6 tobacco products collected by the government pursuant to
7 Republic Act No. 10351 shall be earmarked for the
8 implementation of this Act.

9 SEC. 31. *Penalty Clause.* – Any person who violates
10 any of the provisions of this Act or its IRR shall, upon
11 conviction by final judgment, be punished by imprisonment
12 of not less than six (6) months nor more than two (2) years
13 or a fine of not less than Ten thousand pesos (P10,000), nor
14 more than Two hundred thousand pesos (P200,000), or
15 both, at the discretion of the court. If the violation is
16 committed by a juridical person, the officer responsible
17 therefor shall serve the imprisonment when imposed. If
18 violation is committed by an alien, he or she shall be
19 immediately deported after service of sentence, without
20 need of further proceedings.

1 SEC. 32. *Separability Clause.* – If any provision of
2 this Act is declared unconstitutional or invalid by a court of
3 competent jurisdiction, the remaining provisions not
4 affected thereby shall continue to be in full force and effect.

5 SEC. 33. *Repealing Clause.* – All laws, decrees,
6 executive orders, department or memorandum orders and
7 other administrative issuances or parts thereof which are
8 inconsistent with the provisions of this Act are hereby
9 modified, superseded or repealed accordingly.

10 SEC. 34. *Effectivity.* – This Act shall take effect
11 fifteen (15) days after publication in the *Official Gazette* or
12 in at least two (2) newspapers of general circulation.

Approved,