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SEVENTEENTH CONGRESS OF THE }
REPUBLIC OF THE PHILIPPINES }
First Regular Session }

RECEIVED BY: J

SENATE
S.B. No. 9

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 legislation is concerned with more than care and treatment. It provides a legal framework to address critical mental health issues such as access to care,

rehabilitation and aftercare, full integration of people with mental disorders into the community, and the promotion of mental health in different sectors of society. (4) There is no national mental health legislation in 25% of countries with nearly 31% of the world's population. (5) Mental health legislation is an integral part of mental health policy and provides a legislative framework for achieving the goals of such policy."

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

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



VICENTE C. SOTTO III

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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 of 2016.*"

3 SECTION. 2. **Declaration of Policy.** - It is hereby declared that the
4 policy of the State is to uphold the basic right of all Filipinos to mental
5 health and to respect the fundamental rights of people who require mental
6 health services, as recognized in the Universal Declaration of Human Rights,
7 the International Covenant on Economic, Social and Cultural Rights, and
8 the International Covenant on Civil & Political Rights, persons with mental
9 disabilities have the right to equality and non-discrimination, dignity and
10 respect, privacy and individual autonomy, information and participation.

11 The State, being a signatory to the Convention, recognizes that people
12 with mental disabilities have the right to equality and non-discrimination,
13 dignity and respect, privacy and individual autonomy, information and
14 participation. The State, being a signatory to the Convention, recognizes that
15 people with mental disabilities by virtue of the nature and/or severity of
16 their illness, have specific vulnerabilities and therefore need special care

1 that is appropriate to their needs and is based on nationally and
2 internationally-accepted standards.

3
4 The State recognizes its obligations as a State-Party to the UN
5 Convention on the Rights of Persons with Disabilities under Article 4 of the
6 present Convention "to ensure and promote the full realization of all human
7 rights and fundamental freedoms for all persons with disabilities without
8 discrimination of any kind on the basis of disability." Likewise, the State
9 aligns itself with the UN General Assembly resolution 46/119 of December
10 17, 1991, on the Principles For The Protection Of Persons With Mental
11 Illness And The Improvement Of Mental Health Care that lays down the
12 policies and guidelines for the protection from harm of persons with mental
13 disabilities and the improvement of mental health care.

14 Through the passage of this Philippine Mental Health Act, the State
15 commits to the promotion and protection of the rights of the person with
16 mental health needs and the belief that addressing their profound social
17 disadvantage enhances their significant contribution in the civil, political,
18 economic, social and cultural spheres.

19 SECTION 3. **Objectives.** -The following are the objectives of this
20 Philippine Mental Health Act:

21 (a) Ensure a community of Filipinos who are mentally healthy, able
22 to contribute to the development of the country and attain a
23 better quality of life through access to an integrated, well-
24 planned, effectively organized and efficiently delivered mental
25 health care system that responds to their mental health needs
26 in equity with their physical health needs.

27 (b) Promote mental health, protection of the rights and freedoms of
28 persons with mental health needs and the reduction of the
29 burden and consequences of mental ill-health, mental and brain
30 disorders and disabilities.

31 (c) Provide the direction for a coherent, rational, and unified
32 response in the nation's mental health problems, concerns and
33 efforts.

1 SECTION 4. **Definition of Terms.** - For the purpose of this Act, the
2 following terms shall be defined as follows:

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

7 (b) **Mental illness** refers to mental or psychiatric disorder characterized
8 by the existence of recognizable changes in the thoughts, feelings and
9 general behavior of an individual brought about by neurobiological
10 and/or psychosocial factors causing psychological, intellectual or
11 social dysfunction

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

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

18 (e) **Legal representative** refers to a substitute decision-maker charged
19 by law with the duty of representing a patient in any specified
20 undertaking or of exercising specified rights on the patient's behalf.
21 The legal representative may also be a person appointed in writing by
22 the patient to act on his/her behalf unless the patient lacks mental
23 capacity, or otherwise fails to appoint a legal representative in writing,
24 in which case the legal representative shall be taken to be in the
25 following order:

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

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

31 (3) either parent by mutual consent;

32 (4) a person appointed by a decree of a Court to represent the
33 patient.

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

4 (g) **Board certification** refers to the process of qualifying medical
5 specialists through requirements and examinations set by the Board
6 of the particular medical specialty so appointed or elected for that
7 specific purpose by the registered members of the medical specialty
8 association.

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

12 (i) **Allied professionals** refer to any formally educated and trained non-
13 mental health professionals such as (but not limited to) physicians,
14 social workers, nurses, occupational therapists, recreational
15 therapists, priests, ministers, pastor, and nuns.

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

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

20 (1) Understand the information given concerning the nature of
21 the disorder:

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

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

27 (4) Understand information about the nature of treatment
28 proposed, including the means of treatment, its direct effects
29 and its possible side effects: and

30 (5) Effectively communicate with others regarding his/her
31 condition and his/her consent to treatment or
32 hospitalization.

1 (l) **Career** refers to 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 (m) **Psychiatric emergencies** are conditions which may present a
5 serious threat to the person's well being 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 (n) **"Discrimination on the basis of disability"** means any distinction,
10 exclusion or restriction on the basis of disability which has the
11 purpose or, effect of impairing or nullifying the recognition, enjoyment
12 or exercise, on an equal basis with others, of all human lights and
13 fundamental freedoms in the political, economic, social, cultural, civil
14 or any other field. It includes all forms of discrimination, including
15 denial of reasonable accommodation

16 SECTION 5. **Rights of Persons with Mental Health Needs.** -

17 Without prejudice to anything provided in this Act and unless prevented
18 by law, persons with mental health needs shall have the right to:

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

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

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

29 (d) Receive treatment in the least restrictive environment and in the
30 least restrictive manner;

31 (e) Protection from torture, cruel, inhuman and degrading
32 treatment;

- 1 (f) Receive aftercare and rehabilitation when possible in the
2 community so as to facilitate their social inclusion;
- 3 (g) Be adequately informed about the disorder and the
4 multidisciplinary services available cater to their needs and the
5 treatment options available;
- 6 (h) Actively participate in the formulation of the multidisciplinary
7 treatment plan;
- 8 (i) Give free and informed consent before any treatment or care is
9 provided and such consent shall be recorded in the patient's
10 clinical record. This is without prejudice to the patient's right to
11 withdraw consent;
- 12 (j) Have a responsible legal representative and career of their
13 choice whenever possible;
- 14 (k) Confidentiality of all information about themselves, illness and
15 treatment in whatever form stored, which information shall not
16 be revealed to third parties without their consent unless:
- 17 (1) There is a life threatening emergency when information is
18 urgently required to save lives; or
- 19 (2) It is in the interest of public safety; or
- 20 (3) Ordered by court to do so; or
- 21 (4) Whosoever is requesting such information is entitled by
22 law to receive it
- 23 (l) Access to their clinical records unless, in the opinion of his/her
24 attending mental health professional, revealing such
25 information may cause harm to the person's health or put at
26 risk the safety of others. When any information is withheld, the
27 patient or the legal representative may contest such decision
28 with the appropriate hospital/mental health facility body
29 authorized to investigate and resolve disputes or to the
30 Commission on Human Rights
- 31 (m) Be informed within twenty-four hours of admission to a facility
32 of their rights in a form and language which the patient
33 understands, which information shall include an explanation of

1 SECTION 11. The patient/legal representative shall be entitled to a
2 competent counsel of his own choice. In case he cannot afford one, the
3 Public Attorney's Office or any legal aid institution of his/her choice will
4 assist him.

5 SECTION 12. The Commission on Human Rights and other
6 monitoring bodies are authorized to conduct inspection of all places where
7 psychiatric patients are held for involuntary treatment or otherwise, to
8 ensure full compliance with domestic and international standards governing
9 the legal basis for treatment and detention, quality of medical care, and
10 living standards.

11 SECTION 13. The patient and his/her legal representative and career
12 shall be entitled to effective participation in the development of legislation.

13 SECTION 14. ***Oversight and Quasi Judicial Procedures.*** -

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

- 17 (1) Promote and safeguard the rights of persons utilizing mental
18 health services and their careers;
- 19 (2) Review any policies and make such recommendations to any
20 competent authority to safeguard or to enhance the rights of
21 such persons and to facilitate their social inclusion and
22 wellbeing;
- 23 (3) Investigate any complaint alleging breach of patient's rights and
24 take any subsequent action or make recommendations which
25 may be required to protect the welfare of that person;
- 26 (4) Investigate any complaint about any aspect of care and
27 treatment provided by a facility or a health care professional
28 and take any decisions or make any recommendations that are
29 required;
- 30 (5) Conduct regular inspections, at least annually, of all facilities to
31 ascertain that the rights of patients and all the provisions of this
32 Act are being upheld. During such visit the Focal Commissioner

1 shall have unrestricted access to all parts of the facility and the
2 right to interview in private any consenting patient;

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

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

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

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

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

21 **SECTION 15. *Duties of Health Authorities.* –**

22 **Health authorities:**

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

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

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

4 (1) In psychiatric emergencies.

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

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

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

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

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

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

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

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

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

1 (2) Applied for the shortest time possible;

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

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

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

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

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

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

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

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

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

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

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
27 leading to the complaint;

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

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

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ARTICLE II
The Philippine Mental Health Council

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

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

SECTION 17. **Duties and Functions.** - The Council shall exercise the following duties:

- (a) Review and formulate policies and guidelines on mental health issues and concerns;
- (b) Develop a comprehensive and integrated national plan and program on mental health;
- (c) Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;
- (d) Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within these sectors;
- (e) Provide over-all technical supervision and ensure compliance with policies, programs, and projects within the comprehensive framework of the National Mental Health Care Delivery System and other such activities related to the implementation of this Act, through the review of mental health services and the adoption of legal and other remedies provided by law;

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2 (f) Plan and implement the necessary and urgent capacity
3 building, reorientation and training programs for all mental
4 health professionals, mental health workers and allied
5 professionals as articulated in this Act;
- 6 (g) Review all existing laws related to mental health and
7 recommend legislation which will sustain and strengthen
8 programs, services and other mental health initiatives;
- 9 (h) Conduct or facilitate the implementation of studies and
10 researches on mental health, with special emphasis on
11 studies that would serve as basis for developing appropriate
12 and culturally relevant mental health services in the
13 community;
- 14 (i) Create inter-agency committees, project task forces, and
15 other groups necessary to implement the policy and program
16 framework of this Act;
- 17 (j) Perform other duties and functions necessary to carry out
18 the purposes of this Act; and
- 19 (k) Collaborate with the following agencies, specifically:
- 20 (1) The Department of Science and Technology (DOST) and
21 attached agencies like the Philippine Institute of Traditional and
22 Alternative Health Care (PITAHC) and the Philippine Council for
23 Health Research and Development (PCHRD) to advance research
24 on basic and clinical studies into mental illness and
25 complementary and alternative treatment.
- 26 (2) The Department of Education (DepEd) and the Commission on
27 Higher Education (CHED) to develop school based mental health
28 promotion, screening and referral systems.
- 29 (3) The Philippine Health Insurance Corporation (PhilHealth) to
30 make sure that availability of insurance packages is in place
31 with substantial equity to physical disorders with similar impact
32 to the patient as measured by Disability Adjusted Life Years or
33 similar instrumentation.

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- 2 (4) The Technical Education and Skills Development Authority
- 3 (TESDA), the Department of Social Welfare and Development
- 4 (DSWD), the Department of Agriculture (DA), the Department of
- 5 Trade and Industry (DTI), the Department of Environment and
- 6 Natural Resources (DENR), the Department of the Interior and
- 7 Local Government (DILG) and other agencies to develop
- 8 vocational opportunities via innovative systems like Care Farms,
- 9 Psychosocial Rehabilitation and similar modalities with program
- 10 design and planning in conjunction with psychiatrists and other
- 11 mental health specialists.
- 12 (5) The Department of Labor and Employment (DOLE) to promote
- 13 diversity and equal protection in the workplace mandating
- 14 companies to develop programs to enhance mental wellness of
- 15 all employees and ensure work accommodations of mentally ill.
- 16 (6) The National Economic and Development Authority (NEDA) to
- 17 envision programs to promote the mental wealth of our nation,
- 18 including inclusive growth for the mentally ill.
- 19 (7) The National Center for Health Promotion to lead in the
- 20 formulation of the standard and the development of mental
- 21 health information, education and communication and
- 22 advocacy strategies to ensure the promotion of a totally healthy
- 23 and less stressful lifestyle for the Filipinos.
- 24 (8) The National Epidemiological Center to develop and update the
- 25 epidemiology of mental diseases and services available in the
- 26 country in the form of a census or a similar instrument.
- 27 Research into epidemiology, risk factors, treatment and
- 28 management of mental disorders should be given a priority. It
- 29 shall ensure the development or enhancement of national
- 30 reporting and surveillance systems and methodologies and the
- 31 generation, availability, accessibility, sharing, exchange, and
- 32 distribution of information and knowledge on mental health and

1 the establishment of the national registry of mental and
2 neurological cases.

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

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

12 SECTION 18. **Composition.** - The Council shall be composed of the
13 following: The Secretary of Health as ex officio chairman; The Executive
14 Director as vice chairman and Chief Executive Officer; Two (2)
15 representatives from the government sector; One (1) representative from the
16 private health sector or consumer groups; One (1) representative from the
17 academe/research; Two (2) representatives from the professional
18 organization; and Two (2) representatives from the allied nongovernment
19 organizations involved in mental health issues, as members. The President
20 from among the nominees of their respective organizations shall appoint the
21 members of the Council.

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

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

29 SECTION 21. **Quorum.** - The presence of a majority of the members of
30 the Council shall constitute a quorum.

31 SECTION 22. **Meetings.** - The Council shall meet at least once a
32 month or as frequently as necessary to discharge its duties and functions.

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

3 SECTION 23. **Executive Director.** - (a) The Council shall appoint an
4 Executive Director who shall serve for a term of three (3) years. The
5 Executive Director shall be eligible for one (1) reappointment and shall not
6 be removed from office except in accordance with existing laws.

7 (b) The Executive Director shall have the following duties and functions:

8 (1) Act as chief executive officer of the Council and assume full
9 responsibility in implementing its purposes and objectives.

10 (2) Maintain a close and functional relationship with the Department of
11 Health and other government and private entities concerning mental
12 health care;

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

16 (4) Execute and administer all approved policies, programs and
17 measures, and allocate appropriate resources for their
18 implementation;

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

23 (6) Represent the Council in all of its official transactions or dealings and
24 authorize legal contracts, annual reports, financial statements and
25 other documents.

26 SECTION 24. **Salary.** - The Executive Director shall receive a salary
27 to be fixed by the Council in accordance with the Salary Standardization
28 Law.

29 SECTION 25. **Appointment of Members.** - Within 30 days from the
30 date of this Act, the President of the Philippines shall appoint the members
31 of the Council.

1 SECTION 26. **Advisory Board.** -The Philippine Mental Health Council
2 shall create an advisory board consisting of mental health care users,
3 careers and professionals, representatives of the DOH as well as visiting
4 bodies under national and international obligations of the State.

5 **ARTICLE III**

6 **Miscellaneous Provisions**

7 SECTION 27. **Implementing Rules and Regulations (IRR).** - Within
8 90 days from the effectivity of this Act, the Secretary of Health shall, in
9 coordination with the Council, formulate the implementing rules and
10 regulations necessary for the effective implementation of this Act.

11 SECTION 28. **Appropriation.** -The initial amount of 170 million pesos
12 (P 170,000,000.00) is hereby appropriated for the initial implementation of
13 this Act. Thereafter, any amount as may be necessary to carry out the
14 provisions of this Act shall be included in the General Appropriations Act.
15 Regional hospitals shall be provided with financial support to maintain their
16 own Mental Health Unit capable of catering to 50 to 100 patients. Local
17 Government Units should require business establishments to donate from
18 one to three percent (1 % to 3%) of their gross sales to support the Mental
19 Health Program of the city or municipality. Donations will be treated as tax
20 shelter by the BIR.

21 SECTION 29. **Separability Clause.** - If any provision of this Act is
22 held invalid or unconstitutional, the remainder of the Act or the provision
23 not otherwise affected shall remain valid and subsisting.

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

28 SECTION 31. **Effectivity**- This Act shall take effect fifteen (15) days
29 upon its publication in at least two (2) national newspapers of general
30 circulation.

Approved,