

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



Senate  
Office of the Secretary

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SENATE

RECEIVED BY: 

S.B. No. 1155

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Introduced by Senator SONNY ANGARA

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AN ACT  
PROMULGATING A NATIONAL MENTAL HEALTH POLICY TOWARDS THE  
ENHANCEMENT OF INTEGRATED MENTAL HEALTH SERVICES, THE  
PROMOTION AND PROTECTION OF PERSONS UTILIZING MENTAL HEALTH  
SERVICES, APPROPRIATING FUNDS THERFOR AND FOR OTHER PURPOSES

EXPLANATORY NOTE

A November 2014 online video by *The Guardian*<sup>1</sup> documented how social workers found in a Northern Cebu town, post-Supertyphoon Yolanda, several mentally-ill individuals chained up or caged away from the rest of the community.

One had apparently been shackled by his family for 16 years, while another—having suffered an earlier breakdown—was kept for two years in a bamboo cage too small for him to even stand up or lie flat.

Unfortunately, such inhumane treatment appeared to be the only way the community knew how to deal with mental illness, given mental health issues are anything but mainstream in today's society and that absent is a comprehensive, rights-based policy to protect and promote every Filipino's mental health.

A 2011 World Health Organization (WHO) study found that the Philippines had the highest incidence of depression in Southeast Asia. However, one can imagine how similar cases might go undiagnosed when for every 10 million Filipinos, there are only 5 qualified psychiatrists according to the Philippine Psychiatric Association.

This is a problem exacerbated by the lack of well-funded mental health facilities across the country, where in 2006 the WHO found that the country only spent 5 percent of its total health budget for mental health.

The Department of Health (DOH) said that under the Duterte administration, mental health issues and other "modern-day living diseases" will not take a backseat.

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<sup>1</sup> The Guardian. "Typhoon Haiyan leaves mentally ill caged and alone." Filmed [N.D]. Youtube Video, 6:51. Posted [November 2014]. <https://www.youtube.com/watch?v=xqL-HyVvQoY>

Such pronouncements should be backed up with a comprehensive policy framework for mental health.

Hence, this proposed measure aims to institutionalize mental health services as a permanent component of the country's national health system—thereby, providing the legal basis for greater investment of public funds in mental health.

By adopting a rights-based approach, the measure also guards against and aims to eliminate any abuse a mentally-ill person might endure in the hands of doctors, nurses, caregivers, community health workers or even from their loved ones.

Most importantly, the measure affirms and operationalizes every Filipinos' Constitutional right to health, by making it a charge of the State to promote and protect their psychosocial and mental health needs.

We earnestly call for the swift passage of this measure.



**SONNY ANGARA**



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PROMOTION AND PROTECTION OF PERSONS UTILIZING MENTAL HEALTH  
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*Be it enacted by the Senate and House of Representatives of the Philippines in  
Congress assembled:*

ARTICLE I

TITLE, POLICY, OBJECTIVES AND DEFINITION OF TERMS

1  
2  
3  
4 **SECTION 1. *Short Title.*** – This Act shall be known as the “*Philippine Mental Health*  
5 *Act.*”

6  
7 **SEC. 2. *Declaration of Policy.*** – The 1987 Philippine Constitution mandates that the  
8 State shall protect and promote the right to health of the people, adopt an integrated  
9 and comprehensive approach to health development giving priority to the needs of the  
10 underprivileged, sick, elderly, disabled, women and children.

11  
12 The Universal Declaration of Human Rights, the International Covenant on  
13 Economic, Social and Cultural Rights, and the International Covenant on Civil and  
14 Political Rights, further provide for the right to equality and non-discrimination, dignity  
15 and respect, privacy and individual autonomy, information and participation of all  
16 people.

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

1 46/119 of December 17, 1991, on the Principles for the Protection of Persons with  
2 Mental Illness and the Improvement of Mental Health Care that lays down the policies  
3 and guidelines for the protection from harm of persons with mental disabilities and the  
4 improvement of mental health care.

5  
6 In line with all these, it is hereby declared the policy of the State to uphold the  
7 basic right of all Filipinos to mental health and respect the fundamental rights of people  
8 who require mental health services. The State thus recognizes that people with mental  
9 disabilities by virtue of the nature and/or severity of their illness, have specific  
10 vulnerabilities and therefore need special care that is appropriate to their needs based  
11 on national and internationally-accepted standards.

12  
13 The State commits to the promotion and protection of the rights of persons with  
14 psychosocial and mental health needs and the belief that addressing their profound  
15 social disadvantage enhances their significant contribution in the civil, political,  
16 economic, social and cultural spheres.

17  
18 **SEC. 3. Objectives.** – The objectives of this Act are as follows:

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

24  
25 b) Promote mental health, protection of the rights and freedoms of persons with  
26 mental health needs and the reduction of the burden and consequences of  
27 mental ill-health, mental and brain disorders and disabilities; and

28 c) Provide the direction for a coherent, rational, and unified response to the  
29 nation's psychosocial and mental health problems, concerns and efforts.

30  
31 **SEC. 4. Definition of Terms.** – For the purpose of this Act, the following terms shall be  
32 defined as follows:

33  
34 a) **“Allied Professionals”** refer to any formally educated and trained non-mental  
35 health professionals.



1       **b) "Carer"** refers to a person who may or may not be the service user's next of kin  
2       nor relative but maintains a close personal relationship with the service user and  
3       manifests concern for his welfare.

4  
5       **c) "Confidentiality"** refers to the relationship of trust and confidence created or  
6       existing between service users and their mental health professionals, mental health  
7       workers and allied professionals. It also applies to any person who, in any official  
8       capacity, has acquired or may have acquired such confidential information.

9  
10       **d) "Legal Representative"** refers to a substitute decision-maker charged by law  
11       with the duty of representing a service user in any specified undertaking or of  
12       exercising specified rights on behalf of the service user that will redound to the  
13       latter's well-being taking into consideration the latter's wishes.

14       **e) "Mental Disability"** refers to impairments, activity limitations, and individual and  
15       participatory restrictions denoting dysfunctional aspects of interaction between an  
16       individual and his environment.

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

21  
22       **g) "Mental Health Facility"** refers to any establishment, or any unit of an  
23       establishment, which has, as its primary function, mental health care or services.

24  
25       **h) "Mental Health Professional"** refers to a medical doctor, clinical psychologist,  
26       nurse, social worker or other appropriately trained and qualified person with specific  
27       skills relevant to mental health care.

28  
29       **i) "Mental Health Services"** refer to psychosocial, psychiatric or neurologic  
30       activities and programs along the whole range of the mental health support spectrum  
31       including enhancement, prevention, treatment and aftercare which are provided by  
32       mental health facilities and mental health professionals.

33  
34       **j) "Mental Health Workers"** refer to trained volunteers or advocates engaged in  
35       mental health promotion and services under the supervision of mental health  
36       professionals.





- 1 c) Receive treatment which addresses holistically their needs through a  
2 multidisciplinary care plan approach;  
3
- 4 d) Receive treatment in the least restrictive environment and in the least  
5 restrictive manner;  
6
- 7 e) Be protected from torture, cruel, inhumane, harmful, discriminatory, or  
8 degrading treatment;  
9
- 10 f) Receive aftercare and rehabilitation when possible in the community so as to  
11 facilitate their social inclusion;  
12
- 13 g) Be adequately informed about the disorder and the multidisciplinary services  
14 available to cater to their needs and the treatment options available;  
15
- 16 h) Actively participate in the formulation of the multidisciplinary treatment plan;  
17
- 18 i) Give free and informed consent before any treatment or care is provided and  
19 such consent shall be recorded in the service user's clinical record. This is  
20 without prejudice to the service user's right to withdraw consent;  
21
- 22 j) Acquire a responsible legal representative and carer of their choice consistent  
23 with Section 3(d), whenever possible;  
24
- 25 k) Confidentiality of all information, communication and records about  
26 themselves, illness and treatment in whatever form stored, which information  
27 shall not be revealed to third parties without their consent unless;
- 28 i. There is a law that requires disclosure;
- 29 ii. It can be argued that the person has provided express or implied  
30 consent to the disclosure; and
- 31 iii. There is good reason to believe that specific persons or groups are  
32 placed in serious, credible threat of harm if such disclosure is not made.  
33
- 34 l) Be entitled to a competent counsel of his/her own choice. In case he/she  
35 cannot afford one, the Public Attorney's Office or any legal aid institution of  
36 his/her own choice will assist him/her.  
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ARTICLE III

DUTIES AND RESPONSIBILITIES OF GOVERNMENT AGENCIES

**SEC. 6. *Duties and Responsibilities of the Department of Health (DOH).*** – It is the duty and responsibility of the DOH to:

- a) Ensure conditions for a safe, therapeutic and hygienic environment with sufficient privacy in mental health facilities and shall be responsible for the licensing, monitoring and assessment of all mental health facilities;
- b) Ensure that all public and private mental health facilities are protecting the rights of service users against cruel, inhuman and degrading treatment and/or torture; and
- c) Develop alternatives to institutionalization, such as community-based treatment with a view of receiving persons discharged from hospitals.

**SEC. 7. *Duties and Responsibilities of the Commission on Human Rights (CHR).*** –

It is the duty and responsibility of the CHR to:

- a) Establish mechanisms to investigate alleged improprieties and abuses in the use of involuntary interventions and recommend appropriate charges against the perpetrators;
- b) Inspect all places where psychiatric service users are held for involuntary treatment or otherwise, to ensure full compliance with domestic and international standards governing the legal basis for treatment and detention, quality of medical care, and living standards;
- c) Appoint a Focal Commissioner for Mental Health under the CHR to ensure that the rights of service users and their carers, as well as the rights of mental health professionals and workers are protected in accordance with our national laws and international obligations. The Focal Commissioner shall, whenever necessary and if there are findings of human rights violations committed by the mental health facility and/or any mental health professional and mental health worker, recommend civil, administrative or penal actions to appropriate agencies.



1 **SEC. 8. *Duties and Responsibilities of National and Local Mental Health Facilities.***

2 – It is the duty and responsibility of national and local mental health facilities to:

3 a) Inform service users of their rights. Every service user, whether admitted for  
4 voluntary or involuntary treatment, should be fully informed about the treatment  
5 to be prescribed and the reason for recommending it and be given the  
6 opportunity to refuse treatment or any other medical intervention. Informed  
7 consent must be sought from all service users at all times except in instances of  
8 mental incapacity as defined in Section 4;

9  
10 b) Ensure that guidelines and protocols for minimizing restrictive care are  
11 established;

12  
13 c) Keep a register on involuntary treatment and procedures; and

14  
15 d) Ensure that the decision for the need for a legal representative or substitute  
16 decision-maker shall be made only for reasons of mental incapacity and shall be  
17 made following established judicial procedures which should ensure that the  
18 rights, will and preferences of the service users are respected as far as possible.

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20 **ARTICLE IV**

21 **MENTAL HEALTH SERVICE IN THE COMMUNITY**

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23 **SEC. 9. *Local Mental Health Service.*** – Mental health service of local communities  
24 shall, within the general health care system, include the following:

25 a. Development, integration and implementation of mental health care at the  
26 primary health care in the community; and

27  
28 b. Advocacy and promotion of mental health awareness among the general  
29 population in the community level.

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32 **ARTICLE V**

33 **EDUCATION, RESEARCH AND DEVELOPMENT**

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35 **SEC. 10. *Integration of Mental Health/Psychiatry in the Curricula.*** – Mental  
36 health/psychiatry shall be a required subject in all medical and allied health courses,  
37 including postgraduate courses in health.

1 **SEC. 11. *Research and Development.*** – Research and development shall be  
2 undertaken, in collaboration with academic institutions, mental health associations and  
3 non-government organizations, to develop appropriate and culturally relevant mental  
4 health services.

5  
6 **ARTICLE VI**  
7 **MISCELLANEOUS PROVISIONS**  
8

9 **SEC. 12. *Implementing Rules and Regulations.*** – Within ninety (90) days from the  
10 effectivity of this Act, the Secretary of Health shall, in coordination with the Philippine  
11 Mental Health Council, as created in Executive Order No. 470 series of 1998, formulate  
12 the implementing rules and regulations necessary for the effective implementation of  
13 this Act.

14  
15 **SEC. 13. *Appropriations.*** – The amount necessary to carry out the initial  
16 implementation of this Act shall be charged against the current year's appropriation of  
17 the DOH. Thereafter, such amount as may be necessary for the continued  
18 implementation of this Act shall be included in the Annual General Appropriations Act.

19  
20 **SEC. 14. *Separability Clause.*** – If any provision of this Act is held invalid or  
21 unconstitutional, the remainder of the Act or the provision not otherwise affected shall  
22 remain valid and subsisting.

23  
24 **SEC. 15. *Repealing Clause.*** – Any law, presidential decree or issuance, executive  
25 order, letter of instruction, administrative rule or regulation contrary to or inconsistent  
26 with the provisions of this Act is hereby repealed, modified or amended accordingly.

27  
28 **SEC. 16. *Effectivity.*** – This Act shall take effect fifteen (15) days upon its publication in  
29 the Official Gazette or in at least two (2) newspapers of general circulation.

*Approved,*