



Senate
Office of the Secretary

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

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SENATE

S.B. No. 1190

REC'D

BY:

Introduced by Senator **Ana Theresia "Risa" Hontiveros-Baraquel**

**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**

EXPLANATORY NOTE

As noted by the World Health Organization (WHO) mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all countries, regardless of income. While 14% of the global burden of disease is attributable to these disorders, most of the people affected do not have access to the treatment they need. According to the WHO, while the lifetime prevalence of mental illness globally is estimated at 20% of any given population, the data from developing countries shows a much higher prevalence, ranging from 11% to 44%.

People with mental disorders experience disproportionately higher rates of disability and mortality. For instance, persons with major depression and schizophrenia have a 40% to 60% greater chance of dying prematurely than the general population; commonly, as a result of suicide, which is the second most common cause of death among young people worldwide, or neglect. Furthermore, mental disorders frequently reduce sufferers and their families to poverty. Homelessness and inappropriate incarceration are far more common for people with mental disorders than for the general population, and exacerbate their marginalization and vulnerability.

Because of stigmatization and discrimination, persons with mental disorders often have their basic human rights violated. Many are denied opportunities to work or to obtain education and vocational training. They may also be subject to unhygienic and inhuman living conditions, physical and sexual abuse, neglect, and harmful and degrading treatment

In the Philippines, the Philippine Statistics Authority has reported that 1 in 5 adult Filipinos suffer from mental or psychiatric disorders, resulting in an average of 88 reported cases of mental illness per 100,000 Filipinos. 50% of adults visiting rural health centers in remote barrios were also diagnosed to be suffering from some form of psychological illness. Of the 1.4 million Filipinos with disabilities identified in the 2010 National Census, 14 percent, or over 200,000 people, were found to have a mental disability or disorder. Despite the prevalence of mental, psychosocial, and neurologic disorders locally, only 490 psychiatrists are currently licensed to practice in the Philippines. Moreover, only 5,465 hospital beds have been set aside for persons with mental disorders nationwide – 4,200 of which are concentrated in the National Center for Mental

health.

In this regard, the 1987 Philippine Constitution mandates that the State shall protect and promote the right to health of the people, adopt an integrated and comprehensive approach to health development giving priority to the needs of the underprivileged, sick, elderly, disabled, indigenous peoples, women and children.

Moreover, as a state-party to the UN Convention on the Rights of Persons with Disabilities, the Philippines is also obligated under Article 4 thereof "to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability."

Similarly, UN General Assembly resolution 46/119 of December 17, 1991, on the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, which provides, among others, that all persons shall have the right to the best available mental health care, which shall be part of the health and social care system, and that all persons with mental illness shall be treated with humanity and respect.

Considering the foregoing, it is imperative that the State uphold the basic right of all Filipinos to mental health, protect the fundamental rights of people who require mental health services, promote mental and psychosocial well-being, and support processes that engenders resilience and growth. This policy is founded on the belief that addressing the needs of, and profound social disadvantages experienced by, persons suffering from psychosocial problems, mental disorders, and mental incapacities enhances their capacity to participate in civil, political, economic, social and cultural affairs

Hence, the immediate passage of this measure is earnestly sought.


ANA THERESIA "RISA" HONTIVEROS-
BARAQUEL

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

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ARTICLE I
Policy, Objectives, and Definitions

Section 1. Short Title. This Act shall be known as the "Mental Health Act of 2016."

Section 2. Declaration of Policy. It is hereby declared the policy of the State to uphold the basic right of all Filipinos to mental health and to respect the fundamental rights of people who require mental health services.

The State thus commits itself to promoting the well-being of its people by, among others, ensuring that mental health is valued, promoted and protected; mental disorders are prevented; and persons affected by these disorders are able to access high quality, culturally-appropriate health and social care in a timely way to, exercise the full range of human rights, and participate fully in society and at work free from stigmatization and discrimination.

Policies, plans and laws for mental health shall comply with obligations under the United Nations Convention on the Rights of Persons with Disabilities and other international and regional human rights conventions. Thus, the State expressly recognizes the applicability of Republic Act (R.A.) No. 7277, as amended, otherwise known as the "Magna Carta for Disabled Persons", to persons with mental disorders, as defined herein.

Section 3. Objectives. The objectives of this Act are, as follows:

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

- 1 (b) Develop and establish a comprehensive, integrated, effective, and efficient
2 national mental health care system responsive to the psychiatric,
3 neurologic, and psychosocial needs of the Filipino people;
- 4 (c) Protect the rights and freedoms of persons with psychiatric, neurologic,
5 and psychosocial health needs; and
- 6 (d) Strengthen information systems, evidence and research for mental health.

7 **Section 4. Definitions.** For the purposes of this Act, the following definitions
8 shall apply:

- 9 (a) "Confidentiality" means ensuring that the personal and health information
10 related to persons with psychiatric, neurologic, and psychosocial health
11 needs is kept private, safe from access or use by or disclosure to persons or
12 entities who are not authorized to access, use, or possess such information.
- 13 (b) "Discrimination" means any distinction, exclusion or restriction which has
14 the purpose or effect of impairing or nullifying the recognition or exercise,
15 on an equal basis with others, of all human rights and fundamental
16 freedoms.
- 17 (c) "Informed Consent" refers to the voluntary acceptance of a plan for
18 treatment by a service user who is not mentally incapacitated, after full
19 disclosure by the attending mental health professional of information
20 regarding the plan of treatment, its risks, benefits, and available
21 alternatives.
- 22 (d) "Legal Representative" refers to a person who is designated by the service
23 user or appointed by a court of competent jurisdiction, to act as a
24 supported or substitute decision maker.
- 25 (e) "Mental Disorder" refers to a neurologic or psychiatric condition
26 characterized by the existence of a recognizable, clinically-significant
27 disturbance in an individual's cognition, emotional regulation, or behavior
28 that reflects a genetic or acquired dysfunction in the neurobiological,
29 psychosocial, or developmental processes underlying mental functioning.
30 The determination of psychiatric and neurologic disorders shall be based
31 on scientifically-accepted medical nomenclature.
- 32 (f) "Mental Health" refers to a state of psychosocial well-being in which the
33 individual realizes his or her own abilities, copes adequately with the
34 normal stresses of life, displays resilience in the face of extreme life events,
35 works productively and fruitfully, and is able to make a positive
36 contribution to the community.
- 37 (g) "Mental Health Facility" refers to any establishment, or any unit of an
38 establishment, which has, as its primary function the provision of mental
39 health care or services.
- 40 (h) "Mental Health Professional" refers to a medical doctor, clinical
41 psychologist, nurse, social worker or any other appropriately-trained and
42 qualified person with specific skills relevant to the provision of mental
43 health services.

- 1 (i) "Mental Health Services" refer to psychosocial, psychiatric or neurologic
2 activities and programs along the whole range of the mental health
3 support spectrum including enhancement, prevention, treatment, and
4 aftercare.
- 5 (j) "Mental Health Workers" refer to trained personnel, volunteers or
6 advocates engaged in mental health promotion, providing services under
7 the supervision of a mental health professional.
- 8 (k) "Mental Incapacity" refers to medically-determined, temporary or
9 permanent inability on the part of a service user or any other person
10 affected by a mental disorder, to:
- 11 (i) Understand information given concerning the nature of a mental
12 disorder;
- 13 (ii) Understand the consequences of one's decisions and actions on
14 one's life or health, or the life or health of others;
- 15 (iii) Understand information about the nature of the treatment
16 proposed, including methodology, direct effects, and possible side-
17 effects; and
- 18 (iv) Effectively communicate consent to treatment or hospitalization, or
19 information regarding one's own condition.
- 20 (l) "Psychiatric Emergencies" refer to conditions presenting a serious and
21 immediate threat to the health and well-being of a service user or any
22 other person affected by a mental disorder, or to the health and well-being
23 of others, such as, but not limited to, threatened or attempted suicide,
24 acute intoxication, severe depression, acute psychosis, or violent behavior,
25 requiring immediate psychiatric intervention.
- 26 (m) "Psychosocial Problem" refers to a condition that indicates the existence of
27 dysfunctions in a person's behavior, thoughts and feelings brought about
28 by sudden, extreme, prolonged or cumulative stressors in the physical or
29 social environment.
- 30 (n) "Service User" refers to a person receiving psychiatric, neurologic, or
31 psychosocial services or care.
- 32 (o) "Substituted Decision Making" " is the act of making decisions on behalf of
33 a service user in situations where the latter has been assessed by a mental
34 health professional to be mentally incapacitated, consistent with the
35 service user's written directives, if available.
- 36 (p) "Supported Decision Making" is the act of assisting a service user who
37 retains decision-making ability, or who is not otherwise mentally
38 incapacitated as defined herein, in coherently expressing a mental health-
39 related preference, intention or decision.

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ARTICLE II

1 ***Rights of Persons with Mental Health Needs, their Families & Legal***
2 ***Representatives, and Mental Health Professionals***

3 **Section 5. *Rights of Persons with Mental Health Needs.*** Without prejudice to
4 the provisions of this Act or any other applicable law, a service user or any other
5 person with mental health needs shall have the right to:

- 6 (a) Freedom from social, economic, and political discrimination and
7 stigmatization, whether committed by public or private actors;
- 8 (b) Exercise all their inherent civil, political, economic, social, religious,
9 educational, and cultural rights respecting individual qualities, abilities,
10 and diversity of background, without discrimination on the basis of
11 physical disability, age, gender, sexual orientation, race, color, language,
12 religion or national, ethnic, or social origin of the service user concerned;
- 13 (c) Receive evidence-based or informed treatment of the same standard and
14 quality as that of other persons similarly situated, regardless of age, sex,
15 socioeconomic status, race, ethnicity or sexual orientation;
- 16 (d) Access essential health and social services that enable them to recover and
17 achieve the highest attainable standard of mental health without risk of
18 impoverishing themselves or their families;
- 19 (e) Receive mental health services at all levels of the health care system;
- 20 (f) Receive comprehensive and coordinated treatment that integrates holistic
21 prevention, promotion, rehabilitation, care and support aimed at
22 addressing mental and physical health care needs and facilitating
23 recovery, through a multi-disciplinary, user-driven treatment and
24 recovery plan;
- 25 (g) Psychosocial care and clinical treatment in the least restrictive
26 environment and manner;
- 27 (h) Humane treatment free from solitary confinement, torture, and cruel,
28 inhumane, harmful or degrading treatment;
- 29 (i) Aftercare and rehabilitation within the community whenever possible, for
30 the purpose of facilitating social reintegration;
- 31 (j) Adequate information regarding psychosocial and clinical assessments and
32 available multidisciplinary health services;
- 33 (h) Participate in mental health advocacy, policy, planning, legislation,
34 service provision, monitoring, research and evaluation;
- 35 (i) Confidentiality of all information, communications, and records, in
36 whatever form or medium stored, regarding the service user, any aspect of
37 the service user's mental health, or any treatment or care received by the
38 service user, which information, communications, and records shall not be

- 1 disclosed to third parties without the written consent of the service user
2 concerned or the service user's legal representative, unless:
- 3 (i) Such disclosure is required by law or pursuant to an order issued by
4 a court of competent jurisdiction;
 - 5 (ii) A life-threatening emergency exists and such disclosure is necessary
6 to prevent harm or injury to the service user or to other persons;
 - 7 (iii) The service user is a minor and the attending mental health
8 professional reasonably believes that the service user is a victim of
9 child abuse;
 - 10 (iv) Such disclosure is required in connection with an administrative,
11 civil, or criminal case against a mental health professional or worker
12 for negligence or a breach of professional ethics, to the extent
13 necessary to completely adjudicate, settle, or resolve any issue or
14 controversy involved therein; or
 - 15 (v) Such disclosure is in the interest of public safety or national
16 security.
- 17 (j) Give informed consent before treatment or care is provided, including the
18 right to withdraw such consent. Such consent shall be recorded in the
19 service user's clinical record;
- 20 (k) Participate in the development and formulation of the psychosocial care or
21 clinical treatment plan to be implemented;
- 22 (l) Unless the service user has been determined or declared to be mentally
23 incapacitated, designate or appoint a person of legal age to act as his or her
24 legal representative through a notarized document executed for that
25 purpose. If the service user has been determined or declared to be
26 mentally incapacitated, or otherwise fails to designate or appoint a legal
27 representative, the following persons shall act as the service user's legal
28 representative, in order of preference:
- 29 (i) The spouse, if any, unless permanently separated from the service
30 user by a decree issued by a court of competent jurisdiction, or
31 unless such spouse has abandoned or been abandoned by the
32 service user for any period which has not yet come to an end;
 - 33 (ii) Non-Minor Children;
 - 34 (iii) Either parent by mutual consent, if the service user is a minor; or
 - 35 (iv) A person appointed by the court.
- 36 (m) Legal representation, through competent counsel of the service user's
37 choice. In case the service user cannot afford the services of counsel, the
38 Public Attorney's Office, or a legal aid institution of the service user or
39 representative's choice, shall assist the service user;
- 40 (n) Access to their clinical records unless, in the opinion of the attending
41 mental health professional, revealing such information would cause harm

1 to the service user's health or put the safety of others at risk. When any
2 such clinical records are withheld, the service user or his or her legal
3 representative may contest such decision with the internal review body
4 created pursuant to this Act authorized to investigate and resolve disputes,
5 or with the Commission on Human Rights; and

6 (o) Information, within twenty-four (24) of admission to a mental health
7 facility, of the rights enumerated in this section in a form and language
8 understood by the service user;

9 **Section 6. *Rights of Family Members and Legal Representatives.*** The family
10 members and duly-designated or appointed legal representative of the service
11 user shall have the right to:

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

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

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

19 (d) Participate in mental health advocacy, policy, planning, legislation,
20 service provision, monitoring, research and evaluation.

21 **Section 7. *Rights of Mental Health Professionals.*** Mental health professionals
22 shall have the right to:

23 (a) A safe and supportive work environment;

24 (b) Continuous education and training;

25 (c) Participate in the planning, development, and management of mental
26 health services;

27 (d) Contribute to the development and regular review of standards for
28 evaluating mental health services provided to service users;

29 (e) Participate in the development of mental health policy and service delivery
30 guidelines;

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

34 (g) Advocate for the rights of a service user, in cases where the service user's
35 wishes are at odds with those of his family or legal representative.

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ARTICLE III
Duties & Responsibilities of Government Agencies

1 **Section 8. Duties and Responsibilities of the Department of Health (DOH).** To
2 achieve the policy and objectives of this Act, the DOH shall:

- 3 (a) Formulate, develop, and implement a national mental health program;
- 4 (b) Ensure that a safe, therapeutic, and hygienic environment with sufficient
5 privacy exists in all mental health facilities and, for this purpose, shall be
6 responsible for the regulation, licensing, monitoring, and assessment of all
7 mental health facilities;
- 8 (c) Integrate mental health into the routine health information system
9 and identify, collate, routinely report and use core mental health data
10 disaggregated by sex and age, and health outcomes, including data on
11 completed and attempted suicides, in order to improve mental health
12 service delivery, promotion and prevention strategies;
- 13 (d) Improve research capacity and academic collaboration on national
14 priorities for research in mental health, particularly operational
15 research with direct relevance to service development and
16 implementation and the exercise of human rights by persons with
17 mental disorders, including the establishment of centers of excellence;
- 18 (e) Ensure that all public and private mental health institutions uphold the
19 right of patients to be protected against torture or cruel, inhumane, and
20 degrading treatment;
- 21 (f) Coordinate with the Philippine Health Insurance Corporation to ensure
22 that insurance packages equivalent to those covering physical disorders of
23 comparable impact to the patient, as measured by Disability-Adjusted Life
24 Year or other methodologies, are available to patients affected by mental
25 disorders;
- 26 (g) Prohibit forced or inadequately remunerated labor within mental health
27 facilities, unless such labor is justified as part of an accepted therapeutic
28 treatment program; and
- 29 (h) Develop alternatives to institutionalization, particularly community-based
30 approaches to treatment aimed at receiving patients discharged from
31 hospitals, meeting the needs expressed by persons with mental health
32 disorders, and respecting their autonomy, decisions, dignity, and privacy.

33 **Section 9. Duties and Responsibilities of the Commission on Human Rights**
34 **(CHR).** The CHR shall:

- 35 (a) Establish mechanisms to investigate, address, and act upon impropriety
36 and abuse in the treatment and care received by service users, particularly
37 when such treatment or care is administered or implemented
38 involuntarily;
- 39 (b) Inspect mental health facilities to ensure that service users therein are not
40 being subjected to cruel, inhumane, or degrading conditions or treatment;

1 (c) Investigate all cases involving involuntary treatment, confinement, or care
2 of service users, for the purpose of ensuring strict compliance with
3 domestic and international standards respecting the legality, quality, and
4 appropriateness of such treatment, confinement, or care; and

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

14 **Section 10. Duties and Responsibilities of Mental Health Facilities.** Mental
15 health facilities shall:

16 (a) Establish policies, guidelines, and protocols for minimizing the use of
17 restrictive care and involuntary treatment;

18 (b) Inform service users of their rights under this Act and all other pertinent
19 laws and regulations;

20 (c) Provide every service user, whether admitted for voluntary or involuntary
21 treatment, with complete information regarding the plan of treatment to
22 be implemented;

23 (d) Ensure that informed consent is obtained from service users prior to the
24 implementation of any medical procedure or plan of treatment or care,
25 except when the service user concerned is mentally incapacitated, as
26 defined herein;

27 (e) Ensure that involuntarily treatment or restraint, whether physical or
28 chemical, is only administered or implemented pursuant to the following
29 safeguards and conditions, and only to the extent that such treatment or
30 restraint is necessary:

31 (i) During psychiatric or neurologic emergencies;

32 (ii) Upon the order of the service user's attending physician, which
33 order must be reviewed by a board-certified psychiatrist within one
34 (1) month from date of issuance, or as soon as possible;

35 (iii) When all other means of treatment or restraint have proven
36 unsuccessful; and

37 (iv) That such involuntary medical treatment or restraint shall be: in
38 strict accordance with guidelines approved by the appropriate
39 authorities, which must contain clear criteria regulating the
40 application and termination of such medical intervention; used for
41 the shortest period of time possible, as assessed by a board-certified
42 psychiatrist or by the service user's attending physician under the

1 supervision of a board-certified psychiatrist; and fully documented
2 and subject to regular external independent monitoring and audit.

3 (f) Maintain a register containing information on all medical treatments and
4 procedures involuntarily administered to service users;

5 (g) Ensure that legal representatives are designated or appointed only after
6 the requirements of this Act and the procedures established for the
7 purpose have been observed, which procedures should respect the
8 autonomy and preferences of the patient as far as possible; and

9 (h) Establish an internal review body to monitor and ensure compliance with
10 the provisions of this Act, as well as receive, investigate, resolve, and act
11 upon complaints brought by service users or their families and legal
12 representatives against the mental health facility or any mental health
13 professional or worker.

14 **ARTICLE IV**
15 ***Community Mental Health Services***

16 **Section 11. *Community Mental Health Services.*** Within the general health care
17 system, the following mental health services shall be developed and integrated
18 into the primary health care system at the community level:

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

21 (b) Community resilience and psychosocial well-being training in all
22 barangays, including the availability of mental health and psychosocial
23 support services during and after natural disasters and other calamities;

24 (c) Training and capacity-building programs for local mental health workers
25 in coordination with mental health facilities and departments of psychiatry
26 in general or university hospitals;

27 (d) Support services for families and co-workers of service users, mental
28 health professionals, and mental health workers; and

29 (e) Dissemination of mental health information and promotion of mental
30 health awareness among the general population.

31 **Section 12. *Psychiatric, Psychosocial, and Neurologic Services in Regional,***
32 ***Provincial, and Tertiary Hospitals.*** All regional, provincial, and tertiary hospitals
33 shall provide the following psychiatric, psychosocial, and neurologic services:

34 (a) Short-term, in-patient hospital care in a small psychiatric ward for service
35 users exhibiting acute psychiatric symptoms;

36 (b) Partial hospital care for those exhibiting psychiatric symptoms or
37 experiencing difficulties *vis-à-vis* their personal and family circumstances;

- 1 (c) Out-patient services in close collaboration with existing mental health
2 programs at primary health centers in the same area;
- 3 (d) Home care services for service users with special needs as a result of,
4 among others, long-term hospitalization, non-compliance with or
5 inadequacy of treatment, and absence of immediate family;
- 6 (e) Coordination with drug rehabilitation centers *vis-à-vis* the care,
7 treatment, and rehabilitation of persons suffering from addiction and
8 other substance-induced mental disorders; and
- 9 (f) A referral system involving other public and private health and social
10 welfare service providers, for the purpose of expanding access to programs
11 aimed at preventing mental illness and managing the condition of persons
12 at risk of developing mental, neurologic, and psychosocial problems.

13 **ARTICLE V**
14 ***Education, Research, and Development***

15 **Section 13.** *Integration of Mental Health into the Educational System.* The
16 State shall ensure the integration of the mental health into the educational
17 system, as follows:

- 18 (a) Age-appropriate content pertaining to mental health shall be integrated
19 into the curriculum at all educational levels; and
- 20 (b) Psychiatry and neurology shall be a required subjects in all medical and
21 allied health courses, including post-graduate courses in health.

22 **Section 14.** *Capacity-Building, Reorientation, and Training.* In close
23 coordination with mental health facilities, and the departments of psychiatry in
24 general and university hospitals, mental health professionals and workers shall
25 undergo capacity-building, reorientation, and training to develop their ability to
26 deliver evidence-based, culturally-appropriate and human rights-oriented mental
27 health services, with an emphasis on the community and public health aspects of
28 mental health.

29 **Section 15.** *Research and Development.* Research and development shall be
30 undertaken, in collaboration with academic institutions, psychiatric, neurologic,
31 and related associations, and non-government organizations, to produce the
32 information, evidence, and research necessary to formulate and develop a
33 culturally-relevant national mental health program incorporating indigenous
34 concepts and practices related to mental health.

35 High ethical standards in mental health research shall be promoted to ensure
36 that: research is conducted only with the free and informed consent of the
37 persons involved; researchers do not receive any privileges, compensation or
38 remuneration in exchange for encouraging or recruiting participants; potentially
39 harmful or dangerous research is not undertaken; and all research is approved by
40 an independent ethics committee, in accordance with applicable law.

41 **ARTICLE VI**
42 **Miscellaneous Provisions**

1 **Section 16. *Implementing Rules & Regulations.*** The Secretary of Health shall
2 issue the Implementing Rules & Regulations necessary for the effective
3 implementation of this Act within ninety (90) days from the effectivity thereof.

4 **Section 17. *Appropriations.*** The amount necessary for the initial
5 implementation of the provisions of this Act shall be charged against the current
6 year's appropriations of the Department of Health. Thereafter, five percent (5%)
7 of the annual excise tax on alcohol and tobacco products collected by the
8 government shall be earmarked for the implementation of this Act.

9 **Section 18. *Separability Clause.*** If any provision of this Act is declared
10 unconstitutional or invalid by a court of competent jurisdiction, the remaining
11 provisions not affected thereby shall continue to be in full force and effect.

12 **Section 19. *Repealing Clause.*** All laws, decrees, executive orders, department or
13 memorandum orders and other administrative issuances or parts thereof which
14 are inconsistent with the provisions of this Act are hereby modified, superseded
15 or repealed accordingly.

16 **Section 20. *Effectivity.*** This Act shall take effect fifteen (15) days after
17 publication in the Official Gazette or in at least two (2) newspapers of general
18 circulation.

19 **APPROVED.**