



HOUSE OF REPRESENTATIVES

H. No. 6452

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BY REPRESENTATIVES QUIMBO, CAYETANO, VILLARICA, SALO, NOGRALES (K.A.), NOGRALES (J.J.), BAGUILAT, ROA-PUNO, VILLARIN, ZARATE, NIETO, MACEDA, LANETE, ALVAREZ (P.), FARINAS, SUAREZ, ZAMORA (M.C.), PRIMICIAS-AGABAS, AGLIPAY-VILLAR, DALIPE, ANTONIO, NAVA, CHIPECO, SAVELLANO, BELARO, TAMBUNTING, LAGMAN, HERRERA-DY, BAG-AO, DE JESUS, ELAGO, BROSAS, SY-ALVARADO, ORTEGA (P.), GO (M.), SAHALI, ESCUDERO, VARGAS, AGGABAO, VIOLAGO, BRAVO (A.), ACOPI, SUANSING (E.), ARAGONES, CHAVEZ, CUARESMA, MARIÑO, PALMA, BULUT-BEGTANG, ROQUE (H.), ERIGUEL, RODRIGUEZ (M.), ROBES, MERCADO, YAP (V.), VILLARAZA-SUAREZ, JAVIER, LOBREGAT, SANDOVAL, BIRON, GARBIN, GARCIA (J.E.), ALEJANO, BIAZON, MANALO, DIMAPORO (M.K.), VELASCO, GERON, BORDADO, OLIVAREZ, VELASCO-CATERA, TUGNA, BELMONTE (J.C.), TAN (A.), SIAO, HOFER, NOEL, MATUGAS, ORTEGA (V.N.), BAGATSING, GOMEZ, CUEVA, BERNOS AND DIMAPORO (A.), PER COMMITTEE REPORT NO. 393

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

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

1 CHAPTER I

2 GENERAL PROVISIONS

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

5 SEC. 2. *Declaration of Policy.* – It is the policy of the State  
6 to protect and promote the right to health of the people and instill  
7 health consciousness among them. To this end, the State shall, as a  
8 policy, create and ensure a unified, accountable, comprehensive  
9 mental health services system, which shall:

10 (a) Promote sound mental health by upholding the basic  
11 rights of all Filipinos to mental health;

12 (b) Uphold, protect, and promote the basic right to health of  
13 all Filipinos with due attention to mental health and psychosocial  
14 well-being;

15 (c) Ensure and promote the full realization of all human  
16 rights and fundamental freedoms for all persons with disabilities  
17 without discrimination of any kind on the basis of mental disability;

18 (d) Respect the fundamental rights of people who require  
19 mental health services to enhance their significant contribution in  
20 the civil, political, economic, social and cultural spheres;

21 (e) Recognize that mental health includes not only commonly  
22 known mental illnesses and disorders but also the effect to one's  
23 mind of the risk brought by extreme life experiences such as  
24 disasters, armed conflict, domestic abuse, drug abuse and  
25 dependence, addiction, as well as the psychosocial concerns of daily  
26 living;

- 1           (f) Establish and operationalize rights-based/community-  
2 based mental health care facilities nationwide;
- 3           (g) Reduce the chronicity of mental illness;
- 4           (h) Make available best possible measures to promote mental  
5 well-being and to prevent mental disorder;
- 6           (i) Provide equitable access to quality, affordable,  
7 geographically accessible, and voluntary mental health care;
- 8           (j) Provide effective mechanisms or measures to reintegrate  
9 into society individuals who have fallen victims to mental health  
10 illnesses, including drug abuse and drug dependence, through  
11 sustainable programs of treatment and rehabilitation;
- 12          (k) Provide appropriate, accessible, affordable, effective and  
13 efficient mental health and psychosocial interventions and services,  
14 from prevention to treatment and rehabilitation, that will ensure  
15 that citizens shall be able to continue to function and exercise their  
16 civil, political, economic, social, religious, educational, and cultural  
17 rights;
- 18          (l) Ensure the establishment of an integrated and  
19 comprehensive mental health care system, encompassing primary  
20 to tertiary levels of care, promotion, prevention to treatment and  
21 rehabilitation, from the national to the barangay community level;
- 22          (m) Provide neurologic and psychosocial health services to  
23 address such mental issues;
- 24          (n) Ensure the free dispensation of mental health care  
25 services and medications to indigent patients and service users  
26 consisting of the members of the marginalized and disadvantaged  
27 families, as identified through National Household Targeting  
28 System for Poverty Reduction (NHTS-PR) and other government  
29 measures of identifying marginalization; and

1 (o) Drugs and medicines for mental health care and  
2 treatment shall be included in the Philippine National Drug  
3 Formulary System (PNDFS) and in the Essential Drug List (EDL).

4 SEC. 3. *Objectives.* – The following are the objectives of the  
5 Comprehensive Mental Health Act:

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

12 (b) Promote mental health, protection of the rights and  
13 freedoms of persons with mental health needs and the reduction of  
14 the burden and consequences of mental ill-health, mental and brain  
15 disorders and disabilities;

16 (c) Provide the direction for a coherent, rational, and unified  
17 response and efforts to address the nation's mental health problems  
18 and concerns;

19 (d) Integrate mental health care in the general health  
20 delivery system, especially in the programs of the Department of  
21 Health (DOH), the Department of the Interior and Local  
22 Government (DILG), and the Department of Social Welfare and  
23 Development (DSWD) for the mentally disabled persons;

24 (e) Integrate, introduce and promote the study of mental  
25 health in both elementary and secondary educational systems to  
26 prevent depression, obesity, and teenage pregnancy among students  
27 of this age group; and

28 (f) Deter peoples' predisposition to discriminate and  
29 stigmatize those with mental illness by incorporating mental health

1 awareness and advocacy in school curriculum of public and private  
2 schools in the elementary and secondary level.

3       SEC. 4. *Definition of Terms.* – As used in this Act:

4       (a) *Addiction* refers to a primary chronic disease of brain  
5 reward, motivation, memory, and related circuitry. Dysfunctions in  
6 the circuitry lead to characteristic biological, psychological, social,  
7 and spiritual manifestations. It is characterized by the inability to  
8 consistently abstain impairment and behavioral control, craving  
9 diminished recognition of significant problems with one's behavior  
10 and interpersonal relationships and a dysfunctional emotional  
11 response;

12       (b) *Allied professionals* refer to any formally educated and  
13 trained nonmental health professionals such as physicians, social  
14 workers, nurses, occupational therapists, recreational therapists,  
15 priests, ministers, pastors and nuns;

16       (c) *Board certification* refers to the process of qualifying  
17 medical specialists through requirements and examinations set by  
18 the Board of an accredited medical specialty, including other  
19 specialty boards and specialists such as psychologists, so appointed  
20 or elected for that specific purposes by the certified members of the  
21 medical specialty;

22       (d) *Carer* refers to the person who may or may not be the  
23 patient's next of kin or relative who maintains a close personal  
24 relationship and manifests concern for the welfare of the patient;

25       (e) *Community-based rehabilitation* refers to a rights-based  
26 program, planned and implemented in the community, that ensures  
27 intervention for a mental health patient either as a supplemental  
28 undertaking to hospital care, primary drug use programs, or in  
29 place of facility-based treatment as long as the patient is not a

1 danger to oneself or to others;

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

8 (g) *Discrimination on the basis of disability* refers to any  
9 distinction, exclusion or restriction on the basis of disability which  
10 has the purpose or effect of nullifying the recognition, enjoyment  
11 or exercise, on an equal basis with others, of all human rights  
12 and fundamental freedoms in the political, economic, social,  
13 cultural, civil or any other field. It includes all forms of  
14 discrimination, including denial of reasonable accommodation.  
15 Special measures solely to protect the rights or secure  
16 the advancement of persons with decision-making impairment  
17 capacity shall not be deemed to be discriminatory;

18 (h) *Informed consent* refers to the voluntary acceptance of  
19 a plan for treatment by a service user who does not have a  
20 decision-making impairment capacity, after full disclosure by  
21 the attending mental health professional of information  
22 regarding the plan of treatment, its risks, benefits and available  
23 alternatives;

24 (i) *Legal representative* refers to a substitute decision maker  
25 charged by law with the duty of representing a patient in any  
26 specified undertaking or of exercising specified rights on the  
27 patient's behalf. The legal representative may also be a person  
28 appointed in writing by the patient to act on one's behalf unless the  
29 patient lacks mental capacity, or otherwise fails to appoint a legal

1 representative in writing, in which case the legal representative  
2 shall be in the following order:

3 (1) The spouse, if any, unless permanently separated from  
4 the patient as rendered by a court of competent jurisdiction, or has  
5 deserted or has been deserted by the patient for any period which  
6 has not come to an end; or

7 (2) Sons and daughters over the age of eighteen (18) years;

8 (3) Either parent by mutual consent; and

9 (4) A person appointed by a decree of a court to represent  
10 the patient;

11 (j) *Mental disability* refers to impairments, activity  
12 limitations, and individual and participatory restrictions denoting  
13 dysfunctional aspects of interaction between an individual and one's  
14 environment;

15 (k) *Mental health* refers to a state of well-being in which  
16 every individual realizes one's own potential, is able to cope with the  
17 normal stresses of life, can work productively and fruitfully, and  
18 make a contribution to the community;

19 (l) *Mental health facility* refers to any establishment, or any  
20 unit of an establishment, which has, as its primary function,  
21 mental health care or services;

22 (m) *Mental health professional* refers to a medical doctor,  
23 clinical psychologist, nurse, social worker or any other  
24 appropriately-trained and qualified person with specific skills  
25 relevant to the provision of mental health services;

26 (n) *Mental health services* refer to psychosocial, psychiatric or  
27 neurologic activities and programs along with the whole range of  
28 mental health support services including the promotion thereof; and

1 the prevention, treatment, and aftercare, which are provided by  
2 mental health facilities and mental health professionals;

3 (o) *Mental health workers* refer to trained volunteers and  
4 advocates engaged in mental health promotion and services under  
5 the supervision of mental health professionals;

6 (p) *Mental illness* refers to neurologic or psychiatric disorder  
7 characterized by the existence of recognizable, clinically significant  
8 disturbances in an individual's cognition, thoughts, emotion and  
9 general behavior that reflects a dysfunction in the neurobiological,  
10 psychosocial, or development processes underlying psychological,  
11 intellectual or social dysfunction such as anxiety disorders, mood  
12 disorders, depression and bipolar disorders, and psychotic disorders  
13 like schizophrenia, dementia, eating disorders, postpartum  
14 depression, and post-traumatic stress disorder (PTSD), among  
15 others. Socially deviant behavior which may be exhibited in  
16 political, religious or sexual expressions and conflicts primarily  
17 between the individual and society are not mental disorders unless  
18 the deviance or conflict results from a dysfunction in the individual,  
19 as described above. A person is said to suffer from chronic mental  
20 illness if he/she suffers from a serious mental illness that causes  
21 him/her to be significantly functionally impaired over an indefinite  
22 period of time;

23 (q) *Mental or psychological incapacity* refers to the  
24 inability to:

25 (1) Understand the information given concerning the nature  
26 of the disorder;

27 (2) Understand the consequences that the decisions and  
28 actions have for one's own life or health and for the life and health  
29 of others, which may be serious and irreversible;

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

3           (4) Understand the information about the nature of  
4 treatment proposed, including the means of treatment, its direct  
5 effects and its possible side effects; and

6           (5) Effectively communicate with others regarding one's  
7 condition and one's consent to treatment or hospitalization;

8           (r) *Multidisciplinary care plan* refers to a comprehensive and  
9 holistic care/treatment plan which includes a range of interventions  
10 to address not just the psychological concerns of the service user but  
11 other factors in one's social environment, as to involve the varied  
12 expertise of a range of mental health professionals including  
13 doctors, nurses, psychologists, social workers, nutritionists and  
14 dieticians, occupational therapists and other therapists;

15           (s) *Patient* refers to a person receiving or utilizing mental  
16 health care and treatment from a mental health care facility or  
17 clinic. As used in this Act, a patient may also refer to a service user  
18 who may not at all times be considered a patient;

19           (t) *Person with disability* refers to a person who has a long-  
20 term physical, mental, intellectual, or sensory impairments which  
21 in interaction with various barriers may hinder their full and  
22 effective participation in the society on an equal basis with others;

23           (u) *Psychiatric emergencies* refer to conditions which may  
24 present a serious threat to a person's well-being and/or that of  
25 others requiring immediate psychiatric interventions such as in  
26 cases of attempted suicide, acute intoxication, severe depression,  
27 acute psychosis, or violent behavior;

28           (v) *Psychosocial problem* refers to a condition that indicates  
29 the existence of dysfunctions in the individual's behavior, thoughts,

1 and feelings brought about by sudden, extreme, or prolonged or  
2 cumulated stressors in the physical or social environment;

3 (w) *Rehabilitation* refers to the process of helping people,  
4 including persons with mental problems or disabilities, to find  
5 ways of returning to the normal life they led before the illness  
6 started;

7 (x) *Substituted decision making* refers to the act of making  
8 decisions on behalf of a service user in situations where the latter  
9 has been assessed by a mental health professional to be mentally  
10 incapacitated, consistent with the service user's written directives,  
11 if available; and

12 (y) *Supported decision making* refers to the act of assisting  
13 a service user who retains decision-making ability, or who is  
14 not otherwise mentally incapacitated as defined herein, in  
15 coherently expressing a mental health-related preference, intention  
16 or decision.

## 17 CHAPTER II

### 18 BASIC MENTAL HEALTH RIGHTS

19 SEC. 5. *Right to Mental Health.* – Every person shall have  
20 the right to the best available mental health care, which shall be  
21 part of the health and social care and protection system.

22 SEC. 6. *Rights of a Person with Mental Illness or Who is*  
23 *Being Treated for a Mental Illness.* – Every person with a mental  
24 illness or who is being treated for a mental illness shall have the  
25 following rights:

26 (a) Humane treatment and respect for the inherent dignity of  
27 the human person;

28 (b) Protection from economic, sexual and other forms of  
29 exploitation, physical or other abuse and degrading treatment;

- 1 (c) Not to be discriminated on the ground of mental illness;
- 2 (d) Exercise of all civil, political, economic, social, and cultural  
3 rights respecting individual qualities, abilities and diverse  
4 backgrounds and without any discrimination on grounds of physical  
5 disability, age, gender, sexual orientation, race, color, language,  
6 civil status, religion, or national or ethnic or social origin of  
7 the service user concerned as recognized in the Universal  
8 Declaration of Human Rights, the International Covenant on  
9 Economic, Social and Cultural Rights, the International Covenant  
10 on Civil Declaration on the Rights of Disabled Persons and  
11 the Body of Principles for the Protection of All Persons under Any  
12 Form of Detention or Imprisonment;
- 13 (e) Freedom from social, economic, and political  
14 discrimination and stigmatization, whether committed by public or  
15 private actors;
- 16 (f) Access to treatment with the same quality and standards  
17 as other individuals in a safe and conducive environment;
- 18 (g) Access to treatment which addresses holistically their  
19 needs through a multidisciplinary care plan approach;
- 20 (h) Access to treatment in the least restrictive environment  
21 and in the least restrictive manner;
- 22 (i) Access to aftercare and rehabilitation when possible in  
23 the community so as to facilitate their social reintegration and  
24 inclusion;
- 25 (j) Adequate information about the disorder and the services  
26 available to cater to their needs and the treatment options available  
27 and to actively consent to, and participate in the formulation of,  
28 such services and treatment plans;
- 29 (k) Live and work in the community, to the extent possible;

1 (l) Access to responsible legal representative and carer of  
2 their choice whenever possible;

3 (m) Confidentiality of all information, communication and  
4 records about themselves, their illness and treatment, in whatever  
5 form stored, which information shall not be revealed to third parties  
6 without their consent unless:

7 (1) There is a law that requires disclosure;

8 (2) It can be argued that the person has provided express  
9 consent to the disclosure; and

10 (3) There is good reason to believe that specific persons or  
11 groups are placed in serious, credible threat of harm if such  
12 disclosure is not made;

13 (n) Access to their clinical records unless, in the opinion of the  
14 attending mental health professional, revealing such information  
15 would cause harm to the patient's health or put the safety of others  
16 at risk. When any such clinical records are withheld, the patient  
17 or the legal representative may contest the decision with the  
18 internal review body created pursuant to this Act, authorized to  
19 investigate and resolve disputes, or with the Commission on Human  
20 Rights (CHR);

21 (o) Information, within twenty-four (24) hours of admission to  
22 a mental health facility, of the rights enumerated in this section in  
23 a form and language understood by the patient;

24 (p) Legal representation and assistance from a competent  
25 counsel of the service user's choice, or from the Public Attorney's  
26 Office (PAO) or the choice of a legal aid institution by the service  
27 user or representative, in case the service user cannot afford the  
28 service of a counsel;

1 (q) Participation in a mental health advocacy, policy,  
2 planning, legislation, service provision, monitoring, research and  
3 evaluation program;

4 (r) The mental health patient shall not be put in a solitary  
5 confinement;

6 (s) Access to essential health and social services that enable  
7 recovery and achievement of the highest attainable standard of  
8 mental health without risk of impoverishing the patient or the  
9 family;

10 (t) Access to mental health services at all levels of the health  
11 care system; and

12 (u) By oneself or through a legal representative, to file with  
13 the CHR, the DOH or the Department of Justice (DOJ), complaints  
14 of improprieties, abuses in mental health care, violations of rights of  
15 persons with mental health needs, and seek to initiate appropriate  
16 investigation and action against those who authorized illegal  
17 or unlawful involuntary treatment or confinement, and committed  
18 improprieties, abuses and other violations.

19 The CHR and the DOJ are authorized to investigate, conduct  
20 inspections and commend appropriate administrative, civil,  
21 and penal actions to ensure full compliance with domestic  
22 and international standards governing the legal basis for  
23 treatment and detention, quality of medical care and living  
24 standards.

25 *SEC. 7. Rights of Family Members, Carers, and Legal*  
26 *Representatives.* - The family members, carers, and the  
27 duly-designated or appointed legal representative of the service  
28 user shall have the right to:

1 (a) Receive appropriate psychosocial support from relevant  
2 government agencies;

3 (b) With the consent of the concerned service user,  
4 participate in the formulation, development and implementation of  
5 the service user's individualized treatment plan;

6 (c) Apply for the release from and transfer of the service user  
7 to a more appropriate mental health facility; and

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

10 SEC. 8. *Rights of Mental Health Professionals.* – Mental  
11 health professionals shall have the right to:

12 (a) Have a safe and supportive health environment;

13 (b) Participate in a continuous professional development  
14 program;

15 (c) Participate in the planning, development, and  
16 management of health services;

17 (d) Except in emergency situations, manage and control all  
18 aspects of one's practice, including whether or not to accept or  
19 decline a service user for treatment;

20 (e) Advocate for the right of a service user, in cases where the  
21 service user's wishes are at odds with those of his/her family or  
22 legal representative;

23 (f) Contribute to the development and regular review of  
24 standards for evaluating mental health services provided to service  
25 users; and

26 (g) Participate in the development of mental health policy  
27 and service delivery guidelines.

28 SEC. 9. *Quality of Mental Health Services.* – Mental health  
29 services provided pursuant to this Act shall be:

- 1 (a) Based on medical and scientific research findings;  
2 (b) Based on the clinical, cultural and ethnic and other  
3 special needs of the individuals being served;  
4 (c) Most appropriate and least restrictive setting available to  
5 the local mental health authority;  
6 (d) Accessible to all age groups; and  
7 (e) Provided by qualified individuals and delivered in a  
8 manner that provides accountability.

9 CHAPTER III

10 DUTIES AND RESPONSIBILITIES OF GOVERNMENT AGENCIES  
11 AND ALL MENTAL HEALTH SERVICE PROVIDERS

12 SEC. 10. *Duties and Responsibilities of the Department of*  
13 *Health (DOH).* - To achieve the policy and objectives of this  
14 Act, the DOH shall:

- 15 (a) Formulate, develop, and implement a national mental  
16 health program in close coordination with, and active involvement  
17 of, persons with disabilities and their respective organizations,  
18 and other users of mental health facilities and services, including  
19 families and their carers, and mental health professionals;  
20 (b) Ensure that a safe, therapeutic, and hygienic environment  
21 with sufficient privacy exists in all mental health facilities and, for  
22 this purpose, shall be responsible for the regulation, licensing,  
23 monitoring, and assessment of all mental health facilities;  
24 (c) Integrate mental health into the routine health  
25 information system and identify, collate, routinely report, and  
26 use core mental health data disaggregated by sex and age, and  
27 health outcomes, including data on completed and attempted  
28 suicides, in order to improve mental health service delivery,  
29 the promotion and prevention strategies;

1 (d) Improve research capacity and academic collaboration  
2 on national priorities for research in mental health, particularly  
3 operational research;

4 (e) Coordinate with the Philippine Health Insurance  
5 Corporation (PhilHealth) to ensure that insurance packages  
6 equivalent to those covering physical disorders of comparable  
7 impact to the patient, as measured by Disability-Adjusted Life Year  
8 or other methodologies, are available to patients affected by mental  
9 disorders;

10 (f) Prohibit forced or inadequately remunerated labor within  
11 mental health facilities, unless such labor is justified as part of an  
12 accepted therapeutic treatment program;

13 (g) Develop alternatives to institutionalization, within a  
14 specified time frame, particularly community-based approaches to  
15 treatment aimed at receiving patients discharged from hospitals,  
16 meeting the needs expressed by persons with mental health  
17 disorders, and respecting their autonomy, decisions, dignity, and  
18 privacy. The DOH shall develop a mental health awareness  
19 program. In coordination with government agencies relevant for this  
20 purpose, the DOH shall create a framework for Mental Health  
21 Awareness Program to promote effective strategies regarding  
22 mental health care, its components, and services. Every local  
23 government unit (LGU) and academic institution shall create their  
24 own programs in accordance with the general guidelines set by the  
25 Philippine Council for Mental Health. LGUs and academic  
26 institutions shall coordinate with all concerned government  
27 agencies and the private sector for the implementation of the  
28 program;

1 (h) Establish a balanced system of community-based and  
2 hospital-based mental health services at all levels of the public  
3 health care system from the barangay, municipal, city, provincial,  
4 regional to the national level;

5 (i) Institute human rights training for its personnel and staff;

6 (j) Create and improve awareness campaign on stigmatized  
7 medical conditions such as psoriasis, human immunodeficiency  
8 virus-acquired immunodeficiency syndrome (HIV-AIDS), and  
9 Hansen's disease; and

10 (k) Coordinate with various government and private  
11 organizations to align existing policies and programs.

12 SEC. 11. *Duties and Responsibilities of the Commission on*  
13 *Human Rights (CHR)*. – The CHR shall:

14 (a) Inspect mental health facilities to ensure that service  
15 users therein, particularly women, children and the elderly, are not  
16 being subjected to cruel, inhumane, or degrading conditions or  
17 treatment;

18 (b) Establish mechanisms to investigate, address, and act  
19 upon impropriety and abuse in the treatment and care received by  
20 service users, particularly when such treatment or care is  
21 administered or implemented involuntarily;

22 (c) Investigate all cases involving involuntary treatment,  
23 confinement, or care of service users, for the purpose of ensuring  
24 strict compliance with domestic and international standards,  
25 respecting the legality, quality, and appropriateness of such  
26 treatment, confinement, or care; and

27 (d) Appoint a focal commissioner for mental health tasked  
28 with protecting and promoting the rights of service users and other  
29 persons utilizing mental health services or confined in mental

1 health facilities, as well as the rights of mental health professionals  
2 and workers. The focal commissioner shall, upon a finding that a  
3 mental health facility, mental health professional, or mental health  
4 worker has violated any of the rights provided for in this Act, take  
5 all necessary action to rectify or remedy such violation, including  
6 recommending that an administrative, civil, or criminal case be filed  
7 by the appropriate government agency.

8       *SEC. 12. Investigative Role of the Commission on Human*  
9 *Rights (CHR).* – The investigative role of the CHR as provided in  
10 the pertinent provisions of this Act shall be limited to all violations  
11 of human rights involving civil and political rights consistent with  
12 the powers and functions of the CHR under Section 18 of Article  
13 XIII of the Constitution, which reads, “Investigate, on its own or on  
14 complaint by any party, all forms of human rights violations  
15 involving civil and political rights”. Such human rights violations  
16 related to mental health and mental illness shall be those  
17 committed by the State and agents, officials and employees of public  
18 health institutions and facilities, and private individuals or groups  
19 organized by the government and tolerated or acting with the  
20 acquiescence of the State.

21       *SEC. 13. Duties and Responsibilities of All Mental Health*  
22 *Facilities and Mental Health Service Providers.* – Mental health  
23 facilities and service providers shall:

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

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

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

4 (d) Ensure that informed consent is obtained from service  
5 users, including persons with psychosocial disabilities prior to the  
6 implementation of any medical procedure or plan of treatment or  
7 care, except when the service user concerned is mentally  
8 incapacitated, as defined herein;

9 (e) Ensure that involuntary treatment or restraint, whether  
10 physical or chemical, is only administered or implemented pursuant  
11 to the following safeguards and conditions, and only to the extent  
12 that such treatment or restraint is necessary:

13 (1) During psychiatric or neurologic emergencies;

14 (2) Upon the order of the service user's attending physician,  
15 which order must be reviewed by a board-certified psychiatrist  
16 immediately;

17 (3) When all other means of treatment or restraint have  
18 proven unsuccessful; and

19 (4) That such involuntary medical treatment or restraint  
20 shall be: in strict accordance with guidelines approved by  
21 the appropriate authorities, which must contain clear criteria  
22 regulating the application and termination of such medical  
23 intervention; used for the shortest period of time possible, as  
24 assessed by a board-certified psychiatrist or by the service user's  
25 attending physician under the supervision of a board-certified  
26 psychiatrist; and fully documented and subject to regular external  
27 independent monitoring and audit;

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

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

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

14 SEC. 14. *Complaint and Investigation.* - The DOH, CHR  
15 and DOJ shall receive all complaints of improprieties and abuses in  
16 mental health care and shall initiate appropriate investigation  
17 and action.

18 Further, the CHR shall inspect all places where psychiatric  
19 service users are held for involuntary treatment or otherwise, to  
20 ensure full compliance with domestic and international standards  
21 governing the legal basis for treatment and detention, quality of  
22 medical care and living standards. The CHR may, *motu proprio*, file  
23 a complaint against erring mental health care institutions should  
24 they find any noncompliance, based on its investigations.

#### 25 CHAPTER IV

#### 26 INSTITUTIONALIZATION OF THE 27 PHILIPPINE COUNCIL FOR MENTAL HEALTH

28 SEC. 15. *Mandate.* - The Philippine Council for Mental  
29 Health, herein referred to as the Council, is hereby established as

1 an attached agency under the Department of Health, to provide for  
2 a coherent, rational and unified response to mental health  
3 problems, concerns, and efforts through the formulation and  
4 implementation of national mental health care services delivery.

5       SEC. 16. *Duties and Functions.* – The council shall exercise  
6 the following duties:

7       (a) Review and formulate policies and guidelines on mental  
8 health issues and concerns;

9       (b) Develop a comprehensive and integrated national plan  
10 and program on mental health;

11       (c) Conduct regular monitoring and evaluation in support of  
12 policy formulation and planning on mental health;

13       (d) Promote and facilitate collaboration among sectors and  
14 disciplines for the development and implementation of mental  
15 health-related programs within these sectors;

16       (e) Provide overall technical supervision and ensure  
17 compliance with policies, programs, and projects within the  
18 comprehensive framework of the National Mental Health Care  
19 Services Delivery System and other activities related to the  
20 implementation of this Act, through the review of mental health  
21 services and the adoption of legal and other remedies provided  
22 by law;

23       (f) Plan and implement the necessary and urgent capacity  
24 building, reorientation and training programs for all mental health  
25 professionals, mental health workers and allied professionals as  
26 articulated in this Act;

27       (g) Review all existing laws related to mental health and  
28 recommend legislation which will sustain and strengthen programs,  
29 services and other mental health initiatives;

1 (h) Conduct or facilitate the implementation of studies and  
2 researches on mental health, with special emphasis on studies that  
3 would serve as basis for developing appropriate and culturally  
4 relevant mental health services in the community;

5 (i) Create interagency committees, project task forces, and  
6 other groups necessary to implement the policy and program  
7 framework of this Act;

8 (j) Collaborate with various agencies; and

9 (k) Perform other duties and functions necessary to carry out  
10 the purposes of this Act.

11 SEC. 17. *Composition.* - The Council shall be composed of  
12 the following:

13 (a) The Secretary of Health, as *ex officio* Chairman;

14 (b) The Executive Director, as Vice Chairman and Chief  
15 Executive Officer;

16 (c) Two (2) representatives from government sector;

17 (d) Two (2) representatives from the private health sector or  
18 consumer groups;

19 (e) One (1) representative from the academe or research  
20 groups;

21 (f) Two (2) representatives from professional organizations;  
22 and

23 (g) Two (2) representatives from allied nongovernment  
24 organizations involved in mental health issues, as members.

25 The members of the Council shall serve for three (3) years. In  
26 case a vacancy occurs in the Council, any person chosen to fill the  
27 vacancy shall serve only for the unexpired term of the member  
28 whom he/she succeeds.

1           Within thirty (30) days from the effectivity of this Act, the  
2 President of the Philippines shall appoint the members of the  
3 Council.

4           SEC. 18. *National Mental Health Care Services Delivery*  
5 *System.* – Within six (6) months from the effectivity of this Act, the  
6 DOH shall develop the National Mental Health Care Services  
7 Delivery System.

8           For purposes of this Act, the National Mental Health Care  
9 Services Delivery System shall constitute a quality mental health  
10 care program which shall include the enhancement of integrated  
11 mental health services, the protection of persons utilizing mental  
12 health services, prescription of measures for the prevention and  
13 control of mental disorders through the development of efficient and  
14 effective structures, systems and mechanisms, effective delivery of  
15 mental health care to all its stakeholders by qualified, competent,  
16 compassionate and ethical mental health professionals and mental  
17 health workers. The National Mental Health Care Services  
18 Delivery System shall also include and institute a nationwide  
19 mental health information and education program.

20           Among others, the National Mental Health Care Services  
21 Delivery System shall include the following features:

22           (a) An age-specific schedule of mental health issues, including  
23 commonly known mental illnesses and disorders as well as risk  
24 factors that have been clinically determined to affect one's mental  
25 health;

26           (b) Standards and policies that will ensure conditions for a  
27 safe therapeutic and hygienic environment with sufficient privacy in  
28 mental health facilities;

1 (c) Duties and responsibilities of each government agency  
2 concerned with mental health in the implementation of the National  
3 Mental Health Care Services Delivery System;

4 (d) Responsibilities of the service users, their family, carers,  
5 legal representatives, mental health professionals, and mental  
6 health facilities that will ensure maximum effectivity of  
7 implemented mental health programs;

8 (e) Standards applicable to licensing, monitoring and  
9 assessment of mental health facilities; and

10 (f) Alternatives to institutionalization, within a specified  
11 time frame, such as community-based treatment with a view of  
12 receiving persons discharged from hospitals.

13 SEC. 19. *Coordination with the Local Community.* - The  
14 DOH shall supervise the development and coordination of locally  
15 available mental health services by the LGUs in a manner  
16 consistent with this Act.

17 SEC. 20. *National Center for Mental Health.* - The National  
18 Center for Mental Health, formerly the National Mental Hospital,  
19 being the premiere training and research center under the  
20 Department of Health, shall expand its capacity for research and  
21 development of interventions on mental and neurological services in  
22 the country. It shall also play a key role as a training base to all  
23 allied fields in both government agencies and nongovernment  
24 organizations which are involved in the national mental health care  
25 delivery.

## 26 CHAPTER V

### 27 MENTAL HEALTH SERVICE IN THE COMMUNITY

28 SEC. 21. *Community-based Mental Health Care Facilities.* -  
29 The national government, through the Philippine Council for

1 Mental Health, shall fund the establishment and operation of  
2 community-based mental health care facilities of at least initially  
3 one per province, city and cluster municipalities in the entire  
4 country to the institutionalized mental health care services and  
5 enhance the rights-based approach to mental health care.

6 SEC. 22. Each community-based mental health care facility  
7 shall, in addition to adequate room, office or clinic, have a  
8 complement of mental health professionals, allied professionals,  
9 support staff, trained barangay health workers, volunteer family  
10 members of patients or service users, basic equipment and supplies,  
11 and adequate stock of medicines.

12 SEC. 23. Every province, city and cluster of municipalities,  
13 hosting community-based mental health care facilities shall assist  
14 the Philippine Council for Mental Health in the efficient and  
15 continued operation of the community-based mental health care  
16 facilities.

17 SEC. 24. *Reportorial Requirements.* - The community-based  
18 mental health care facility shall make a quarterly report to the  
19 Philippine Council for Mental Health which shall include, among  
20 others, the following data: number of patients/service users  
21 attended to and/or served, the respective kinds of mental illness or  
22 disability, duration and result of the treatment, and patients/service  
23 users' age, gender, educational attainment and employment without  
24 disclosing the identities of such patients/service users for  
25 confidentiality.

26 SEC. 25. *Local Mental Health Service.* - Mental health  
27 service shall, within the general health care system in the  
28 community, include the following:

1 (a) Development and integration of mental health care at the  
2 primary health care in the community;

3 (b) Support services for families and coworkers of service  
4 users, carers, legal representatives and mental health professionals;

5 (c) Continuation of programs for capacity-building among  
6 existing local mental health workers so that they can undertake  
7 mental health care in the community and undertake training and  
8 capacity-building programs in close coordination with mental or  
9 psychiatric hospitals or departments of psychiatry in general or  
10 university hospitals; and

11 (d) Advocacy and promotion of mental health awareness  
12 among the general population.

13 SEC. 26. *Psychiatric, Psychosocial, and Neurologic Services in*  
14 *Regional, Provincial, and Tertiary Hospitals.* - All regional,  
15 provincial, and tertiary hospitals, including private hospitals  
16 rendering service to paying patients, shall provide the following  
17 psychiatric, psychosocial, and neurologic services:

18 (a) Short-term, in-patient hospital care in an adequate  
19 psychiatric ward for service users exhibiting acute psychiatric  
20 symptoms;

21 (b) Partial hospital care for those with psychiatric symptoms  
22 or undergoing difficult personal and family circumstances;

23 (c) Out-patient clinic in close collaboration with the mental  
24 health program at the primary health centers in the area;

25 (d) Linkage and possible supervision of home care services  
26 for those with special needs as a consequence of long-term  
27 hospitalization, unavailable family members, inadequate or  
28 noncompliance to treatment;

1 (e) Coordination with drug rehabilitation centers on the care,  
2 treatment and rehabilitation of persons suffering from drug or  
3 alcohol induced mental, emotional and behavioral disorder; and

4 (f) Referral system with other health and social welfare  
5 programs, both government and nongovernment, for programs on  
6 the prevention of mental illness, the management of those at risk  
7 for mental health and psychosocial problems and mental illness or  
8 disability.

9 SEC. 27. *Local Health Care Facilities.* – Each LGU, upon its  
10 determination of the necessity based on well-supported data  
11 provided by its local health office, shall establish or upgrade  
12 hospitals and facilities with adequate and qualified personnel,  
13 equipment and supplies to be able to provide mental health services  
14 and to address psychiatric emergencies: *Provided,* That people in  
15 geographically isolated and/or highly populated and depressed areas  
16 shall have the same level of access and shall not be neglected by  
17 providing other means such as home visits or mobile health care  
18 clinics, as needed: *Provided, further,* That the national government  
19 shall provide additional funding and other necessary assistance for  
20 the effective implementation of this provision.

21 SEC. 28. *Capacity to Conduct Drug Screening.* – Pursuant to  
22 its duty to provide mental health services and consistent with the  
23 policy of treating drug dependency as a mental health issue, each  
24 local health care facility must be capable of conducting drug  
25 screening and, for this purpose, must employ at least one (1) DOH  
26 physician who is licensed to conduct such examination.

27 SEC. 29. *Capacity Building of Barangay Health Workers.*  
28 – The DOH shall be responsible for disseminating information and



## CHAPTER VII

## EDUCATION, RESEARCH AND DEVELOPMENT

1  
2  
3       SEC. 32. *Integration of Mental Health into the Educational*  
4       *System.* – The State shall ensure the integration of mental health  
5       into the educational system, as follows:

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

8           (b) Psychiatry and neurology shall be required subjects in all  
9       medical and allied health courses, including post-graduate courses  
10      in health; and

11          (c) Traditional disciplines such as psychiatry and psychology  
12      as well as other international best practices shall be included in the  
13      curricula.

14       SEC. 33. *Mental Health Programs in Educational*  
15       *Institutions.* – Educational institutions such as schools, colleges,  
16      universities, and technical schools shall:

17          (a) Develop age-appropriate training and guidelines to  
18      students and peer group heads to ensure the proper implementation  
19      of peer counseling and student-to-student helping programs;

20          (b) Provide school-based mental health promotion, screening,  
21      and referral systems including student-to-student helping  
22      programs, peer counseling and other similar methods of delivering  
23      knowledge that improve social learning and provide psychosocial  
24      support;

25          (c) Work in collaboration with government-run and provide  
26      academic institutions, mental health associations, civic society  
27      groups, and other relevant stakeholders to develop age-appropriate  
28      and culturally-relevant mental health services to students; and

1 (d) Develop other programs for students, educators, and  
2 other employees designed to: raise awareness on mental health  
3 issues; identify and provide support for individuals at risk; and  
4 facilitate access of individuals with mental health conditions to  
5 treatment and psychosocial support.

6 SEC. 34. *Mental Health Programs and Policies in the*  
7 *Workplace.* - Employers shall develop appropriate policies and  
8 programs on mental health in the workplace designed to: raise  
9 awareness on mental health issues; correct the stigma and  
10 discrimination associated with mental health conditions; identify  
11 and provide support for individuals at risk; and facilitate access of  
12 individuals with mental health conditions to treatment and  
13 psychosocial support.

14 SEC. 35. *Research and Development.* - Research and  
15 development shall be undertaken, in collaboration with academic  
16 institutions, psychiatric, neurologic, and related associations, and  
17 nongovernment organizations, to produce the information, evidence,  
18 and research necessary to formulate and develop a culturally-  
19 relevant national mental health program incorporating indigenous  
20 concepts and practices related to mental health:

21 (a) High ethical standards in mental health research shall be  
22 promoted to ensure that: research is conducted only with the free  
23 and informed consent of the persons involved; researchers do not  
24 receive privileges, compensation or remuneration in exchange for  
25 encouraging or recruiting participants; potentially harmful or  
26 dangerous research is not undertaken; and all research is approved  
27 by an independent ethics committee, in accordance with applicable  
28 law; and

1 (b) Research and development shall also be undertaken  
2 *vis-à-vis* nonmedical programs such as physical fitness programs,  
3 sports, emotional support pets, journal writing, occupational  
4 therapy, art and music therapy, gardening, traveling, meditation,  
5 talk therapy, peer support groups, and other traditional or  
6 alternative practices.

7 CHAPTER VIII

8 MISCELLANEOUS PROVISIONS

9 SEC. 36. *Appropriations.* – The amount needed for the  
10 initial implementation of this Act shall be charged against the 2017  
11 and 2018 appropriations of the DOH for the following:

12 (a) Maintenance and other operating expenses of the National  
13 Mental Health Program and capital outlays for the development of  
14 psychiatric facilities among selected DOH hospitals which shall  
15 both be sub-alloted with the Philippine Council for Mental Health  
16 for its administration and disbursement; and

17 (b) Two percent (2%) of the total new revenues collected  
18 under the Tax Reform for Acceleration and Inclusion. The amount  
19 appropriated for the National Center for Mental Health shall  
20 remain with this pioneer government mental health institution.

21 Thereafter, such sums as may be necessary for the continued  
22 implementation of this Act shall be included in the annual General  
23 Appropriations Act under the budget of the Philippine Council for  
24 Mental Health which annual appropriations shall be no less than  
25 the initial amount appropriated for the first year implementation of  
26 this Act as well as of the previous year's annual appropriations.

27 SEC. 37. *Implementing Rules and Regulations (IRR).* –  
28 Within ninety (90) days from the effectivity of this Act, the  
29 Secretary of Health shall, in coordination with the Council,

1 formulate the IRR necessary for the effective implementation of  
2 this Act.

3       SEC. 38. *Penalty Clause.* – Any person who violates any of  
4 the provisions of this Act or its IRR shall, upon conviction by final  
5 judgment, be punished by imprisonment of not less than six (6)  
6 months nor more than two (2) years or a fine of not less than ten  
7 thousand pesos (P10,000.00) nor more than two hundred thousand  
8 pesos (P200,000.00), or both, at the discretion of the court. If the  
9 violation is committed by a juridical person, the penalty provided for  
10 in this Act shall be imposed upon the directors, officers, employees  
11 or other officials or persons therein responsible for the offense. If  
12 the violation is committed by an alien, he/she shall be immediately  
13 deported after service of sentence, without need of further  
14 proceedings.

15       SEC. 39. *Separability Clause.* – If any provision or part of  
16 this Act is held invalid or unconstitutional, the remaining parts or  
17 provisions not affected thereby shall remain in full force and effect.

18       SEC. 40. *Repealing Clause.* – Executive Order No. 470,  
19 series of 1998, is hereby repealed. All other laws, rules, regulations,  
20 orders, circulars, and other issuances or parts thereof which are  
21 inconsistent with the provisions of this Act are hereby repealed or  
22 amended accordingly.

23       SEC. 41. *Effectivity.* – This Act shall take effect fifteen (15)  
24 days after its publication in the *Official Gazette* or in a newspaper  
25 of general circulation.

Approved,

O