IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC ACT NO. 11036, OTHERWISE KNOWN AS THE MENTAL HEALTH ACT

The following Rules and Regulations are hereby issued to implement Republic Act No. 11036, **"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, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES."**

CHAPTER I

GENERAL PROVISIONS

SECTION 1. Short Title. – These Rules shall be known as the Implementing Rules and Regulations (IRR) of Republic Act 11036, otherwise known as The Mental Health Act, herein referred to as "the Act".

SEC. 2. *Declaration of Policy.* – The State affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services.

The State commits itself to promoting the well-being of people by ensuring that: mental health is valued, promoted and protected; mental health conditions are treated and prevented; timely, affordable, high quality and culturally-appropriate mental health care is made available to the public; mental health services are free from coercion and accountable to the service users; and persons affected by mental health conditions are able to exercise the full range of human rights, and participate fully in society and at work, free from stigmatization and discrimination.

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

SEC. 3. *Objectives.* – The objectives of this IRR 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;
b) Develop and establish a comprehensive, integrated, effective, and efficient national mental health care system responsive to the psychiatric, neurologic, and psychosocial needs of the Filipino people;
c) Protect the rights and freedoms of persons with psychiatric, neurologic, and psychosocial health needs;
d) Strengthen information systems, evidence and research for mental health;
e) Integrate mental health care in the basic health services; and
f) Integrate strategies promoting mental health in educational institutions, workplace, and in communities.

SEC 4. *Definitions.* – The terms are defined as follows:

a) *Addiction* refers to a primary chronic relapsing disease of brain reward, motivation, memory, and related circuitry. Dysfunctions in the circuitry lead to characteristic biological, psychological, social, and spiritual manifestations. It is characterized by the inability to consistently abstain, impairment and behavioral control, craving, diminished recognition of significant problems with one's behavior and interpersonal relationships and a dysfunctional emotional response;
b) *Carer* refers to the person, who may or may not be the patient's next of kin or relative, who maintains a close personal relationship and manifests concern for the welfare of the patient;
c) *Confidentiality* refers to ensuring that all relevant information related to persons with psychiatric, neurologic, and psychosocial health needs is kept safe from access or use by, or disclosure to, persons or entities who are not authorized to access, use, or possess such information;
d) *Deinstitutionalization* refers to the process of transitioning service users, including persons with mental health conditions and psychosocial disabilities, from institutional and other segregated settings, to community-based settings that enable social participation, recovery-based approaches to mental health, and individualized care in accordance with the service user's will and preference;
e) *Discrimination* refers to any distinction, exclusion or restriction which has the purpose or effect of nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political,

economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. Special measures solely to protect the rights or secure the advancement of persons with decision-making impairment capacity shall not be deemed to be discriminatory;

f) *Drug Rehabilitation* refers to the processes of medical or psychotherapeutic treatment for dependency on psychoactive substances such as alcohol, prescription drugs, and other dangerous drugs pursuant to Republic Act No. 9165, otherwise known as the "Comprehensive Dangerous Drugs Act of 2002." Rehabilitation process may also be applicable to diagnosed behavioral addictions such as gambling, internet and sexual addictions. The general intent is to enable the patient to confront his or her addiction/s and cease substance abuse to avoid the psychological, legal, financial, social, and physical consequences. Treatment includes medication for co-morbid psychiatric or other medical disorders, counseling by experts and sharing of experience with other addicted individuals;

g) *Impairment or Temporary Loss of Decision-Making Capacity* refers to a medically-determined inability on the part of a service user or any other person affected by a mental health condition, to provide informed consent. A service user has impairment or temporary loss of decision-making capacity when the service user as assessed by a mental health professional is unable to do the following:

   1) Understand information concerning the nature of a mental health condition;
   2) Understand the consequences of one's decisions and actions on one's life or health, or the life or the health of others;
   3) Understand information about the nature of the treatment proposed, including methodology, direct effects, and possible side effects; and
   4) Effectively communicate consent to treatment or hospitalization, or information regarding one's own condition;

h) *Informed Consent* refers to consent voluntarily given by a service user to a plan for treatment, after a full disclosure communicated in plain language by the attending mental health service provider, of the nature, consequences, benefits, and risks of the proposed treatment, as well as available alternatives;

i) *Legal Representative* refers to a person designated by the service user, appointed by a court of competent jurisdiction, or authorized by this Act or any other applicable law, to act on the service user's behalf. The legal representative may also be a person appointed in writing by the service user to act on his or her behalf through an advance directive;

j) *Mental Health* refers to a state of well-being in which the individual realizes one's own abilities and potentials, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community;

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

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

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

n) *Mental Health Service Provider* refers to an entity or individual providing mental health services as defined in this Act, whether public or private, including, but not limited to, mental health professionals and workers, social workers and counselors, peer counselors, informal community caregivers, mental health advocates and their organizations, personal ombudsmen, and persons or entities offering non-medical alternative therapies;

o) *Mental Health Services* refer to psychosocial, psychiatric or neurologic activities and programs along the whole range of the mental health support services including promotion, prevention, treatment, and aftercare, which are provided by mental health facilities and mental health professionals;

p) *Mental Health Worker* refers to a trained person, volunteer or advocate engaged in mental health promotion, providing support services under the supervision of a mental health professional;

q) *Psychiatric or Neurologic Emergency* refers to a condition presenting a serious and immediate threat to the health and well-being of a service user or any other person affected by a mental health condition, or to the health and well-being of others, requiring immediate medical intervention;

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

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

t) *Service User* refers to a person with lived experience of any mental health condition including persons who require, or are undergoing psychiatric, neurologic or psychosocial care;
u) *Support* refers to the spectrum of informal and formal arrangements or services of varying types and intensities, provided by the State, private entities, or communities, aimed at assisting a service user in the exercise of his or her legal capacity or rights, including: community services; personal assistants and ombudsmen; powers of attorney and other legal and personal planning tools; peer support; support for self-advocacy; non-formal community caregiver networks; dialogue systems; alternate communication methods, such as non-verbal, sign, augmentative, and manual communication; and the use of assistive devices and technology; and
v) *Supported Decision Making* refers to the act of assisting a service user who is not affected by an impairment or loss of decision-making capacity, in expressing a mental health-related preference, intention or decision. It includes all the necessary support, safeguards and measures to ensure protection from undue influence, coercion or abuse.

CHAPTER II

RIGHTS OF SERVICE USERS AND OTHER STAKEHOLDERS

SEC. 5. *Rights of Service Users.* – Service users shall enjoy, on an equal and nondiscriminatory basis, all rights guaranteed by the Constitution as well as those recognized under the United Nations Universal Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities and all other relevant international and regional human rights conventions and declarations, including the right to:

a) Freedom from social, economic, and political discrimination and stigmatization, whether committed by public or private actors;
b) Exercise all their inherent civil, political, economic, social, religious, educational, and cultural rights respecting individual qualities, abilities, and diversity of background, without discrimination on the basis of physical disability, age, gender, sexual orientation, race, color, language, religion or nationality, ethnic, or social origin;
c) Access to evidence-based treatment of the same standard and quality, regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation;
d) Access to affordable essential health and social services for the purpose of achieving the highest attainable standard of mental health;
e) Access to mental health services at all levels of the national health care system;
f) Access to comprehensive and coordinated treatment integrating holistic prevention, promotion, rehabilitation, care and support, aimed at addressing mental health care needs through a multi-disciplinary, user-driven treatment and recovery plan;
g) Access to psychosocial care and clinical treatment in the least restrictive environment and manner;
h) Humane treatment free from solitary confinement, torture and other forms of cruel, inhumane, harmful or degrading treatment and invasive procedures not backed by scientific evidence;
i) Access to aftercare and rehabilitation when possible in the community for the purpose of social reintegration and inclusion;
j) Access to adequate information regarding available multidisciplinary mental health services;
k) Participate in mental health advocacy, policy planning, legislation, service provision, monitoring, research and evaluation;
l) Confidentiality of all information, communications, and records, in whatever form or medium stored, regarding the service user, any aspect of the service user's mental health, or any treatment or care received by the service user, which information, communications, and records shall not be disclosed to third parties without the written consent of the service user concerned or the service user's legal representative, except in the following circumstances:

    1) Disclosure is required by law or pursuant to an order issued by a court of competent jurisdiction;
    2) The service user has expressed consent to the disclosure;
    3) A life-threatening emergency exists and such disclosure is necessary to prevent harm or injury to the service user or to other persons;
    4) The service user is a minor and the attending mental health professional reasonably believes that the service user is a victim of child abuse; or
    5) Disclosure is required in connection with an administrative, civil, or criminal case against a mental health professional or worker for negligence or a breach of professional ethics, to the extent necessary to completely adjudicate, settle, or resolve any issue or controversy involved therein;

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

n) Participate in the development and formulation of the psychosocial care or clinical treatment plan to be implemented;
o) Designate or appoint a person of legal age to act as his or her legal representative in accordance with this Act, except in cases of impairment or temporary loss of decision-making capacity;
p) Send or receive uncensored private communication which may include communication by letter, telephone or electronic means, and receive visitors at reasonable times, including the service user's legal representative and representatives from the Commission on Human Rights (CHR);
q) Legal services, through competent counsel of the service user's choice. In case the service user cannot afford the services of a counsel, the Public Attorney's Office, or a legal aid institution of the service user or representative's choice, shall assist the service user;
r) Access to their clinical records unless, in the opinion of the attending mental health professional, revealing such information would cause harm to the service user's health or put the safety of others at risk. When any such clinical records are withheld, the service user or his or her legal representative may contest such decision with the internal review board created pursuant to this Act authorized to investigate and resolve disputes, or with the CHR;
s) Information, within twenty four (24) hours of admission to a mental health facility, of the rights enumerated in this section in a form and language understood by the service user; and
t) By oneself or through a legal representative, to file with the appropriate agency, complaints of improprieties, abuses in mental health care, violations of rights of persons with mental health needs, and seek to initiate appropriate investigation and action against those who authorized illegal or unlawful involuntary treatment or confinement, and other violations.

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

a) Receive appropriate psychosocial support from the relevant government agencies;
b) With the consent of the concerned service user, participate in the formulation, development, and implementation of the service user's individualized treatment plan;
c) Apply for release and transfer of the service user to an appropriate mental health facility; and
d) Participate in mental health advocacy, policy planning, legislation, service provision, monitoring, research and evaluation.

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

a) A safe and supportive work environment;
b) Participate in a continuous professional development program;
c) Participate in the planning, development, and management of mental health services;
d) Contribute to the development and regular review of standards for evaluating mental health services provided to service users;
e) Participate in the development of mental health policy and service delivery guidelines;
f) Except in emergency situations, manage and control all aspects of his or her practice, including whether or not to accept or decline a service user for treatment; and
g) Advocate for the rights of a service user, in cases where the service user's wishes are at odds with those of his or her family or legal representative.

CHAPTER III

CONSENT TO TREATMENT AND SAFEGUARDS

SEC. 8. ***Informed Consent to Treatment.*** – Service users must provide informed consent in writing prior to the implementation by mental health professionals, workers and other service providers of any plan or program of therapy or treatment, including physical or chemical restraint. All persons, including service users, persons with disabilities, and minors, shall be presumed to possess legal capacity for the purposes of this Act or any other applicable law, irrespective of the nature or effects of their mental health condition or disability. Children shall have the right to express their views on all matters affecting themselves and have such views given due consideration in accordance with their age and maturity.

The Department of Health (DOH) shall develop guidelines relative to obtaining and documenting informed consent. At a minimum, an informed consent shall respect the following principles:

a) Voluntarism, indicating that consent is given without threat or coercion, undue influence or manipulation;
b) Competency, indicating that the service user can understand information about a decision, understand the potential consequences of the decision, and communicate the decision;
c) Disclosure, indicating that the service provider has adequately disclosed information on the treatment plan including the possible benefits and negative effects/risks of the proposed treatment; possible alternatives to the proposed treatment; the possible benefits and risks of not accepting the proposed treatment and/or of choosing one of the alternatives;
d) Understanding, indicating that the service user possesses the capacity to understand information relevant to the specific circumstances and appreciate the foreseeable consequences of making (or failing to make) a decision;
e) Decision, indicating that the service user is authorizing and allowing the mental health professional, workers, and other service providers to execute the proposed treatment plan which is consistent with their authentic preferences or advance directives.

SEC. 9. ***Exceptions to Informed Consent.*** – During psychiatric or neurologic emergencies, or when there is impairment or temporary loss of decision-making capacity on the part of a service user, treatment, restraint or confinement, whether physical or chemical, may be administered or implemented pursuant to the following safeguards and conditions:

a) In compliance with the service user's advance directives, if available, unless doing so would pose an immediate risk of serious harm to the patient or another person;
b) Only to the extent that such treatment or restraint is necessary, and only while a psychiatric or neurologic emergency, or impairment or temporary loss of capacity, exists or persists;
c) Upon the order of the service user's attending mental health professional, which order must be reviewed by the internal review board of the mental health facility where the patient is being treated within fifteen (15) days from the date such order was issued, and every fifteen (15) days thereafter while the treatment or restraint continues; and
d) That such involuntary treatment or restraint shall be in strict accordance with guidelines approved by the appropriate authorities, which must contain clear criteria regulating the application and termination of such medical intervention, and fully documented and subject to regular external independent monitoring, review, and audit by the internal review boards established by this Act.

SEC. 10. ***Advance Directive.*** – A service user may set out his or her preference in relation to treatment through a signed, dated, and notarized advance directive executed for the purpose. An advance directive may be revoked by a new advance directive or by a notarized revocation.

SEC. 11. ***Legal Representative.*** – A service user may designate a person of legal age to act as his or her legal representative through a notarized document executed for that purpose.

a) *Functions.* A service user's legal representative shall:

1) Provide the service user with support and help; represent his or her interests; and receive medical information about the service user in accordance with this Act;
2) Act as substitute decision maker when the service user has been assessed by a mental health professional to have temporary impairment of decision-making capacity;
3) Assist the service user *vis-à-vis* the exercise of any right provided under this Act; and
4) Be consulted with respect to any treatment or therapy received by the service user. The appointment of a legal representative may be revoked by the appointment of a new legal representative or by a notarized revocation.

b) *Declining an Appointment.* A person thus appointed may decline to act as a service user's legal representative. However, a person who declines to continue being a service user's legal representative must take reasonable steps to inform the service user, as well as the service user's attending mental health professional or worker, of such decision.
c) *Failure to Appoint.* If the service user fails to appoint a legal representative, the following persons shall act as the service user's legal representative, in the order provided below:

1) The spouse, if any, unless permanently separated from the service user by a decree issued by a court of competent jurisdiction, or unless such spouse has abandoned or been abandoned by the service user for any period which has not yet come to an end;
2) Non-minor children;

3) Either parent by mutual consent, if the service user is a minor;
4) Chief, administrator, or medical director of a mental health care facility; or
5) A person appointed by the court.

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

SEC. 13. ***General Guidelines.*** - Within ninety (90) days from the effectivity of the IRR, DOH in coordination with the CHR and other relevant stakeholders shall develop guidelines to fully operationalize the provisions regarding *Informed Consent to Treatment, Exceptions to Informed Consent, Advance Directive, Legal Representative* and *Supported Decision Making.*

SEC. 14. ***Internal Review Board.*** - Public and private health facilities are mandated to create their respective internal review boards to expeditiously review all cases, disputes, and controversies involving the treatment, restraint or confinement of service users within their facilities.

Health facilities shall refer to the mental health facilities as defined in this IRR.

The DOH, in coordination with appropriate agencies and guidance from the PCMH, shall issue guidelines and rules of practice relating to the operationalization of the IRB in mental health facilities within six (6) months after the effectivity of the IRR.

a) The Board shall be composed of the following:

1) A representative from the Department of Health (DOH);
2) A representative from the Commission of Human Rights (CHR);
3) A person nominated by an organization representing service users and their families duly accredited by the Philippine Council for Mental Health; and
4) Other members deemed necessary, to be invited by the IRB as ad hoc resource persons when a subject matter expertise is needed.

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

1) Conduct regular review, monitoring, and audit of all cases involving the treatment, confinement or restraint of service users within its jurisdiction;
2) Inspect mental health facilities to ensure that service users therein are not being subjected to cruel, inhumane, or degrading conditions or treatment;
3) *Motu proprio*, or upon the receipt of a written complaint or petition filed by a service user or a service user's immediate family or legal representative, investigate cases, disputes, and controversies involving the involuntary treatment, confinement or restraint of a service user; and
4) Take all necessary action to rectify or remedy violations of a service user's rights vis-à-vis treatment, confinement or restraint, including recommending that an administrative, civil, or criminal case be filed by the appropriate government agency.

CHAPTER IV

MENTAL HEALTH SERVICES

SEC. 15. ***Quality of Mental Health Services.*** – Mental health services provided pursuant to this Act shall be:

a) Based on medical and scientific research findings;
b) Responsive to the clinical, gender, cultural and ethnic and other special needs of the individuals being served; such as the economic, social, and spiritual needs of the individuals;
c) Most appropriate and least restrictive setting;

d) Age-appropriate; and
e) Provided by mental health professionals and workers in a manner that ensures accountability.

Further, mental health services shall be accessible, available, affordable, and acceptable; delivered by an adequate number of competent health workers who have been trained to provide mental health care according to their level and setting; provide reasonable accommodation to persons with disabilities; and guided by high professional and ethical standards.

Periodic review of the quality of mental health services by the Philippine Council for Mental Health based on the reportorial requirements stipulated in Section 18 of this IRR is necessary to ensure quality mental health services.

SEC. 16. ***Mental Health Services at the Community Level.*** – Responsive primary mental health services shall be developed and integrated as part of the basic health services at the appropriate level of care, particularly at the city, municipal, and barangay levels. The standards of mental health services shall be determined by the DOH in consultation with stakeholders based on current evidences.

Mental health services at the community level that encompass wellness promotion, prevention, treatment, and rehabilitation shall be inclusive and responsive to the needs of the vulnerable population. These services must also actively link peer supports, education, livelihood and employment, social services, and other community support services.

Every local government unit (LGU) and academic institution shall create their own program in accordance with the general guidelines set by the Philippine Council for Mental Health, created under this Act, in coordination with other stakeholders. LGUs and academic institutions shall coordinate with all concerned government agencies and the private sector for the implementation of the program.

The Department of Health, in collaboration with related associations/organizations engaged in mental health services at the community level, shall provide further guidance and technical assistance on the design, implementation and evaluation of mental health programs for the LGUs, academic institutions and workplaces within two years after the effectivity of the IRR.

SEC. 17. ***Community-based Mental Health Care Facilities.*** – The national government through the DOH shall fund the establishment and assist in the operation of community-based mental health care facilities in the provinces, cities and cluster of municipalities in the entire country based on the needs of the population, to provide appropriate mental health care services, and enhance the rights-based approach to mental health care.

For the purpose of this IRR, a community-based mental health care facility refers to a mental health facility outside of a mental hospital.[1]

Examples of community-based mental health care facilities include, but are not limited to, community mental health centers: outpatient care centers, halfway houses, crisis centers, drop-in centers, and other facilities offering services to help address the distinct needs and unique characteristics of the population, including well-being enhancement programs.

Each community-based mental health care facility shall, in addition to adequate room, office or clinic, have a complement of mental health professionals, allied professionals, support staff, trained barangay health workers (BHWs), volunteer family members of patients or service users, basic equipment and supplies, and adequate stock of medicines appropriate at that level.

The DOH shall develop guidelines in the establishment of community-based mental health care facilities.

SEC. 18. ***Reportorial Requirements.*** – LGUs through their health offices shall make a quarterly report to the Philippine Council for Mental Health through the DOH. Subject to the Data Privacy Act, the report shall include, among others, the following data: number of patients/service users attended to and/or served, the respective kinds of mental illness or disability, duration and result of the treatment, and patients'/service users' age, gender, educational attainment and employment without

[1] World Health Organization. (2005) *World Health Organization Assessment Instrument for Mental health Systems* (WHO-AIMS)

disclosing the identities of such patients/service users for confidentiality. Information on the mode of confinement, whether voluntary or involuntary, shall be reported.

SEC. 19. ***Psychiatric, Psychosocial, and Neurologic Services in Regional, Provincial, and Tertiary Hospitals.*** – All regional, provincial, and tertiary hospitals, including private hospitals rendering service to paying patient, shall provide the following psychiatric, psychosocial, and neurologic services:

a) Short-term, in-patient hospital care in a small psychiatric or neurologic ward for service users exhibiting acute psychiatric or neurologic symptoms;
b) Partial hospital care for those exhibiting psychiatric symptoms or experiencing difficulties *vis-à-vis* their personal and family circumstances;
c) Out-patient services in close collaboration with existing mental health programs at primary health care centers in the same area;
d) Home care services for service users with special needs as a result of, among others, long-term hospitalization, non-compliance with or inadequacy of treatment, and absence of immediate family;
e) Coordination with drug rehabilitation centers *vis-à-vis* the care, treatment, and rehabilitation of persons suffering from addiction and other substance-induced mental health conditions; and
f) A referral system involving other public and private health and social welfare service providers, for the purpose of expanding access to programs aimed at preventing mental illness and managing the condition of persons at risk of developing mental, neurologic, and psychosocial problems.

SEC. 20. ***Duties and Responsibilities of Mental Health Facilities.*** – Mental health facilities shall:

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

Circumstances surrounding any instance of unavoidable seclusion or restraint shall be properly documented and reported.

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

Mental health service providers shall be trained and educated to provide accurate, adequate and relevant information to the service users and their family members, carers, or appointed support decision makers.

c) Provide every service user, whether admitted for voluntary treatment, with complete information regarding the plan of treatment to be implemented;
d) Ensure that informed consent is obtained from service users prior to the implementation of any medical procedure or plan of treatment or care, except during psychiatric or neurologic emergencies or when the service user has impairment or temporary loss of decision-making capacity;
e) Maintain a register containing information on all medical treatments and procedures administered to service users compliant with the Data Privacy Act; and clinical treatments and procedures which include, but not limited to pharmacologic and non-pharmacologic interventions such as, medications, food supplements and any herbal or alternative preparations, experimental drugs (e.g. clinical trials), psychotherapies, neurostimulation interventions; and other clinical interventions.

The register must also include reports on adverse reactions (if applicable) to the treatments and procedures, subject to a document retention policy set out by DOH.

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

SEC. 21. ***Drug Screening Services.*** – Pursuant to its duty to provide mental health services and consistent with the policy of treating drug dependency as a mental health issue, each local health care facility must be capable of conducting drug screening.

Drug screening services may include any one or a combination of, but not limited to, laboratory examination, administration of risk assessment scales and screening questionnaires as deemed appropriate.

SEC. 22. ***Suicide Prevention.*** – Mental health services shall also include mechanisms for suicide intervention, prevention, and response strategies, with particular attention to the concerns of the youth. Twenty-four seven (24/7) hotlines, to provide assistance to individuals with mental health conditions, especially individuals at risk of committing suicide, shall be set-up, and existing hotlines shall be strengthened.

In collaboration with other national agencies and stakeholders, the DOH shall develop a national suicide prevention strategy as part of its national mental health program.

A national suicide prevention strategy includes, among other components, the following:

a) Emergency mental health care for persons in suicide crisis situations;
b) Mainstreaming of suicide prevention in public health education and within other priority health programs such as HIV/AIDS, adolescent and youth health, and noncommunicable diseases, as well as in special settings such as schools, workplace, and disaster areas;
c) Training of first responders, health professionals and volunteers to recognize suicidal behaviors, provide telephone counseling, and support those bereaved by suicide;
d) Responsible media reporting and handling of suicide events; and
e) Establishing a system for suicide surveillance. Twenty-four seven (24/7) helplines or crisis hotlines shall be coordinated and linked to available appropriate services within the territorial jurisdiction of the crisis call as applicable. The DOH, in partnership with other agencies and stakeholders, shall develop policies and guidelines on establishing hotlines and suicide prevention strategies, and linking to emergency and support services.

SEC. 23. ***Public Awareness.*** – The DOH and the LGUs shall initiate and sustain a heightened nationwide multimedia campaign to raise the level of public awareness on the protection and promotion of mental health and rights including, but not limited to, mental health and nutrition, stress handling, guidance and counseling, and other elements of mental health.

Activities on public awareness shall also include advocacy for respecting, protecting and promoting the rights of persons with psychosocial disabilities and other vulnerable population, in coordination with related associations/organizations of service user, families and carer groups, the Persons with Disability Affairs Office (PDAO), and other support systems.

CHAPTER V

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

SEC. 24. ***Integration of Mental Health into the Educational System.*** – The State shall ensure the integration of the mental health into the educational system, as follows:

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

Within two years after the effectivity of this IRR, age-appropriate content for the promotion of mental health and prevention of mental health conditions shall be made available and accessible to all educational institutions at all levels, from preschool to post-graduate school, including alternative learning systems and schools for populations with special needs. Various strategies deemed appropriate for the population, may be used, from integration into current curricula (for example, values formation, science, homeroom) to special course offerings.

The materials for use in the curricula and offerings shall be developed by the Department of Education (DepEd), Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA), in coordination with mental health experts.

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

The CHED shall ensure the integration of psychiatry and neurology subjects in all medical and allied health courses appropriate to the context of the degree pursued.

SEC. 25. ***Mental Health Promotion in Educational Institutions.*** – Educational institutions, such as schools, colleges, universities, and technical schools shall develop policies and programs for students, educators, and other employees designed to: raise awareness on mental health issues, identify and provide support and services for individuals at risk, and facilitate access, including referral mechanisms of individuals with mental health conditions to treatment and psychosocial support.

The DepEd, CHED, and TESDA in coordination with other relevant government agencies and stakeholders, shall provide guidance in the development and implementation of mental health policy and programs to educational institutions to:

a) promote mental health;
b) provide basic support services for individuals at risk or already have a mental health condition; and
c) establish efficient linkages with other agencies and organizations that provide or make arrangements to provide support, treatment and continuing care.

All public and private educational institutions shall be required to have a complement of mental health professionals.

SEC. 26. ***Mental Health Promotion and Policies in the Workplace.*** – Employers shall develop appropriate policies and programs on mental health in the workplace designed to: raise awareness on mental health issues, correct the stigma and discrimination associated with mental health conditions, identify and provide support for individuals at risk, and facilitate access of individuals with mental health conditions to treatment and psychosocial support.

CHAPTER VI

CAPACITY BUILDING, RESEARCH AND DEVELOPMENT

SEC. 27. ***Capacity-Building, Reorientation, and Training.*** – In close coordination with mental health facilities, academic institutions, and other stakeholders, mental health professionals, workers, and other service providers shall undergo capacity-building, reorientation, and training to develop their ability to deliver evidence-based, gender-sensitive, culturally-appropriate and human rights-oriented mental health services, with emphasis on the community and public health aspects of mental health.

The DOH, following the guidelines set by the PCMH, shall:

a) Undertake steps to reorient policy makers and health professionals at national and local levels towards community- based and recovery-oriented services that respect, protect and promote human rights; and
b) In addition to reorientation, training and capacity-building, provide systems for support, supervision, monitoring and evaluation of the reorientation, training and capacity building towards improved quality of care and human rights conditions in inpatient, outpatient and other community-based mental health and related services.

SEC. 28. ***Capacity Building of Barangay Health Workers (BHWs).*** – The DOH shall be responsible for disseminating information and providing training programs to LGUs. The LGUs, with technical assistance from the DOH, shall be responsible for the training of BHWs and other barangay volunteers on the promotion of mental health. The DOH shall provide assistance to LGUs with medical supplies and equipment needed by BHWs to carry out their functions effectively.

The LGUs shall ensure the capacity building and supervision of the BHWs for the promotion of mental health, advocacy for patient's rights, case finding, identification and referral.

SEC. 29. ***Research and Development.*** – Research and development shall be undertaken, in collaboration with academic institutions, psychiatric, neurologic, and related associations, and nongovernment organizations, to produce the information, data, and evidence necessary to formulate and develop a culturally-relevant national mental health program incorporating indigenous concepts and practices related to mental health.

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

Research and development shall also be undertaken *vis-à-vis* non-medical, traditional or alternative practices.

A national epidemiologic study on mental health shall be undertaken at regular intervals to be determined by the Philippine Council for Mental Health.

SEC. 30. ***The National Center for Mental Health (NCMH).*** – The NCMH, formerly the National Mental Hospital, being the premiere training and research center under the DOH, shall expand its capacity for research and development of interventions on mental and neurological services in the country.

Thus, in the next two (2) years from the effectivity of this IRR, the National Center for Mental Health shall undergo evaluation and revisit its current framework with the end in view of formulating a strategic plan to ensure the fulfillment of its mandate leading to the transformation of its statutory framework and programs with focus on research, training, and rights-oriented psychiatric, neurologic, and psychosocial conditions services.

The National Center for Mental Health shall:

a) Coordinate with stakeholders in the formulation of a research agenda for mental and neurological health and contribute to the national unified health research agenda;
b) Collaborate with government agencies as well as local and international academic institutions and other organizations to undertake and publish research on mental and neurological health; and
c) Develop research-based local models of care to effect the best health outcomes encompassing both physical and mental health.
d) Reorientation of its present program as an institution providing predominantly clinical service, to a facility primarily designed to serve the needs for training, education and research.
e) Develop a program that provides a balance of hospital based care and strengthened community based mental health care, collaborating actively with other mental health facilities in the communities;
f) Design appropriate and relevant capacity-building programs for various mental health providers in coordination or collaboration with academic institutions, professional organization or non-government organizations to render its program inclusive especially in MH programs with collaborating sectors at all levels; and
g) Act as Repository of Researches pertaining to Mental Health governed by the guidelines approved by the DOH.

CHAPTER VII

DUTIES AND RESPONSIBILITIES OF GOVERNMENT AGENCIES

SEC. 31. ***Duties and Responsibilities of the Department of Health (DOH).*** – To achieve the policy and objectives of this Act, the DOH shall:

a) Formulate, develop, and implement a national mental health program. In coordination with relevant government agencies, create a framework for Mental Health Awareness Program to promote effective strategies regarding mental health care, its components, and services, as well as to improve awareness on stigmatized medical conditions;
b) Ensure that a safe, therapeutic, and hygienic environment with sufficient privacy exists in all mental health facilities and, for this purpose, shall be responsible for the regulation, licensing, monitoring, and assessment of all mental health facilities. Appropriate guidelines shall include appropriate health human resource, equipment and processes per level of care and facility;
c) Integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by sex and age, and health outcomes, including data on completed and attempted suicides, in order to improve mental health service delivery, promotion and prevention strategies;

d) Improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development, implementation, and the exercise of human rights by persons with mental health conditions, including the establishment of centers of excellence;
e) Ensure that all public and private mental health institutions uphold the right of patients to be protected against torture or cruel, inhumane, and degrading treatment;
f) Coordinate with the Philippine Health Insurance Corporation to ensure that insurance packages equivalent to those covering physical disorders of comparable impact to the patient, as measured by Disability-Adjusted Life Year or other methodologies, are available to patients affected by mental health conditions;

Outpatient and inpatient benefit packages for priority mental health conditions shall be available within two years after the effectivity of this IRR, as determined in the National Mental Health Program;

g) Prohibit forced or inadequately remunerated labor within mental health facilities, unless such labor is justified as part of an accepted therapeutic treatment program;
h) Provide support services for families and co-workers of service users, mental health professionals, workers, and other service providers;
i) Develop alternatives to institutionalization, particularly community, recovery-based approaches to treatment aimed at receiving patients discharged from hospitals, meeting the needs expressed by persons with mental health conditions, and respecting their autonomy, decisions, dignity, and privacy;
j) Ensure that all health facilities shall establish their respective internal review boards. In consultation with stakeholders, the DOH shall promulgate the rules and regulations necessary for the efficient disposition of all proceedings, matters, and cases referred to, or reviewed by, the internal review board;
k) Establish a balanced system of community-based and hospital-based mental health services at all levels of the public health care system from the barangay, municipal, city, provincial, regional to the national level; and
l) Ensure that all health workers shall undergo human rights trainings in coordination with appropriate agencies or organizations;
m) In collaboration with associations/organizations engaged in mental health services at the community level, shall provide further guidance and technical assistance in the design and implementation of mental health programs for the LGUs and academic institutions within two years after the effectivity of this IRR;
n) Formulate, develop and implement an efficient, effective, and sustainable supply chain of quality medicines for mental health conditions within the context of the community including prepositioning of drugs during disasters; and
o) Develop efficient linkages with other agencies and organizations that provide or make arrangements to provide accessible, available, affordable, and acceptable mental health services as well as continuing care.

SEC. 32. Duties and Responsibilities of the Commission on Human Rights (CHR). – The CHR shall:

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

For the purpose of interpreting CHR's duties and responsibilities, *impropriety* shall be defined as the administering of treatment and care without consent; failure to comply with recognized standards on treatment and care; and abuse and exploitation of consent given by the service user. Consent gained by the use of force or coercion shall also be considered as an act of impropriety.

In exercising its duty to inspect mental health facilities, CHR shall have an unimpeded right to monitor and visit mental health facilities.

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

The CHR shall inspect mental health facilities to ensure their compliance with the requirements and standards set by related laws regarding mental health

For the purpose of this Section, *cruel, inhuman, and degrading treatment* shall be defined as "deliberate and aggravated treatment or punishment, inflicted by a person in authority or agent of a person in authority against another person in custody, which

attains a level of severity sufficient to cause suffering, gross humiliation or debasement to the latter. The assessment of the level of severity shall depend on all the circumstances of the case, including the duration of the treatment or punishment, its physical and mental effects and, in some cases, the sex, religion, age and state of health of the victim."

c) Investigate all cases involving involuntary treatment, confinement, or care of service users, for the purpose of ensuring strict compliance with domestic and international standards respecting the legality, quality, and appropriateness of such treatment, confinement, or care; and
d) Appoint a focal commissioner for mental health tasked with protecting and promoting the rights of service users and other persons utilizing mental health services or confined in mental health facilities, as well as the rights of mental health professionals and workers. The focal commissioner shall, upon a finding that a mental health facility, mental health professional, or mental health worker has violated any of the rights provided for in this Act, take all necessary actions to rectify or remedy such violation, including recommending that an administrative, civil, or criminal case be filed by the appropriate government agency.

The Focal Commissioner for Mental Health shall oversee matters concerning the implementation of the duties and responsibilities of the Commission under the Mental Health Act. The Focal Commissioner shall ensure that a budget is allocated to enable and ensure the undertaking of its duties and responsibilities under the Act. However, the final decision on all matters affecting external stakeholders will still come from the Commission *en Banc*. The decision of the Commission *en Banc* decision will prevail over that of the Focal Commissioner.

SEC. 33. ***Investigative Role of the Commission on Human Rights (CHR).*** – The investigative role of the CHR as provided in the pertinent provisions of this Act shall be limited to all violations of human rights involving civil and political rights consistent with the powers and functions of the CHR under Section 18 of Article XIII of the Constitution.

The Commission on Human Rights shall investigate, on its own or on complaint from any party, all forms of civil, political, economic, social, and cultural human rights violations, including all rights deriving therefrom as recognized and accepted under international human rights law.

SEC. 34. ***Complaint and Investigation.*** – The DOH, CHR and Department of Justice (DOJ) shall receive all complaints of improprieties and abuses in mental health care and shall initiate appropriate investigation and action.

Further, CHR shall 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 treatment standards. The CHR may, *motu proprio,* file a complaint against erring mental health institutions should they find any noncompliance, based on their investigation.

Within six (6) months after the effectivity of this IRR, the three (3) agencies shall provide joint implementation guidelines for the effective implementation of this provision.

SEC. 35. ***Duties and Responsibilities of the Department of Education (DepEd), Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA).*** – The DepEd, CHED and TESDA shall:

a) Integrate age-appropriate content pertaining to mental health into the curriculum at all educational levels both in public and private institutions;
b) Develop guidelines and standards on age-appropriate and evidenced-based mental health programs both in public and private institutions;
c) Pursue strategies that promote the realization of mental health and well-being in educational institutions; and
d) Ensure that mental health promotions in public and private educational institutions shall be adequately complemented with qualified mental health professionals.

The DepEd, CHED, and TESDA, in coordination with other relevant government agencies and stakeholders, shall provide guidance in the development and implementation of mental health policy and programs to educational institutions including the integration of mental health in the curriculum, consistent with the provisions and functions of educational institutions under Sections 24 and 25 of this IRR.

SEC. 36. ***Duties and Responsibilities of the Department of Labor and Employment (DOLE) and the Civil Service Commission (CSC).*** – The DOLE and the CSC shall:

a) Develop guidelines and standards on appropriate and evidenced-based mental health programs for the workplace as described in this Act;
b) Develop policies that promote mental health in the workplace and address stigma and discrimination suffered by people with mental health conditions.

The CSC, in consultation with stakeholders, shall issue appropriate policies and guidelines for the National Government Agencies (NGAs), Local Government Units (LGUs), State Universities and Colleges (SUCs) and local universities and colleges and Government Owned and Controlled Corporations (GOCCs), to develop standards and promote inclusive and evidence-based mental health programs in the workplace, which will focus on, but not limited to, advocacy, education and training; mental health services, among others.

The DOLE shall issue appropriate guidelines in the development and implementation of policy and programs to promote mental health in the workplace in coordination with DOH and in consultation with mental health professionals and stakeholders. DOLE shall also develop mental health programs for Overseas Filipino Workers.

The DOLE shall provide assistance to the employers in the development and promotion of mental health programs in the workplace, including access to appropriate mental health services.

Appropriate guidelines shall be developed within six (6) months after the effectivity of this IRR.

SEC. 37. ***Duties and Responsibilities of the Department of Social Welfare and Development (DSWD).*** – The DSWD shall:

a) Refer service users to mental health facilities, professionals, workers, and other service providers for appropriate care;
b) Provide or facilitate access to public or group housing facilities, counseling, therapy, and livelihood training and other available skills development programs;
c) In coordination with the LGUs and the DOH, formulate, develop, and implement community resilience and psychosocial well-being training, including psychosocial support services during and after natural disasters and other calamities; and
d) Develop and implement training and capacity building programs to effectively discharge the agency's role according to this Act.

Appropriate guidelines shall be developed within six (6) months after the effectivity of this IRR.

SEC. 38. ***Duties and Responsibilities of the Local Government Units. (LGUs).*** – LGUs shall:

a) Review, formulate, and develop the regulations and guidelines necessary to implement an effective mental health care and wellness policy within the territorial jurisdiction of each LGU, including the passage of a local ordinance on the subject of mental health, consistent with existing relevant national policies and guidelines;
b) Integrate mental health care services in the basic health care services, and ensure that mental health services are provided in primary health care facilities and hospitals, within their respective territorial jurisdictions;
c) Establish training programs necessary to enhance the capacity of mental health service providers at the LGU level, in coordination with appropriate national government agencies and other stakeholders;
d) Promote deinstitutionalization and other recovery-based approaches to the delivery of mental health care services;
e) Establish, re-orient, and modernize mental health care facilities necessary to adequately provide mental health services, within their respective territorial jurisdictions;
f) Where independent living arrangements are not available, provide or facilitate access to public housing facilities, vocational training and skills development programs, and disability or pension benefits;
g) Refer service users to mental health facilities, professionals, workers, and other service providers for appropriate care;
h) Establish a multi-sectoral stakeholder network for the identification, management, and prevention of mental health conditions;
i) Establish and maintain drug screening services for the common prevalent drugs of abuse, using acceptable standard and up to date basic screening equipment and procedures;

j) Ensure appropriation to support and sustain the effective provision of mental health services in their respective territorial jurisdiction; and

k) In coordination with appropriate local agencies, ensure mental health and other services are provided to vagrants with mental health problems who are in their respective territorial jurisdiction.

Appropriate guidelines shall be developed within one (1) year after the effectivity of this IRR.

SEC. 39. ***Upgrading of Local Hospitals and Health Care Facilities.*** **–** Each LGU, upon its determination of the necessity based on well-supported data provided by its local health office, shall establish or upgrade hospitals and facilities with adequate and qualified personnel, equipment and supplies to be able to provide mental health services and to address psychiatric emergencies: *Provided,* That people in geographically isolated and/or highly populated and depressed areas shall have the same level of access and shall not be neglected by providing other means such as home visits or mobile health care clinics, as needed: *Provided, further,* That the national government shall provide additional funding and other necessary assistance for the effective implementation of this provision.

CHAPTER VIII

THE PHILIPPINE COUNCIL FOR MENTAL HEALTH

SEC. 40. ***Mandate.*** – The Philippine Council for Mental Health, herein referred to as the Council, is hereby established as a policy-making, planning, coordinating and advisory body, attached to the DOH to oversee the implementation of this Act, particularly the protection of rights and freedom of persons with psychiatric, neurologic, and psychosocial needs and the delivery of a rational, unified and integrated mental health services responsive to the needs of the Filipino people.

Within six (6) months after the effectivity of this IRR, the Council shall develop a strategic plan for implementation, including a balanced scorecard with indicators. It shall encompass the establishment of a multi-agency and /or multi-sector coordinating mechanism to ensure integrated participation of the regions, provinces, cities/municipalities through regional and local mental health councils or other appropriate bodies.

SEC. 41. ***Duties and Functions.*** – The Council shall exercise the following duties:

a) Develop and periodically update, in coordination with the DOH, a national multi-sectoral strategic plan for mental health that further operationalizes the objectives of this Act which shall include the following:

    1) The country's targets and strategies in protecting rights of Filipinos with mental health needs and in promoting mental health and the well-being of Filipinos, as provided in this Act;
    2) The government's plan in establishing a rational, unified and integrated service delivery network for mental health services including the development of health human resources and information system for mental health; and
    3) The budgetary requirements and a corollary investment plan that shall identify the sources of funds for its implementation;

b) Monitor the implementation of the rules and regulations of this Act and the strategic plan for mental health, undertake mid-term assessments and evaluations of the impact of the interventions in achieving the objectives of this Act;

c) Ensure the implementation of the policies provided in this Act, and issue or cause issuance of orders, or make recommendations to the implementing agencies as the Council considers appropriate;

d) Coordinate the activities and strengthen working relationships among national government agencies, LGUs, and non-government agencies involved in mental health promotion;

e) Coordinate with foreign and international organizations regarding data collection, research and treatment modalities for persons with psychiatric, neurologic and substance use disorders and other addictions;

f) Coordinate joint planning and budgeting of relevant agencies to ensure funds for programs and projects indicated in the strategic medium-term plan are included in the agency's annual budget;

g) Call upon other government agencies and stakeholders to provide data and information in formulating policies and programs, and to assist the Council in the performance of its functions; and

h) Perform other duties and functions necessary to carry out the purposes of this Act.

SEC. 42. ***Composition.*** **–** The Council shall be composed of the following:

a) Secretary of DOH as Chairperson;
b) Secretary of DepEd;
c) Secretary of DOLE;
d) Secretary of the Department of the Interior and Local Government (DILG);
e) Chairperson of CHR;
f) Chairperson of CHED;
g) One (1) representative from the academe/research;
h) One (1) representative from medical or health professional organizations; and
i) One (1) representative from non-government organizations (NGOs) involved in mental health issues.

The members of the Council from the government may designate their permanent authorized representatives.

The members of the Council from the academe/research, private sector and NGOs shall be appointed by the President of the Philippines from a list of three nominees submitted by the organizations, as endorsed by the Council.

Members representing the academe/research, private sector and NGOs of the Council shall serve for a term for three (3) years. In case a vacancy occurs in the Council, any person chosen to fill the position vacated by a member of the Council shall only serve the unexpired term of said member.

SEC. 43. ***Creation of the DOH Mental Health Division.*** **-** There shall be created in the DOH, a Mental Health Division, under the Disease Prevention and Control Bureau, staffed by qualified mental health specialists and support staff with permanent appointments and supported with an adequate yearly budget. It shall implement the National Mental Health Program and, in addition, shall also serve as the secretariat of the Council.

To ensure governance and performance accountability, teams shall be organized within the Mental Health Division - one unit to act as the secretariat to the Council and a separate unit to manage the National Mental Health Program. The staff of the units shall have the functional training and competencies necessary for their roles and responsibilities, in compliance with CSC requirements.

CHAPTER IX

MENTAL HEALTH FOR DRUG DEPENDENTS

SEC. 44. ***Voluntary Submission of a Drug Dependent to Confinement, Treatment and Rehabilitation.*** – Persons who avail of the voluntary submission provision and persons charged pursuant to Republic Act No. 9165, otherwise known as the "Comprehensive Dangerous Drugs Act of 2002", shall undergo an examination for mental health conditions and, if found to have mental health conditions, shall be covered by the provisions of this Act.

CHAPTER X

MISCELLANEOUS PROVISIONS

SEC. 45. ***Penalty Clause.*** – Any person who commits any of the following acts, shall, upon conviction by final judgment, be punished by imprisonment of not less than six (6) months but not more than two (2) years, or a fine of not less than Ten thousand pesos (P10, 000.00), but not more than Two hundred thousand pesos (P200, 000.00), or both, at the discretion of the court:

a) Failure to secure informed consent of the service user, unless it falls under the exceptions provided under Sec. 13 of this Act;
b) Violation of the confidentiality of information, as defined under Sec. 4(c) of this Act;
c) Discrimination against a person with a mental health condition, as defined under Sec. 4(e) of this Act; and
d) Administering inhumane, cruel, degrading or harmful treatment not based on medical or scientific evidence as indicated in Sec. 5 (h) of this Act.

If the violation is committed by a juridical person, the penalty provided for in this Act shall be imposed upon the directors, officers, employees or other officials or persons therein responsible for the offense.

If the violation is committed by alien, the alien offender shall be immediately deported after service of sentence without need of further proceedings.

These penalties shall be without prejudice to the administrative or civil liability of the offender, or the facility where such violation occurred.

SEC. 46 ***Appropriations.*** - The amount needed for the initial implementation of this Act shall be charged against the appropriations of the DOH for the following: maintenance and other operating expenses of the national mental health program, capital outlays for the development of psychiatric facilities, personnel services among selected DOH hospitals, and formulation of the strategic plan for mental health.

For the succeeding years, the amount allocated for mental health in the DOH budget and in the budget of other agencies with specific mandates provided in this Act shall be based on the strategic plan formulated by the Council, in coordination with other stakeholders. The amount shall be included in the National Expenditure Program (NEP) as basis for the General Appropriations Bill (GAB).

SEC. 47. ***Separability Clause.*** – If any provision of this Act is declared unconstitutional or invalid by a court of competent jurisdiction, the remaining provisions not affected thereby shall continue to be in full force and effect.

SEC. 48. ***Repealing Clause.*** – All laws, decrees, executive orders, department or memorandum orders and other administrative issuances or parts thereof which are inconsistent with the provisions of this Act are hereby modified, superseded or repealed accordingly.

SEC. 49. ***Effectivity.*** – These Rules shall take effect fifteen (15) days after publication in the *Official Gazette* or in at least two (2) newspapers of general circulation.

This *"Implementing Rules and Regulations of Republic Act No. 11036, Otherwise Known as The Mental Health Act"* is hereby approved by the Department of Health this 22nd day of January 2019 in the City of Mandaluyong, Republic of the Philippines.

FRANCISCO T. DUQUE III, MD, MSc
Secretary
Department of Health