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CITY COUNCIL
City of Manila

REGULAR SESSION NO. 2

12TH CITY COUNCIL

Begun and held in the City Council on Thursday,
the seventh day of July, Two Thousand Twenty-Two

ORDINANCE NO. 8884

AN ORDINANCE ESTABLISHING A MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN THE CITY OF MANILA AND APPROPRIATING FUNDS THEREFOR

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PREAMBLE

WHEREAS, the Philippines is a signatory to 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;

WHEREAS, the Declaration of State Policies in the 1987 Constitution includes, among others, that "The State shall protect and promote the right to health of the people and instill health consciousness among them";

WHEREAS, Republic Act No. 11036 or the "Mental Health Act" affirms the basic right of all Filipinos to mental health, as well as the fundamental rights of people who require mental health services;

WHEREAS, mental health is a vital part of the well-being of an individual and its maintenance involve not only addressing mental conditions and disorders which are commonly known, but also those brought about by extreme life experiences, heinous and violent crimes, internal displacement brought about by religious and civil unrests, as well as the psychosocial matters of daily living;

WHEREAS, the National Center for Mental Health (NCMH) reported a spike in the number of Filipinos facing mental health issues due to the pandemic, receiving an average of 30 to 35 calls daily from March to May 2020 compared to 13 to 15 calls daily from May 2019 to February 2020;

WHEREAS, the City of Manila is yet to provide a mental health program which will address the needs of its residents;

WHEREAS, there is a need to integrate preventive, promotive, curative, and rehabilitate mental health services in all existing levels of care including the primary and secondary levels of healthcare systems in order to render available, accessible, affordable, and equitable and quality mental health care and services to the constituents of the city especially the poor, the underserved, including the provision of appropriate and uninterrupted supply of medicines;

WHEREAS, there is a need to protect the dignity and privacy of those experiencing mental health issues from any form of discrimination: NOW, THEREFORE,

Be it ordained by the City Council of Manila, in session assembled, *THAT*:

SECTION 1. Title. – This Ordinance shall be known as the "**Mental Health Code of the City of Manila 2021**".

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the City of Manila to uphold the right of the people to mental health and encourage mental health consciousness among them. Towards this end, the city shall adopt an integrated and comprehensive approach to the development of the City Mental Health Care Delivery System to deliver appropriate services and intervention including provision of mental health promotion, mental illness prevention, care, treatment and other essential services to those with mental illness or disability.

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SEC. 3. Objectives. – The objectives of this Ordinance are as follows:

- a) Provision of mental health services in the City of Manila through any of its district hospitals to be designated wherein a mental health division/department will be established;
- b) Creation of a mental health facility;
- c) Integration of mental health care in the general health care delivery system;
- d) Prevention, treatment and control of mental illness at all levels and rehabilitation of persons with mental disability; and
- e) Promotion of mental health awareness in the city.

SEC. 4. Definition of Terms:

- 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) **Advance directive** – refers to the legal document that explains how you want medical decisions about the persons to be made if he/she cannot make decision for him/herself.
- c) **Carer** – refers to the person, who may or may not be patient's next-of-kin or relative, who maintains a close personal relationship and manifests concern for the welfare of the patient.
- d) **Confidentiality**– refers to ensuring that all relevant information related to persons with psychiatric, neurologic, and psychological 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.
- e) **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.
- f) **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 which are placed solely to protect the rights or secure the advancement of persons with decision-making impairment capacity shall not be deemed to be discriminatory.

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- 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:
- a. Understand information concerning the nature of a mental health condition;
 - b. Understand the consequences of one's decisions and actions on one's life or health, or the life or health of others;
 - c. Understand information about the nature of the treatment proposed, including methodology, direct effects, and possible side effects; and
 - d. Effectively communicate consent voluntarily given by a service user to a plan for 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 Representatives** – refers to a person designated by the service user, appointed by a court of competent jurisdiction, or authorized by this Ordinance 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, scopes 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 neurological, psychosocial, or developmental process 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 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 Ordinance, whether public or private, including, but not limited to mental health professionals and workers, social workers and counselors, informal community caregivers, mental health advocates and their organizations, personal ombudsmen, and persons or entities offering nonmedical alternative therapies.
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- o) **Mental Health Service** – refers 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 facilities and mental health condition, or any other person affected by a mental condition, or to the health or well-being of others, requiring immediate medical intervention.
- r) **Psychosocial Problems** – 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 ombudsman; powers of attorney and other legal and personal planning tools; peer support; support for self - advocacy; non formal community caregiver networks; dialogue systems; alternative, and manual communication; and the use of assistive devices and technology.
- 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.

SEC. 5. City of Manila Mental Health Committee. – The City of Manila Mental Health Committee, referred to as “the Committee”, is hereby established under the Manila Health Department (MHD), to provide for a consistent, rational, and unified response to mental health problems, concerns and efforts through the formulation and implementation of the City Mental Health Care Delivery System.

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

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SEC. 6. Duties and Functions. – The Committee shall exercise the following duties and functions:

- a. Review and formulation of policies and guidelines on mental health issues and concerns;
- b. Development of an inclusive and integrated plan and program on mental health;
- c. Conduct of regular monitoring and evaluation in support of policy formulation and planning on mental health;
- d. Promotion and facilitation of collaboration among sectors and disciplines for the development and implementation of mental health related programs within these sectors;
- e. Provision of overall technical supervision and ensure compliance with policies, programs, and projects within the comprehensive framework of the City Mental Health Care Delivery System and other such activities related to the implementation of this Ordinance, through the review of mental health services and the adoption of legal and other remedies provided by law;
- f. Planning and implementation of the necessary and urgent capacity building, reorientation and training programs for all mental health and non-mental health professionals, mental health workers and allied professionals as articulated in this Ordinance;
- g. Review of all existing laws related to mental health and recommend legislation which will sustain and strengthen programs, services and other mental health initiatives;
- h. Initiation of efforts to propose the creation of such inter-agency committees, project task forces, and other groups necessary to implement the policy and program framework of this Ordinance;
- i. Provision of means and measures to provide easy and confidential access to mental health services; and
- j. Perform such other duties and functions necessary in carrying the purposes of this Ordinance.

SEC. 7. Composition. – The Committee shall be composed of the following:

- a. The City Mayor, as chairperson;
- b. The City Health Officer, as vice chairperson;

Members:

- c. The Directors of the six (6) district hospitals;
- d. The Head of Manila Department of Social Welfare;
- e. Chairperson of Committee on Health;
- f. Chairperson of Committee on Women, Children and Family Relations;
- g. Chairperson of Committee on Barangay Affairs;
- h. Two (2) representatives from Non-Governmental Organizations particularly those involved in dealing with mental health issues and concerns for women and the youth; and
- i. One (1) representative from the private health sector.

SEC. 8. Meetings. – The Committee shall meet at least once a month or as frequently as necessary to discharge its duties and functions. The Committee shall be convened by the Chairperson or upon written request of at least three (3) of its members. Any member of the Committee is allowed to designate a representative to attend such meetings in case of unavailability.

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SEC. 9. Executive Director. –The City Health Officer of the Manila Health Department shall serve as an Executive Director and shall perform the duties and function stated on this Ordinance. The Executive Director shall not be removed from office except in accordance with existing laws.

SEC. 10. Duties and Functions. – The Executive Director shall perform the following duties and functions:

- a. Act as chief executive officer of the Committee and assume full responsibility in implementing its purposes and objectives;
- b. Maintain a close and functional relationship with the Department of Health;
- c. Formulate, develop and implement, subject to the approval of the Committee measures that will effectively carry out policies laid down by the Committee;
- d. Recommend to the City Mayor the appointment of personnel of the Committee including supervisory, technical, clerical and other personnel in accordance to the staffing patterns and organizational structure approved by the Committee; and
- e. Initiate partnership through Memorandum of Agreement with other government agencies, most especially the office of National Center for Mental Health.

SEC. 11. Community-Based Mental Health Care. – The Mental Health Care Delivery System shall evolve from being a predominantly hospital-based mental health care system to a comprehensive community-based mental health care system which shall consist of:

- a) Mental Health Service Development – Mental health service shall, within the general health care system in the community, include the following:
 - i. Development and integration of mental health care at the primary health care in the community;
 - ii. Continuation of programs for capacity building among existing local mental health and other non-mental health workers so that they can undertake mental health care in the community and undertake training and capacity building programs in close coordination with mental or psychiatric hospitals or departments of psychiatry in general or university hospitals;
 - iii. Continuous support services and intervention for families and co-workers; and
 - iv. Advocacy and promotion of mental health awareness among the general population.
- b) Capacity Building, Reorientation and Training – Capacity building, reorientation and training shall, upon the initiative of the Committee, in close coordination with the departments of psychiatry in general hospitals, university hospitals or mental facilities, be required for those who are mental health professionals or workers whose previous education and training had not emphasized community mental health perspective.
- c) Research and Development – Research and development shall be undertaken, in collaboration with academic institutions, mental health associations and non-governmental organizations, to develop appropriate and culturally relevant mental health services in the community.

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SEC. 12. Promotion of Mental Health and Protection Against Discrimination. – To protect the right to dignity, respect and justice of those who are suffering from mental health problems, the Committee shall promote an integrated approach to mental health care to prevent mental disorders through programs that strengthen the basic coping mechanism of individuals in relation to stress and advocacy to raise the value of mental health consciousness among the people. Further, the Committee shall create and enforce measures to protect those who are suffering from mental health problems from any form of discrimination.

SEC. 13. Access to Effective and High-Quality Mental Health Care. – All the residents of the City of Manila shall have the right to receive mental health care appropriate to their needs and shall be entitled to care and treatment in accordance to the same standards and accessibility as other sick individuals. An improved, effective and easy access to mental health care shall be made possible and gradually, a shift from a predominantly hospital based mental health care to community-based care shall be provided.

SEC. 14. Person with Mental Illness or Disability. – The determination that a person has a mental illness or disability shall be made according to internationally-accepted medical classifications and standards.

SEC. 15. Access to Records and Right to Confidentiality. – All service users have the right to access and/or be provided with their medical records and to review the same. They shall also have a right to have the information explained or interpreted to them as may be necessary, except when the same is impractical or when restricted by law.

All service users or persons with mental illness or disability shall enjoy the right to confidentiality of their condition. Case discussion, consultation, examination and treatment should be conducted with utmost consideration for the protection of the service user's privacy.

All service users shall have the right to expect that all communications and medical records, unless disclosure or access is required by law, or when public interests require the same.

SEC. 16. Service User's Treatment. – A patient with mental illness or disability shall have the right to treatment in the least restrictive environment suited to the patient's mental health needs.

SEC. 17. Consent to Care, Treatment or Rehabilitation. – The consent of the service user or person with mental illness or disability to be treated or admitted in a mental health facility shall be obtained freely, without threats or improper inducements, and with pertinent disclosure to the patient of adequate and understandable information in a form or language that is understood by him/her. When the service user or person with mental illness or disability at the relevant time, lacks the capacity to give or withhold consent, his next of kin or shall refer to the advance directive of the service user or person with mental illness or disability.

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SEC. 18. Creation of Mental Health Facility. – The City of Manila together with the Committee on Mental Health and the Department of Engineering and Public Works - Manila, shall build a mental health facility for the City of Manila.

A mental health facility shall have adequate number of mental health professionals, workers and allied professionals which shall include ample space to provide each patient with privacy and appropriate diagnostic and therapeutic apparatus, regular and comprehensive treatment, and medications. Every mental health facility shall be inspected frequently by competent authorities to guarantee that the treatment conditions and care of patients comply with these existing regulations.

SEC. 19. Voluntary Admission. – Every service user or person with mental illness or disability admitted voluntarily shall have the right to leave the facility upon the recommendation of his attending psychiatrist, provided, that he/she may be retained for further treatment and care in case of the following observations:

- a. There exists a serious likelihood of danger of harming himself or others;
- b. The severity of his/her mental illness is likely to lead a serious deterioration in his condition; and
- c. The appropriate treatment can only be done by admission to a mental health facility.

SEC. 20. Creation of a Mental Health Division/Department in designated district hospitals in the City of Manila. – A Mental Health Division/Department shall be created in designated district hospitals in Manila, and shall have the following functions/services:

- a. Short term in-patient hospital care for those with acute psychiatric symptoms in a small psychiatric ward;
- b. Partial hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;
- c. Out-patient clinic in close collaboration with the mental health program at the primary health centers in the area;
- d. Linkage and possible supervision of home care services for those with special needs as a consequence of long-term hospitalization, unavailable families, inadequate or noncompliance to treatment;
- e. Coordination with drug rehabilitation centers on the care, treatment and rehabilitation of persons suffering from drug or alcohol induced mental, emotional and behavioral disorder; and
- f. Referral system with other health and social welfare programs, both government and non-government, for programs in the prevention and promotion of mental illness, the management of those at risk for mental health and psychosocial problems and mental illness or disability.

SEC. 21. Access to Information. – Only service users or persons with mental illness or disability who were treated or admitted shall be entitled to have access to their personal mental health records. For justifiable reasons, such confidential information may not be given to the patient but instead be given to the carer, duly authorized/appointed representative, or legal counsel.

SEC. 22. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Ordinance, the Office of the Local Chief Executive shall, in coordination with the Committee, formulate the rules and regulations necessary for the effective implementation of this Ordinance.



SEC. 23. Appropriation. – The City Government shall appropriate funds therefore which shall be used for the above purposes mandated by this Ordinance in the City's Annual Budget or any other available funding source and in every succeeding budget year thereafter.


SEC. 24. Repealing Clause. – All ordinances, rules and regulations, or parts thereof, in conflict with, or inconsistent to the provisions of this Ordinance are hereby repealed or modified accordingly.

SEC. 25. Separability Clause. – If, for any reason, any section or provision of this Ordinance is declared illegal or unconstitutional, the remaining sections or provisions hereof which are not affected thereby shall remain to be in full force and effect.

SEC. 26. Effectivity Clause. – This Ordinance shall take effect after fifteen (15) days following the completion of its full publication in a newspaper of general circulation.

This Ordinance was finally enacted by the City Council of Manila on July 7, 2022.



PRESIDED BY:


JOHN MARVIN C. "YUL SERVO" NIETO
Vice-Mayor and Presiding Officer
City Council, Manila


ATTESTED:


LUCH R. GEMPIS, JR.
City Government Department Head III
(Secretary to the City Council)

APPROVED BY HIS HONOR, THE MAYOR, ON AUG 25 2022.


MARIA SHEILAH "Honey" LACUNA-PANGAN, MD, FPDS
Mayor
City of Manila 

ATTESTED:


MARLON M. LACSON
City Government Department Head III
(Secretary to the Mayor)

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