



Republic of the Philippines
QUEZON CITY COUNCIL

Quezon City
22nd City Council

PO22CC-088

12th Regular Session

ORDINANCE NO. SP- 3158, S-2022

AN ORDINANCE INSTITUTIONALIZING THE QUEZON CITY COMPREHENSIVE MENTAL HEALTH PROGRAMS AND SERVICES AND FOR OTHER PURPOSES.

Introduced by Councilors ALY MEDALLA, BERNARD R. HERRERA, DOROTHY A. DELARMENTE, M.D. and NOE DELA FUENTE.

Co-Introduced by Councilors Joseph P. Juico, Charm M. Ferrer, Candy A. Medina, Albert Alvin "Chuckie" L. Antonio III, Irene R. Belmonte, Nanette Castelo-Daza, Aiko S. Melendez, Vito Sotto-Generoso, Victor "Vic" Bernardo, Alfredo "Freddy" Roxas, Tany Joe "TJ" L. Calalay, Nikki V. Crisologo, Fernando Miguel "Mikey" F. Belmonte, Dave C. Valmocina, Tatay Rannie Z. Ludovica, Godofredo T. Liban II, Kate Galang-Coseteng, Geleen "Dok G" G. Lumbad, Don S. De Leon, Wencerom Benedict C. Lagumbay, Atty. Anton L. Reyes, Edgar "Egay" G. Yap, Imee A. Rillo, Raquel S. Malañgen, Marra C. Suntay, Joseph Joe Visaya, Alfred Vargas, MPA, Ram V. Medalla, Shaira "Shay" L. Liban, Mutya Castelo, Maria Eleanor "Doc Ellie" R. Juan, O.D., Kristine Alexia R. Matias, Eric Z. Medina and Emmanuel Banjo A. Pilar.

WHEREAS, the 1987 Philippine Constitution mandates that the State shall protect and promote the right to health of the people, and instill health consciousness among them;

WHEREAS, the Philippines is a signatory, if not a State party to many human rights-related treaties such as the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention against Torture and other Cruel, Inhuman, Degrading Treatment or Punishment (CAT), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD);

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WHEREAS, according to the World Health Organization (WHO), health is a complete physical, mental and social well-being and not merely the absence of disease or infirmity and as such, all legislation purporting to promote the right to health of individuals should be comprehensive enough such that everyone enjoys the right to the highest attainable standards of physical and mental health, emphasizing the mental health as an integral part of that right. The WHO also states that people with mental health needs experience a wide-range of human rights violations;

WHEREAS, the World Health Organization also stated that people with mental health needs experience a wide-range of human rights violations;

WHEREAS, even outside the health care context, people with mental health needs are secluded from the community life, denied basic rights such as shelter, food and clothing, are discriminated against in the field of employment, education and housing, and are denied the right to vote, marry and have children, as a consequence, many people with mental health needs or disabilities, are living in extreme poverty which in turn, affects their ability to access appropriate care, integrate into the society, and recover from their illness;

WHEREAS, Republic Act No. 11036, otherwise known as the "Mental Health Act," mandates local government units (LGUs) to review and develop regulations and guidelines necessary to implement an effective mental health care and wellness policy, including the passage of a local ordinance, consistent with existing relevant national policies and guidelines;

WHEREAS, Section 15 of Republic Act No. 11036 also provides that: "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;

WHEREAS, the National Mental Health Act states in Section 15 that every LGU shall create its own program in accordance with the general guidelines set by the Philippine Council for Mental Health and it further states in Section 16, the establishment of community-based mental health care facilities in cities and provinces;

WHEREAS, Section 18 of the National Mental Health Act states that public and private hospitals shall provide short-term in-patient psychiatric care as well as outpatient services in collaboration with the primary care facilities for the purpose of expanding access to mental health programs;

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WHEREAS, the UHC Act introduced major reforms in the health care system adopting a comprehensive approach to provision of health services at different levels of care; such that mental health programs in Quezon City must take into consideration the promotive, preventive, curative and rehabilitative aspects of care through a whole-of-system, whole-of-government, and whole-of-society approach as guided by the principles of UHC Act;

WHEREAS, mental health is vital to a person's overall well-being and programs which should address psychosocial issues caused by extreme life experiences such as disasters, near-death experiences, violent crimes, loss of life and property, and conflicts as well as difficulties of daily living in these complicated times;

WHEREAS, patient care continues beyond those provided by hospitals, institutional facilities and specialists, and should therefore be made available in the communities and homes, in workplaces and in schools;

WHEREAS, the Quezon City is committed to the protection and promotion of the rights of all persons, including persons with disabilities and those with mental health care needs.

NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COUNCIL OF QUEZON CITY IN REGULAR SESSION ASSEMBLED:

ARTICLE I. GENERAL PROVISIONS

SECTION 1. SHORT TITLE. - This Ordinance shall be known as the "Quezon City Mental Health Code of 2022."

SECTION 2. DECLARATION OF POLICIES. - It is hereby declared the policy of Quezon City to uphold the basic right of all individuals to mental health and to respect the fundamental rights of people who require mental health services.

As enshrined in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights, the Quezon City acknowledges that persons with mental disabilities have the right to equality and non-discrimination, dignity and respect, privacy and individual autonomy, information and participation.

The Quezon City further recognizes that people with mental disabilities by virtue of the nature and/or severity of their illness, have specific vulnerabilities and therefore need special care appropriate to their needs and based on nationally and internationally-accepted standards.

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The Quezon City enjoins the commitment of the national government as a state-party to the UN Convention on the Rights of Persons with Disabilities to ensure and promote full realization of all human rights and fundamental freedom for all persons with disabilities without discrimination of any kind on the basis of disability; and aligns with the UN General Assembly Resolution 46/119 of December 17, 1991, on the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care which lays down the policies and guidelines for the protection of persons with mental disabilities and the improvement of mental health care within our jurisdiction.

The Quezon City commits to the promotion and protection of the rights of the person with mental health needs and the belief that addressing their profound social disadvantage enhances their significant contribution in the civil, political, economic, social and cultural spheres.

SECTION 3. PURPOSE. - The purposes of this Ordinance shall be as follows:

- a) To expand and integrate mental health programs and services in Quezon City adopting the life-course approach, providing services from conception to adulthood;*
- b) To appropriate funds to adequately meet the needs of individuals most severely affected by or at risk of serious mental illness or individuals that are developmentally-inclined to mental health problems;*
- c) To establish a comprehensive and integrated mental health care delivery system that would provide timely access to mental health services and resources at all levels linking the programs in communities, workplaces and schools with hospital care and treatment for the underserved populations;*
- d) Develop home and self-care strategies including coping mechanisms of families and communities vital to recovery;*
- e) Establish a multi-sectoral network for the prevention of mental illness and promote mental health through a multi-disciplinary approach that covers, among others, health, education, family, relationships, environment, labor and employment;*
- f) Strengthen effective leadership and governance for mental health by, among others, formulating, developing, and implementing local policies, strategies, programs, and regulations relating to mental health;*

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- g) *Protect the rights and freedoms of persons with psychiatric, neurologic, and psychosocial needs in Quezon City;*
- h) *Strengthen information systems, evidence and research for mental health such as, but not limited to, the tracking of relevant data that would allow the creation of appropriate preventive and curative responses; and*
- i) *Strengthen information systems, evidence and research for mental health, particularly the tracking of relevant data that will allow appropriate preventive or curative response; and*
- j) *To create and manage a technological platform which will organize health data and will be the basis for the end to end delivery of mental health services*

SECTION 4. DEFINITION OF TERMS. - As used in this Ordinance, the following 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 patient's next-of-kin or relative, who maintains a close personal relationship and manifests concern for the welfare of the patient, or an assigned community leader;*
- (c) *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, unless supported by a court order for which it is deemed to be used for legal purposes or in compliance to the ethical standards of therapy set by the Philippine Regulatory Commission (or expound exemptions to include health worker to law enforcement in cases of self-harm or harm to others - need to have sure information, authenticity, genuine threat);*

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- (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 measure 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 of 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 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, group counseling for the individuals' immediate family, as well as creating support groups for the specific rehabilitation group;
- (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 health of others;

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3. *Understand information about the nature of the treatment proposed, including methodology, direct effects, and possible side effects; and*
 4. *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) *INTERNAL REVIEW BOARD (IRB) refers to a body mandated to be established in public and private health facilities, pursuant to Section 12 of Republic Act No. 11036 or the Mental Health Act, who shall expeditiously review all cases, disputes, and controversies involving the treatment, restraint or confinement of service users within their facilities;*
- (j) *LEGAL REPRESENTATIVES 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 their behalf through an advance directive;*
- (k) *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;*
- (l) *MENTAL HEALTH CONDITION refers to a neurologic, psychological, 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;*

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- (m) *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, duly accredited by the Department of Health, or any government-accrediting agency, or is registered in the SEC or DTI as a provider of mental health services, and/or has registered in the BIR as licensed professional psychologist, psychiatrist, or guidance counselor, and other regulated professions;
- (n) *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;
- (o) *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, informal community caregivers, mental health advocates and their organizations, personal ombudsmen, and persons or entities offering nonmedical alternative therapies;
- (p) *MENTAL HEALTH SERVICE* refers to psychosocial, psychiatric, psychological, psychometric or neurologic activities and programs along with 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;
- (q) *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;
- (r) *PSYCHIATRIC, PSYCHOLOGIC, 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 facility 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;
- (s) *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;

- (t) *PREVENTATIVE MENTAL HEALTH APPROACH* refers to an approach to intervention and treatment that are based on scientific findings with regard to the origin and development of mental health problems, from early stage to prognosis, with an emphasis on prodromal intervention. These interventions and treatments are designed to minimize risk factors and strengthen protective factors with regard to mental health;
- (u) *PROTECTIVE FACTORS* refers to those characteristics, variables, or attributes that, if present for a given individual, make it less likely that this individual will develop a psychological disorder, which may be biological or psychosocial in nature;
- (v) *RISK FACTORS* refers to those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual will develop a psychological disorder, which may be biological or psychosocial in nature;
- (w) *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 their condition into any plan for treatment and recovery;
- (x) *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;
- (y) *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 their 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; and
- (z) *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.

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SECTION 5. LEAD AGENCY. - The Quezon City Health Department shall be the agency primarily responsible for the implementation of this Ordinance and the City's Mental Health Program.

**ARTICLE II. RIGHTS OF SERVICE USERS AND
OTHER STAKEHOLDERS**

SECTION 6. RIGHTS OF SERVICE USERS. - Service users shall enjoy, on an equal and non-discriminatory 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 service 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 multidisciplinary, user and data-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;

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- 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 comply with the provisions of the Data Privacy Act and 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 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 condition with an administrative, civil, or criminal case against a mental health 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 their legal representative in accordance with this Ordinance, except in cases of impairment or temporary loss of decision-making capacity;

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- 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 (PAO), 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 their legal representative may contest such decision with the internal review board created pursuant to this Ordinance authorized to investigate and resolve disputes, or with the CHR;*
- s. *Information, within the 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 persona 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.*

SECTION 7. 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 individual 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.*
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SECTION 8. RIGHTS OF MENTAL HEALTH PROFESSIONALS. - Mental health professional 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 and health policy and service delivery guidelines;*
- f. Except in emergency situations, manage and control all aspects of their 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 their family or legal representatives.*

ARTICLE III. PROMOTION AND PREVENTION

SECTION 9. INFORMATION, EDUCATION, COMMUNICATION AND OTHER COMMUNITY-BASED INTERVENTIONS. -

- a. **Social Marketing on Mental Health Programs towards Prevention and Control and Government Services** - The Lead Agency, in coordination with other relevant departments within the City Government, CSOs, and other stakeholders, shall develop and implement a Mental Health information, directory, education, and communication campaign, with the goal of improving the general wellness of all. This may also include topics on reducing risky behavior such as alcoholism, drug dependency; preventing suicide; eliminating stigma and discrimination on mental health Service Users; and promoting the human rights of people with mental disabilities and/or mental health issues and disorders.*

The campaign shall include a social marketing campaign intended to raise awareness among the general public, and a social marketing campaign that considers the specific needs of key affected populations and vulnerable communities.

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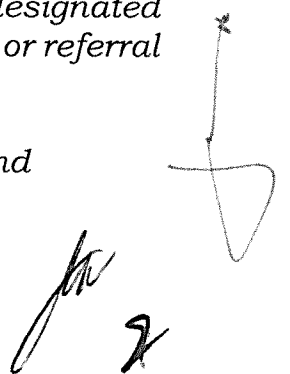
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Media practitioners, audiovisual and film practitioners, including independent bloggers and vloggers, citizen journalists, media outlets, and online platforms, schools, colleges, and universities, watchdogs, and other related stakeholders are highly encouraged to observe the provisions of DOH Administrative Order No. 2022-0004 and other relative issuances of the National and Local Government on various Guidelines for Ethical and Responsible Reporting and Portrayal of Mental Health Disorders (such as, but not limited to Suicide, Depression) in the Media, Audiovisual and Films.

- b. **Psych-Education and Counseling** - The Lead Agency, in coordination with various government agencies and non-governmental organizations, shall establish a Psych-Education Program and Mental Health Support Group Program as a strategy to effect behavior change and empower communities and key affected populations.
- i. **Government Psych-educators** - The Lead Agency shall ensure that there are psych-educators available or accessible in all Mental Health and Wellness Hubs, and Barangays.
- ii. **Participation of Private Organizations in the Training of institutional psych-educators and volunteers** - The Lead Agency, in coordination with CSOs, shall provide free accreditation training for institutional psych educators and other volunteer psych-educators. The Lead Agency shall monitor and evaluate the conduct of trainings such as, but not limited to, the review of materials and modules, and delivery methods.
- c. **Institutional Participation in Mental Health Programs towards Prevention and Control**
- i. *Barangays* - All barangays within Quezon City are mandated to develop Mental Health Policy/Plan which shall include, among others:
- (a) The designation of QCHD-trained psych educator or focal person who may be a Barangay Health Worker, GAD focal person, or such other official of the Barangay designated to provide counseling and facilitate access and/or referral to Mental Health services;
- (b) Accessible and visible IEC on Mental Health; and

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(c) *Mandatory training for all officials and employees of the Barangay on Mental Health as well as on Handling Mental Health Service Users and/or Situations.*

The Barangay shall include its Mental Health Policy/Plan in its Barangay Development Plan and annual budget.

ii. *Sangguniang Kabataan - All Sangguniang Kabataan within Quezon City are mandated to develop Youth Mental Health Policy/Plan which shall include, among others:*

(a) *The designation of a QCHD-trained youth psych educator or focal person among the Sangguniang Kabataan Kagawad who shall be designated to provide counseling and facilitate access and/or referral to Mental Health services;*

(b) *Accessible and visible IEC on Mental Health with focus on youth and children; and*

(c) *Mandatory training for all Sangguniang Kabataan officials and members of the Katipunan ng Kabataan on Mental Health.*

The Sangguniang Kabataan shall include its Mental Health Policy/Plan in its Youth Development Plan and annual budget.

iii. *Schools, Colleges, and Universities - All schools, colleges, and universities within Quezon City are mandated to develop and implement a Mental Health Policy/Plan, which shall include, among others:*

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

(b) *Mental Health Awareness and sensitization training for all school officials, professors, teachers, employees, administrators and student government, and parent-teacher associations;*

(c) *The designation of a trained student and faculty psych educator, who may provide counseling, psychological first aid, and facilitate access to Mental Health services aside from the Guidance Counselor or In-house Medical Doctor;*

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- (d) Accessible and visible IEC on Mental Health; and
- (e) Parent counseling and psychoeducation on Mental Health towards the goal of Prevention and Control, and information on available Government Services.

Provided that, if integration of Mental Health in the curriculum is not feasible, a special design module on Mental Health shall be made with the consideration that it is executed for efficient data capture and reporting into the mental health technological solutions, if available, capitalizes on modules and interventions provided by Quezon city LGU. Flexibility in the formulation and adoption of appropriate course content, scope and methodology in each educational level or group shall be allowed after due consultations with General Parents Teachers and Community Associations (GPTCAs), Private Schools Associations, school officials and other interest groups.

Provided further that, the Student Government Organizations, or its equivalent school organization, at any level, shall be tasked to undertake, plan and implement mental health programs that explore the origins, development, and manifestations of mental health concerns such as but not limited to Anti-Bullying and Gender Support Initiatives.

- iv. *Workplaces - pursuant to DOLE Department Order No. 208, Series of 2020 on the Guidelines for the Implementation of Mental Health Workplace Policies and Programs for the Private Sector, all businesses in Quezon City shall develop and implement a Mental Health Policy/Plan approved by the Lead Agency within three (3) years from the effectivity of this ordinance. However, a business with less than fifty (50) employees may just adopt the Mental Health Policy/Plan of the Quezon City government and commit to abide by the same:*

On the third (3rd) year of the implementation of this ordinance, failure to submit an approved Mental Health Policy/Plan shall be a ground for the denial of renewal, suspension or revocation of the business permit subject to the recommendation of the Business Permits and Licensing Department (BPLD).

The Policy shall include, among others:

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- (a) Designation of Mental Health Focal Person(s), preferably from the Human Resource or Administrative Office, which may be trained as psych educator on various Mental Health topics including, but not limited to, Psychological First Aid, Referral System;
- (b) Mental Health Awareness training for all employees;
- (c) Accessible and visible IEC on Mental Health;
- (d) Annual Mental Health sensitization training for officers and upper management;
- (e) Anti-discrimination policies and redress mechanisms; and
- (f) A visible and updated poster bearing the QC Mental Health-Line as well as other public and private emergency numbers for mental health concerns.

Micro, Small and Medium Enterprises (MSMEs) including Barangay Micro Business Enterprises shall be assisted by the QCMHC and the BPLD in the development of their Mental Health Policy/Plan, subject to implementing guidelines to be crafted by the QCMHC and/or BPLD pertaining to this provision.

- v. Manpower, Recruitment and Placement Agencies - In addition to the requirements under Section 2(c)(iv), all Manpower, Recruitment and Placement Agencies operating within Quezon City shall provide Mental Health seminar for all overseas workers prior to deployment and upon their return, at no cost to the worker. They may also offer to provide or assist the dependents of all overseas workers to undergo Mental Health Seminar, if needed.
- vi. Government Offices - All departments and offices of the Quezon City Government, with the assistance of the Lead Agency, shall develop and implement a Mental Health Policy/Plan to be implemented in their respective offices. The Policy shall include, among others:

- (a) Designation of a QCHD-trained psych educator for each department or office as focal person;
- (b) Mental Health training for all employees;

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(c) Accessible and visible IEC on Mental Health; and

(d) Anti-discrimination policies and redress mechanisms.

All departments and offices shall ensure that the Mental Health Policy/Plan is included in their respective annual budget.

- vii. Prisons and Other Closed Settings - In addition to the requirements under Section(c)(vi), prisons, rehabilitation centers, and other closed-setting institutions within Quezon City shall require all its officers and employees to undergo Mental Health sensitization and de-escalation training.

The QCMHC shall develop guidelines for the referral of detained Mental Health Service Users to ensure continuation of treatment.

- viii. Department of Public Order and Safety, QCPD, and other Law Enforcement Agencies operating in Quezon City - In addition to the requirements under Section 2(c)(vi), the QC DPOS, QCPD, and other Law Enforcement Agencies operating in Quezon City shall require all its enforcers to undergo Mental Health sensitization and de-escalation training.

All Mental Health Policy/Plan required in this provision shall be submitted to the Lead Agency for approval.

The QCMHC shall develop model policies to assist the aforementioned institutions in adopting an effective and appropriate Mental Health Policy/Plan. The QCMHC shall likewise develop standardized and key messages, standard curriculums and modules, as part of institutional information, education, and communication activities on Mental Health Awareness and Prevention.

The QCMHC shall also develop and/or recommend incentives to recognize institutions that contribute and support the implementation of the City's Mental Health Programs/Policies/Plans. These incentives may include opening business one stop shops or satellite registration sites at the workplace, seal of excellence, and tax rebates. The City Health Department shall explore the possibility of providing CPD-related incentives for licensed practitioners, including but not limited to, lawyers, medical practitioners, educators, among others, especially those who are part of the ISDN.

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SECTION 10. PREVENTION PROGRAMS FOR KEY AFFECTED POPULATIONS AND VULNERABLE COMMUNITIES. - The QCMHC shall identify key affected populations based on available, relevant, and/or standardized data from a qualified source, and shall develop and implement a comprehensive, rights and evidence based Mental Health Policy/Plan/Program for key affected populations and vulnerable communities.

SECTION 11. STIGMA AND DISCRIMINATION REDUCTION. - The Lead Agency in coordination with relevant departments shall adopt differentiated approaches to stigma and discrimination reduction.

a. **Protection of Confidentiality** - The confidentiality and privacy of any individual who have undergone Mental Health Counseling, Treatment and/or other Mental Health Services shall be guaranteed. The following acts violate confidentiality and privacy and are punishable under this Ordinance:

i. **Disclosure of Confidential Mental Health Service User's Information** - It shall be unlawful to disclose, without written consent, information of a Mental Health Service User; and/or that a person has Mental Health issue/disorder/illness; and/or has undergone mental health treatment. It shall also be unlawful to disclose, without written consent, information that a person has accessed Mental Health preventive care, treatment, and support services.

The prohibition shall apply to any person, natural or juridical, including those whose work or function involves the implementation of this ordinance or the delivery of Mental Health-related services, including those who handle or have access to personal data or information in the workplace, and other institutions named in Article III, Section 9(c) of this Ordinance, and who, pursuant to the receipt of the required written consent from the subject of confidential Mental Health Service User's information, have been subsequently granted access to the same.

ii. **Media Disclosure** - It shall be unlawful for any editor, publisher, reporter or columnist in case of printed materials, or any announcer or producer in case of television and radio broadcasting, or any producer or director of films in case of the movie industry, or any other individual or organization in case of social media, to disclose the name, picture, or any information that would reasonably identify persons with Mental Health issue/disorder/illness or any confidential Mental Health Service User's information without the prior written consent of their subjects. The provision shall likewise apply to online and/or social media disclosures.

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EXCEPTIONS: - Confidential Mental Health Service User's information may be released without consent of their subjects, only in the following instances:

- (1) When complying with reportorial requirements of the national government such as the Philippine Council for Mental Health and the DOH; Provided that, the information related to a person's identity shall remain confidential pursuant to Section 17 of Republic Act No. 11036;
 - (2) When informing other health workers directly involved in the treatment or care of a Mental Health Client; Provided that, such worker shall be required to perform the duty of shared medical confidentiality; and
 - (3) When responding to a subpoena duces tecum and subpoena ad testificandum issued by a competent court with jurisdiction over a legal proceeding where the main issue is the Mental Health status of the individual; Provided that, the confidential medical record, after having been verified for accuracy by the head of the office or department, shall remain anonymous and unlinked, and shall be properly sealed by its lawful custodian, hand delivered to the court, and personally opened by the judge; Provided further that, the judicial proceedings be held in executive session.
- b. **Protection Against Discriminatory Acts and Practices** - The following discriminatory acts and practices shall be prohibited:
- i. **Discrimination in the Workplace** - Rejection of job application, termination of employment, or other discriminatory policies in hiring, provision of employment and other related benefits, denial of promotion or assignment of an individual solely or partially on the basis of actual, perceived, or suspected Mental Health status;
 - ii. **Discrimination in Learning Institutions** - Refusal of admission, segregation, imposition of harsher disciplinary actions, or denial of benefits or services of a student or a prospective student solely or partially on the basis of an actual, perceived, or suspected Mental Health status;
 - iii. **Restriction on Travel and Habitation** - Restrictions on travel within Quezon City, refusal of lawful entry into Quezon City, or the quarantine or enforced isolation of travelers solely or partially on account of actual, perceived, or suspected Mental Health status;

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- iv. **Restrictions on Shelter** - Restrictions on housing or lodging, whether permanent or temporary, solely or partially on the basis of actual, perceived, or suspected Mental Health status;
 - v. **Prohibition from Public Participation** - Prohibition on the right to seek an elective or appointive office, or from voting, solely or partially on the basis of actual, perceived, or suspected Mental Health status. Such prohibition from public participation shall only be valid if the qualification for the position to be appointed or elected is specified in a law, or legal order;
 - vi. **Exclusion from Credit and Insurance Services** - Exclusion from HMO, health, accident, or life insurance, or credit on loan services, including the extension of such loan or insurance facilities of an individual solely or partially on the basis of actual, perceived, or suspected Mental Health status, provided that, the Mental Health Client has not concealed or misrepresented the fact to the insurance company or loan or credit service provider upon application;
 - vii. **Discrimination in Hospitals and Health Institutions** - Denial of health services, or being charged with a higher fee, on the basis of actual, perceived or suspected Mental Health status;
 - viii. **Act of Bullying** - Bullying in all forms, including name-calling, upon a person based on actual, perceived, or suspected Mental Health status, including bullying in social media and other online medium; and
 - ix. **Similar Discriminatory Acts** - Other similar or analogous acts which are intended or have the effect of nullifying or impairing the recognition, enjoyment or exercise by all persons similarly situated, or all rights and freedoms, on the basis of actual, perceived, or suspected Mental Health status, or acts intended to heighten stigma against Mental Health Service Users, or key affected populations.
- c. **Redress Mechanisms for Discrimination, Bullying, and Violation of Confidentiality** - The Lead Agency in coordination with the Pederasyon ng Sangguniang Kabataan, the Education Affairs Unit, and the Schools Division Office, shall establish redress mechanisms for discrimination, bullying, and violation of confidentiality, which shall include, among others, a confidential hotline and helpline for reporting violations, investigation and mediation mechanisms, and access to free legal assistance, whenever appropriate.

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The Lead Agency, in coordination with the City Legal Department and relevant civil society organizations, shall provide free legal literacy training on discrimination, bullying, violation of confidentiality and other legal rights and protections afforded to Mental Health Service Users and their family.

- d. **Sensitization Program** - Sensitization trainings designed to reduce stigma and discrimination shall be included in institutional Mental Health Policies/Plans mandated under Article III Section 9(c) of this Ordinance.

SECTION 12. MENTAL HEALTH AWARENESS MONTH. - In accordance with Proclamation No. 452, S.1994 on the celebration of the 2nd Week of October as the National Mental Health Week, and October 10 as the World Mental Health Day, month long activities shall be held in Quezon City to celebrate and promote mental health and well-being.

The Quezon City Mental Health Council shall endeavor to conduct the Annual Mental Health Summit in Quezon City to be participated in by various stakeholders with the goal of improving the quality of life of all Mental Health Service Users and Quezon City residents.

ARTICLE IV. TREATMENT, CARE, AND SUPPORT

SECTION 13. INFORMATION, EDUCATION, AND COMMUNICATIONS CAMPAIGN ON MENTAL HEALTH TREATMENT, AND OTHER SERVICES. - The Lead Agency, through the Health Promotion Unit (HEPU), shall develop and implement an IEC campaign to raise universal awareness of, and increase access to, available, medically-safe, legally affordable, effective and quality Mental Health treatment, and care and support services. The IEC campaign shall include information on the processes and requirements for accessing services, as well as information on the rights and responsibilities of Mental Health Service Users undergoing treatment, as well as the rights of Mental Health Professionals, Workers, and Carers.

SECTION 14. MISINFORMATION. - Any misinformation on Mental Health shall be strictly prohibited. Misinformation includes false and misleading advertising and claims in any form of media, including traditional media, internet and social platforms, and mobile applications; or the promotional marketing of drugs, devices, agents or procedures without prior approval from the DOH through the FDA and without the requisite medical and scientific basis, including markings and indications in drugs and devices or agents claiming to be a cure for Mental Health disorders/illnesses.

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SECTION 15. 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, person with disabilities, and minors, shall be presumed to possess legal capacity for the purpose of this Ordinance or any other applicable law, irrespective of the nature or effects of their mental health conditions 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 Lead Agency, in coordination with the City Legal Department, Quezon City General Hospital, Novaliches District Hospital, Rosario Maclang Bautista General Hospital, Persons with Disabilities Affairs Office, and other relevant offices and/or departments, shall develop guidelines relative to obtaining and documenting informed consent.

SECTION 16. EXCEPTIONS TO INFORMED CONSENT. - During psychiatric or neurologic emergencies, or when there is impairment or temporary loss of decision-making capacity whether physical or chemical, plans or programs of therapy or treatments 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 Ordinance.*

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SECTION 17. ADVANCE DIRECTIVE. - A service user may set out their preference in relation to the 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.

SECTION 18. LEGAL REPRESENTATIVE. - A service user may designate a person of legal age to act as their 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 their 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-a-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 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 has been abandoned by the service user for any period which has not yet come to an end;*
- 2. Non-minor children;*

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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 a Court.*

SECTION 19. SUPPORTED DECISION-MAKING. - A service user may designate up to three (3) persons or "supporters", including the service user's legal representative, for the purpose of having support in decision making. These supporters shall have the authority to: access the service user's medical information; consult with the service user vis-a-vis any proposed treatment or therapy; and be present during service user's appointments and consultations with mental health professionals, workers and other service providers during the course of treatment or therapy.

SECTION 20. INTERNAL REVIEW BOARD. - Pursuant to Section 12 of Republic Act No. 11036 or the Mental Health Act, 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.

(a) The Board shall be composed of the following:

- (1) A representative from the Department of Health (DOH);*
- (2) A representative from the Commission on 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 Internal Review Board (IRB) as ad hoc resource persons when a subject matter expert 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;*

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- (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.*

SECTION 21. MENTAL HEALTH TREATMENT, CARE, AND SUPPORT. - *The Lead Agency shall ensure that a comprehensive package of Mental Health treatment, care, and support services are available and accessible.*

- a. **Treatment** - *The Lead Agency shall procure, distribute, and monitor the usage of a range of Mental Health treatment modalities, and ensure that supplies are sufficient to meet the demand based on current levels and projections of prevalence among the general and most at-risk populations.*
- b. **Medicines** - *The Lead Agency shall procure, distribute, and monitor the usage of a range of Mental Health-related medicines.*
- c. **Care and Support Services** - *The Lead Agency shall ensure and facilitate a comprehensive and differentiated package of Mental Health Care and Support Services that are relevant, available, and accessible. These care and support services shall include, but shall not be limited to:*
 - i. *Case management;*
 - ii. *Psychiatric, Psychosocial, Psychological and Neurologic Services;*
 - iii. *Psychosocial counseling and other mental health services;*
 - iv. *Regular counseling and check-up;*
 - v. *Drug Screening Services;*
 - vi. *Suicide Prevention;*
 - vii. *Legal assistance and mediation in case of discrimination, bullying, and other prohibited acts;*
 - viii. *Temporary shelter for Service Users;*
 - ix. *Referral system;*
 - x. *Mental Health support groups and confidential support hotline; and*
 - xi. *Other services.*

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The Lead Agency may conduct research and testing of various care and support strategies to increase participation and adherence to treatment of the key affected population.

- d. **Access to Treatment, Care, and Support Services** - *The Lead Agency shall endeavor to ensure that treatment, care, and support services are accessible, regardless of age, indigency, and other socio-economic circumstance that may prevent access.*
- i. **Free Services** - *The QCMHC shall develop and issue guidelines on access to free Mental Health services including the use of mental health technology platforms, if available. The Lead Agency, in coordination with the Quezon City General Hospital, Rosario Maclang Bautista General Hospital and the Novaliches District Hospital, shall ensure that persons seeking treatment are guided on all free treatment, care and support services that are available to them.*
- ii. **Paid Services** - *Private health facilities within the City not providing Mental Health treatment modalities shall establish mechanisms to ensure that persons seeking Mental Health Services and/or Treatment are referred to other conveniently accessible health facilities. Private health facilities offering Mental Health Services and/or Treatment shall ensure that indigent patients are properly referred to health facilities offering free services. The computation of fees shall take into account the patients' capacity to pay.*

Health facilities are prohibited from denying access to available treatment or from refusing to make a referral to another health facility.

- e. **Treatment, Care, and Support Services for Quezon City Government Employees** - *The Quezon City Health Department, in coordination with the Human Resource Management Department (HRMD), shall ensure that the Mental Health Services including Treatment, Care and Support is available to Quezon City Government Employees, regardless of their employment status, such as, but not limited to:*

- *Regular Assessment of employees for levels of stress.*
- *Regular Assessment for anxiety and depression, and other relevant psychopathological concerns.*
- *Established Referral System.*

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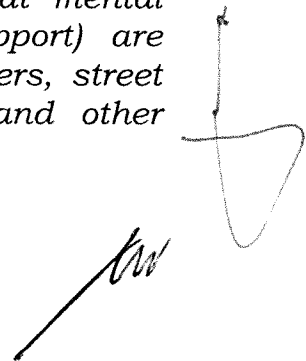
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- Provision of wellness space for the conduct of individual or group activities based on the mental health plan within City Hall Compound and other city-run buildings/offices.
 - Participation of Employees to the Mental Health Summit in celebration of World Mental Health Day every October 10.
- f. **Treatment, Care, and Support Services for Persons Deprived of Liberty (PDL) in Prisons and Other Closed Settings** - The QCMHC, in coordination with detention facilities, prisons, and other closed settings within Quezon City, shall develop guidelines to ensure that Mental Health Services including Treatment is available to PDL.
- The Lead Agency shall be responsible for providing training to law enforcement officers operating within Quezon City to ensure that Mental Health Service Users that are detained for any violation of law, are referred for continuity of treatment at all stages, from detention to imprisonment to release.*
- The Lead Agency, in coordination with the Social Services Department, shall also endeavor to provide mental health information and services for the family and dependents of PDLs.*
- g. **Treatment, Care, and Support Services for Drug Addiction** - The QC TAHANAN shall develop guidelines to ensure that Mental Health Services including Treatment is available to their clients.
- h. **Treatment, Care, and Support Services for Children in conflict with the Laws (CICL)** - The QC Social Services Development Department (SSDD) shall enhance and strengthen and ensure that mental health services (including treatment, care and support) are included in the intervention program for the center and community-based CICLs.
- i. **Treatment, Care, and Support Services for Street Dwellers** - The QC Social Services Development Department (SSDD) and other partner agencies shall ensure that mental health services (including treatment, care and support) are included in the intervention program for street dwellers, street children, child laborers (Task Force Sampaguita), and other Children-at-Risk (CAR).

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- j. **Referral and other Support Services for the Persons with Disabilities** - The QC Persons with Disabilities Affairs Office (PDAO) shall develop guidelines to ensure that Mental Health Services including Treatment, Care and Support is available to their clients.
- k. **Referral and other Support Services for Victims of Violence Against Women and Children and Gender-based Violence** - The QC Gender and Development Office and the Quezon City Protection Center shall develop guidelines to ensure that Mental Health Services including Treatment, Care and Support is available to women, children and the members of the LGBTQIA+ Community who are victims of violence against women and children and gender-based violence.
- l. **Referral and other Support Services for the Senior Citizens** - The Lead Agency, together with the QC Office of the Senior Citizens Affairs (OSCA) and the Social Services Development Department (SSDD), shall develop guidelines to ensure that Mental Health Services including Treatment, Care and Support is available to their clients.

SECTION 22. PROTECTION AGAINST INHUMANE AND UNACCEPTABLE MENTAL HEALTH TREATMENT. - Any public and private health facilities, individuals, or organizations are prohibited to conduct inhumane and unacceptable methods in the guise of Mental Health Treatment. The Barangays shall immediately act on any report of maltreatment, inhumane conditions or unacceptable methods of Mental Health Treatment, Care or Support.

The Lead Agency shall ensure that all public and private health facilities have created an Internal Review Board to expeditiously review all cases, disputes, and controversies involving the treatment, restraint or confinement of service users within their facilities pursuant to Section 12 of Republic Act No. 11036.

ARTICLE V. PROTECTION OF MENTAL HEALTH SERVICE PROVIDERS

SECTION 23. CARING FOR CARERS. - The QCMHC shall develop programs and policies to ensure that Mental Health Service Providers, especially health workers, social workers, case managers, and psych educators, are given adequate protection from mental and stress disorders brought about by their work.

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SECTION 24. LEGAL LITERACY. - The Lead Agency, in coordination with the City Legal Department and CSOs, shall provide literacy training for Mental Health Service Providers on their rights and duties as Mental Health Service Providers, gender, human rights, and relevant laws, and on the various legal remedies and legal assistance services available to them to seek redress for violation of their rights.

SECTION 25. PROTECTION FROM HARASSMENT. - Mental Health Service Providers, including psych educators, shall be protected from suit, arrest or prosecution for civil, criminal, or administrative liability on the basis of their delivery of services and the legitimate exercise of their functions under this Ordinance. The Lead Agency shall endeavor to provide Mental Health Service Providers with legal assistance, through City Legal Department, or through legal service providers in the ISDN, for cases filed against them for the legitimate exercise of their duties. This legal assistance shall not be extended in case it is alleged and confirmed upon investigation that the Mental Health Service Provider acted with gross negligence, or in violation of the Anti-Graft and Corrupt Practices Act, Republic Act No. 11166, or this Ordinance.

ARTICLE VI. KEY ACTORS AND ORGANIZATION

SECTION 26. QUEZON CITY MENTAL HEALTH COUNCIL (QCMHC). -

*a. **Membership and Composition** - The Quezon City Mental Health Committee created under QC Ordinance No. SP-2456, S-2015 is hereby reorganized as the Quezon City Mental Health Council (QCMHC) with the following members:*

- i. Office of the Mayor - Chairperson*
- ii. Office of the Vice Mayor - Vice-Chairperson*
- iii. Quezon City Health Department - Secretariat*
- iv. Sangguniang Committee on Health Chairperson*
- v. Sangguniang Committee on Education Chairperson*
- vi. Sangguniang Committee on Persons with Disabilities Chairperson*
- vii. Sangguniang Committee on Labor Chairperson*
- viii. Quezon City General Hospital*



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- ix. *Novaliches District Hospital*
- x. *Rosario Maclang Bautista General Hospital*
- xi. *Liga ng mga Barangay*
- xii. *Pederasyon ng Sangguniang Kabataan*
- xiii. *Division of City Schools*
- xiv. *Social Services Development Department*
- xv. *Persons with Disabilities Affairs Office*
- xvi. *City Legal Department*
- xvii. *City Planning and Development Department*
- xviii. *Gender and Development Council*
- xix. *Public Employment Service Office*
- xx. *Business Permits and Licensing Department*
- xxi. *Barangay and Community Relations Department*
- xxii. *Quezon City Youth Development Office*
- xxiii. *Department of Health - NCR*
- xxiv. *Two (2) representatives from a private organization or NGO involved in the service of psychological or Mental Health issues for at least 2 years, with at least one organization with experience in international mental health best practices*
- xxv. *One (1) representative from the General Parents Teachers Community Association (GPTCA)*
- xxvi. *One (1) representative from the Philippine Psychological Association*
- xxvii. *One (1) representative from the Philippine Psychiatric Association*
- xxviii. *One (1) representative from the Academe or involved in Health Research*

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The QCMHC may, as necessary, invite to its meetings and activities, other government agencies, NGOs, and experts, who have relevant expertise that may be useful to accomplish its functions under this Ordinance.

NGOs and CSOs shall be accredited in accordance with existing rules and regulations of Quezon City. The City Mayor shall issue guidelines on the qualifications, nomination, and selection of PO, NGO or CSO representatives to the QCMHC.

- b. **Functions and Responsibilities** - The QCMHC shall be responsible for the following:
- i. Develop, cost and regularly review a Quezon City Mental Health Action Plan, in collaboration with relevant government agencies, CSOs, the community, and other stakeholders.
 - ii. Ensure the operationalization and implementation of the Action Plan.
 - iii. Strengthen collaboration between government agencies and CSOs involved in the implementation of the Quezon City Mental Health Program under this Ordinance and Action Plan, including the delivery of related services.
 - iv. Develop and ensure implementation of guidelines and policies necessary for the implementation of this Ordinance.
 - v. Monitor the progress of the response to the City's Mental Health situation and actively seek good practices from all stakeholders.
 - vi. Monitor the implementation of the QC Mental Health Action Plan, undertake mid-term assessments, including spending assessments, and evaluate its impact at least every five (5) years.
 - vii. Mobilize sources of funds for the implementation and evaluation of the Action Plan.
 - viii. Direct and require members to conduct monitoring and evaluation in all of the Mental Health-related programs, policies, and services, undertaken within their respective mandates, and to submit an annual report.

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- ix. *Coordinate, organize, and work in partnership with foreign and international organizations regarding funding, data collection, research, and prevention and treatment modalities on Mental Health, and ensure that foreign-funded programs are aligned to the city plan and response.*
 - x. *Advocate for policy reforms to Congress, Philippine Council on Mental Health, and the QC Council and other government agencies or departments to strengthen the City's response to the Mental Health situation.*
 - xi. *Submit an annual accomplishment/progress report on the accomplishments under the Action Plan to the Office of the Mayor, City Council, and members of the QCMHC.*
 - xii. *Manage a centralized database which would include programs, projects, KPIs, and other related documentation that will be stored, monitored, and actively tracked within a technology platform with the purpose of providing real-time data.*
 - xiii. *Identify gaps in the City's response on the part of government agencies and its partners from the civil society and international organizations in order to develop and implement the initial interventions required to address such gaps.*
 - xiv. *Recommend policies and programs that will institutionalize or continue the interventions required in addressing the gaps identified in the City's response to the Mental Health situation.*
 - xv. *Ensure that all members of the QCMHC have developed and are implementing individual Mental Health Promotion work plans, which are anchored on, and contribute to the Action Plan.*
- c. **Meetings and Quorum** - *The QCMHC Shall meet at least once every quarter, at any venue, the notice of the meeting, including the agenda, shall be sent to members at least one (1) month before the scheduled meeting, except in case of emergencies, in which case, a 48-hour notice shall be sufficient.*

The presence of the Chairperson, Co-Chairperson or Vice Chairperson and at least ten (10) permanent members of the QCMHC shall constitute a quorum to do business, and a majority vote of those present shall be sufficient to render decisions.

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- d. **Secretariat** - The QCMHC shall be supported by QCHD, serving as secretariat, and the members of which shall be appointed by the Department Head.

SECTION 27. QUEZON CITY MENTAL HEALTH ACTION PLAN. - Within six (6) months from the effectivity of this Ordinance and every three (3) years thereafter, the QCMHC shall develop a Quezon City Mental Health Action Plan.

- a. **Content** - The QC-MHAP shall include:

- i. Interim targets;
- ii. Strategies;
- iii. Activities;
- iv. Projected outcomes;
- v. Expected outputs;
- vi. Estimated budget and funding source;
- vii. Responsible office, person, or organization;
- viii. Monitoring and evaluation plan; and
- ix. Timeline.

- b. **Evaluation** - The QCMHC shall evaluate the QC-MHAP every year and update the same as needed. The QCMHC shall, within six (6) months after the termination of the current Action Plan, submit a written report on the implementation of the Action Plan to the City Mayor and City Council.

- c. **Local Health Investment Plan** - The QCMHC shall ensure that the QC-MHAP is aligned and integrated in the City's Local Health Investment Plan that follows modern and scientifically supported frameworks.

SECTION 28. QC MENTAL HEALTH COUNCIL - TECHNICAL WORKING GROUP (QCMHC-TWG). - Within thirty (30) days from the effectivity of this Ordinance and every month thereafter, the Quezon City Mental Health Council Technical Working Group shall be convened to coordinate the implementation of this Ordinance and the Action Plan.

- a. **Mandate** - The QCMHC-TWG shall be responsible for ensuring the implementation of the Action Plan.

The QCMHC-TWG shall be responsible for reporting any bottlenecks in the Information and Service Delivery Network (ISDN), operational challenges, and recommended strategies, to the QCMHC for appropriate action. Such report shall also include reports of inaction of members of the QCMHC-TWG or any other department or agency within Quezon City, responsible for implementing any aspect of this Ordinance or the Action Plan.

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b. **Composition** - The QCMHC-TWG shall be composed of the following:

- i. Quezon City Health Department - Chairperson
- ii. Sangguniang Committee on Health - Co-Chairperson
- iii. Social Services Development Department - Vice Chairperson
- iv. Division of City Schools
- v. Quezon City General Hospital
- vi. Novaliches District Hospital
- vii. Rosario Maclang Bautista General Hospital
- viii. Persons with Disability Affairs Office
- ix. City Legal Department
- x. City Planning and Development Department
- xi. Gender and Development Council
- xii. Public Employment Service Office
- xiii. Business Permits and Licensing Department
- xiv. Barangay and Community Relations Department
- xv. Quezon City Youth Development Office
- xvi. Pederasyon ng Sangguniang Kabataan
- xvii. Other offices that may be identified by the QCMHC

The QCMHC-TWG may, when necessary for the efficient implementation of the QC Mental Health Program and Action Plan, call on the participation of other offices, NGOs, experts and private entities with respect to technical matters within their expertise.

c. **Coordination** - The QCMHC-TWG shall meet every month. Within fifteen (15) days from the effectivity of this ordinance, members of the technical working group shall submit to the QCHD the names of one (1) permanent member and two (2) alternate representatives, who shall be responsible for participating in all meetings of the technical working group on behalf of their department or office.

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SECTION 29. INFORMATION AND SERVICE DELIVERY NETWORK (ISDN). - *The Lead Agency, through the QCMHC-TWG, shall be responsible for establishing and expanding an integrated, efficient and functioning Mental Health Information and Service Delivery Network (ISDN) to enable access to health services, health insurance, social services and livelihood assistance, legal services, and other services to ensure the well-being of Mental Health Service Users, affected families, intimate partners and their children, key affected populations and vulnerable communities.*

- a. **Coverage** - *The Information and Service Delivery Network (ISDN) shall include, but shall not be limited to:*
 - i. *Health services such as Mental Health Testing Facilities, Health and Wellness, Halfway homes, Service and Treatment Hubs, psychometric and psychiatric facilities, psych educators and institutional counselors;*
 - ii. *Legal services such as the City Legal Department, Public Attorney's Office, Integrated Bar of the Philippines, and other Legal Aid Clinics;*
 - iii. *Dispute Resolution and mediation services;*
 - iv. *Law Enforcement Services such as the QC Department of Public Order and Safety and the QC Police Department; and*
 - v. *Social Services such as care and support hotlines, support groups, livelihood assistance, housing assistance, burial assistance, etc.*

- b. **Accreditation and Registration** - *The QCMHC shall issue guidelines and standards on the accreditation of public and private Mental Health facilities, psych educators, institutions and organizations providing mental health services, conducting training of psych educators and counselors, provided that, facilities, psych educators, institutions and organizations accredited by the DOH, or the Philippine Psychiatric Society, or by any other government-recognized mental health association shall be recognized in Quezon City without need of new accreditation upon presentation of their accreditation to the QCMHC-TWG.*

- c. **Process Mapping** - *Within six (6) months from the effectivity of this Ordinance and every year thereafter, the QCMHC-TWG shall develop a process map of all services available within the Information and Service Delivery Network (ISDN) and access thereto, ensuring that the processes for accessing such services are clear and free of unnecessary or burdensome requirements.*

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- d. **Directory** - Within one (1) year from the effectivity of this Ordinance, the Lead Agency shall issue and distribute a directory of the entire Information and Service Delivery Network (ISDN) and make the same available through the QC Government website and other available platforms.

SECTION 30. BUSINESS CONTINUITY AND DISASTER RESILIENCY. - The QCMHC shall establish a business continuity and disaster resiliency plan to ensure the continuity of services during national or local emergencies or calamities. The business continuity and disaster resiliency plan shall include the creation of a rapid response task force, rapid response Information and Service Delivery Network (ISDN), and other mechanisms to ensure the continuity of prevention, treatment, care and other support services. It must be aligned and incorporated in the Minimum Intervention Package of the Disaster and Risk Reduction Management for Health (DRRM-H) Plan.

SECTION 31. PSYCHIATRIC, PSYCHOSOCIAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND NEUROLOGIC SERVICES IN HOSPITALS. - The Quezon City General Hospital, Novaliches District Hospital, and Rosario Maclang Bautista General Hospital shall provide the following psychiatric, psychosocial, psychological, psychometric, and neurological 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 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-compliances with or inadequacy of treatment, and absence of immediate family;
- e. Coordination with drug rehabilitation center vis-a-vis the care, treatment, and rehabilitation of persons suffering from addiction and other substance-induced mental health conditions;
- 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; and

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- g. *Persons with co-existing comorbidity should be properly assessed to determine which type of treatment is appropriate in addressing their condition.*

SECTION 32. MENTAL WELLNESS ACCESS HUBS (MWAH). - Quezon City shall establish and operate at least one (1) Mental Wellness Access Hubs (MWAH) in every district.

- a. **Services** - MWAHs shall provide the following services:
- i. *Consultation (including online consultation, if available).*
 - ii. *Regular Assessment for anxiety and depression, and other relevant psychopathological concerns.*
 - iii. *Psychological First Aid.*
 - iv. *Information and Education on caring for one's mental health, if available, via learning management systems.*
 - v. *Provision of medicines.*
 - vi. *Mental Health Support Groups and communities.*
 - vii. *Psych-education.*
 - viii. *Crisis management.*
 - ix. *Mental Health-Line (Hotline and Helpline).*
 - x. *After Care.*
 - xi. *Referral to social support services.*
 - xii. *Referral to hospital or halfway home, when necessary.*
 - xiii. *Other services as may be specified by the Lead Agency.*

Provided that all Quezon City Health Centers shall provide the following services:

- i. *Consultation (including online consultation, if available).*
- ii. *Regular Assessment for anxiety and depression, and other relevant psychopathological concerns.*

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- iii. *Psychological First Aid.*
- iv. *Information and Education on caring for one's mental health, if available, via learning management systems.*
- v. *Coordination with MWAH for provision of medicines.*
- vi. *Referral to MWAH or hospital or halfway home, when necessary.*
- vii. *Other services as may be specified by the Lead Agency.*

In line with the foregoing, the Lead Agency shall develop a new manual of operations to reflect the processes of all available services in MWAHs.

b. Trainings -

- i. *All health center doctors, nurses, and pharmacists shall be trained on mhGAP and MHPSS.*
- ii. *All QCHD health professionals in the field shall be trained on MHPSS such as, but not limited to, doctors, nurses, dentists, midwives, medical technologists and pharmacists.*
- iii. *All Community Health Workers (CHWs) and non-health personnel in the field shall be trained on Psychological First Aid (PFA).*
- iv. *Regular activities shall include Kalusugang Pangkaisipan lectures in the community and health facilities in coordination with the Mental Health Support Group of the Barangay.*
- v. *CHWs and educators shall undergo training on the utilization of the community-based mental health handbook for CHWs as guide in identifying early symptoms of mental illness and provide support to families.*

c. Equipment - *The Lead Agency shall procure equipment necessary to ensure that the MWAH are able to provide a comprehensive medical and health services package of interventions for Mental Health. The Lead Agency shall ensure that all equipment in MWAH are complete and up to date.*

d. Staffing of MWAHs - *Within 6 months, the QCHD, subject to the approval of QCMHC, shall submit a staffing rationalization plan for establishment of MWAH and/or conversion of existing Health Center as MWAH to the Quezon City Council.*

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The Lead Agency shall endeavor to provide for additional staffing pattern for the existing MWAHs and those that would be established based on this ordinance, such as, but not limited to:

- *Psychiatrist - visiting consultant*
- *Psychologist*
- *Psychometrician*
- *Guidance Counselor*
- *Social Worker*
- *Nurse*
- *Community Health Worker (to lead the community support group)*
- *Psych-educators*
- *Other Certified mental health professionals, as needed*

*e. **Contractual Workers** - When the demand for services necessitates, the MWAH may request for additional contract workers who shall be hired only on a temporary basis, for the purpose of meeting the increase in demand as a result of the enactment and implementation of this Ordinance. The QCMHC shall issue guidelines on the hiring of additional contract workers and their regularization when needed.*

SECTION 33. MENTAL HEALTH HALF-WAY HOMES (M3Hs). - *There shall be established at least one (1) Mental Health Half-way Home in Quezon City that shall cater to service users diagnosed with mental health concerns that would aid their transition to society.*

*a. **Services** - M3Hs shall provide for the following services:*

- i. Temporary housing for service users.*
- ii. Mental health therapy.*
- iii. Vocational training, job coaching, and employment assistance.*
- iv. Peer support services.*
- v. Professional education for medical, psychology, and other mental health practitioners.*
- vi. Other services as may be specified by the Lead Agency.*

In line with the foregoing, the Lead Agency shall develop a new manual of operations to reflect the processes of all available services in M3Hs.

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- b. **Equipment** - The Lead Agency shall procure equipment necessary to ensure that M3H are able to provide a comprehensive medical and health services package of interventions for Mental Health. The Lead Agency shall ensure that all equipment in M3Hs is complete and up to date.
- c. **Staffing of M3H** - Within 6 months, the QCHD, subject to the approval of QCMHC, shall submit a staffing rationalization plan to the Quezon City Council for the establishment of M3H and/or integration of M3H in existing Health Centers.
- d. **Contractual Workers** - When the demand for services necessitates, the QCHD may request for additional contract workers who shall be hired only on a temporary basis, for the purpose of meeting the increase in demand as a result of the enactment and implementation of this Ordinance. The QCMHC shall issue guidelines on the hiring of additional contract workers and their regularization when needed.

SECTION 34. DATA COLLECTION, EVALUATION AND MONITORING, AND RESEARCH. - The Lead Agency shall maintain a comprehensive Mental Health monitoring and evaluation program subject to the provisions of the Data Privacy Act.

- a. **Data Collection** - The Lead Agency shall receive, collate, process, and evaluate all medical reports related to Mental Health from all service providers, health centers, hubs, hospitals, halfway-houses, clinics, laboratories, and testing centers, including Mental Health-related deaths and relevant data from public and private hospitals, various databanks or information systems, within Quezon City, while observing a coding system to ensure anonymity and confidentiality of information, and the provisions of the Data Privacy Act.
- b. **Monitoring and Evaluation Team** - The Lead Agency, in coordination with the Quezon City General Hospital, Novaliches District Hospital, and Rosario Maclang Bautista General Hospital and the Persons with Disability Affairs Office, shall determine and monitor the magnitude and progression of Mental Health issues and disorders in Quezon City, to help the City evaluate the adequacy and efficacy of Mental Health Programs being employed, and to monitor performance of MWAH and M3H, accredited treatment hubs, and other institutions involved in the ISDN.

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- c. **Research** - The QCMHC shall initiate and continuously conduct research activities in coordination with universities, colleges, and other academic institutions to measure the impact of interventions, gather best practices and studies from local and international sources, and identify and establish evidence for proposed interventions. The QCMHC shall identify core factors that need to be measured, controlled, and applied in the mental health projects and initiatives.

SECTION 35. CAPABILITY BUILDING, INSTITUTIONAL DEVELOPMENT, AND STRESS MANAGEMENT. - The Human Resources Management Department, together with the QCHD, shall develop and implement capacity building and institutional development activities on mental health. In addition, offices providing Mental Health Care Services shall provide legal literacy training, sensitivity training for dealing with minors and key affected populations, and stress management activities for its frontline service providers.

SECTION 36. INTEGRATION OF MENTAL HEALTH PROGRAMS IN THE DEVELOPMENT PLAN OF THE BARANGAY AND THE SANGGUNIANG KABATAAN. - Strategies and programs which aim to prevent the incidence of mental health issues in the communities such as, but not limited to, addiction, suicide, bullying, shall be integrated into the Development Plans of the Barangay and Sangguniang Kabataan using their respective funds.

The SK and/or Barangay Council shall likewise implement programs and activities that aim to develop the potentials and skills of adolescents to make them more productive members of society. The topics of the said programs and activities are inclusive of, but are not limited to: leadership training, addiction prevention, suicide prevention, and life skills seminars that can be done together by the teens and their families together.

They shall encourage youth and community participation in these activities as a means of diverting the focus and potentials of adolescents into more meaningful and productive endeavors.

They shall enlist the support and participation of the various NGO, PO and/or CSOs within the ISDN to be able to provide a more complete array of services, activities, and programs.

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SECTION 37. PARTNERSHIP BUILDING WITH CIVIL SOCIETY ORGANIZATIONS AND THE PRIVATE SECTOR. - The QCMHC shall engage civil society organizations and the private sector in developing and implementing the City's Mental Health Action Plan to ensure their meaningful participation, and efficient utilization of resources. QCMHC shall likewise establish mechanisms to enable the City Government and private sector to partner with civil society organizations, especially organizations representing key affected populations and vulnerable communities, to enable their sustained participation in the City's Mental Health Programs/Policy/Plan.

SECTION 38. APPROPRIATION. - For 2022, the initial fund for the implementation of this Ordinance shall be sourced from the current program and projects of the Quezon City Health Department, Social Services Development Department, Quezon City General Hospital, Rosario Maclang Bautista General Hospital, Novaliches District Hospital, Quezon City Public Employment Services Department, or from any available funds of the Office of the City Mayor and the Quezon City Government.

Succeeding appropriations shall be included in the general appropriations of the QC Government annually. Quezon City Gender and Development Council, as well as other offices, departments or agency of the City may appropriate funds in support for the implementation of Mental Health Programs.

SECTION 39. MENTAL HEALTH-LINE. - There shall be a Hotline and Helpline to be established both in online platform and through phone that is integrated with the central database of ISDN. The Radio Communications Services Office, together with the QCHD, shall set-up and maintain a secure hotline that will be equipped to handle calls from service users or from concerned citizens that have mental health concerns.

The QCHD shall ensure that proper trainings will be given to the personnel manning the mental health hotline. Trainings shall include, but not limited to, crisis management, proper referral system, and speedy assessment of potential life-threatening situations.

The Mental Health-Line shall endeavor to:

- a. Provide a free and easily accessible means of Mental Health Care to the targeted marginalized group.*
- b. Provide an avenue for the marginalized groups to feel safe and cared for.*
- c. Provide a means for the marginalized groups to receive quality mental health care.*

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- d. Provide an opportunity for the marginalized groups to increase their quality of life.
- e. Provide a stepping stone or gate way for those high-risk individuals in the marginalized group to engage with high level clinical professionals.

The confidentiality of all calls and communications will be respected, subject to the fines and penalties for violation of confidentiality in Section 40 (b).

ARTICLE VII. FINES AND PENALTIES

SECTION 40. FINES AND PENALTIES FOR PROHIBITED ACTS. - Without prejudice to prosecution under Republic Act No. 11036 and Republic Act No. 7277, as amended by Republic Act No. 9442 and further amended by Republic Act No. 10754, the following fines and penalties shall be imposed under this Ordinance:

- a. Failure to secure informed consent of the service user, unless it falls under the exceptions provided under Article IV, Section 14 of this Ordinance shall, upon conviction, suffer the penalty of a fine in the amount of Five Thousand Pesos (Php5,000.00), and an imprisonment of one (1) to two (2) months, without prejudice to the filing of an action to suspend or revoke their professional license in the appropriate administrative proceeding.
- b. Violation of confidentiality of information, as defined under Article III Section 9(a) of this Ordinance shall, upon conviction, suffer the penalty of a fine in the amount of Five Thousand Pesos (Php5,000.00), and imprisonment of one (1) to two (2) months, without prejudice to the filing of an action to suspend or revoke their professional license in the appropriate administrative proceeding.
- c. Discrimination against a person with mental-health condition, as defined under Article III Section 9(b) of this Ordinance shall, upon conviction, suffer the penalty of a fine in the amount of Five Thousand Pesos (Php5,000.00), and imprisonment of one (1) to two (2) months, without prejudice to the filing of an action to suspend or revoke their professional license in the appropriate administrative proceeding.

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- d. *Administering inhumane, cruel, degrading or harmful treatment not based on medical or scientific evidence as indicated in Article IV Section 22 of this Ordinance shall, upon conviction, suffer the penalty of a fine in the amount of Five Thousand Pesos (Php5,000.00), and imprisonment of one (1) to two (2) months, without prejudice to the filing of an action to suspend or revoke their professional license in the appropriate administrative proceeding.*
- e. *A person who provides false information as provided under Article IV, Section 14 of this Ordinance, shall, upon conviction, suffer the penalty of a fine in the amount of Five Thousand Pesos (Php5,000.00), and imprisonment of one (1) to two (2) months, without prejudice to the filing of an action to suspend or revoke their professional license in the appropriate administrative proceeding.*
- f. *A person who denies treatment for Mental Health Service User or secure proper consent under Article IV, Section 15 of this Ordinance, shall upon conviction, suffer the penalty of a fine in the amount of Five Thousand Pesos (Php5,000.00), and imprisonment of one (1) to two (2) months, without prejudice to the filing of an action to suspend or revoke their professional license in the appropriate administrative proceeding.*

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

If the violation is committed by an 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.

The Lead Agency shall, at the request of the victim, refer the victim to legal services within the ISDN for assistance in filing cases under Republic Act No. 11036 or Republic Act No. 7277, as amended by Republic Act No. 9442 and further amended by Republic Act No. 10754, whichever is applicable.

SECTION 41. ADMINISTRATIVE FINES AND PENALTIES. -

- a. **Administrative Fines for Juridical Persons for Prohibited Acts** - *The business permit of a corporation or business shall be revoked, and the business ordered closed:*

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- i. In case of failure of a corporation or business to remedy or act upon any of the violations committed under Section 40 of Article VII;
 - ii. Upon a finding that a person committed a violation committed under Section 40 of Article VII as a result of a policy, written or unwritten of the corporation or business where they are employed; or
 - iii. Upon a finding that the violation committed under Section 40 of Article VII was committed the instance of a director, officer, or stockholder of such corporation or business, and despite complaint, said business or corporation pursued the decision.
- b. **Administrative Fines for Refusal to Make a Referral** - The following administrative fines shall be imposed upon a person who refuses to make a referral under this Ordinance:
- i. **Private Institutions** - The business permit of a business or corporation that refuses to make a referral shall be revoked; and
 - ii. **Public Institutions, Government Offices, and Barangays** - The refusal to make a referral shall be ground for the filing of administrative cases for violation of Republic Act No. 6713 or the Code of Conduct and Ethical Standards for Public Officials and Employees, as appropriate.

ARTICLE VIII. FINAL PROVISIONS

SECTION 42. REPEALING CLAUSE. - All ordinances, executive orders, department or memorandum orders and other administrative issuances or parts thereof which are inconsistent with the provisions of this Ordinance are hereby modified, suspended or repealed accordingly.

SECTION 43. TRANSITORY CLAUSE. - The Lead Agency shall ensure continuity of services in the implementation of this Ordinance.

SECTION 44. SEPARABILITY CLAUSE. - If for any reason, any provision of this Ordinance is declared unconstitutional or invalid, the remaining provisions not affected thereby shall continue to be in full legal force and effect.

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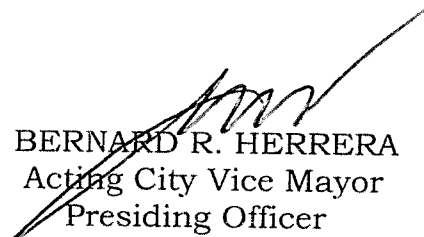
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SECTION 45. IMPLEMENTING RULES AND REGULATIONS. - The QCMHC shall be responsible for issuing the guidelines and policies necessary for the implementation of this Ordinance. Provided that, other provisions of this ordinance not requiring additional implementing guidelines or policies shall take effect immediately.

SECTION 46. EFFECTIVITY CLAUSE. - This Ordinance shall take effect immediately upon its approval.

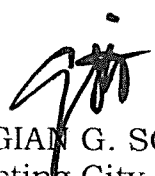
ENACTED: October 17, 2022.


BERNARD R. HERRERA
Acting City Vice Mayor
Presiding Officer

ATTESTED:



Atty. JOHN THOMAS S. ALFEROS III
City Government Dept. Head III

APPROVED: JAN 18 2023


GIAN G. SOTTO
Acting City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on October 17, 2022 and was PASSED on Third/Final Reading on November 28, 2022.


Atty. JOHN THOMAS S. ALFEROS III
City Government Dept. Head III
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