Republic of the Philippines
QUEZON CITY COUNCIL
Quezon City
19th City Council

PO19CC-493

75th Regular Session

ORDINANCE NO. SP- 2456 *, S-2015*

AN ORDINANCE PROVIDING FOR A COMMUNITY-BASED MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN QUEZON CITY AND APPROPRIATING THE NECESSARY FUNDS THEREFOR.

Introduced by Councilors ANTHONY PETER D. CRISOLOGO, EUFEMIO C. LAGUMBAY, JESSICA CASTELO DAZA and ALLAN BENEDICT S. REYES.

Co-Introduced by Councilors Ricardo T. Belmonte, Jr., Dorothy A. Delarmente, Lena Marie P. Juico, Victor V. Ferrer, Jr., Alexis R. Herrera, Precious Hipolito Castelo, Ranulfo Z. Ludovica, Ramon P. Medalla, Estrella C. Valmocina, Franz S. Pumaren, Jaime F. Borres, Jesus Manuel C. Suntay, Vincent DG. Belmonte, Raquel S. Malañgen, Bayani V. Hipol, Jose A. Visaya, Julienne Alyson Rae V. Medalla, Godofredo T. Liban II, Karl Edgar C. Castelo, Rogelio "Roger" P. Juan, Melencio "Bobby" T. Castelo, Jr. and Donato C. Matias.

WHEREAS, the World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community," and it also calls the attention of the public that mental health is more than just the presence of a psychiatric disorder/sickness but more importantly, also redounds to a positive condition of one's mental well-being;

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WHEREAS, mental health is a vital part of a person's total health and that the problems on mental health contain not just the traditional mental disorders but the issues of target populations susceptible to psychosocial risks caused by extreme life experiences such as disasters, near-death experiences, heinous and violent crimes, internal displacement brought about by religious and civil unrests as well as the psychosocial matters of daily living like preserving a sense of well-being in these complicated times;

WHEREAS, mental health programs therefore should realize the significance of community efforts with multi-sectoral and multi-disciplinary participation and that such programs must take into consideration the promotive, preventive, curative, and rehabilitative aspects of medical attention;

WHEREAS, patient care continues beyond institutional facilities, which must be made available in health centers and homes, and relevant health care activities and interventions must be done closest to where the need or the patient is;

WHEREAS, a survey conducted by the National Statistics Office in 2000 revealed that mental illness is the third most common form of disability in the country next to visual and hearing impairments and that there is an average of 88 reported cases of mental illness per 100,000 Filipinos which are usually caused by heredity, psychosocial development and substance abuse;

WHEREAS, in Quezon City in particular and the Philippines in general, mental health services are clearly lacking and both the human and financial resources are still inadequate;

WHEREAS, there is a need to include mental health in the public health and hospital system in order to render available, accessible, affordable, and equitable quality mental health care and services to the constituents of the city especially the poor, the underserved and high risk populations.

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NOW, THEREFORE,

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

SECTION 1. TITLE – This ordinance shall be known as the "Community-Based Mental Health Program of 2015."

SECTION 2. DECLARATION OF POLICY – It is hereby declared the policy of the City to uphold the right of the people to mental health and encourage mental health consciousness among them. Towards this end, the City shall adopt an integrated and comprehensive approach to the development of the City Mental Health Care Delivery System to deliver appropriate services and interventions including provision of mental health protection, care, treatment, and other essential services to those with mental illness or disability.

SECTION 3. OBJECTIVES – The objectives of this ordinance are as follows:

(a) Promote a shift from hospital-based system to a strengthened community-based mental health care delivery system;

(b) Reorient and modernize the existing mental health facilities;

(c) Integrate mental health care in the general health care delivery system;

(d) Prevent, treat, and control mental illness at all levels and rehabilitate persons with mental disability;

(e) Provide access to comprehensive health care and treatment which ensure a well-balanced mental health program of community-based and hospital care and treatment;

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(f) *Establish a multi-sectoral joint network for the identification and prevention of mental illness or disability and the management of mental health problems among vulnerable groups in the population which, include those affected by overseas employment, children, adolescents, elderly, and those who are in need of special protection like survivors of extreme life experiences and violence, among others;*

(g) *Promote the mental health of the people through a multi-disciplinary approach that covers health, education, labor and employment, justice, and social welfare; provide community-based mental health program.*

(h) *Develop coping mechanisms and strategies vital to recovery.*

(i) *Assist patients to have a productive, quality, and livable life that of his/her family members and significant others.*

SECTION 4. DEFINITION OF TERMS –

(a) *Allied professionals - refers to any trained or certified non-psychiatric physician, social worker, nurse, occupational therapist, physical therapist, counselor, priest, minister, pastor and nun, trained or certified non-psychiatric individual or non-physician;*

(b) *Legal representative - refers to a person charged by law with the duty of representing a patient in any specified undertaking or of exercising specified rights on the patient's behalf;*

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(c) *Mental disability - refers to impairments in activity limitations and individual and participatory restrictions denoting the negative aspects of interaction between an individual and his environment;*

(d) *Mental health - refers to a state of well-being in which an individual fulfills his/her own potential in every stage of human development at work and in relationships, in order to cope with the day to day stresses of life and make a positive contribution to the community;*

(e) *Mental illness - refers to a mental or psychiatric disorder characterized by the existence of recognizable changes in the thoughts, feelings, and general behavior of an individual brought about by neurobiological causes and/or psychosocial factors causing psychological, intellectual or social disfunction;*

(f) *Mental health professionals - refers to those persons with formal education and training in mental health and behavioral sciences, such as, but not limited to, psychiatrist, psychologist, psychiatric nurse or psychiatric social worker;*

(g) *Mental health workers - refers to trained volunteers and advocates engaged in mental health promotion and services under the supervision of mental health professionals;*

(h) *Patient - refers to a person receiving mental health care and treatment or psychosocial intervention from a mental health care facility or clinic;*

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(i) *Psychosocial problem - refers to a condition that indicates the existence of recognizable changes in the individual's behavior, thoughts and feelings brought about and closely related to sudden, extreme, and prolonged stress in the physical or social environment;*

SECTION 5. QUEZON CITY MENTAL HEALTH COMMITTEE – The Quezon City Mental Health Committee, referred to as the Committee, is hereby established under the City Health Department to provide for a consistent, rational, and unified response to mental health problems, concerns, and efforts through the formulation and implementation of the City Mental Health Care Delivery System.

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

SECTION 6. DUTIES AND FUNCTIONS – The Committee shall exercise the following duties and functions:

a. *Formulate and review policies and guidelines on mental health issues and concerns;*

b. *Develop an inclusive and integrated plan and program on mental health;*

c. *Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;*

d. *Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within sectors;*

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e. *Provide overall technical supervision and ensure compliance with policies, programs, and projects within the comprehensive framework of the City Mental Health Care Delivery System and other such activities related to the implementation of this ordinance, through the review of mental health services and the adoption of legal and other remedies provided by law;*

f. *Review all existing laws related to mental health and recommended legislation which will sustain and strengthen programs, services and other mental health initiatives;*

g. *Create such inter-agency committees, project task forces, and other groups necessary to implement the policy and program framework of this ordinance; and*

h. *Perform such other duties and functions necessary in carrying the purposes of this ordinance.*

SECTION 7. COMPOSITION – The Committee shall be composed of the following:

1. *The City Mayor as Chairperson;*
2. *The City Vice Mayor as Vice-Chairperson;*
3. *Chairman, Committee on Health;*
4. *Chairman, Committee on Barangay Affairs (Liga ng mga Barangay);*
5. *Chairman, Committee on Woman;*
6. *Chairman, Committee on Children;*
7. *Quezon City General Hospital;*
8. *Novaliches District Hospital;*
9. *All other hospitals established by the local government of Quezon City;*
10. *Quezon City Health Department;*
11. *Division of City Schools;*

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12. *The Head of Social Services Development Department;*
13. *Barangay Operations Center;*
14. *City Budget Department;*
15. *Philippine Mental Health Association;*
16. *Department of Health; and*
17. *Two (2) representatives from non-government organizations involved in mental health issues.*

SECTION 8. QUORUM – The presence of a majority of the members of the Committee shall constitute a quorum.

SECTION 9. MEETINGS – The Committee shall meet at least once a month or as frequently as necessary to discharge its duties and functions. The Committee shall be convened by the Chairperson or upon written request of at least three (3) of its members.

SECTION 10. APPOINTMENT OF MEMBERS – Within ninety (90) days from the date of the effectivity of this ordinance, the City Mayor shall appoint the members of the Committee.

SECTION 11. COMMUNITY BASED MENTAL HEALTH CARE – The Mental Health Care Delivery System shall evolve from a predominantly hospital-based mental health care system to a comprehensive community-based mental health care system which shall consist of:

A. *Mental Health Service Development. – Mental health service shall, within the primary health care system in the community, include the following:*

   1. *Development and integration of mental health care at the primary health care in the community;*

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2. *Provision of programs for capacity building among existing local health workers, teachers, and different sectors of the Community so that they can undertake mental health care, psychiatric facilities trainings and private or government programs in close coordination with mental or psychiatric hospitals or departments of psychiatry in general or university hospitals; and/or similar NGO/agencies; involvement in the promotion of mental health and care;*

3. *Continuous support services and intervention for families and co-workers; and*

4. *Advocacy and promotion of mental health awareness among the general population including public schools.*

B. *Capacity Building, Reorientation and Training. – Capacity building, reorientation and training shall, in close coordination with the departments of psychiatry in general hospitals, university hospitals or mental facilities, be required for those who are mental health professionals or workers whose previous education and training have not emphasized community mental health perspective.*

C. *Research and Development. – Research and development shall be undertaken, in collaboration with academic institutions, mental health associations and non-government organizations, to develop appropriate and culturally relevant mental health services in the community.*

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SECTION 12. PROMOTION OF MENTAL HEALTH – To protect the right to be treated with dignity, respect and justice of those who are suffering from mental health problems, the Committee shall promote an integrated approach to mental health care to prevent mental disorders through programs that strengthen the basic coping mechanism of individuals in relation to stress and advocacy to raise the value of mental health consciousness among the people.

SECTION 13. ACCESS TO EFFECTIVE AND HIGH QUALITY MENTAL CARE – Any person shall have the right to receive mental health care appropriate to his needs and shall be entitled to care and treatment in accordance to the same standards and accessibility as other sick individuals. An improved, effective and easy access to mental health care shall be made possible and a shift from a predominantly hospital-based mental health care to community-based care shall be provided.

SECTION 14. PERSON WITH MENTAL ILLNESS OR DISABILITY – The determination that a person has a mental illness or disability shall be made according to internationally accepted medical classifications and standards.

SECTION 15. CONFIDENTIALITY – All patients or clients with mental illness or disability shall enjoy the right to confidentiality.

SECTION 16. PATIENT'S TREATMENT – A patient with mental illness or disability shall have the right to treatment in the least restrictive environment suited to the patient's mental health needs.

SECTION 17. CONSENT TO CARE, TREATMENT OR REHABILITATION – The consent of the patient to be treated or admitted in a mental health facility shall be obtained freely, without threat or improper inducement, and with pertinent disclosure to the patient of adequate and understandable information in a form or language that is understood by the patient. When the patient, at the relevant time, lacks the capacity to give or withhold consent, his next of kin or legal representative shall give consent.

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SECTION 18. MENTAL HEALTH FACILITY – A mental health facility shall have adequate number of mental health professionals, workers and allied professionals which shall include ample space to provide each patient with privacy and appropriate diagnostic and therapeutic apparatus, regular and comprehensive treatment and medications. Every mental health facility shall be inspected frequently by competent authorities to guarantee that the treatment conditions and care of patients comply with these existing regulations.

SECTION 19. VOLUNTARY ADMISSION – Every patient admitted voluntarily shall have the right to be discharged from the facility upon the recommendation of his attending psychiatrist. The patient may be retained for further treatment and care in case of the following observations:

a. There exists a serious likelihood of danger of harming himself or others;

b. The severity of the patient's mental illness is likely to lead a serious deterioration in his condition; and,

c. The appropriate treatment can only be done by admission to a mental health facility.

SECTION 20. PSYCHIATRIC SERVICE – A psychiatric service shall be established in the Quezon City General Hospital and Novaliches District Hospital which shall provide the following:

a. Short term in-patient hospital care for those with acute psychiatric symptoms in a small psychiatric ward; (additional facilities and manpower)

b. Partial hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;

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c. *Out-patient clinic in close collaboration with the mental health program at the primary health centers in the area;*

d. *Linkage and possible supervision of home care services for those with special needs as a consequence of long-term hospitalization, unavailable families, inadequate or noncompliance to treatment;*

e. *Coordination with drug rehabilitation centers on the care, treatment and rehabilitation of persons suffering from drug or alcohol induced mental, emotional and behavioral disorder; and,*

f. *Referral system with other health and social welfare programs, both government and non-government, for programs in the prevention of mental illness, the management of those at risk for mental health and psychosocial problems and mental illness or disability.*

SECTION 21. ACCESS TO INFORMATION – Only patients or former patients shall be entitled to have access to their personal mental health records. For justifiable reason, such confidential information may not be given to the patient but instead be given to the patient's representative or counsel.

SECTION 22. IMPLEMENTING RULES AND REGULATIONS – Within ninety (90) days from the effectivity of this Ordinance, the Office of the Local Chief Executive shall, in coordination with the Committee, formulate the rules and regulations necessary for the effective implementation of this Ordinance.

SECTION 23. APPROPRIATION – There should be appropriated the necessary amount of Seven Million Four Hundred Ninety Eight Thousand Eight Hundred Fifty Pesos (PhP7,498,850.00) to be taken from the budget of the Quezon City Health Department for the implementation of this ordinance.

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SECTION 24. REPEALING CLAUSE – All ordinances, rules and regulations, or parts thereof, found to be in conflict with, or inconsistent with the provisions of this ordinance are hereby repealed or modified accordingly.

SECTION 25. EFFECTIVITY – This Ordinance shall take effect after fifteen (15) days following the completion of its full publication in a local newspaper of general circulation within the City of Quezon.

ENACTED: October 5, 2015.

MA. JOSEFINA G. BELMONTE
Vice Mayor
Presiding Officer

ATTESTED:

Atty. JOHN THOMAS S. ALFEROS III
City Gov't. Asst. Dept. Head III

APPROVED: 08 DEC 2015

HERBERT M. BAUTISTA
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on October 5, 2015 and was PASSED on Third/Final Reading on October 19, 2015.

Atty. JOHN THOMAS S. ALFEROS III
City Gov't. Asst. Dept. Head III

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