



Republic of the Philippines
SANGGUNIANG PANLUNGSOD
City of Mandaluyong

ORDINANCE NO. 695, S-2018

**AN ORDINANCE PROVIDING FOR A COMMUNITY-
BASED MENTAL HEALTH PROGRAM AND
DELIVERY SYSTEM IN THE CITY
OF MANDALUYONG AND
APPROPRIATING FUNDS THEREFOR**

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 normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community”, and it also calls 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;

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 care activities and interventions must be done closest to where the need or the patient is;

WHEREAS, as evidenced in the year 2000, the National Statistics Office ranked mental illness as 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. According to MIMS Today, between 17 to 20 percent of Filipino adults experience psychiatric disorders, while 10 to 15 percent of Filipino children, aged 5 to 15, suffer from mental health problems;

WHEREAS, mental health is a growing concern among youth and that the problems on mental health contain not just the traditional mental disorders but the issues of target population, 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 complicate times;

WHEREAS, under Republic Act No. 7277, as amended, otherwise known as the Magna Carta for Disabled Person”, 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 our constituents, especially the poor, underserved and high-risk population.

NOW, THEREFORE, be it ORDAINED by the Sangguniang Panlungsod of Mandaluyong, in session duly assembled that:

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ARTICLE I
TITLE, POLICY, OBJECTIVES AND DEFINITION OF TERMS

SECTION 1. TITLE. This Ordinance shall be known as “Mandaluyong City Community-Based Mental Health Programs of 2018”.

SECTION 2. GENERAL POLICIES. The City of Mandaluyong has the responsibility to uphold the right of the people to mental health and encourage mental health consciousness among youth. 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 the following:

- a. Promote a shift from hospital-based system to a strengthened community-based mental health care delivery system;
- b. Integrate mental health care in the general health care delivery system;
- c. Prevent, treat and control mental illness at all levels and rehabilitate persons with mental disability;
- d. Provide access to comprehensive health care and treatment which ensure a well-balanced mental health program of community-based and hospital care and treatment;
- e. 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;
- f. 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;
- g. Develop coping mechanisms and strategies vital to recovery;
- h. Assist patients to have a productive, quality and livable life;
- i. Strengthen and improve referral system, in general, for efficient delivery of mental health care and services.

SECTION 4. DEFINITION OF TERMS. For purposes of this Ordinance, these terms are defined as follows:

- a. ALLIED PROFESSIONALS – refer 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;

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- 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;
- c. **MENTAL DISABILITY** – refers to impairment in activity limitations and individual participation 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 realizes his or her own abilities, 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;
- e. **MENTAL HEALTH PROFESSIONALS** – refer 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;
- f. **MENTAL HEALTH WORKERS** – refer to trained volunteers and advocates engaged in mental health promotion and services under the supervision of mental health professionals;
- g. **MENTAL ILLNESS** – refers to 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;
- h. **PATIENT** – refers to a person receiving mental health care and treatment or psychosocial intervention from a mental health care facility or clinic;
- 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.

ARTICLE II
INSTITUTIONAL MECHANISMS

SECTION 5. MANDALUYONG CITY MENTAL HEALTH BOARD (MCMHB).

- A. The Mandaluyong City Mental Health Board (MCMHB) is hereby created that shall be generally responsible as the policy-making body that will provide for a consistent, rational and unified response to mental health problems, concerns and efforts through the formulation 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.



B. COMPOSITION OF THE BOARD. The Board shall be composed of the following:

1.	The City Mayor	Chairperson
2.	The City Vice Mayor	Vice-Chairperson
3.	Chairman, Committee on Health	Member
4.	Chairman, Committee on Barangay Affairs (Liga ng mga Barangay)	Member
5.	Chairman, Committee on Women	Member
6.	Chairman, Committee on Youth	Member
7.	Chairman, Committee on Children	Member
8.	Mandaluyong City Medical Center (MCMC)	Member
9.	Division of City Schools	Member
10.	City Social Welfare Development Department (CSWDD)	Member
11.	City Barangay Affairs and Community Services Department	Member
12.	City Budget Department	Member
13.	National Center for Mental Health (NCMH)	Member
14.	Two (2) representatives from non-government organizations from the women and youth sectors involved in mental health issues	Member

C. FUNCTIONS OF THE BOARD. The Board shall exercise the following 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. Review all existing laws related to mental health and recommend legislations which will sustain and strengthen programs, services and other mental health initiatives;
- d. Create such inter-agency committees, project task forces, and other groups necessary to implement the policy and program framework of this Ordinance.

D. QUORUM. The presence of a majority of the members of the Board shall constitute a quorum.

SECTION 6. EXECUTIVE COMMITTEE.

A. The Mandaluyong City Mental Health Executive Committee (EXECOM) is also created that will implement the City Mental Health Care Delivery System.

B. COMPOSITION OF THE EXECOM. The EXECOM shall be composed of the following:

1.	City Health Officer	Chairman
2.	City Administrator	Member
3.	City Planning and Development Officer	Member
4.	City Legal Officer	Member
5.	City Social Welfare Officer	Member
6.	City Budget Officer	Member

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7.	City Treasurer	Member
8.	Hospital Director, MCMC	Member
9.	Head, City Barangay Affairs and Community Services Department (CBACSD)	Member
10.	Youth Development Officer	Member
11.	Head, Mandaluyong Anti-Drug Abuse Council (MADAC)	Member
12.	Head, Barangay Mental Health Office Committee	Member
13.	Head, Business Permit and Licensing Department (BPLD)	Member

C. FUNCTIONS OF THE EXECOM. The EXECOM shall exercise the following functions:

- a. Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health;
- b. Promote and facilitate collaboration among sectors and disciplines for the development and implementation of mental health related programs within sectors;
- c. Provide overall technical supervision and ensure compliance with policies and 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;
- d. Provide and create a database of patients with mental health illness/disorder in the City;
- e. Perform such other duties and functions necessary in carrying the purposes of this Ordinance.

SECTION 7. BARANGAY MENTAL HEALTH COMMITTEE. There shall be formed a committee composed of the Barangay Health Officers of all twenty-seven (27) barangays of Mandaluyong City that will aid in bringing the City Mental Health Care Delivery System to the grassroots level. Within thirty (30) days from the effectivity of this Ordinance, the concerned Barangay Health Officers will choose among themselves the Head of the Committee, who will represent them and act as member of the EXECOM.

SECTION 8. BARANGAY MENTAL HEALTH TEAMS. The barangay health workers in the respective barangays shall be equipped with the proper training, knowledge and skills on mental health, and shall be the primary implementing arm of the City in addressing mental health issues and problems of the constituent.

ARTICLE III
COMMUNITY-BASED MENTAL HEALTH CARE, PROMOTION
OF MENTAL HEALTH, AND ACCESS TO EFFECTIVE
AND HIGH QUALITY MENTAL CARE

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SECTION 9. **COMMUNITY-BASED MENTAL HEALTH CARE.** The Mental Health Care Delivery System shall evolve from a predominantly hospital-based mental health care system to a 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;
2. Provision of programs for capacity building among existing local health workers, teachers, nurses, midwives 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 involved 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. Also, training with Mental Health Gap Action Programme (MHGAP) and cascade to lay person shall be provided to our Local Health Workers (LHW) to capacitate them and other non-medical personnel to deliver a high-quality community mental health services. The MHGAP was developed to tap non-medical and non-psychiatrist to do the first hand diagnose and manage the same with referral to mental facility or DOH national mental health program in some difficult cases.

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.

SECTION 10. **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.

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SECTION 11. 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 12. EXEMPTION OF CUSTODIAL PSYCHIATRIC CARE CLINICS FROM THE ZONING ORDINANCE. As the setting up of home-like type environment are encouraged for the treatment of patients, custodial psychiatric care clinics, which, under the Zoning Ordinance of Mandaluyong City, are mandated to be located in Institutional Zones, are hereby declared exempt from the enforcement of the zone use provisions only of the Ordinance. Subject to existing laws, rules and regulations, the Sangguniang Panlungsod may provide additional incentives on them.

ARTICLE IV
PERSON WITH MENTAL ILLNESS OR DISABILITY, CONSENT TO CARE, TREATMENT OR REHABILITATION, PATIENT'S TREATMENT AND CONFIDENTIALITY

SECTION 13. 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 14. 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.

SECTION 15. 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 16. CONFIDENTIALITY. All patients or clients with mental illness or disability shall enjoy the right to confidentiality.

ARTICLE V
PSYCHIATRIC SERVICE

SECTION 17. PSYCHIATRIC SERVICE. A psychiatric service shall be established in the Mandaluyong City Medical Center which shall provide the following:

- a. Short term in-patient hospital care for those with acute psychiatric symptoms in a small psychiatric ward;
- b. Partial hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;



- c. Out-patient clinic in close collaboration with the mental health program at the primary health centers in the area;
- d. Linkage and possible supervision of home care services for those with special needs as a consequence of long-term hospitalization, unavailable families, inadequate or non-compliance 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;
- 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.

**ARTICLE VI
ACCESS TO INFORMATION**

SECTION 18. 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.

**ARTICLE VII
APPROPRIATION**

SECTION 19. APPROPRIATION. The amount necessary for the initial implementation of the provisions of this Ordinance shall be charged against the budget of the City Health Department;

**ARTICLE VIII
REPEALING CLAUSE**

SECTION 20. 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.

**ARTICLE IX
EFFECTIVITY**


SECTION 21. EFFECTIVITY. This Ordinance shall take effect immediately after its publication at least once in a newspaper of general circulation in Metro Manila.

ENACTED on this 2nd day of April, 2018 in the City of Mandaluyong.

I HEREBY CERTIFY THAT THE FOREGOING ORDINANCE WAS ENACTED AND APPROVED BY THE SANGGUNIANG PANLUNGSOD OF MANDALUYONG IN REGULAR SESSION HELD ON THE DATE AND PLACE FIRST ABOVE GIVEN.


MA. TERESA S. MIRANDA
Sanggunian Secretary

APPROVED:


CARMELITA A. ABALOS
City Mayor

ATTESTED BY:


ANTONIO DLS. SUVA
Vice Mayor &
Presiding Officer

Date: APR 13 2018



