ORDINANCE NO. 19-031

AN ORDINANCE ADOPTING THE COMMUNITY AND SCHOOL-BASED MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN THE CITY OF MUNTINLUPA AND APPROPRIATING FUNDS THEREFOR.

Sponsored by: Coun. Alexson V. Diaz
Coun. Allan Rey A. Camilon
Hon. Coun. Atty. Raul R. Corro
Hon. Coun. Paty Katy C. Boncayao
Hon. Coun. Louisito A. Arclaga
Hon. Coun. Ting Niefes
Hon. Coun. Stephanie G. Teves
Hon. Coun. Ivey Rhia A. Tadefa
Hon. Coun. Engr. Neptali S. Santiago
Hon. Coun. Engr. Marissa C. Rongavilla
Hon. Coun. Francis Ian T. Bagatsing
Hon. Coun. Mark Lester M. Baes
Hon. Coun. Engr. Arlene D. Hilapo
Hon. Coun. Cornelio M. Martinez
Hon. Coun. Walter A. Arcilla

WHEREAS, the World Health Organization (WHO) defines mental health as “a state of well-being in which the individuals realize his or her own abilities, can cope 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, 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 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 adult’s 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 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 complicated times;
WHEREAS, the National Youth Assessment Study in 2015 revealed that out of 2,762 respondents 64% had considered committing suicide to end their problems and 20% had experienced extreme emotional distress;

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.

THEREFORE, BE IT ORDAINED, AS IT IS HEREBY ORDAINED, by 9th Sangguniang Panglungsod in session assembled that:

SECTION 1. Title. This Ordinance shall be known as an ordinance adopting the “Muntinlupa City Community and School-Based Mental Health Program”.

SECTION 2. General Policies - The City of Muntinlupa 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:
1. Promote a shift from hospital—based system to a strengthened community and school-based mental health care delivery system;
2. Integrate mental health care in the general health care delivery system;
3. Prevent, treat and control mental illness at all levels and rehabilitate persons with mental disability;
4. Provide access to comprehensive health care and treatment which ensure a well-balanced mental health program of community and school-based and hospital care and treatment;
5. 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;
6. 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;
7. Develop coping mechanisms vital to recovery;
8. Assist patients to have a productive, quality and livable life;
9. 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:

1) **Mental Disability**- refers to impairment in activity limitations and individual participation restrictions denoting the negative aspects of interaction between an individual and his environment;

2) **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;

3) **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 dysfunction;

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

SECTION 5. 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.

SECTION 6. 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 8. 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 9. Consent to Care, Treatment of 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 10. 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 oriental health needs.
SECTION 11. **Confidentiality.** All patients or clients with mental illness or disability shall enjoy the right to confidentiality.

SECTION 12. **Psychiatric Service.** A psychiatric service shall be established in the Ospital ng Muntinlupa which shall provide the following:

1) Short term in-patient hospital care for those with acute psychiatric symptoms in a small psychiatric ward;
2) Partial hospital care for those with psychiatric symptoms or undergoing difficult personal and family circumstances;
3) Out-patient clinic in close collaboration with the mental health program at the primary health centers in the area;
4) 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;
5) Coordination with drug rehabilitation centers on due are, treatment and rehabilitation of persons suffering from drug or alcohol induced mental, emotional and behavioral disorder;
6) 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 13. **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 14. **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 15. **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.

SECTION 16. **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 17. **Effectivity.** This ordinance shall take effect upon its approval by the Chief Executive.

ENACTED, by 9th Sangguniang Panlungsod of Muntinlupa this 23rd day of December 2019, on its 23rd Regular Session.
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CONCURRED:

DISTRICT 1:

COUN. ATTY. RAUL R. CORRO
Member

COUN. ALEXSON V. DIAZ
Member

COUN. PATY KATY C. BONCAYAO
Member

COUN. LOUISITO A. ARCIAGA
Member

COUN. ALLAN REY A. CAMILON
Member

COUN. TING MIEFES
Member

COUN. STEPHANIE O. TEVES
Member

COUN. IVEE RHIA A. TADEFA
Member

DISTRICT 2:

COUN. ENGR. NEPTALI S. SANTIAGO
Member

COUN. ENGR. MARISSA C. RONGAVILLA
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COUN. FRANCIS IAN T. BAGATSLING
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COUN. MARK LESTER M. BAES
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COUN. ENGR. MAHERTO T. SEVILLA, JR.
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COUN. ENGR. ARLENE D. HILAPO
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President
Secretary Representative
Association of Barangay Chairman

COUN. KENICHI D. TAKAGI, JR.
President
Secretary Representative
Federation of Sangguniang Kabataan
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ABSENT:
COUN. MA. DHESIREE G. AREVALO
Member

I HEREBY CERTIFY, as to the correctness of the foregoing Ordinance.

CECILIA C. LAZARTE
Secretary to the Sangguniang

ATTESTED:
ARTEMIO A. SIMUNDAC
City Vice-Mayor/Presiding Officer

APPROVED:
ATTY. JAIME R. PRESNEDI
City Mayor

Date: 12 DEC 2019

Norie/9th SP