



Republic of the Philippines
Province of Bulacan
Municipality of Bulakan

PROVINCE OF BULACAN
OFFICE OF THE SECRETARY
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OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE 21ST REGULAR SESSION OF THE 11TH SANGGUNIANG BAYAN, HELD LAST NOVEMBER 21, 2022 AT THE GEN. GREGORIO DEL PILAR HALL, MUNICIPALITY OF BULAKAN, BULACAN.

PRESENT:

Hon. Atty. Reina Rica C. Sanchez ----- Municipal Vice Mayor
Presiding Officer

Municipal Councilors

Hon. Aubrhie Cindyrelle D. Carpio	Hon. Bienvenido M. Cruz Jr.
Hon. Jose Antonio V. Lava	Hon. Atty. Ana Marie V. Pagsibigan
Hon. Aron Ronald R. Cruz	Hon. Richie E. San Jose
Hon. Marbin J. Garcia	Hon. Michael M. Ramos (ABC)
Hon. Christopher Aron C. Del Rosario	Hon. Miguel Leonardo (SK)

ALL PRESENT

MUNICIPAL ORDINANCE NO. 2022 - 326

"AN ORDINANCE ESTABLISHING THE MUNICIPAL MENTAL HEALTH POLICY, PROMOTING AND PROTECTING THE RIGHTS OF PERSONS UTILIZING PSYCHOLOGICAL HEALTH SERVICES, PROVIDING FOR FUNDS THERE FOR AND OTHER PURPOSES"

Authored By: Hon. Atty. Ana Marie V. Pagsibigan

Be it ordained by the Sangguniang Bayan of the Municipality of Bulakan in Session assembled, that:

SECTION 1. Short Title. – This Ordinance shall be known as the "Ordinance on Mental Health of 2022".

SECTION 2. Definitions. - As used in this Act, the following terms are defined as follows:

(a) *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;

(b) *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;

(c) *Mental Health* refers to a state of well-being in which the individual realizes one's own abilities and potentials, scopes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community;

(d) *Mental Health Condition* refers to a neurologic or psychiatric condition characterized by the existence of a recognizable, clinically-significant disturbance in an individual's cognition, emotional regulation, or behavioral 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;

(e) *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;

(f) *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.

SECTION 3. *Rights of Service Users.* - Service users shall enjoy, on an equal and nondiscriminatory basis, all rights guaranteed by the Constitution as well as those recognizes 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 inherit 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 metal health service within the jurisdiction of the Municipality;
- (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-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;

- (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 metal 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 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) Disclose 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 his or her legal representative except in cases of impairment or temporary loss of decision-making capacity;
- (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 service user cannot afford the service s of a counsel, the Public Attorney's Office, or a legal aid institution of the service user or representative's choice, shall assist the service user;

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- (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 his or her legal representative may contest such decision with the internal review board created pursuant to this Act 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 persons 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 4. *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;
- (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;
- (d) Participate in mental health advocacy, policy planning, legislation, service provision, monitoring, research and evaluation.

SECTION 5. *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 his or her 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 his or her family or legal representatives.

SECTION 6. *Inclusion in the Annual Investment Program.* – The Municipal Government shall include in the Annual Investment Program (AIP) provisions for the effective implementation of an effective mental health care policy. It shall aim to provide adequate complement of mental health professionals.

SECTION 7. *Municipal Health Board.* – In addition to their duties, the Municipal Health Board shall:

- (a) Formulate policies about mental health for implementation in the Municipality by integrating mental health care in the basic health care services and social services;
- (b) Ensure that mental health services are provided in primary health care facilities and hospitals within the Municipality of Bulakan;
- (b) Monitor and report to the Regional Mental Health Council the programs involving mental health implemented by the Municipal Government;
- (c) Provide templates for localization of the Mental Health Act and for policies against discrimination based on mental disorders;
- (d) Advocate and campaign for other mental-health related laws

SECTION 8. *Municipal Health Office.* – The Municipal Health Office of the shall:

- (a) Establish a health care provider network to address mental health needs and crises, including Suicide Prevention and Management, and link it to schools, workplaces, communities, jails, custodial care centers, and vulnerable populations;
- (b) Review existing family modules and recommend integration of Mental Health literacy as appropriate;
- (c) Establish training programs necessary to enhance the capacity of mental health care service providers;
- (d) Promote deinstitutionalization and other recovery-based approaches to the delivery of mental health care services;
- (e) Establish, reorient, and modernize mental health care facilities necessary to adequately provide mental health services;
- (f) Where independent living arrangements are not available, provide or facilitate access to public housing facilities, vocational training and skills development programs, and disability or pension benefits;
- (g) Refer service users to mental health facilities, professionals, workers, and other service providers for appropriate care;

- (b) Identify and manage work-related stress and stressors;
- (c) Manage effectively changes in the work organization and utilization of human resources systems;
- (d) Establish programs on mental health, recognition of workers' achievements and efforts, and psychosocial support and

SECTION 11. Duties and Responsibilities of Workers.— Workers shall have the following responsibilities:

- (a) Participate actively in the formulation and effective implementation of the workplace policies and programs on Mental Health;
- (b) Provide assistance, in any form, to improve the condition of co-workers who are at risk of developing or with mental health condition and refrain from any discriminatory acts against them
- (c) Seek assistance from the company's OSH personnel on conditions which may be related to or may result to a mental health condition for appropriate medical intervention and possible work arrangement;
- (d) Not themselves engage in bullying, harassment, all forms of work-related violence, threats, shaming, alienation and other forms of discrimination;

SECTION 12. Record Keeping and Reporting Requirements.— Employers shall keep or maintain medical records inside the company clinic, or if the clinic is not yet legally required, the medical records shall be kept with HR. The employers shall likewise report cases to the Municipal Health Office and other proper agencies.

SECTION 13. Confidentiality.— Employers and workers are bound by the rules of confidentiality and the Data Privacy Act of 2012. An advanced written directive shall be prepared by the worker to form part of the workers' record.

SECTION 14. Disclosure.— Workers are encouraged to disclose his/her mental health condition for purposes of reasonable accommodation. Disclosure of workers' mental health condition is allowed in any of the following conditions: (a) when the worker with mental health condition gives his/her consent, as required by law; (b) in life-threatening emergency cases, and (c) in administrative, civil or criminal case filed against mental health professional for NEGLIGENCE.

SECTION 15. Work accommodation and work arrangement.— Work accommodation and work arrangement may be made subject to the following:

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- (d) Promote deinstitutionalization and other recovery-based approaches to the delivery of mental health care services;
- (e) Establish, reorient, and modernize mental health care facilities necessary to adequately provide mental health services;
- (f) Where independent living arrangements are not available, provide or facilitate access to public housing facilities, vocational training and skills development programs, and disability or pension benefits;
- (g) Refer service users to mental health facilities, professionals, workers, and other service providers for appropriate care;

- (h) Establish a multi-sectoral stakeholder network for the identification, management, and prevention of mental health condition;
- (i) Develop a strategy for mental health and well-being during disasters and emergencies, including psychologic first aid (PFA), Mental Health and Psychosocial Support, pre-positioning mental, neurological, and substance abuse disorder(MNS) medications and accessibility for people with people with disability (PWD);
- (j) Train non-Mental Health professional mental health service providers on evidence-based standardized training modules for psychiatric and neuro-emergencies;
- (k) Train lay persons on community-based intervention for behavioral emergencies, which includes barangay health workers, teachers, human resource (HR) officers, police, fire officers, employees of the Municipal Disaster-Risk Reduction and Management Office;
- (l) Providemental health services and training in workplaces, schools and communities including carer for carerprogram, including training and debriefing of persons exposed to traumatic incidents, such as emergency workers, first responders, women and children protection desk officers, and social workers;
- (m) Develop a directory of self-help groups as support to primary care service per geographic area and area of interest.

SECTION 9. *Mental Health in the Workplace.* –Employers shall develop appropriate policies and programs on mental health, and to this end, they shall:

- (a) Develop, implement, monitor and evaluate mental health workplace policies and programs, and ensure compliance thereto;
- (b) Ensure adequate resources to implement and sustain mental health workplace programs
- (c) Correct stigma and discriminationby developing and implementing programs with reporting mechanisms, and shall not themselves engage in bullying, harassment, all forms of work-related violence, threats, shaming, alienation and other forms of discrimination;
- (d) Provide necessary training to occupational safety and health (OSH) personnel and human resource officers
- (e) Identify and provide support for individuals at risk and provide necessary work accommodation, when needed; and
- (f) Facilitate access to treatment and psychosocial support by developing referral mechanisms of workers at risk developing or with mental health conditions;

SECTION 10. *Workers' Awareness.* –To increase workers' awareness, employers shall:

- (a) Promote healthy lifestyle and work-life balance;

- (b) Identify and manage work-related stress and stressors;
- (c) Manage effectively changes in the work organization and utilization of human resources systems;
- (d) Establish programs on mental health, recognition of workers' achievements and efforts, and psychosocial support and

SECTION 11. *Duties and Responsibilities of Workers.*– Workers shall have the following responsibilities:

- (a) Participate actively in the formulation and effective implementation of the workplace policies and programs on Mental Health;
- (b) Provide assistance, in any form, to improve the condition of co-workers who are at risk of developing or with mental health condition and refrain from any discriminatory acts against them
- (c) Seek assistance from the company's OSH personnel on conditions which may be related to or may result to a mental health condition for appropriate medical intervention and possible work arrangement;
- (d) Not themselves engage in bullying, harassment, all forms of work-related violence, threats, shaming, alienation and other forms of discrimination;

SECTION 12. *Record Keeping and Reporting Requirements.*– Employers shall keep or maintain medical records inside the company clinic, or if the clinic is not yet legally required, the medical records shall be kept with HR. The employers shall likewise report cases to the Municipal Health Office and other proper agencies.

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- (a) The work accommodation and work arrangement shall be made between management and workers' representative
- (b) Work accommodation and support must be clearly explained to the worker preferably in the presence of family member
- (c) Return to work with reasonable accommodation may be allowed as recommended by the mental health professional and concurred by occupational health physician, if any;

(d) Changes in workers' behavior/attitude should be monitored and evaluated

SECTION 16. *Penalty.*—Any person who commits any act of discrimination against a person with mental health condition shall be meted a penalty of Two Thousand Pesos (Php 2,000.00).

SECTION 17. *Appropriations.*— Appropriations shall be allotted for the implementation of this Ordinance.

Section 18. *Separability Clause.* - If any provision on this Ordinance is declared unconstitutional or invalid by a court of competent jurisdiction, the remaining provisions not affected thereby shall continue to be in full force and effect.

Section 19. *Repealing Clause.* - All laws, decrees, executive orders, department or memorandum orders and other administrative issuances or parts thereof which are inconsistent with the provisions of this Act are hereby modified, suspended or repealed accordingly.

Section 20. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in a newspaper of general circulation in the Municipality of Bulakan.

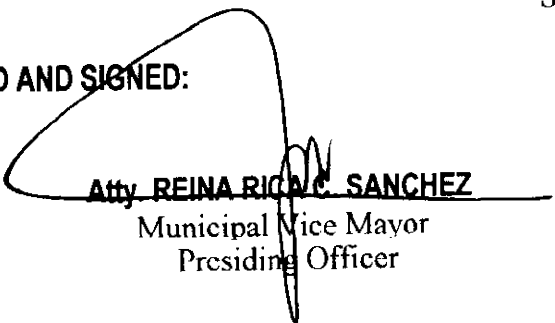
A copy this Ordinance shall likewise be posted conspicuously in all barangay halls within the jurisdiction of the Municipality of Bulakan.

APPROVED.

I hereby certify that the foregoing Ordinance has been approved by the Sangguniang Bayan of Bulakan in session held for this purpose dated November 21, 2022.


JEFF C. TANSINSIN
Secretary to the Sangguniang Bayan

ATTESTED AND SIGNED:

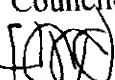

Atty. REINA RICCIO SANCHEZ
Municipal Vice Mayor
Presiding Officer

APPROVED BY:


AUBRHIE CINDYRELLE D. CARPIO
Councilor


ARON RONALD R. CRUZ
Councilor


JOSE ANTONIO V. LAVA
Councilor


MARBIN J. GARCIA
Councilor



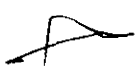
CHRISTOPHER ARON C. DEL ROSARIO
Councilor



Atty. ANA MARIE V. PAGSIBIGAN
Councilor



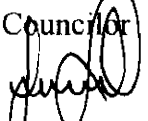
MICHAEL M. RAMOS
Councilor (Ex-Officio-ABC)



BIENVENIDO M. CRUZ JR.
Councilor

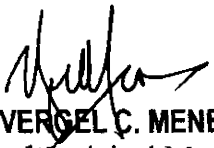


RICHE E. SAN JOSE
Councilor



MIGUEL LEONARDO
Councilor (Ex-Officio-SK)

APPROVED and SIGNED:



VERGEL C. MENESES
Municipal Mayor

12-9-22



JEFF O. TANSINSIN
SANGGUNIANG BAYAN SECRETARY