Republic of the Philippines
Province of Samar
Municipality of Pinabacdao
OFFICE OF THE SECRETARY TO THE SANGGUNIANG BAYAN
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April 30, 2025

SANGGUNIANG PANLALAWIGAN
PROVINCE OF SAMAR
RECEIVED
BY: MATILDA B. CELADA
DATE: APR 30 2025

HON. ARNOLD V. TAN
Vice Governor
Province of Samar
Capitol Building
Catbalogan City, Samar

Thru: **ATTY. JOSE CRISOSTOMO Y. GUADES**
Secretary to the Sangguniang Panlalawigan

Sir;

Respectfully transmitting herewith copies of **Municipal Ordinance 25-006**, entitled: AN ORDINANCE INSTITUTIONALIZING THE COMMUNITY BASED MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN THE MUNICIPALITY OF PINABACDAO AND APPROPRIATING FUNDS THEREFOR., approved by the Sangguniang Bayan of Pinabacdao, Samar on April 28, 2025, for review and proper action.

Please acknowledge receipt hereof.

Sincerely,

MARY BERNARDETTE T. QUIJANO
Secretary to the Sangguniang Bayan



Republic of the Philippines
Province of Samar
Municipality of Pinabacdao
OFFICE OF THE SANGGUNIANG BAYAN

MUNICIPAL ORDINANCE NO. 25-006
Series of 2025

AN ORDINANCE INSTITUTIONALIZING THE COMMUNITY BASED MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN THE MUNICIPALITY OF PINABACDAO 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 like, 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-sectorial and multi-disciplinary participation and that such programs must take into consideration the primitive, preventive, curative and rehabilitative aspects of medical attention;

WHEREAS, the 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 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 adult experience psychiatric disorder, while 10-15 percent of Filipino children, aged 5 to 15, from mental health problems;

WHEREAS, mental health is growing concern among youth and that the problems on mental health contain not just the traditional mental health disorder but the issues of target population, susceptible to psychosocial risks caused by extreme life experience such as disasters, near-death experiences, heinous and violent crimes, internal displacement brought about by religious and civil unrest, as well as the psychosocial..



matters of daily living like preserving a sense of well-being in the complicate times;

WHEREAS, under Republic Act No. 7277, as amended otherwise known as 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;

WHEREAS, on motion presented by the SB Member Rosemarie T. Badenas, Committee Chairperson on Health and Sanitation, duly seconded by SB Member Arlyn C. Mabute, and SB Member Jose Santiago T. Quijano, with the support of all the Sangguniang Bayan Members present;

NOW, THEREFORE, be it **ORDAINED** by the Sangguniang Bayan of PINABACDAO, SAMAR, in session that:

Section 1. TITLE. This Ordinance shall be known as the **"Community-Based Mental Health Program and Delivery System Ordinance of Pinabacdao, Samar."**

SECTION 2. PURPOSE. This Ordinance aims to develop and integrate mental health services as part of the basic health services of the Municipal Government Unit of Pinabacdao, Samar and in the Barangays according to DOH mental health service standards.

SECTION 3. DEFINITION OF TERMS. As used in this Ordinance, the following terms and phrases shall be defined:

(a) *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;

(b) *Mental Health Condition* refers to a neurologic or psychiatric condition characterized by the existence of a recognized, 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 scientific ally-accepted medical nomenclature and best available scientific and medical evidence;



(c) *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;

(e) *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 authorizes to access, use, or possess such information;

(f) *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 setting that enable social participation, recovery-based approaches to mental health, and individualized care in accordance with the service user's will and preference;

(g) *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 I 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;

(h) *Drug Rehabilitation* refers to the process of medical or psychotherapeutic treatment of dependency on psychoactive substance such as alcohol, prescription drugs, and other dangerous drugs pursuant to Republic Act, 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 individuals;

(i) *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 use 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 decision and actions on one's life or health, or the life or health of others;

(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;

(j) *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 alternative;

(k) *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 user's behalf. The legal representative may also be a person appointed in writing by the service user to act on his or her behalf through an advance directive;

(l) *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.

(m) *Mental Health Service Provider* refers to an entity or individual providing mental health service as defines 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



advocated and their organizations, personal ombudsmen, and persons or entities offering nonmedical alternative therapies;

(n) *Mental Health Service* refer to psychosocial psychiatric or neurologic activities and programs along 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;

(o) *Mental Health Workers* refers to a trained person, volunteer or advocate engaged in mental health promotion, providing support services under the supervision of mental health professional;

(p) *Psychiatric 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 facilities 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;

(q) *Psychosocial Problems* refers to a condition that indicated 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;

(r) *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 his or her condition into any plan for treatment and recovery;

(s) *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;

(t) *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 his or her 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

(u) 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 4. CREATION OF MENTAL HEALTH BOARD. The Mental Health Board shall be created and shall be composed of the following:

Chairperson - Municipal Mayor
Vice Chairperson - Municipal Vice Mayor
Members :

Municipal Health Officer
Ex-Officio SB Members/Liga ng mga Barangay President
Ex-Officio SB Members/SK Federated President
Chairperson, Committee on Health and Sanitation
Chairperson, Committee on Social Services, Women, Children and Family Affairs
Secretary to the Sangguniang Bayan
Municipal Planning and Development Coordinator
Municipal Social Welfare Development Officer
Municipal Budget Officer
Municipal Disaster Risk Reduction and Management Officer
DepEd District Supervisor
National High School Principal
Women Federated President
Youth Development Officer
Three (3) Representatives from the Private Health Sector
Two (2) Representatives from the Non-Government Organizations involved on Mental Health Advocacy

SECTION 5. DUTIES AND FUNCTIONS OF THE MENTAL HEALTH BOARD. The Board shall be primarily responsible in crafting the Mental Health Care Program (MHCP) within a timeframe as agreed upon by the members, but not more that three (3) months from the effectivity of this Ordinance. Further, it shall exercise the following duties and functions:



a) Review the existing systems, policies and guidelines in mental health services that are implemented by different offices of the Local Government;
b) Develop program for intervention designed to promote and upscale the approached for mental health awareness for educational institutions, public and private workplaces, among others;
c) Recommend intensified psychosocial activities with special focus on addressing effects of calamities and/or disasters and other traumatic events, including on-line consultations and discussion, in close coordination with the different guidance counsellors of various schools in the Municipality.
d) Establish mechanisms of hotlines consultations handled by trained professionals to counsel and cater cases that include but not limited to, anxiety, stress, suicide, and self-harm and other preventable cases through telephone consultations;
e) Establish mechanism of face-to-face consultations handled by trained professional to counsel and cater cases that include but not limited to, suicide, depression, self-harm, and self-abuse;
f) Plan the necessary capacity-building, reorientation and training programs for mental health professionals, mental health workers and allied professionals as articulated in this Ordinance;
g) Create, if necessary, such inter-agency committees, project task forces, and other support groups necessary to implement this Ordinance;
h) Develop plan of actions especially directed to answer the needs and concerns of those addicted to online games, alcohol addiction, concerns for geriatric persons, among others;
i) Promulgate protocols and guidelines to facilitate inter-LGU and NGA referral system, including access of individuals with mental health conditions to treatment and psychosocial support based on Section 7 hereof
j) Develop plans and set activities for the observation of Mental Health Month in the Municipal Pursuant hereto;
k) Recommend a robust research and development program in collaboration with academic institutions, related associations and nongovernment organizations to achieve the purposes of this Ordinance so as to increase the ability of the Local Government to respond to the emerging concerns on mental health in observance of Article VI of RA 11036;

l) Recommend appropriate amount of fees in availing the mental health care services;
m) Recommend for the purchase of mobile clinic to be used for barangay visitation and consultations;
n) Review all related laws and regulations related to mental health and recommend further appropriate legislation to the Sangguniang Bayan in order to sustain and strengthen programs, services and other mental health initiatives;
o) Recommend to the Municipal Mayor the appointment of an Executive Director, who shall be elected, via voting, by the majority of the members from the Advisory Council;
p) Recommend to the Municipal Mayor, for his concurrence, inclusion of other individual/s who represent advocacy groups to enhance implementation of this Ordinance;
q) Perform such other duties and functions necessary to carry out the purpose of this Ordinance.

SECTION 6. QUORUM. Simple majority of the Board shall constitute quorum.

SECTION 7. MEETINGS. The Board shall meet at least once a month or as frequently as necessary to discharge its duties and functions. It may be convened by the Chairperson or upon written request of at least three (3) members.

a) Review, formulate and develop guidelines necessary to implement mental health care and wellness policy in the municipality;
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.

SECTION 8. EXECUTIVE COMMITTEE. The Mental Health Executive Committee (EXECOM) is hereby created to implement Municipal Mental Health Care Delivery System. It shall be composed of the following:

Chairperson : Municipal Health Officer
Members :

Municipal Planning and Development Coordinator

Municipal Social Welfare Development Officer
Municipal Treasurer
Municipal Budget Officer
Youth Development Officer
Barangays Committee Heads

SECTION 9. FUNCTION 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 with sectors;
c) Provide overall technical supervision and ensure compliance with policies and programs and projects within the comprehensive framework of the Municipal 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 the law;
d) Provide and create a database of patients with mental health illness/disorder in the Municipality;
e) Perform such other duties and functions necessary in carrying the purpose of this Ordinance.

SECTION 10. BARANGAY MENTAL HEALTH COMMITTEE. There shall be created a Barangay mental Health Committee in every barangay in the Municipality to be composed of the respective of the respective Barangay Health Workers. They shall choose among themselves the Head of the Committee, who will represent them in the EXECOM.

SECTION 11. BARANGAY MENTAL HEALTH TEAM. The barangay health workers in the respective barangays shall be equipped with proper training, knowledge and skill on mental health, shall be the primary implementing arm of the Municipality in addressing mental health issues and problems of the constituents.

SECTION 12. CAPACITY BUILDING OF BARANGAY HEALTH WORKERS (BHWs). The Municipal Government Unit of Pinabacdao, Samar, through the Municipal Health Office, shall be responsible for the training of BHWs and other barangay volunteers on the promotion of mental health. It shall provide medical supplies and equipment assistance to the Barangays to enable the BHWs to carry out their functions effectively.

SECTION 13. MENTAL HEALTH GAP FACILITY. There shall be established a Mental Health Gap Facility in every Barangay Health Station or Center in each of the Barangays of the Municipality. A signage with the name MENTAL HEALHT GAP FACILITY

shall be places ate the conspicuous part of it. It shall serve as the station for the trained mental health team, composing of Barangay Health Workers and Barangay Volunteers, upon compliance to the capacity building requirements of the DOH and other national agencies.

SECTION 14. COMMUNITY-BASED MENTAL HEALTH CARE. The Mental Health Care Deliver System shall evolve from a predominantly hospital-based mental Health care system shall consist of:

A. **MENTAL HEALTH SERVICE DEVELOPMENT** - Mental health service shall, within primary health care system in the community, include the following:
   1. Development and integration of mental health care and the primary healthcare in the community;
   2. Provision of programs for capacity building among existing local health workers, teachers, nurse, midwives and different sectors of the community, so at they can undertake mental health care, psychiatric facilities, trainings and private or government programs in close coordination with mental or psychiatry, in general, or university hospital, and/or similar NGO/ agencies involved in the promotion of mental health and care;
   3. Continuous support service 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 AND BUILDING REORIENTATION AND TRAINING -** Capacity building, reorientation and training shall in close coordination with the departments of psychiatry in general hospitals, university hospital or mental facilities, be required for those who are metal health professionals or emphasized community mental health perspective. Also, training with Mental Health Gap Action Program(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 service. The MHGAP was developed to top 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 organization, to develop appropriate and

culturally relevant mental health services in the community.

SECTION 15 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 and integrated approach to mental health care to prevent mental disorders through programs that strengthen the basic.

SECTION 16. 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 standard 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 17. EXEMPTION OF CUSTODIAL PSYCHIATRIC CARE FROM ZONING ORDINANCE. As the setting up of home-like type environment are encouraged for the treatment of patients, custodial psychiatric care clinics, which, under Zoning Ordinance of Pinabacdao, Samar are mandated to be located in Institutional Zones, are hereby declared exempt from the enforcement of the zone use provision only of the Ordinance. Subject to existing laws, rule and regulations, the Sangguniang Bayan may provide additional incentives on them.

SECTION 18. PERSON WITH MENTAL ILLNESS OR DISABILITY. The determination that a person has a mental illness or disability shall be made according to intentionally accepted medical classifications and standards.

SECTION19. 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 us understood by the patient.

SECTION 20. PATIENT TREATMENT. All patients or clients with mental illness or disability shall enjoy the right to treatment in the least restrictive environment suited to the patient's mental health needs.

SECTION 21. CONFIDENTIALITY. All patients or clients with mental illness or disability shall enjoy the right to confidentiality.

SECTION 22. ACCESS TO INFORMATION. Only patients or former patients shall be entitled to have access to their personal

mental health records. For justifiable reason, such confidentiality information may not be given to the patient but instead be given to the patient's representative or counsel.

SECTION 23. MENTAL HEALTH DAY. In consonance with Proclamation No. 452 of the Office of the President, there shall be declared a Mental Health Day in the Municipality Pinabacdao in the October of each year. This day shall be celebrated through conducting relevant activities to be participated by all sectors of the society for massive public awareness and to achieve a stronger support for mental health efforts.

SECTION 24. APPROPRIATION. The amount necessary for the initial implementation of this Ordinance, and in the years thereafter, shall be charged against the General Fund of the Municipality, particularly from the MOOE of the Office of the Municipal Health, the GAD Fund and other available local funds.

SECTION 25. 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 26. EFFECTIVITY. This Ordinance shall take effect immediately upon its approval.

UNANIMOUSLY ENACTED, this 28th day of April 2025, during the Regular Session of the Sangguniang Bayan of Pinabacdao, Samar.

ENACTED *this 28th day of April, 2025.*

HON. JOSE SANTIAGO T. QUIJANO
SB Member

HON.ELISEO B. CABORNAY JR.
SB Member

HON. JOEL R. PACAYRA
SB Member

HON. NESTOR C. OCENAR
SB Member

HON. ARLYN C. MABUTE
SB Member

HON. ROSEMARIE T. BADENAS
SB Member

HON. NIÑO A. RAGA
SB Member

HON. REYNALDO C. TUAZON
SB Member

HON. WILMA P. ESOY
ABC Pres./Ex-Officio Member

HON. JOSEPH ULDANE O. GACULA
SK Fed. Pres./Ex-Officio Member

I HEREBY CERTIFY *the correctness of the foregoing Ordinance which was duly adopted by the Sangguniang Bayan of Pinabacdao, Samar during its regular session.*

MARY BERNADETTE T. QUIJANO
Secretary to the Sangguniang Bayan

ATTESTED:

HON. EDGAR M. TONELETE
Vice- Mayor/Presiding Officer

APPROVED BY HIS HONOR, THE MAYOR, ON 29 APR 2025 :

HON. TEODORICO A. MABAG
Municipal Mayor