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Republic of the Philippines  
Province of Cagayan  
City of Tuguegarao

**OFFICE OF THE SECRETARY TO THE SANGGUNIAN**

April 17, 2018



**Dr. Rosalinda P. Callang**  
Secretary to the Sanggunian  
Sangguniang Panlalawigan, Province of Cagayan  
Capitol Hills, Tuguegarao City

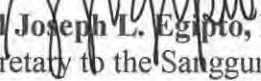
**Madam:**

Pursuant to Section 54 of the Local Government Code, we are now submitting for review and action the attached legislative measures enacted by the Seventh City Council of Tuguegarao City during their 80<sup>th</sup> Regular Session held on April 10, 2018, to wit:

1. **CITY ORDINANCE NO. 18-2018 - "AN ORDINANCE PROVIDING FOR A MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN TUGUEGARAO CITY"**
2. **CITY ORDINANCE NO. 19-2018 - "ORDINANCE CREATING THE COUNCIL OF ELDERS OF TUGUEGARAO CITY, PROVIDING FUNDS THEREOF AND OTHER PURPOSES"**

Thank you.

Yours truly,

  
**Joel Joseph L. Egibto, Ph.D.**  
Secretary to the Sanggunian

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Republic of the Philippines  
 PROVINCE OF CAGAYAN  
 City of Tuguegarao  
**SEVENTH CITY COUNCIL**



EXCERPTS FROM THE MINUTES OF THE 80<sup>th</sup> REGULAR SESSION  
 OF THE SEVENTH CITY COUNCIL OF TUGUEGARAO CITY, CAGAYAN  
 HELD ON APRIL 10, 2018, 9:00 A.M., TUESDAY,  
 AT THE SANGGUNIANG PANLUNGSOD SESSION HALL

PRESENT:

Hon. Raymund P. Guzman	Sangguniang Panlungsod Member, Temporary Presiding Officer
Hon. Jude T. Bayona	Sangguniang Panlungsod Member
Hon. Kendrick S. Calubaquib	-do-
Hon. Maila Rosario T. Que	-do-
Hon. Arnel T. Arugay	-do-
Hon. Gilbert S. Labang	-do-
Hon. Winnoco R. Abraham	-do-
Hon. Imogen Claire M. Callangan	-do-
Hon. Mary Marjorie P. Martin-Chan	-do-
Hon. Grace B. Arago	-do-
Hon. Jose G. Velasco	-do-

ABSENT:

Hon. Anthony C. Tuddao	Sangguniang Panlungsod Member
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NOTE:

Hon. Bienvenido C. De Guzman II	Acting City Mayor
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**CITY ORDINANCE NO. 18-2018**

**AN ORDINANCE PROVIDING FOR A MENTAL HEALTH PROGRAM AND DELIVERY SYSTEM IN TUGUEGARAO CITY**

Sponsor: **HON. MARY MARJORIE P. MARTIN-CHAN**

Co-Sponsors: HON. JUDE T. BAYONA  
 HON. KENDRICK S. CALUBAQUIB  
 HON. MAILA ROSARIO T. QUE  
 HON. ARNEL T. ARUGAY  
 HON. GILBERT S. LABANG  
 HON. WINNOCO R. ABRAHAM  
 HON. IMOGEN CLAIRE M. CALLANGAN  
 HON. RAYMUND P. GUZMAN  
 HON. GRACE B. ARAGO  
 HON. JOSE G. VELASCO

**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 as well 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.

**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

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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 participations and that such programs must take into consideration the promotive, preventive, curative and rehabilitative aspects of medical attention.

**WHEREAS**, psychiatric patient care continues beyond mental hospitals, which must be made available in general hospitals, 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 the City of Tuguegarao 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.

**NOW THEREFORE, BE IT RESOLVED**, as it is hereby **RESOLVED**, that City Ordinance No. 18-2018 be enacted as follows:

**SECTION 1. Short Title.** This ordinance shall be known as the “Mental Health Code of 2018.”

**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 provisions 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 a 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;
- 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; and,
- G. Protect and promote the mental health of the people through a multi-disciplinary approach that covers health, education, labor and employment, justice and social welfare.

**SECTION 4. Definition of Terms.**

- A. **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.
- B. **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 manifested by genetic or biochemical abnormalities and

associated medical conditions which include distress, personality disorder, substance use dependence and mental retardation.

- C. **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.
- D. **Mental disability** refers to impairments in activity limitations and individual and participatory restrictions denoting the negative aspects of interaction between an individual and his/her environment. This results from organic syndromes such as mental retardation and acquired lesions of the central nervous system, dementia and psychotic and non-psychotic disorders.
- E. **Patient** refers to a person receiving mental health care and treatment or psychosocial intervention from a mental health care facility or clinic.
- F. **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.
- G. **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.
- H. **Mental health workers** refer to trained volunteers and advocates engaged in mental health promotion and services under the supervision of mental health professionals.
- I. **Allied professionals** refer to any trained or certified non-psychiatric physician, social worker, nurse, occupational therapist, counselor, priest, minister, pastor, nun, trained or certified non-psychiatric individual or non-physician.

**SECTION 5. Tuguegarao City Mental Health Committee.** The Tuguegarao City Mental Health Committee, referred to as the Committee, is hereby established under the City Health Office, 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. Review and formulate 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 these sectors
- 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. Plan and implement the necessary and urgent capacity building, reorientation and training programs for all mental health professionals, mental health workers and allied professionals as articulated in this ordinance



- G. Review all existing laws related to mental health and recommend legislations which will sustain and strengthen programs, services and other mental health initiatives
- H. Create such inter-agency committees, project task forces and other groups necessary to implement the policy and program framework of this ordinance
- I. 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:

- a. The City Mayor as chairperson
- b. The City Health Officer as vice chairperson
- c. The Head of the City Social Welfare & Development Office
- d. Chair, SP Committee on Health
- e. Chief of Tuguegarao City Police Station - Philippine National Police
- f. City School's Division Office Representative
- g. Commission on Higher Education Representative
- h. City Budget Officer
- i. Two representatives from non-government organizations involved in mental health issues
- j. Federation President of Parents-Teachers Association
- k. Supreme Student Government/Council representative
- l. One representative from the private health sectors
- m. Cagayan Valley Medical Center (CVMC) psychiatric ward representative

**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 every quarter 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. Executive Director.** A personnel from the City Health Office upon recommendation of the City Health Officer shall be appointed as the Executive Director by two thirds (2/3) vote of the committee members. The Executive Director shall have a term of 2 years, is eligible for one (1) reappointment and shall not be removed from office except in accordance with existing laws.

He/she should not be a member of the committee and shall not receive any remuneration for the same. The Executive Director shall also, thereafter, be the Mental Health Coordinator of the City Health Office.

**SECTION 11. Duties and Functions.** The Executive Director shall perform the following duties and functions as a secretariat:

- A. Act as chief executive officer of the committee and assume full responsibility in implementing its purposes and objectives
- B. Serve and maintain secretariat functions of the City Mental Health Committee
- C. Maintain a close and functional relationship with the Department of Health and other government and private entities concerning mental health care
- D. Formulate, develop and implement, subject to the approval of the committee, measures that will effectively carry out policies laid down by the committee
- E. Recommend to the City Mayor the appointment of personnel of the committee including supervisory, technical, clerical and other personnel in accordance to the staffing patterns and organizational structure approved by the committee;

**SECTION 12. 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
- b. capacity building, reorientation and training
- c. research and development

**A. Mental Health Service Development.** Mental health service shall, within the general 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. Continuation of programs for capacity building among existing local mental health workers so that they can undertake mental health care in the community and undertake training and capacity building programs in close coordination with mental or psychiatric hospitals or departments of psychiatry in general or university hospitals
- 3. Continuous support services and intervention for families and co-workers
- 4. Advocacy and promotion of mental health awareness among the general population

**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 had 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.

**SECTION 13. School Based Mental Health Care.** In close coordination with the Department of Education, the Commission on Higher Education and the Department of Social Welfare and Development, a mental health care service shall be implemented in the primary, secondary and tertiary levels of education, focusing on these programs:

- A. Development and integration of mental health care services in school clinics
- B. Orientation, training and capacity-building for guidance counselors, school nurses and doctors, with emphasis on mental health in the school setting;
- C. Advocacy and promotion of mental health awareness among the student body through various projects and programs which includes a city-wide Mental Health Summit done annually.

**SECTION 14. Promotion of Mental Health.** To protect the right for dignity, respect and justice of those who are suffering from mental health problems, the committee shall:

- a. 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
- b. Advocate to raise the value of mental health consciousness among the people.

**SECTION 15. Access to Effective and High Quality Mental Health Care.** Any person shall have the right to receive mental health care appropriate to his/her 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 16. 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 17. Confidentiality.** All patients or clients with mental illness or disability shall enjoy the right to confidentiality.



**SECTION 18. 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 19. 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 threats or improper inducements, 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/her next of kin or legal representative shall give consent.

**SECTION 20. Voluntary Admission.** Every patient admitted voluntarily shall have the right to leave the facility upon the recommendation of his/her attending psychiatrist, provided, that 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/herself or others;
- B. The severity of the patient's mental illness is likely to lead a serious deterioration in his/her condition; and,
- C. The appropriate treatment can only be done by admission to a mental health facility.

**SECTION 21. Admission and Provision of Psychiatric Service by a Mental Health Facility.** The Mental Health Committee shall forge partnerships with existing institutions providing psychiatric services and care in Tuguegarao City, to 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 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 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 confidential information may not be given to the patient but instead be given to the patient's representative or counsel.

**SECTION 23. 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 24. Appropriation.** The City Government shall appropriate Five Hundred Thousand Pesos (P500,000.00) in the annual and/or supplemental budget for the implementation of this ordinance.

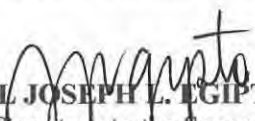
**SECTION 25. Repealing Clause.** All ordinances, rules and regulations, or parts thereof, in conflict with, or inconsistent to the provisions of this ordinance are hereby repealed or modified accordingly.

**SECTION 26. 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 Tuguegarao.




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I HEREBY CERTIFY TO THE CORRECTNESS OF THE FOREGOING:

  
**JOEL JOSEPH L. EGIPTO, Ph.D.**  
Secretary to the Sanggunian *04/12/18*

ATTESTED:

  
**HON. RAYMUND P. GUZMAN**  
Sangguniang Panlungsod Member  
Temporary Presiding Officer  
Date: 4-12-18

APPROVED:


  
**HON. ATTY. JEFFERSON P. SORIANO**  
City Mayor  
Date: 4/12/18

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### CERTIFICATION

I, Raymund P. Guzman, duly elected as the Temporary Presiding Officer during the 80<sup>th</sup> Regular Session held on April 10, 2018, do hereby certify that I acted as such when the foregoing City Ordinance No. 18-2018 has been approved under suspended rules.

In witness whereof, I hereunto set my hand and affix my signature this 12<sup>th</sup> day of April 2018.

  
**HON. RAYMUND P. GUZMAN**  
Sangguniang Panlungsod Member  
Temporary Presiding Officer

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