



Republic of the Philippines
PROVINCE OF LEYTE
Provincial Capitol
Tacloban City

-oOo-

PROVINCIAL LEGAL OFFICE

Item No.: 01

Date: 26 2026 MAY

PROVINCIAL LEGAL OFFICE

RELEASED

By: [Signature]
Date: 5-15-26 Time: 9:00

Sangguniang Panlalawigan
Province of Leyte
RECEIVED

Date: 5/15/26
By: [Signature]

2nd INDORSEMENT
May 8, 2026

Respectfully returned to the Sangguniang Panlalawigan of Leyte, through the SP Secretary, the attached Ordinance No. 2026-09 of the Sangguniang Bayan of Alangalang.

Issues/concerns for review/recommendation/legal opinion is/are as follows:

- Ordinance No. 2026-09 entitled: “ **An Ordinance providing for a Community-based Mental and Neurologic Health Program and Delivery System in the Municipality of Alangalang and appropriating the necessary funds therefor** ”

REVIEW/RECOMMENDATION/LEGAL OPINION:

This office opines that the subject Ordinance is, in general, within the legislative authority of the Sangguniang Bayan under Section 447(a)(5)(xiv)¹ of the Local Government Code of 1991 (R.A 7160). Hence, we recommend for the declaration of its validity.

We hope to have assisted you with this request. Please note that the opinion rendered by this Office are based on the facts available and may vary or change when additional facts and documents are presented or changed. This opinion is likewise without prejudice to the opinions rendered by higher and competent authorities and/or the courts.

ATTY. JOSE RAYMUND A. ACOL
Provincial Legal Officer

¹ ((xiv) Provide for the care of disabled persons, paupers, the aged, the sick, persons of unsound mind, abandoned minors, juvenile delinquents, drug dependents, abused children and other needy and disadvantaged persons, particularly children and youth below eighteen (18) years of age; and subject to availability of funds, establish and provide for the operation of centers and facilities for said needy and disadvantaged persons;

Republic of the Philippines
PROVINCE OF LEYTE
Palo, Leyte
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OFFICE OF THE SANGGUNIANG PANLALAWIGAN

1ST INDORSEMENT
15 April 2026

PROVINCE OF LEYTE
LEGAL OFFICE
RECEIVED
By: *[Signature]*
Date: 4-16-26 Time: 9:21

The Provincial Legal Office is respectfully requested to review and submit recommendations on the herein enclosed **Municipal Ordinance No. 2026-09** of the **Municipality of Alangalang, Leyte**, entitled: **An Ordinance providing for a Community-Based Mental and Neurologic Health Program and Delivery System in the Municipality of Alangalang and appropriating the necessary funds therefor.**

[Signature]
4-16-26



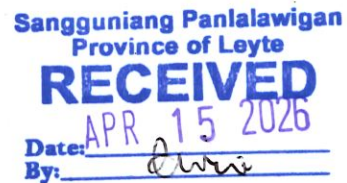
FLORINDA JILL S. UYVICO
Secretary to the Sanggunian

Republic of the Philippines
PROVINCE OF LEYTE
Municipality of Alangalang
-oOo-

OFFICE OF THE SB SECRETARY

April 14, 2026

MS. FLORINDA JILL S. UYVICO
SP Secretary
Provincial Capital, Palo, Leyte



Ma'am:

Respectfully forwarded herewith copies of Municipal Ordinance No. 2026-09
**"AN ORDINANCE PROVIDING FOR A COMMUNITY-BASED MENTAL AND
NEUROLOGICAL HEALTH PROGRAM AND DELIVERY SYSTEM IN THE
MUNICIPALITY OF ALANGALANG AND APPROPRIATING THE
NECESSARY FUND THEREOF"** for peruse and favorable action.

Kindly acknowledge receipt hereof.

Thank you and More Power!

Very Truly Yours,

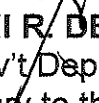
DANI R. DE VEYRA
Mun. Gov't Department Head I
(Secretary to the Sanggunian)

Republic of the Philippines
PROVINCE OF LEYTE
Municipality of Alangalang
-oOo-


OFFICE OF THE SANGGUNIANG BAYAN

TO WHOM THIS MAY CONCERN:

This is to certify that Municipal Ordinance No. 2026-09 has been posted for three weeks in three public conspicuous places within the municipality and will remain posted for information of the general public.


DANI R. DE VEYRA
Mun. Gov't Department Head I
(Secretary to the Sanggunian)

ATTESTED:


MARIO V. BAGUE
Municipal Vice Mayor



Republic of the Philippines
PROVINCE OF LEYTE
Municipality Of Alangalang

Sangguniang Panlalawigan
Province of Leyte

RECEIVED

Date: APR 15 2026
By: *[Signature]*

Office of the Sangguniang Bayan

**EXCERPTS FROM THE MINUTES OF THE REGULAR SESSION OF
THE SANGGUNIANG BAYAN OF ALANGALANG, LEYTE HELD AT
THE LEGISLATIVE BUILDING SESSION HALL FEBRUARY 16, 2026.**

PRESENT:

- SB Member Kenneth Spice M. De Veyra- Presiding Officer Pro Tempore
- SB Member Gina Balderamos
- SB Member Blesilda M. Yu
- SB Member Ketchie Rex A. Barrantes
- SB Member Elmer D. Matobato
- SB Member Atty. Arvin Antoni
- Punong Barangay Sarah T. Apurillo - LIGA President
- SK Chairman Charlze Jericho Duane A. Tan- PPSK President

ABSENT:

- Vice Mayor Mario V. Bague -On Official Travel
- SB Member Kent Jefflord C. Guillermo -On Leave
- SB Member Claire G. Yu -On Leave

MUNICIPAL ORDINANCE NO. 2026-09
AUTHOR: HON. KENT JEFFLORD C. GUILLERMO
Committee Chairman on Tourism and International

**AN ORDINANCE PROVIDING FOR A COMMUNITY-BASED MENTAL AND
NEUROLOGIC HEALTH PROGRAM AND DELIVERY SYSTEM IN THE
MUNICIPALITY OF ALANGALANG AND APPROPRIATING THE NECESSARY
FUNDS THEREFOR.**

APPROVED on 3rd and Final Reading

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 also 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 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 unrests as well as the psychosocial matters of daily living like preserving a sense of well-being in these complicated times;

[Signature]
KENNETH SPICE M. DE VEYRA
SB Member

[Signature]
GINA BALDERAMOS
SB Member

[Signature]
BLESILDA M. YU
SB Member

[Signature]
KETCHIE REX A. BARRANTES
SB Member

[Signature]
ELMER D. MATOBATO
SB Member

[Signature]
ATTY. ARVIN V. ANTONI
SB Member

[Signature]
SARAH T. APURILLO
SB Member
LIGA President

[Signature]
CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

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 person needing mental health services is;

WHEREAS, the Lancet Commission, reframes the Global Mental Health agenda on four foundational pillars. (1) Mental health is a global public good, relevant to sustainable development in all countries, regardless of their socio-economic status, as all countries are 'developing' in the context of mental health. (2) Mental health problems exist along a continuum from mild, time-limited distress to chronic, progressive and severely disabling conditions. (3) The mental health of each individual is the unique product of social and environmental influences, in particular during the early life course, interacting with genetic, neuro-developmental and psychological processes, affecting biological pathways in the brain. (4) mental health is a fundamental human right for all people, necessitating a rights-based approach to the welfare of people with mental disorders, to those who face vulnerabilities or risk factors associated with poor mental health, and to enable an environment which promotes mental health for all

WHEREAS, The Sustainable Development Goals (SDGs), also known as the Global Goals includes Goal 3 which aims to ensure healthy lives and promote well-being for all, at all ages. Specifically, SGD 2.4 aims to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

WHEREAS, in the Philippines, the prevalence of mental disorders ranged between 11.3% and 11.6%, with an average annual increase of 2.0%; increasing from 7.0 to 12.5 million Filipinos diagnosed with a mental disorder between 1990 and 2019. Meanwhile, there are approximately 1600 psychologists and 500 psychiatrists in the country, serving about 110 million Filipinos as cited by The Lancet Commission (2023).

WHEREAS, under Republic Act No. 7277, as amended, otherwise known as the Magna Carta for Disabled Person, disabled persons are part of Philippine society, thus the State shall give full support to the improvement of the total well-being of disabled persons and their integration into the mainstream of society. Toward this end, the State shall adopt policies ensuring the rehabilitation, self-development and self-reliance of disabled persons. It shall develop their skills and potentials to enable them to compete favorably for available opportunities.

WHEREAS, under Republic Act No. 11036, otherwise known as the Mental Health Act of 2018, there is a need to develop and integrate mental health services at the community level through responsive primary health care services and to create a program in accordance with the guidelines set by the Philippine Council for Mental Health in coordination with other stakeholders.

KENNETH DE VERA
SB Member
GINA BALDERAMOS
SB Member
BLESILDA M. YU
SB Member
KETCHIE BARRANTES
SB Member
EMER D. MATOBATO
SB Member

ATTY. ARVIN V. ANTONI
SB Member
SARAY T. APURULLO
SB Member
LIGA President
CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

WHEREAS, under Section 17 of Republic Act (RA) No. 7160, otherwise known as the Local Government Code of 1991, local governments are tasked to deliver, among others, primary health care services to its constituents, which are deemed to include mental health services.

NOW THEREFORE, BE IT ORDAINED by the Sangguniang Bayan of Alangalang, Leyte, in session duly assembled, that:

ARTICLE I

TITLE, POLICY, OBJECTIVES AND DEFINITION OF TERMS

SECTION 1. TITLE. This ordinance shall be known as “An Ordinance Providing For A Community-Based Mental And Neurologic Health Program And Delivery System In The Municipality Of Alangalang And Appropriating The Necessary Funds Therefor.”

SECTION 2. DECLARATION OF POLICY. The Ordinance has the responsibility to uphold the right of the people to mental and neurologic health and encourage mental and neurologic health consciousness among them. Towards this end, the City/Province shall adopt an integrated and comprehensive approach to the development of the City/Provincial Mental Health Care Delivery System to deliver appropriate services and interventions, including promotion of mental and neurologic health and well-being practices, provision of mental and neurologic health protection, care, treatment, psychosocial rehabilitation and other essential services to those with mental and neurologic health illnesses and disabilities.

SECTION 3. OBJECTIVES. The objectives of this ordinance are as follows:

- a. Promote a community-based mental and neurologic health care delivery system;
- b. Integrate mental and neurologic health care in the general health care delivery system;
- c. Establish a multi-sectoral joint network for the promotion of mental and neurologic health and well-being, as well as identification and prevention of mental and neurologic 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;
- d. Promote the mental and neurologic health of the people through a multi-disciplinary approach that covers health, education, labor and employment, justice and social welfare;
- e. Create and/or modernize a community-based mental and neurologic health facility;

KENNETH SPIRIT M. DE VEYRA
SB Member

GINA BALDERAMOS
SB Member

BLESILDA M. YU
SB Member

KETCHELLE BARRANTES
SB Member

ELMER D. MATORATO
SB Member

ATTY. ARVIN V. ANTONI
SB Member

SARAH T. APUELLO
SB Member
IACA President

CHARLZE JERICHO DUANE A. TAN
SB Member
DNCV President

- f. Strengthen and improve, or create for a lack thereof, a community-based referral system, in general, for efficient delivery of mental and neurologic health care and services;
- g. Prevent, identify, and manage mental and neurologic health conditions at all levels and rehabilitate service users;
- h. Provide access to comprehensive health care and treatment which ensure a well-balanced mental and neurologic health program of community-based and hospital care and treatment; and
- i. Develop coping mechanisms and strategies vital to recovery to assist individuals with mental and neurological health conditions to have a productive, quality, and livable life.

SECTION 4. DEFINITION OF TERMS. For purposes of this ordinance, the following terms are defined, thus (the terminologies may be adjusted based on the content of the document and current practices or updated information.):

- a. **COMMUNITY-BASED MENTAL HEALTH (CBMH)** - refers to the delivery of mental and neurologic health services within a geographically defined community. It involves identifying the community's unique mental and neurologic health needs and leveraging its inherent strengths, using resources from both government and non-government sectors. CBMH aims to provide comprehensive mental and neurologic health services, including promotion, prevention, treatment, recovery assistance, and rehabilitation, tailored to the community's needs. The goal is to foster a population where individuals can realize their full potential, cope with daily stresses, demonstrate resilience in the face of extreme life experiences, work productively, and actively participate in the community (DOH & WHO, 2021).
- b. **COMMUNITY HEALTH WORKER (CHW)** - refers to a person in the community equipped to deliver mental and neurologic health services. Community Health Workers may be, but are not limited to, teachers, parents and surrogate parents (i.e. mothers, fathers, caregivers in households), human resource managers, staff in workplaces, non-government staff running daycare centers for children and adults, volunteers, champions from self-help groups, faith-based leaders, and civil service organizations (CSOs) (DOH & WHO, 2021).

KENNETH SPIGE M. DE VEYRA
SB Member

GINA BALDERRAMOS
SB Member

BLESILDA M. YU
SB Member

KITCHIE REZA BARRANTES
SB Member

ELMER D. MATORATO
SB Member

ATTY. ARVIN V. ANTONI
SB Member

SARAH Y. APURILLO
SB Member
LIGA President

CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

- c. LEGAL REPRESENTATIVE - refers to a person designated by the service user, appointed by a court of competent jurisdiction, or authorized by the Mental Health Act of 2018 or any other applicable law, to act on the service 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.
- d. MENTAL DISABILITY - refers to impairment in activity limitations and individual participation restrictions denoting the negative aspects of interaction between an individual and his/her environment.
- e. MENTAL HEALTH - refers to a state of well-being in which the 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.
- f. 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 behavior that reflects a genetic or acquired dysfunction in the neurobiological, psychosocial, or developmental processes 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.
- g. MENTAL HEALTH FACILITY - refers to any establishment, or any unit of establishment, which has, as its primary function, the provision of mental health services.
- h. MENTAL HEALTH SERVICE PROVIDER - refers to an entity or individual providing mental health services, whether public or private, including but not limited to, mental health professionals and workers, social workers and counselors, peer counselors, informal community caregivers, mental health advocates and their organizations, personal ombudsmen, and persons or entities offering non-medical alternative therapies.
- i. MENTAL HEALTH WORKERS - These are trained volunteers and advocates engaged in mental health promotion and services under the supervision of mental health professionals.

KENNETH SPECTOR
SB Member

GINA BALDERAMOS
SB Member

BLHSILDA M. YU
SB Member

KETCHIE RECA BARRANTES
SB Member

EMERD. MATOBATO
SB Member

ATTY. ARVEN V. ANTONI
SB Member

SARAH T. APURILLO
SB Member
LIGA President

CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

KENNETH SPECTOR M. DE VEYRA
SB Member

GINA BALDERAMOS
SB Member

BLESILDA M. YU
SB Member

KETCHIE REXA A. BARRANTES
SB Member

ELMER D. MATOBAYO
SB Member

- j. MULTIDISCIPLINARY TEAM - A multidisciplinary team involving a range of health professionals, from one or more organizations, working together to deliver comprehensive patient care.
- k. PEER SUPPORT GROUP - refers to a group which brings together people who have similar concerns so they can explore solutions to overcome shared challenges and feel supported by others who have had similar experiences and who may better understand each other's situation.
- l. PRIMARY MENTAL AND NEUROLOGIC CARE SYSTEM - a coordinated group of public, private or mixed primary care providers providing a range of primary care services, as the foundation of the health care provider network
- m. PSYCHOSOCIAL CONDITION - refers to a condition that indicates 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.
- n. PSYCHOSOCIAL REHABILITATION - is the development or restoration of an effective, adaptive identity in an individual with a congenital or acquired physical impairment through such approaches as individual or group therapy, counseling, ability assessment, and drug therapy. The object is to help the individual to develop or regain their self-image, ability to cope with emotional problems, competence, and autonomy.
- o. SERVICE USER - refers to a person with lived experience (PWLE) of any mental health condition including persons who require or are undergoing psychiatric, neurologic, or psychosocial care (RA 11036).

ATTY. ARVIN V. ANTONI
SB Member

SARAH T. APURILLO
SB Member
LIGA President

CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

**ARTICLE II
INSTITUTIONAL MECHANISMS**

SECTION 5. LGU MENTAL HEALTH BOARD/COMMITTEE.

- A. The LGU Mental Health Board/Committee is hereby created that shall be generally responsible as the policy-making body that will provide for a consistent, rational, and unified plan to promote mental and neurologic health and provide response to mental health and neurologic problems, concerns, and efforts through the formulation of the City Mental Health Care Delivery System.

For the purposes of this ordinance, the Primary Mental and Neurologic Care System shall include quality mental and neurologic health care programs through the development of efficient and effective structures, systems, and mechanisms that will ensure fair, accessible, affordable, appropriate, efficient, and effective delivery of mental and neurologic health promotion activities and care to all its stakeholders by qualified, competent, compassionate, and ethical mental and neurologic health professionals and mental health and neurologic workers.

A. COMPOSITION OF THE BOARD/COMMITTEE. The board/committee shall be composed of the following:

1.	Municipal Mayor	Chairperson
2.	Municipal Vice Mayor	Vice-Chairperson
3.	Chairman, Committee on Health	Member
4.	Secretary	Member
5.	Mental Health Coordinator	Member
6.	Non-Government Organizations	Member
7.	And National Government Agencies	Member
8.	Service Users Organization	Member
9.	Barangay Mental Health Board Representative and other identified	Member

B. FUNCTIONS OF THE BOARD/COMMITTEE. The board/committee shall exercise the following functions:

- a. Review all existing issues and concerns as well as laws related to mental and neurologic health and recommend local legislation which will sustain and strengthen programs, services, and other mental health initiatives;
- b. Conduct resource mapping, identifying and documenting the various resources for mental and neurologic health promotion, prevention, treatment, and support services available within the community and allocate funds for the CBMH program;
- c. Formulate and review policies and guidelines and allocate funding in the implementation of mental and neurologic health programs and activities;
- d. Ensure the accessibility of mental and neurologic health services in schools, workplaces and other health facilities within the community;
- e. Develop an inclusive and integrated plan and program on mental health for the City/Province;

KENNETH S. DE VERA
SB Member

GINA BALDERAMOS
SB Member

BLESILDA M. YU
SB Member

KETCHIE REX A. BARRANTES
SB Member

MARK D. MATOBA
SB Member

ATTY. ARVIN V. ANTONI
SB Member

SARAH T. APURDLO
SB Member
LIGA President

CHARLZE JERICO DUANE A. TAN
SB Member
PPSK President

f. Ensure creation and development of data gathering, monitoring and evaluation mechanisms to enhance the quality of mental health and neurologic services; and

g. Facilitate collaboration of health care providers, inter-agency committees, project task forces, Academe, Professional Organizations, Faith-based Institutions, NGOs, CSOs, and other organizations with capacity and experience on CBMH. Such collaboration shall be encouraged to implement the policy and program framework of this ordinance.

D. QUORUM. The presence of the majority of the members of the board/committee shall constitute a quorum.

E. MEETINGS. The board/committee shall meet at least once a month or as frequently as necessary to discharge its duties and functions. The board/committee shall be convened by the Chairperson or upon written request of at least three (3) of its members.

F. APPOINTMENT OF MEMBERS. Within ninety (90) days from the date of the effectivity of this ordinance, the Mayor/Governor shall appoint the members of the board/committee.

SECTION 6. BARANGAY MENTAL HEALTH BOARD/COMMITTEE.

There shall be a board/committee composed of the Barangay Health Officers of all no. of barangays of the LGU that will aid in bringing Mental Health and Neurologic Services 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 Board/Committee, who will represent them and act as members of the City Mental Health Board/Committee.

SECTION 7. BARANGAY MENTAL HEALTH TEAMS. This shall be composed of CHWs, representatives of the barangay council and youth council as well as other stakeholders in the community. The BARANGAY MENTAL HEALTH TEAMS shall be equipped with the proper training, knowledge and skills in the promotion of mental and neurologic health and provision of frontline assessment and response to Service Users in the community. They shall be the primary implementing arm of the City/Province in addressing and/or referring the mental health issues and problems of their constituents to proper authorities/experts.

**ARTICLE III
CREATION OF A COMMUNITY-BASED MENTAL
AND NEUROLOGIC HEALTH CARE SYSTEM**

SECTION 8. COMMUNITY-BASED MENTAL AND NEUROLOGIC HEALTH CARE. The Mental and Neurologic 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:

KENNETH SPOEN M. DE VEYRA
SB Member

GINA BALDERAMOS
SB Member

BLESSIDA M. YU
SB Member

KETCHIE RIX A. BARRANTES
SB Member

ELMER D. MATOBATO
SB Member

ATTY. ARVIN Y. ANTONI
SB Member

SARAH T. APURILLO
SB Member
LIGA President

CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

A. MENTAL AND NEUROLOGIC HEALTH SERVICE DEVELOPMENT - Mental health services shall, within the primary health care system in the community, include the following:

1. Development and integration of mental and neurologic health care into the primary health care in the community;
2. Provision of programs for capacity building among existing local health care workers, teachers, nurses, midwives, and different sectors of the community, so that they can implement mental and neurologic health promotion and primary intervention initiatives. This can be through coordination with mental health facilities or psychiatric hospitals or departments of psychiatry, university hospitals, and/or similar NGO/agencies (i.e. Philippine Mental Health Association, Inc.) involved in the promotion of mental health and care. These may include but are not limited to trainings on Caring for Our Mental Health, Mental Health Gap Action Programme (MHGAP), Mental Health and Psychosocial Support (MHPSS), and other psychosocial response capacity building topics;

1. Provision of support services and intervention for families and creation of support groups for Service Users.
2. Advocacy and promotion of mental and neurologic health awareness among the general population including public schools and workplaces.
3. Capacity building, re-orientation and training. Capacity building, reorientation and training shall be done for mental health professionals or workers whose previous education and training have not emphasized community mental health perspective, and shall be carried out in coordination with mental health facilities or psychiatric hospitals or departments of psychiatry, university hospitals, and/or similar NGO/agencies (i.e. Philippine Mental Health Association, Inc.) involved in the promotion of mental health and care. These may include but are not limited to training on Mental Health Gap Action Programme (MHGAP), Mental Health and Psychosocial Support (MHPSS), and other psychosocial response capacity building topics that aim to capacitate Local Health Workers (LHW) and other non-medical personnel to deliver community-based mental health services.

B. RESEARCH AND DEVELOPMENT - Research and development shall be undertaken, in collaboration with academic institutions, mental health organizations, and non-government organizations such as the Philippine Mental Health Association, Inc., to develop appropriate and culturally relevant mental health services for the community.

KENNETH SPICE M. DE VEYRA
SB Member

GINA BALDERAMOS
SB Member

BLESILDA M. YU
SB Member

KETCHIE RIX A. BARRANTES
SB Member

EMERK D. MATOBAUTO
SB Member

ATTY. ARVIN V. ANTONI
SB Member

SARAH T. APURILLO
SB Member
LIGA President

CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

ARTICLE IV
INTEGRATION OF PROMOTIVE AND PREVENTIVE STRATEGIES IN THE MENTAL HEALTH AND NEUROLOGIC PROGRAM IN THE COMMUNITY

SECTION 9. PROMOTION OF MENTAL AND NEUROLOGIC HEALTH. The board/committee shall promote an integrated approach to mental and neurologic health care recognizing that mental and neurologic health promotion programs and preventive intervention can help strengthen the basic coping mechanism of individuals in relation to stress or any psychosocial concern. They will espouse an advocacy that will raise the value of mental and neurologic health awareness among the people.

SECTION 10. PROMOTIVE AND PREVENTIVE STRATEGIES. This refers to targeted preventive and promotive strategies for groups such as, but not limited to families, schools, workplaces, and vulnerable groups such as children, pregnant women, senior citizens, victims and survivors of abuse, persons with disability (PWDs), ethnic groups/minorities, victims of disaster, and individuals with existing mental conditions that shall be integrated in the City's/Province's mental and neurologic health program according to the identified needs of the constituents through community assessment.

The following activities may be implemented in the community through collaboration with departments of psychiatry in general hospitals, university hospitals or mental facilities, and partner mental health organizations:

1. **INFORMATION DISSEMINATION AND AWARENESS CAMPAIGNS -** Education and advocacy activities that promote mental and neurologic health. These include but are not limited to culturally sensitive public awareness campaigns, dialogues, capacity-building and training that tackle caring for one's mental health, stigma, health help-seeking behaviors among others.

This can also include creation and dissemination of educational materials that can increase the mental and neurologic health literacy of community members. These can be done in the form of brochures, pamphlets, posters, videos, bulletins in key areas in the community, mass media, and social media and through the conduct of workshops, conferences, or seminars open to the community.

2. **SCHOOL-BASED MENTAL HEALTH PROGRAM -** Creation of a school-based mental and neurologic health program that will focus on the conduct of activities that promote mental and neurologic health and well-being among students and teachers. This can also include training of focal personnel/teachers who can assist students with mental and neurologic health concerns and establish referral pathways to an external mental facility/agency.

KENNETH SPICE M. DE VEYRA
SB Member

GINA BALDERAMOS
SB Member

BLESILDA M. YU
SB Member

KETCHIE REVA BARRANTES
SB Member

MARK ANTONIO
SB Member

ATTY. ARVIN J. ANTONI
SB Member

SARAH T. APURULLO
SB Member
LIGA President

CHARLZE JERICO DUANE A. TAN
SB Member
PPSK President

- 3. WORKPLACE MENTAL HEALTH PROGRAM - Creation of a workplace mental and neurologic health program in consonance with the provision of the Mental Health Act of 2018 for the local government units and departments aimed at promoting and protecting the mental and neurologic health and well-being among employees. This can also include training of focal personnel to accommodate employees with mental and neurologic health concerns and establish a referral pathway to an external mental facility/agency.

**ARTICLE V
MENTAL AND NEUROLOGIC HEALTH SERVICES**

SECTION 11. MENTAL AND NEUROLOGIC HEALTH SERVICES. Access to services shall be established in the Municipality 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 undergoing difficult personal and family circumstances;
- c. Out-patient services in collaboration with existing mental and neurologic health programs at primary health care centers in the area. This shall include psychiatric consultations as well as counseling and psychotherapy by licensed counselors/psychologists through face-to-face sessions or telemedicine/telecounseling;
- d. Inclusion of psychotropic medicines in the community's mental and neurologic health facility's supply;
- e. Conduct of screening, basic counseling, and psychological first aid during home visits or through a telephone helpline by trained community-based frontline health workers or volunteers;
- f. 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;
- g. Coordination with drug rehabilitation centers on the care, treatment, and rehabilitation of persons suffering from drug- or alcohol-induced mental, emotional, or behavioral disorder;
- h. 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 and neurologic health and psychosocial problems and mental and neurologic health condition or disability;

KENNETH SPIRER M/DE VEYRA
SB Member

GINA BALDERAMOS
SB Member

BLISSIDA M. YU
SB Member

KETCHIE REY A. BARRANTES
SB Member

EMER D. MATOBATO
SB Member

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SB Member

SARAH T. APURILLO
SB Member
LIGA President

CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

- i. Equipping community-based mental and neurologic health facilities for continuous care and monitoring of Service Users treated from mental health institutions;
- j. Creation of support group and provision of psychoeducation for carers, especially the family members, on how to manage and provide appropriate support for the Service User;
- k. Psychosocial rehabilitation program for Service Users through provision of halfway homes, conduct of sports and recreation activities, art therapy, life skills training, and livelihood programs; and,
- l. Creation of a mechanism to provide basic needs to vulnerable groups with pre-existing mental and neurologic health condition/s or disability during extreme life events such as abuse or disaster.

SECTION 12. MENTAL HEALTH FACILITY. A mental health facility shall have an adequate number of mental health professionals, workers, and allied professionals which shall include ample space to provide each Service User with privacy and appropriate diagnostic and therapeutic apparatus, regular and comprehensive treatment and medications.

Every mental health facility must have an internal review board in coordination with the Department of Health (DOH) and the Philippine Council for Mental Health (PCMH) that will review all cases, disputes and controversies involving treatment, restraint, or confinement of Service Users within their facilities.

SECTION 13. SERVICE USER. The determination that a person has a mental health and neurologic condition or disability shall be made in accordance with internationally accepted medical classifications and standards.

SECTION 14. INFORMED CONSENT TO CARE, TREATMENT OR REHABILITATION. The consent of the Service User 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 Service User of adequate and understandable information in a form or language that he/she understands.

KENNETH SPINOSA DE VEYRA
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SECTION 15. ACCESS TO EFFECTIVE AND HIGH QUALITY MENTAL CARE. Any person shall have the right to receive mental and neurologic health care appropriate to their needs and shall be entitled to care and treatment in accordance with the same standards and accessibility as other sick individuals. An improved, effective, and easy access to mental and neurologic 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. SERVICE USER'S TREATMENT. A Service User with mental and neurologic illness or disability shall have the right to treatment in the least restrictive environment suited to his/her mental health needs.

SECTION 17. VOLUNTARY ADMISSION. Every Service User admitted voluntarily shall have the right to be discharged from the facility upon the recommendation of his or her attending psychiatrist. The Service User 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 Service User's mental illness is likely to lead to a serious deterioration in his or her condition; and,
- c. The appropriate treatment can only be done by admission to a mental health facility.

SECTION 18. CONFIDENTIALITY. All Service Users or clients with mental and neurologic illness or disability shall enjoy the right to confidentiality.

SECTION 19. ACCESS TO INFORMATION. Only Service Users or former Service Users shall be entitled to have access to their personal mental and neurologic health records. For justifiable reasons, such confidential information may not be given to the Service User but instead be given to his/her representative or counsel.

**ARTICLE VII
APPROPRIATION**

SECTION 20. APPROPRIATION. There should be appropriated the necessary amount of P100,000.00 to be charged against the Municipal for the implementation of this ordinance.

KENNETH SPICEMAN DE VEYRA
SB Member

GINA BALDERAMOS
SB Member

BLESILDA M. YU
SB Member

KETCHIE REX BARRANTES
SB Member

ELMER D. MATOZATO
SB Member

ATTY. ARVIN V. ANTONI
SB Member

SARANT. APURILLO
SB Member
LIGA President

CHARLZE JERICHO DUANE A. TAN
SB Member
PPSK President

SECTION 21. Separability Clause

If any provision of this Ordinance is declared unconstitutional or invalid, the other provisions not affected thereby shall remain in full force and effect.

SECTION 22. REPEALING CLAUSE.

All ordinances, resolutions, executive orders, or parts thereof inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 23. EFFECTIVITY.

This Ordinance shall take effect after compliance with the required publication and posting, in accordance with existing laws and regulations.

ENACTED, by the Sangguniang Bayan on February 16, 2026.

APPROVED, by the Mayor on 4/13/2026.

I HEREBY CERTIFY to the correctness of the foregoing Municipal Ordinance No. 2026-09.

DANI R. DE VEYRA
Secretary to the Sanggunian
Municipal Gov't. Department Head I

KENNETH SPIRIT M. DE VEYRA
SB Member

GINA BALDERAMOS
SB Member

BLISSIDAM. YU
SB Member

KETCHIE RESA BARRANTES
SB Member

EMERLYNATORATO
SB Member

ATTY. ARVIN V. ANTONI
SB Member

SARAH T. APURIBLO
SB Member
LIGA President

CHARLZE JERICO DUANE A. TAN
SB Member
PPSK President

**ATTESTED AND CERTIFIED
TO BE DULY ENACTED:**

ATTY. KENNETH SPICE M. DE VEYRA

SB Member
Presiding Officer Pro Tempore

GINA BALDERAMOS

SB Member

KETCHIE REX A. BARRANTES

SB Member

ATTY. ARVIN ANTONI

SB Member

CHARLZE JERICHO DUANNE A. TAN

SB Member
PPSK President

BLESILDA M. YU

SB Member

EMER D. MATOBATO

SB Member

SARAH T. APURILLO

SB Member
LIGA President

APPROVED BY:

LOVELL ANNE M. YU-CASTRO

Municipal Mayor

VOTING:

YES - 7

NO - 0

