



Republic of the Philippines
SANGGUNIANG BAYAN
Taytay, Rizal

DO No. 2509 – 029

ORDINANCE NO. 870 series of 2025

**AN ORDINANCE PROVIDING FOR A COMMUNITY-BASED MENTAL
HEALTH PROGRAM AND DELIVERY SYSTEM IN TAYTAY, RIZAL**

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[Signature of Jan M. Valera]

WHEREAS, Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

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 life, can work productively and fruitfully, and is able to make a contribution to his or her community”. And it also calls attention of the public that mental health is more than just the presence of a psychiatric disorder or sickness but, more importantly, also redounds to a positive condition of one’s mental well-being;

WHEREAS, Section 15, Article II of the 1987 Philippine Constitution declares that the State shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, Section 16 of Republic Act No. 7160, otherwise known as the “Local Government Code of 1991”, empowers every local government unit to exercise powers essential to the promotion of the general welfare of its constituents;

WHEREAS, Under Republic Act 7277, as amended, otherwise known as the “Magna Carta for Disabled Person”, there is a need to include mental health in the public health and hospital system in order to render available;

WHEREAS, Republic Act No. 11036 or the “Mental Health Act” mandates the development and integration of a community-based mental health care system into the primary health care system;

[Signature]

WHEREAS, Mental health is a critical component of overall public health and wellbeing, and addressing it at the community level is crucial for prevention, early intervention, and access to appropriate services;

WHEREAS, as evidenced in year 2024, studies show mental health challenges are increasing in the Philippines, with a significant rise in stress, anxiety, and depression among young Filipinos, particularly those aged 18-24. The country's Mental Health Quotient (MHQ) declined to 68.76 in 2024 from 78.44 in 2023, indicating a worsened mental state. Mental health literacy remains low, with many Filipinos unable to recognize conditions and hesitant to seek professional help, especially for depression and suicidal thoughts;

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

WHEREAS, the current covid-19 pandemic has caused an increased demand for mental health services triggered by isolation, bereavement, loss of income, and illness, and is projected to persist several years after its end. As revealed by the World Health Organization (WHO)'s 2020 rapid assessment on the impact of covid-19 on mental, neurological and substance use services, the rise of mental health concerns and disruption of mental health services have led to the integration of mental health and psychosocial support (MHPSS) in the Covid-19 response in many countries, including the Philippines. To further narrow the gap between the increasing mental health needs and accessible mental health services, there is a necessity to reorganize the existing mental health care delivery system;

WHEREAS, there is a pressing need to provide accessible, affordable, and community-responsive mental health care services in the Municipality of Taytay, Rizal;

NOW THEREFORE, BE IT ORDAINED, by the 13th Sangguniang Bayan of Taytay, Rizal, in session duly assembled, that:

ARTICLE I TITLE, POLICY, AND DEFINITION OF TERMS

Section 1. Title - This Ordinance shall be known as the "Community-Based Mental Health Program Ordinance of Taytay, Rizal".

Section 2. Declaration of Policy - It is hereby declared the policy of the Municipality of Taytay to protect and promote the mental health and well-being of its citizens by establishing a responsive and inclusive mental health care delivery system that is community-based, accessible, and culturally appropriate.

Section 3. Definition of Terms - For the purpose of this Ordinance, the following terms shall mean:

- A. **Mental Health** - A state of well-being in which individuals realize their own abilities, can cope with normal stresses of life, and can contribute to their communities.
- B. **Community-Based Mental Health Program (CBMHP)** - A decentralized, accessible, and culturally sensitive approach to mental health care, integrated into local health and social services.
- C. **Mental Health Professional** - Includes psychiatrists, psychologists, psychiatric nurses, social workers, and guidance counselors authorized to deliver mental health services.

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- D. **Legal Representative** - 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.
- E. **Mental Disability** - It refers to impairment in activity limitations and individual participation restrictions denoting the negative aspects of interaction between an individual and his or her environment.
- F. **Mental Health Condition** - it is to refer 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 the scientifically accepted medical nomenclature and best available scientific and medical evidence.
- G. **Mental Health Facility** - It 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 worker and counselors, peer counselors, informal community caregivers, mental health advocates and their organizations, personal ombudsmen, and persons or entities offering nonmedical alternative therapies.
- I. **Mental Health Workers** - It is referred to trained volunteers and advocates engaged in mental health promotion and services under the supervision of mental health professionals.
- J. **Psychosocial Problem** - 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.
- K. **Service User** - A Person receiving mental health care and treatment or psychosocial intervention from a mental health care facility or clinic; and
- L. **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 service; personal assistant and ombudsmen; powers of attorney and other legal and personal planning tools; peer support; support for self-advocacy; non-formal community caregiver networks; dialogue systems; alternates communication methods, such as nonverbal, sign augmentative, and manual communication, and the use of assistive devices and technology.
- M. **Volunteer** - Consultation of Psychologist or Psychometrician at least once a week.
- N. **Medicine** - Allocation from Department of Health

Article II INSTITUTIONAL MECHANISMS

Section 4. Establishment of a Community-Based Mental Health Program - A Community-Based Mental Health Program (CBMHP) is hereby established under the

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supervision of the Municipal Health Office (MHO) in coordination with the Municipal Social Welfare and Development Office (MSWDO), to be implemented in all barangays of Taytay.

Section 5. Components of the Program - The CBMHP shall include, but not be limited to, the following components:

- a) Education and Awareness Campaigns on mental health and psychosocial well-being;
- b) Training of Barangay Health Workers and Volunteers on basic mental health support, psychological first aid, and referral mechanisms;
- c) Establishment of a Municipal Mental Health Desk at the Municipal Health Office to provide walk-in services and referrals;
- d) Provision of Free Basic Mental Health Consultations by licensed professionals on scheduled days;
- e) Referral and Coordination System with DOH-accredited mental health institutions and regional hospitals;
- f) Support Groups and community therapy programs for individuals with mental health conditions, survivors of abuse, and other vulnerable groups;
- g) Establish a multi-sectoral joint network for the promotion of mental health and well-being, as well as 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 other;
- h) Promote the mental health of the people through a multi-disciplinary approach that covers health, education, labor and employment, justice and social welfare;
- i) Develop coping mechanisms and strategies vital to recovery to assist individuals with mental health conditions to have a productive, quality, and livable life; and
- j) Strengthen and improve, or create for a lack thereof, a community-based referral system, in general, for efficient delivery of mental health care and services.

Section 6. Municipal Mental Health Board

A. The Taytay Mental Health Board 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 health and provide response to mental health problems, concerns, and efforts through the formulation of the Municipal Mental Health Care Delivery System.

For the purposes of this Ordinance, the Municipal Mental Health Care Delivery System shall include quality mental health care programs through development of efficient and effective delivery of mental health promotion activities and care to all its stakeholders by qualified, competent, compassionate, and ethical mental health professionals and mental health workers.

B. A Municipal Mental Health Board shall be created and composed of the following:

Municipal Mayor	Chairperson
Municipal Health Officer	Vice Chairperson
Municipal Vice Mayor	Member



Municipal Councilor, Chairperson of Committee on Health and Sanitation	Member
Municipal Councilor, Chairperson of Committee on Social Services	Member
President, Liga ng mga Barangay	Member
President, Sangguniang Kabataan Federation	Member
Representative from Municipal Social Welfare and Development Office	Member (Secretariat)
Representative from Local School Board	Member
Representative from PNP Taytay Women and Children Protection Desk	Member
NGO Representative (Mental Health Advocate)	Member
Interfaith-Based Representative	Member
NGO Representative (Youth Advocate)	Member
Two Private Mental Health Professionals Practicing in Taytay	Member

- C. This Board shall formulate implementing guidelines, monitor program impact, and recommend enhancements.
- D. Quorum. The presence of the majority of the members of the board shall constitute a quorum.
- E. Meetings. The board shall meet at least once a month or as frequently as necessary to discharge its duties and functions. The Board 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 shall appoint the members of the Board.
- G. The board shall submit the accomplishment report to the Sangguniang Bayan semi-annually.

Section 7. Integration into Barangay Health Services - The MSWD Focal Person per Barangay shall be assigned as the Barangay Mental Health Focal Person and incorporate mental health promotion activities into their normal healthcare services.

They will be the principal implementing arm of the Taytay in resolving and/or referring the mental health issues and problems of their constituents to appropriate authorities or experts.

ARTICLE III **COMMUNITY-BASED MENTAL HEALTH CARE, PROMOTION OF MENTAL HEALTH, AND ACCESS TO EFFECTIVE AND HIGH-QUALITY MENTAL CARE**

Section 8. Promotion of Mental Health - The Board shall promote an integrated approach to mental health care recognizing that mental 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 health awareness among people.

Section 9. Community-Based Mental Health Care - The mental 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:

- a. Mental Health Service Development - Mental health services shall, within the primary health care system in the community, include the following:

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1. Development and integration of mental health care at 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 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 similar agencies involved in the promotion of mental health and care; this can include but not limited to a training on caring for our mental health, mental health gap action program. Mental health and psychosocial support and other psychosocial response capacity building topics;
3. Continuous support services and intervention for families and co-workers;
4. Advocacy and promotion of mental health awareness among the general population including public schools; and
5. Capacity Building Re-orientation and Training - Other psychosocial response capacity building topics that aims to capacitate the Local Health Workers 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-governmental organizations. To develop appropriate and culturally relevant mental health services for the community.

Section 10. Access to Effective and High-Quality Mental Care - Any person shall have the right to receive mental health care appropriate to their 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.

ARTICLE IV **PERSON WITH MENTAL ILLNESS OR DISABILITY, CONSENT TO CARE, SERVICE USER'S TREATMENT OR REHABILITATION, AND CONFIDENTIALITY**

Section 11. Service User - The determination that a person has a mental health condition or disability shall be made according to internationally accepted medical classifications and standards.

Section 12. 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 or she understands.

Section 13. Mental Health Facility - The Municipality of Taytay is authorized to establish a 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 (PCM) that will review all cases, disputes and controversies involving treatment, restraint, confinement or service within their facilities.

Section 14. Service User's Treatment - A service user with mental illness or disability shall have the right to treatment in the least restrictive environment suited to his or her mental health needs.

Section 15. 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 or herself or others;
- b. The severity of the service users 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 16. Confidentiality - All service users or clients with mental illness or disability shall enjoy the right to confidentiality

ARTICLE V **MENTAL HEALTH SERVICES**

Section 17. Mental Health Services - Access to services shall be established in the Hon. June V. Zapanta Emergency Hospital 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 health programs at primary health care centers in the area. This shall include psychiatric consultations as well as counseling and psychotherapy by licensed counselors or psychologist through face-to-face sessions or telemedicine or telecounseling;
- d. Inclusion of psychotropic medicines in the community's mental health facility's supply;
- e. Conduct of screening, basic counseling, and psychological first aid during home visits or through a telephone helpline by a 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 noncompliance to treatment;
- g. Coordination with the 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 health and psychosocial problems and mental health condition or disability;
- i. Equipping community-based mental health facilities for continuous care and monitoring of service users treated from mental health institutions;

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- 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, like skills training and livelihood programs;
- l. Creation of a mechanism to provide basic needs to vulnerable groups with pre-existing mental health conditions or disability during extreme life events such as abuse or disaster; and
- m. The Hon. June V. Zapanta Emergency Hospital / MHO shall also be authorized to charge / collect fees for non-Taytayeno residents.

ARTICLE VI ACCESS TO INFORMATION

Section 18. Access To Information - Only service users or former service users shall be entitled to have access to their personal mental health records. For justifiable reasons, such confidential information may be given to his or her representative or counsel and other authorized representatives as prescribed based on the Data Privacy Act of 2012.

ARTICLE VII APPROPRIATION

Section 19. Funding - An initial amount at least ₱ 1,000,000.00 depends on availability of funds from the Municipal Health Office's annual budget or Supplemental Appropriations for the first-year implementation of this Ordinance. Thereafter, an annual budget shall be allocated to sustain the program.

The Municipal Government is also authorized to source additional funding through grants, national government assistance, and partnerships with NGOs and private institutions.

Section 20. Monitoring and Evaluation - The Municipal Health Office and Municipal Social Welfare and Development shall submit an annual report to the Sangguniang Bayan detailing program activities, beneficiaries, challenges, and recommendation for policy or budgetary support.

ARTICLE VIII REPEALING CLAUSE

Section 21. Repealing Clause - All ordinances, executive orders, and other local issuances inconsistent with this Ordinance are hereby repealed or amended accordingly.

Section 22. Separability Clause - If any provision of this Ordinance is declared invalid or unconstitutional, the remaining provisions shall continue to be in full force and effect.

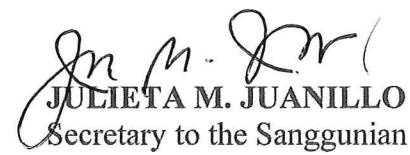
ARTICLE IX EFFECTIVITY

Section 23. Effectivity - This Ordinance shall take effect fifteen (15) days after its posting in at least three (3) conspicuous places or Taytay Transparency Boards.

ENACTED, this 17th day of November 2025, 4:35 PM at the Sangguniang Bayan Session Hall, Municipality of Taytay, Province of Rizal.

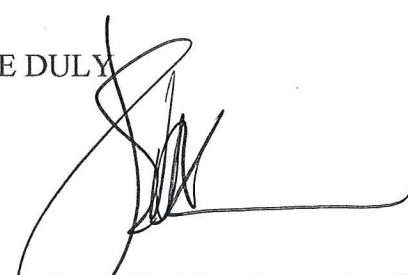
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I HEREBY CERTIFY, to the correctness of the foregoing Ordinance which was duly enacted by the Sangguniang Bayan of Taytay on second reading on November 11, 2025 and was passed on third and final reading on November 17, 2025, during the 20th Regular Session held on the 17th day of November 2025.



JULIETA M. JUANILLO
Secretary to the Sanggunian

ATTESTED AND CERTIFIED TO BE DULY
ADOPTED BY HIS HONOR



HON. JAN VICTOR B. CABITAC
Municipal Vice Mayor / Presiding Officer

APPROVED BY HIS HONOR
DATE NOV 24 2025



HON. ALLAN MARTINE S. DE LEON
Municipal Mayor