Republic of the Philippines
PROVINCE OF NEGROS OCCIDENTAL
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OFFICE OF THE SANGGUNIANG PANLALAWIGAN

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG PANLALAWIGAN OF THE PROVINCE OF NEGROS OCCIDENTAL HELD IN THE CITY OF BACOLOD ON THE 15TH DAY OF JULY, 2025

PRESENT:

Hon. Jose Benito A. Alonso	Vice-Governor/Presiding Officer
Hon. Laurence Marxlen J. Dela Cruz	Member - 1st District
Hon. Araceli T. Somosa	Member - 1st District
Hon. Sixto Teofilo Roxas V. Guanzon, Jr.	Member - 2nd District
Hon. Arthur Christopher D. Marañon	Member - 2nd District
Hon. Hope Marey B. Depasucat	Member - 3rd District
Hon. Andrew Gerard L. Montelibano	Member - 3rd District
Hon. Patricia Paula M. Alonso-Valderrama	Member - 4th District
Hon. Nicholas M. Yulo	Member - 4th District
Hon. Rita Angela S. Gatuslao	Member - 5th District
Hon. Hadji P. Trojillo	Member - 5th District
Hon. Genaro G. Alvarez, IV	Member - 6th District
Hon. Jeffrey T. Tubola	Member - 6th District
Hon. Julius Martin D. Asistio	Member - PCL Rep.
Hon. Richard Julius L. Sablan	Member - ABC Rep.
Hon. Mayvelyn L. Madrid	Member - SKF Rep.

ORDINANCE NO. 010
Series of 2025

AN ORDINANCE INSTITUTIONALIZING AND PROMOTING MENTAL HEALTH IN THE PROVINCE OF NEGROS OCCIDENTAL, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

WHEREAS, the State strongly signifies and protect the basic right of all Filipino to health, instilling consciousness among them, including promotion of mental health as well as the fundamental rights of people who require health services, it further affirms adoption of integrated and comprehensive approach to its development which shall endeavor to make essential health, goods and other social services available to all at an affordable cost, Section 15 of Article II and Section 11, Article XIII of the 1987 Philippine Constitution;

WHEREAS, the State commits itself to promoting the well-being of people by ensuring that: mental health is valued, promoted and protected; mental health conditions are treated, and prevented; timely, affordable, high quality, and culturally-appropriate mental health care is made available to the public, mental health services are free from coercion and accountable to the service users, and persons affected by mental health conditions are able to exercise the full range of human rights, and participate fully in society and at work free from stigmatization and discrimination;

WHEREAS, the State strictly complies with its obligations under the United Nations Declaration of Human Rights, the Convention on the Rights of Persons with Disabilities, and all other relevant international and regional human rights conventions and declarations;

WHEREAS, the Magna Carta for Disabled Persons otherwise known as Republic Act No.7277 explicitly provides for the rehabilitation, self-development and self-reliance of disabled persons and their integration into the mainstream of society including but not limited to persons with mental health conditions, are recognized particularly as herein stated, the definition of persons with disability as those with 'long-term physical, mental, intellectual, or sensory impairments" that interfere with their interactions in society (Republic Act No. 10754);

WHEREAS, on June 20, 2018, Republic Act No. 11036, otherwise known as the Mental Health Act, was signed and approved into law in order to strengthen effective leadership and governance for mental health by, among others, formulating, developing, and implementing national policies, strategies, programs, and regulations relating to mental health;

WHEREAS, the Province of Negros Occidental in its 2021 statistics, revealed a total number of 548 (female 238, and male 310) patients with mental disorder seen and had been managed while a total 1133 patients (female 557, and male 576) who were seen but lack follow-ups and further management. In the second quarter of 2022, there were a total of 84 patients (female 42, and male 42) who were seen and followed up and presently managed, while a total of 304 patients (female 153 and male 151) who were only seen but lacked follow-ups and further management;

WHEREAS, total suicide cases reported in 2023 statistics of the Province of Negros Occidental showed a total of 111 cases while in 2022 has a total of 85 reported suicide cases;

WHEREAS, the Provincial Government of Negros Occidental (PGNO) advocates and promotes mental health awareness and signifies mental health as a serious matter. PGNO is firmly dedicated to addressing the mental health issues of its residents and especially supports disseminating mental health awareness among its constituents;

WHEREFOR, for and in consideration of the foregoing premises, the Sangguniang Panlalawigan of the PGNO, in session duly assembled, HEREBY ORDAIN, AS IT IS HEREBY ORDAINED to institutionalize and promote Mental Health in the Province of Negros Occidental, appropriate funds therefor and for other purposes.

CHAPTER 1
GENERAL PROVISIONS

Section 1. SHORT TITLE. This Ordinance shall be known as the "Mental Health Ordinance of the Province of Negros Occidental."

Section 2. DECLARATION OF POLICY. The Province of Negros Occidental affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services. The PGNO signified mental health as a serious matter and advocates and promotes mental health awareness among its residents and constituents.

Section 3. RATIONALE. Mental health is an indispensable part of everyone's health, because there is no such thing as good and genuine physical health without sound mental health. It is not just an absence of mental disorder, disability or infirmity but more so a complete and balanced state of physical, mental and social well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community, as the World Health Organization (WHO) constitution puts it.

Mental health is essential to our collective and individual ability as humans to think, make decisions, emote, interact with each other, earn a living, and enjoy life. On this ground, the promotion, dissemination, protection, and restoration of mental health can be regarded as a vital concern of every individual, community, and society as a whole.

Certain ranges of socioeconomic, environmental, psychological, and biological factors determine one's capacity to cope with life at any point in time. Persistent socio-economic pressures like sudden unemployment, rapid social change, stressful work conditions, gender discrimination, bullying, social exclusion, unhealthy lifestyle, physical ill-health, sexual violence, and human rights violations, among others, are recognized risks to mental health and are very much attributed to poor mental health. All these factors increase the level of uncertainty or a feeling of loss of control over life's events, which eventually will lead to anxiety, depression, and worst, suicidal ideations and attempts. Some specific psychological and personality factors make people vulnerable to mental health problems, and there are also biological risks, which include genetic factors.

This Ordinance promotes mental health, thereby improving one's psychological well-being. The PGNO aims to promote an environment that supports, respects, and protects basic civil, political, socio-economic, and cultural rights fundamental to mental health. Without this security and freedom felt by the service user and provided by these rights, it is difficult to maintain a high level of mental health. Its policies should be concerned with both mental disorders and with broader issues that promote mental health, like suicide and depression. Mental health promotion should be mainstreamed into the barangay, city, and municipal government levels as well as into non-government policies and programs. It is also essential to involve the education, labor, justice, transport, environment, housing, and welfare sectors.

With this aim in mind, the Ordinance would secure the rights and welfare of persons with mental health needs as well as the mental health professionals; provide mental health services down to the barangays; integrate psychiatric, psychosocial, and neurological services in regional, provincial, and tertiary hospitals; improve mental healthcare facilities; and promote mental health education in schools and workplaces. Negrosanon will no longer suffer silently in the dark and be stereotyped as mentally deranged. Their mental health issues will now cease to be seen as an invisible and unreachable sickness spoken only in whispers.

Section 4. OBJECTIVES. The objectives of this Ordinance are as follows:

(a) Strengthen effective leadership and governance for mental health by, among others, formulating, developing, and implementing national policies, strategies, programs, and regulations relating to mental health;

(b) Develop and establish a comprehensive, integrated, effective, and efficient national mental health care system responsive to the psychiatric, neurologic, and psychosocial needs of the Filipino people;

(c) Protect the rights and freedoms of persons with psychiatric, neurologic, and psychosocial need;

(d) Strengthen information systems, evidence, and research for mental health;

(e) Integrated mental health care in the basic health services; and

(f) Integrated strategies promoting mental health in educational institutions, the workplace, and in communities.

Section 5. DEFINITION OF TERMS. As used in this Ordinance, the following terms shall have the respective definitions hereafter set forth:

(a) *Addiction* refers to a primary chronic relapsing disease of the brain's reward system, 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 from impairment and behavioral control, craving, diminished recognition of significant problems with one's behavior and interpersonal relationships, and a dysfunctional emotional response. It starts in the brain once a chemical enters the bloodstream and goes to the brain, it can cause people to lose control of their impulses or crave a harmful substance. When someone develops an addiction, the brain craves the reward of the substance. That is due to the intense stimulation of the brain's reward system.

(b) *Biological factors* refer to anything physical that causes adverse effects on a person's mental health, such as genetics, prenatal damage, infections, exposure to toxins, brain defects or injuries, and substance abuse.

(c) *Carer* (caregiver/keeper/attendant) refers to the person, who may or may not be the patient's next-of-kin or relative, who maintains a close personal relationship and manifests concern for the welfare of the patient; anyone who looks after a family member, friend, partner who needs help because of their illness, disability, mental health problem or addiction and cannot cope without their support.

(d) *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 authorized to access, use, or possess such information.

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

(f) *Discrimination* refers to any distinction, exclusion, or restriction which has the purpose or effect of nullifying the recognition, enjoyment, or exercise. On an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. Special measures solely to protect the rights or secure the advancement of persons with decision-making impairment capacity shall not be deemed to be discriminatory.

(g) *Drug Rehabilitation* refers to the process of medical or psychotherapeutic treatment of dependency on psychoactive substances such as alcohol, prescription drugs, and other dangerous drugs pursuant to Republic Act No. 9165, otherwise known as the "Comprehensive Dangerous Drugs Act of 2002." The 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, counselling by experts, and sharing of experience with other addicted individuals.

(h) *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 user, 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.

(i) *Informed Consent* refers to consent voluntarily given by a service user to a plan for treatment, after a full disclosure communicated in plain language by the attending mental health service provider, of the nature, consequences, benefits, and risks of the proposed treatment, as well as available alternatives.

(j) *Legal Representative* refers to a person designated by the service user, appointed by a court of competent jurisdiction, or authorized by this Ordinance 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 their behalf through an advance directive.

(k) *Mental Health* refers to a state of well-being in which the individual realizes one's own abilities and potentials, scopes adequately to 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.

(l) *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 neurological, psychosocial, or developmental process underlying mental functioning. The determination of neurologic and psychiatric conditions shall be based on scientifically accepted medical nomenclature and best available scientific and medical evidence.

(m) *Mental Health Facility* refers to any establishment or any unit of an establishment that has, as its primary function, the provision of mental health services.

(n) *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.

(o) *Mental Health Service Provider* refers to an entity or individual providing mental health services as defined in this Ordinance, whether public or private, including, but not limited to mental health professionals and workers, social workers and counsellors, informal community caregivers, mental health advocates and their organizations, personal ombudsmen, and persons or entities offering nonmedical alternative therapies;

(p) *Mental Health Services* 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.

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

(r) *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 interventions.

(s) *Psychosocial Problems* 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, such as the loss of job, depression, hopelessness, job control associated with physical health.

(t) *Psychological Factors* refer to factors like trauma experienced during childhood, such as emotional, physical, or sexual abuse, the loss of parents early in life, that have affected the emotional and mental faculties of the child.

(u) *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.

(v) *Service User* refers to a person with lived experience of any mental health condition, including persons who require or are undergoing psychiatric, neurologic, or psychosocial care.

(w) *Socioeconomic factors* refer to factors such as inequality in social status and poor mental health, which have a direct relationship to levels of income inequality. Factors that may affect mental health include: poor family connection, living alone, relocation or death of spouse, family member, or friend; difficulties socializing and feeling of non-belongingness, feelings of loss or grief, poor physical health or frailty, and mental issues like depression or anxiety.

(x) *Stakeholders* refer to individuals, groups, or organizations that play a role in mental health services, policies, and advocacy. These stakeholders are expected to be trained in trauma-informed care to ensure a responsive system for affected individuals and communities.

(y) *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; alternate communication methods, such as non-verbal, sign, augmentation.

(z) *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.

(aa) *Trauma* refers to experiences that cause intense physical and psychological stress reactions. It results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

(bb) *Trauma Informed Care* refers to a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

(cc) *Trauma-Informed Child and Family Service System* refers to one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.

CHAPTER II
RIGHTS OF SERVICE USERS AND OTHER STAKEHOLDERS

Section 6. RIGHT SERVICE USERS. Service users shall enjoy, on an equal and non-discriminatory basis, all rights guaranteed by the Constitution as well as those recognized under the United Nations Universal Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities and all other relevant international and regional human rights conventions and declarations, including the right to:

(a) Freedom from social, economic, and political discrimination and stigmatization, whether committed by public or private actors;

(b) Exercise all their inherent civil, political, economic, social, religious, educational, and cultural rights respecting individual qualities, abilities, and diversity of background, without discrimination on the basis of physical disability, age, gender, sexual orientation, race, color, language, religion or nationality, ethnic or social origin;

(c) Access to evidence-based treatment of the same standard and quality, regardless of age, sex, socioeconomic status, race, ethnicity, or sexual orientation;

(d) Access to affordable essential health and social services for the purpose of achieving the highest attainable standard of mental health;

(e) Access to mental health services at all levels of the national health care system;

(f) Access to comprehensive and coordinated treatment integrating holistic prevention, promotion, rehabilitation, care, and support, aimed at addressing mental health care needs through a multidisciplinary, user-driven treatment and recovery plan;

(g) Access to psychosocial care and clinical treatment in the least restrictive environment and manner;

(h) Humane treatment free from solitary confinement, torture, and other forms of cruel, inhumane, harmful, or degrading treatment and invasive procedures not backed by scientific evidence;

(i) Access to aftercare and rehabilitation when possible, in the community for the purpose of social reintegration and inclusion;

(j) Access to adequate information regarding available multidisciplinary mental health services;

(k) Participate in mental health advocacy, policy planning, legislation, service provision, monitoring, research, and evaluation;

(l) Confidentiality of all information, communications, and records, in whatever form or medium stored, regarding the service user, any aspect of the service user's mental health, or any treatment or care received by the service user, which information, communications, and records shall not be disclosed to third parties without the written consent of the service user concerned or the service user's legal representative, EXCEPT in the following circumstances:

(1) Disclosure is required by law or pursuant to an order issued by a court of competent jurisdiction;

(2) The service user has expressed consent to the disclosure;

(3) A life-threatening emergency exists and such disclosure is necessary to prevent harm or injury to the service user or other persons;

(4) The service user is a minor and the attending mental health professional reasonably believes that the service user is a victim of child abuse; or

(5) Disclosure is required in connection with an administrative, civil, or criminal case against a mental health professional or worker for negligence or breach of professional ethics, to the extent necessary to completely adjudicate, settle, or resolve any issue or controversy involved therein.

(m) Give informed consent before receiving treatment or care, including the right to withdraw such consent. Such consent shall be recorded in the service user's clinical record;

(n) Participate in the development and formulation of the psychosocial care or clinical treatment plan to be implemented;

(o) Designate or appoint a person of legal age to act as his or her legal representative in accordance with this Ordinance, except in cases of impairment or temporary loss of decision-making capacity;

(p) Send or receive uncensored private communication which may include communication by letter, telephone, or electronic means, and receive visitors at reasonable times, including the service user's legal representative and representatives from the Commission on Human Rights (CHR);

(q) Legal services, through competent counsel of the service user's choice. In case the service user cannot afford the services of a counsel, the Public Attorney's Office, or a legal aid institution of the service or representative's choice, shall assist the service user;

(r) Access to their clinical records unless, in the opinion of the attending mental health professional, revealing such information would cause harm to the service user's health or put the safety of others at risk. When any such clinical records are withheld, the service user or his or her legal representative may contest such decision with the internal review board created pursuant to this Ordinance, authorized to investigate and resolve disputes, or with the CHR;

(s) Information, within the twenty-four (24) hours of admission to a mental health facility, of the rights enumerated in this section in a form and language understood by the service user;

(t) By oneself or through a legal representative, to file with the appropriate agency, complaints of improprieties, abuses in mental health care, violations of rights of persons with mental health needs, and seek to initiate appropriate investigation and action against those who authorized illegal or unlawful involuntary treatment or confinement, and other violations.

Section 7. RIGHTS OF FAMILY MEMBERS, CARERS AND LEGAL REPRESENTATIVES. Family members, carers, and a duly designated or appointed legal representative of the service user shall have the right to:

(a) Receive appropriate psychosocial support from the relevant government agencies;

(b) With the consent of the concerned service user, participate in the formulation, development, and implementation of the service user's individual treatment plan;

(c) Apply for release and transfer of the service user to an appropriate mental health facility; and

(d) Participate in mental health advocacy, policy planning, legislation, service provision, monitoring, and research evaluation.

Section 8. RIGHTS OF MENTAL HEALTH PROFESSIONALS. Mental health professionals shall have the right to:

(a) A safe and supportive work environment;

(b) Participate in a continuous professional development program;

(c) Participate in the planning, development, and management of mental health services;

(d) Contribute to the development and regular review of standards for evaluating mental health services provided to service users;

(e) Participate in the development of mental health policy and service delivery guidelines;

(f) Except in emergencies, manage and control all aspects of his or her practice, including whether or not to accept or decline a service user for treatment; and

(g) Advocate for the rights of a service user, in cases where the service user's wishes are at odds with those of his or her family or legal representatives.

CHAPTER III
TREATMENT AND CONSENT

Section 9. INFORMED CONSENT TO TREATMENT. Service users must provide informed consent in writing prior to the implementation by mental health professionals, workers, and other service providers of any plan or program of therapy or treatment, including physical or chemical restraint. All persons, including service users, persons with disabilities, and minors, shall be presumed to possess legal capacity for the purpose of this Ordinance or any other applicable law, irrespective of the nature or effects of their mental health conditions or disability. Children shall have the right to express their views on all matters affecting them and have such views given due consideration in accordance with their age and maturity.

Section 10. ADVANCE DIRECTIVE. A service user may set out his or her preference in relation to treatment through a signed, dated, and notarized advance directive executed for the purpose. An advance directive may be revoked by a new advance directive or by a notarized revocation.

Section 11. LEGAL REPRESENTATIVE. A service user may designate a person of legal age to act as his or legal representative through a notarized document executed for that purpose.

(a) A service user's legal representative shall:

(1) Provide the service user with support and help; represent his or her interests; and receive medical information about the service user in accordance with this Ordinance;

(2) Act as substitute decision maker when the service user has been assessed by a mental health professional to have temporary impairment of decision-making capacity;

(3) Assist the service user vis-à-vis the exercise of any right provided under this Ordinance; and

(4) Be consulted with respect to any treatment or therapy received by the service user.

The appointment of a legal representative may be revoked by the appointment of a new legal representative or by a notarized revocation.

(b) A person thus appointed may decline to act as a service user's legal representative. However, a person who declines to continue being a service user's legal representative must take reasonable steps to inform the service user, as well as the service user's attending mental health professional or worker of such a decision.

(c) If the service user fails to appoint a legal representative, the following persons shall act as the service user's representative, in the order provided below:

(1) The spouse, if any, unless permanently separated from the service user by a decree issued by a court of competent jurisdiction, or unless such spouse has abandoned or been abandoned by the service user for any period which has not yet come to an end;

(2) Children of legal age;

(3) Either parent by mutual consent, if the service user is a minor;

(4) Chief, administrator, or medical director of mental health care facility;

(5) A person appointed by a Court;

(6) Local DSWD; or

(7) Local Chief Executive
(MHO/CHO in cases of emergency)

Section 12. SUPPORTED DECISION MAKING. A service user may designate up to three (3) persons or "supporters", including the service user's legal representative, for the purposes of supported decision making. These supporters shall have the authority to: access the service user's medical information; consult with the service user vis-à-vis any proposed treatment or therapy; and be present during the service user's appointments and consultations with mental health professionals, workers, and other service providers during the course of treatment or therapy.

Section 13. EXCEPTIONS TO INFORMED CONSENT. During psychiatric or neurologic emergencies, or when there is impairment or temporary loss of decision-making capacity in whether physical or chemical, may be administered or implemented pursuant to the following safeguards and conditions:

(a) In compliance with the service user's advance directives, if available, unless doing so would pose an immediate risk of serious harm to the patient or another person;

(b) Only to the extent that such treatment or restraint is necessary, and only while a psychiatric or neurologic emergency, or impairment or temporary loss of capacity, exists or persists;

(c) Upon the order of the service user's attending mental health professional, which order must be reviewed by the internal review board of the mental health facility where the patient is being treated within fifteen (15) days from the date such order was issued, and every fifteen (15) days thereafter while the treatment or restraint continues; and

(d) That such involuntary treatment or restraint shall be in strict accordance with guidelines approved by the appropriate authorities, which must contain clear criteria regulating the application and termination of such medical intervention, and fully documented and subject to regular external independent monitoring, review, and audit by the internal review boards established by this Ordinance.

CHAPTER IV
MENTAL HEALTH SERVICES

Section 14. QUALITY OF MENTAL HEALTH SERVICES. Mental health services provided pursuant to this Ordinance shall be:

(a) Based on medical and scientific research findings;

(b) Responsive to the clinical, gender, cultural and ethnic and other special needs of the individuals being served;

(c) Most appropriate and least restrictive setting;

(d) Age appropriate; and

(e) Provided by mental health professionals and workers in a manner that ensures accountability.

Section 15. MENTAL HEALTH SERVICES AT THE COMMUNITY LEVEL. Responsive primary mental health services shall be developed and integrated as part of the basic health services at the appropriate level of care, particularly at the city, municipal, and barangay levels. The standards of mental health services shall be determined by the DOH in consultation with stakeholders based on current evidence. Every local government unit (LGU) and academic institution shall create its own program in accordance with the general guidelines set by the Philippine Council for Mental Health, in coordination with other stakeholders. LGUs and academic institutions shall coordinate with all concerned government agencies and the private sector for the implementation of the program.

Section 16. COMMUNITY-BASED MENTAL HEALTH CARE FACILITIES. The national government, through the Department of Health, is mandated by Republic Act 11036 to fund in order to the establishment and operation of community-based mental health care facilities based on the needs of the population, to provide appropriate mental health care services, and enhance the rights-based approach to mental health care.

Each community-based mental health care facility shall in addition to adequate room, office or clinic, have a complement of mental health professionals, allied professionals, support staff, trained barangay health workers (BHWs) volunteer, family members of patients or service users, basic equipment and supplies and adequate stock of medicines appropriate at that level.

Section 17. REPORTORIAL REQUIREMENTS. City and Municipal LGUs, through their health offices, shall make a quarterly report to the Provincial Health Office (PHO). The report shall include, among others, the following data: number of patient/service users attended to and or served, the respective kinds of mental illness or disability, duration and result of the treatment, and patients/users' age, gender, educational attainment and employment without disclosing the identities of such patient/service users for confidentiality.

Section 18. PSYCHIATRIC, PSYCHOSOCIAL, AND NEUROLOGIC SERVICES IN HOSPITALS. All hospitals, including private hospitals rendering service to paying patients, shall provide the following psychiatric, psychosocial, and neurologic services:

(a) Short-term, inpatient, hospital care in a small psychiatric or neurologic ward for service users exhibiting acute psychiatric or neurologic symptoms;

(b) Partial hospital care for those exhibiting psychiatric symptoms or experiencing difficulties vis-à-vis their personal and family circumstances;

(c) Outpatient services in close collaboration with existing mental health programs at primary health care centers in the same area;

(d) Home care services for service users with special needs as a result of, among others, long-term hospitalization, noncompliance with or inadequacy of treatment, and absence of immediate family;

(e) Coordination with drug rehabilitation centers vis-à-vis the care, treatment, and rehabilitation of persons suffering from addiction and other substance-induced mental health conditions; and

(f) A referral system involving other public and private health and social welfare service providers, for the purpose of expanding access to programs aimed at preventing mental illness and managing the condition of persons at risk of developing mental, neurologic, and psychosocial problems.

Section 19. DUTIES AND RESPONSIBILITIES OF MENTAL HEALTH FACILITIES. Mental health facilities shall:

(a) Establish policies, guidelines, and protocols for minimizing the use of restrictive care and involuntary treatment;

(b) Inform service users of their rights under this Ordinance and all other pertinent laws and regulations;

(c) Provide every service user, whether admitted for voluntary treatment, with complete information regarding the plan of treatment to be implemented;

(d) Ensure that informed consent is obtained from service users prior to the implementation of any medical procedure or plan of treatment or care, except during psychiatric or neurologic emergencies or when the service user has impairment or temporary loss of decision-making capacity;

(e) Maintain a register containing information on all medical treatments and procedures administered to service users; and

(f) Ensure that legal representatives are designated or appointed only after the requirements of this Ordinance and the procedures established for the purpose have been observed, which procedures should respect the autonomy and preferences of the patient as far as possible.

Section 20. DRUG SCREENING SERVICES. Pursuant to its duty to provide mental health services and consistent with the policy of treating drug dependency as a mental health issue, each local health care facility must supplement in conducting drug screening specific for mental health cases, health education, and community-based rehabilitation and community integration programs.

Section 21. SUICIDE PREVENTION. Mental health services shall also include mechanisms for suicide intervention, prevention, and response strategies, with particular attention to the concerns of the youth. Mental Health Crisis hotlines, to provide assistance to individuals with mental health conditions, especially individuals at risk of committing suicide, shall be set up, and existing hotlines shall be strengthened.

SUICIDE PREVENTION STRATEGY- The PHO shall develop this strategy as part of the mental health program:

(1) There should be an emergency mental health care team for people in suicidal crisis situations from the barangay to the city and municipal level.

(2) Training of first responders, health professionals, barangay health workers, and volunteers to recognize suicidal behaviors and full support to the bereaved family by suicide.

(3) Responsible media reporting and handling of suicide events

(4) There shall be a system of suicide surveillance. A crisis hotline shall be coordinated, linking to emergency and support services as well as provision of telephone counselling by the health experts and responders/trained health workers.

This form of holistic approach to intervention given in crisis situations shall be implemented by the LGUs down to the barangay level as a community-based approach of intervention, especially in cases of severe anxiety and suicidal attempts. There shall be a corresponding primary helpline or hotline in every barangay, city, municipality, and hospital.

SECTION 22. TRAUMA-INFORMED CARE AND SYSTEMS. Trauma-informed care is an approach that recognizes and integrates the impact of trauma on individuals and communities. A trauma-informed system refers to an approach that recognizes and responds to the impact of trauma on individuals and communities. It involves understanding the prevalence and effects of trauma and integrating this knowledge into policies, procedures, and practices across various service systems (Branson et al., 2017).

To implement trauma-informed care in service delivery, it must recognize the widespread impact of trauma and understand the pathways to recovery. This approach involves:

(1) Identifying the signs and symptoms of trauma in patients, families, and staff.

(2) Integrating trauma-sensitive knowledge into policies, procedures, and daily practices.

(3) Actively working to prevent retraumatization and creating a safe, supportive environment.

All stakeholders must be trained and capacitated in trauma-informed care in order to establish a trauma-informed system that is responsive to the needs of individuals and communities affected by trauma, ensuring both recognition and appropriate action in the recovery process.

SECTION 23. MENTAL HEALTH IN EMERGENCIES. This section ensures the inclusion of mental health and psychosocial support (MHPSS) as a critical component of disaster risk reduction and emergency response within the Province of Negros Occidental. It recognizes the psychosocial impact of emergencies and disasters on individuals, families, and communities and mandates appropriate mental health services during such events and ensures that the province adopts a proactive and comprehensive approach to addressing mental health needs in emergencies.

23.1. Integration in Disaster Risk Reduction and Management (DRRM).
The PGNO, through its Provincial Disaster Risk Reduction and Management Office (PDRRMO) and the PHO, shall integrate MHPSS services into all stages of disaster preparedness, response, and recovery, in line with DOH guidelines and the Inter-Agency Standing Committee (IASC) Guidelines on MHPSS in Emergency Settings.

23.2. MHPSS Framework.
Mental health in emergencies shall be addressed through a tiered response:

(a) Basic Services and Security – Ensuring safety, access to basic needs, and protection for all affected populations.

(b) Community and Family Supports – Mobilizing community networks, psychological first aid (PFA), and support groups.

(c) Focused Non-Specialized Support – Training frontline workers (e.g., health workers, teachers) to provide basic mental health care and emotional support.

(d) Specialized Services – Ensuring access to mental health professionals for individuals with severe conditions.

23.3. Activation During Emergencies. In the event of a disaster or public health emergency:

(a) The PHO, in coordination with the DOH and the PDRRMO, shall activate MHPSS services as part of the Emergency Operations Center (EOC).

(b) Psychological First Aid (PFA) shall be administered by trained personnel within 24–72 hours of the event.

(c) Evacuation centers and emergency shelters shall provide access to MHPSS services.

(d) Mobile MHPSS teams may be deployed to highly affected areas.

23.4. Coordination and Partnerships is established to ensure a coordinated and evidence-informed response. The PGNO shall work closely with:

(a) Municipal and City Health Offices

(b) Non-governmental organizations (NGOs)

(c) Academic institutions

(d) Mental health professionals

(e) International agencies (as applicable)

23.5. Capacity Building. The PGNO shall:

(a) Conduct regular training for responders on Psychological First Aid (PFA) and other emergency MHPSS tools.

(b) Develop a roster of trained MHPSS personnel available for rapid deployment.

23.6. Monitoring, Evaluation, and Learning
After each emergency response, the PHO and PDRRMO shall conduct an assessment of the effectiveness of MHPSS interventions and incorporate lessons learned into future planning and preparedness activities.

SECTION 24. PUBLIC AWARENESS. The PHO and the LGUs shall initiate, disseminate and sustain a heightened province-wide multimedia campaign to raise the level of public awareness on the protection and promotion of mental health and rights including, but not limited to, mental health and nutrition, stress handling, guidance and counselling, and other elements of mental health uniformed information, education, and communication (IEC) materials shall be developed in coordination with the Health Promotion Unit.

SECTION 25. MENTAL HEALTH TRAINING AND CONSULTANCY. Local Health Offices are required to have trained mhGAP personnel (RNs and/or MDs) and are highly encouraged to hire and affiliate with mental health consultants (Psychiatrists, Psychologists, Guidance Counselors, Psychometricians).

SECTION 26. ESTABLISHMENT OF THE MENTAL HEALTH REFERRAL PATHWAY. This section aims to establish a comprehensive and coordinated referral pathway for mental health services within Negros Occidental, ensuring that individuals receive timely and appropriate care across various levels of the healthcare system.

26.1. Referral System Framework: In adherence to DOH Administrative Order No. 2020-0019, the referral pathway shall be structured as follows:

(a) Primary Care Provider Networks (PCPNs): Serve as the initial point of contact, providing basic mental health services and acting as navigators within the healthcare system.

(b) Public Health Units (PHUs): Facilitate the provision of population-based services, implement national public health programs, and coordinate with PCPNs to ensure proper referral and navigation of patients within the hospital and to primary care facilities and other necessary services in the network.

(c) Apex or End-Referral Hospitals: Designated hospitals offering specialized mental health services, contracted as stand-alone facilities by PhilHealth, to manage complex cases referred from lower-level facilities.

26.2. Referral Mechanism
The referral process shall include:

(a) Assessment and Documentation: Proper evaluation and documentation of the patient's condition by the referring facility.

(b) Communication: Clear and timely communication between referring and receiving facilities, including necessary patient information and medical history.

(c) Follow-Up: Coordination of follow-up care to ensure continuity and effectiveness of treatment.

26.3. Roles and Responsibilities

(a) LGUs: Ensure the implementation and monitoring of the referral pathway within their jurisdictions.

(b) Healthcare Providers: Adhere to established referral protocols and maintain accurate records.

(c) Public Health Units: Oversee the coordination and facilitation of referrals, ensuring alignment with national public health programs.

26.4. Training and Capacity Building
Regular training programs shall be conducted for healthcare providers to enhance their skills in managing referrals, ensuring adherence to protocols, and maintaining effective communication.

26.5. Monitoring and Evaluation
A system for monitoring and evaluating the effectiveness of the referral pathway shall be established, with regular reporting to the PHO to inform continuous improvement efforts.

SECTION 27. ESTABLISHMENT OF TRANSITIONAL COMMUNITY-BASED MENTAL HEALTH FACILITIES AND SHELTERED EMPLOYMENT PROGRAM. This encourages and mandates the PGNO and LGUs under its jurisdiction to establish community-based mental health facilities, such as day-care centers or halfway houses, and sheltered employment programs to serve persons with mental health conditions who require transitional support before reintegration into their families and communities. These facilities shall cater primarily to individuals with mild to moderate mental health disorders, as well as those recently discharged from inpatient psychiatric or general hospitals and assessed to need further psychosocial support before full reintegration into the community.

The transitional mental health facilities, including halfway houses and day-care centers, shall serve as structured, community-based support systems designed to accommodate individuals with mild to moderate mental health conditions. These facilities are especially intended for persons recently discharged from psychiatric or general hospitals who require continued care and psychosocial support prior to full reintegration into family and community life.

The services offered shall go beyond basic care and focus on empowering individuals to recover, regain independence, and rebuild their capacity for daily living and productivity. A range of psychosocial rehabilitation activities shall be made available, including individual and group counseling, psychoeducation, life skills training, and community orientation sessions aimed at strengthening the personal and social functioning of the service users.

Furthermore, the facilities shall incorporate a sheltered employment program—a critical component that offers structured work opportunities tailored to the capacities of individuals undergoing recovery. Through this program, clients may engage in simple yet meaningful income-generating activities such as craft-making, food preparation, or services supported by cooperatives, LGU-run enterprises, or accredited partner organizations. This component not only supports livelihood development but also fosters a sense of self-worth, purpose, and gradual reintegration into the workforce.

Importantly, these facilities shall maintain strong linkages with local health units, social welfare offices, and non-governmental partners to ensure a continuum of care, proper referrals, and access to broader community services. Overall, the scope of services is designed to uphold dignity, promote functionality, and empower persons with mental health conditions to live fulfilling lives within a supportive and inclusive community.

27.1. The objectives of these community-based facilities shall include, but not be limited to:

(a) Providing structured support services such as psychosocial rehabilitation, skills training, and group therapy.

(b) Ensuring continuity of care following hospital discharge.

(c) Reducing the risk of relapse or readmission.

(d) Preparing individuals for reintegration into family and community life.

(e) Promoting independent living, where possible.

(f) Provide structured opportunities for skill-building and income generation through sheltered employment.

27.2. Responsibilities of the Provincial Government and LGUs
The Provincial Government shall:

(a) Develop a framework and provide technical assistance for the establishment and operation of these facilities.

(b) Allocate funding for the creation and maintenance of at least one provincial-level mental health halfway house or day-care facility.

(c) Coordinate with the DOH, Department of Social Welfare and Development (DSWD), and NGOs for technical and capacity-building support.

City and Municipal LGUs shall:

(a) Establish similar facilities within their jurisdictions, either independently or through inter-LGU cooperation.

(b) Incorporate the operation of such facilities into their annual investment plans and budget allocations.

(c) Ensure these centers are staffed with trained mental health professionals or allied health workers.

27.3. Facility Standards and Services
Facilities shall follow the standards prescribed by the DOH, and provide:

(a) Day programs for therapy and skills development

(b) Individual and group counseling

(c) Life skills and livelihood training

(d) Family counseling and psychoeducation

(e) Referrals to higher levels of care when needed

LGUs are encouraged to partner with civil society organizations, academic institutions, and private healthcare providers to enhance the quality and reach of services offered by these facilities.

The PHO, in coordination with the Provincial Social Welfare and Development Office (PSWDO), shall regularly monitor the operations, outcomes, and compliance of these facilities and submit reports to the Sangguniang Panlalawigan.

SECTION 28. CARE AND CUSTODIAL RESPONSIBILITY FOR SERVICE USERS WITHOUT FAMILY SUPPORT. This section seeks to establish a comprehensive and rights-based mechanism for the care and protection of persons with mental health conditions who are without family, guardians, or immediate community support. The provision aims to ensure that no individual is left without care and that the government fulfills its duty to provide humane, dignified, and therapeutic support for all.

Persons with mental health conditions who are determined, through proper assessment by licensed mental health professionals or social workers, to be without family, guardians, or suitable community placement shall be classified as service users in need of state-supported custodial care.

The primary agency responsible for the welfare and custody of these service users shall be the City/Municipal Social Welfare and Development Office (C/MSWDO), in close coordination with the City/Municipal Health Office.

The C/MSWDO shall:

(a) Ensure safe placement in licensed halfway homes, group homes, or long-term care facilities.

(b) Supervise the development of individualized care plans for each service user.

(c) Coordinate with accredited NGOs, faith-based groups, and private care providers for placement and care.

(d) For service users under state care with Long-Term Care and Integration Planning:

(1) A case management team composed of social workers, health professionals, and community representatives shall be formed to develop long-term integration or supported-living plans.

(2) Whenever feasible, efforts shall be made to reintegrate the service user into the community, place them in supported independent living arrangements, or connect them to kinship networks.

CHAPTER V
EDUCATION, PROMOTION OF MENTAL IN EDUCATIONAL INSTITUTIONS AND IN THE WORKPLACE

Section 29. INTEGRATION OF MENTAL HEALTH INTO THE EDUCATIONAL SYSTEM. The State shall ensure the integration of mental health into the educational system, as follows:

(a) Age-appropriate content pertaining to mental health, the promotion and prevention of mental health conditions, shall be integrated into the curriculum at all education levels from pre-school to post-graduate school, including alternative systems and schools with special needs;

(b) Strategies deemed appropriate for certain age groups shall be integrated into the curricula e.g., values formation, science, and homeroom. The said materials that will be used shall be developed by the Department of Education (DepEd), Technical Education and Skills Development Authority (TESDA) in coordination with mental health experts, and;

(c) Mental health-related trainings are encouraged in educational and social institutions.

SECTION 30. MENTAL HEALTH PROMOTION IN EDUCATIONAL INSTITUTIONS. Educational Institutions, such as schools, colleges, universities, and technical schools, shall develop policies and programs for students, educators, and other employees designed to: raise awareness on mental health issues, identified and provide support and services for individuals at risk, and facility access, including referral mechanisms of individual with mental health conditions to treatment and psychosocial support. The DepEd, CHED, and TESDA, in coordination with other stakeholders, shall provide guidelines in the implementation of mental health policy and programs to promote mental health, provide basic services for individuals at risk or already have a mental health condition and to efficiently provide linkages with other agencies that provide arrangements, support and treatment.

All public and private educational institutions shall be required to have a complement of mental health professionals.

SECTION 31. MENTAL HEALTH PROMOTION AND POLICIES IN THE WORKPLACE. Employers shall develop appropriate policies and programs on mental health issues, correct the stigma and discrimination associated with mental health conditions, identify and provide support for individuals at risk, and facilitate access of individuals with mental health conditions to treatment and psychosocial support.

CHAPTER VI
CAPACITY BUILDING AND TRAINING

SECTION 32. CAPACITY BUILDING, TRAINING, AND REORIENTATION. In coordination with other stakeholders, the following shall undergo training, capacity building, and re-orientation:

(a) Mental health professionals and workers – in order to develop their capacity to deliver evidence based, gender sensitive, culturally appropriate and human rights-oriented mental health services that is community-based

(b) Barangay health workers – shall be trained by the respective LGUs in coordination with the DOH in promotion of mental health, advocacy of parent's rights, case finding, identification and referrals.

It shall be the responsibility of the DOH to provide assistance to LGUs in providing medical assistance and equipment needed by the BHWs to carry out their functions.

CHAPTER VIII
MENTAL HEALTH COMMITTEE

SECTION 33. CREATION OF THE PROVINCIAL AND LOCAL MENTAL HEALTH COMMITTEES. This establishes the Mental Health Committee of the Province of Negros Occidental, which shall serve as the main coordinating and oversight body for the implementation of mental health programs, policies, and services at the provincial level. It further mandates the replication of such committees in all component cities and municipalities, thereby institutionalizing a multi-sectoral governance structure that promotes community-based, inclusive, and rights-based mental health care at all levels.

33.1 Composition of the Provincial Mental Health Committee (PMHC)

The PMHC shall be chaired by the Governor or a duly authorized representative and co-chaired by the PHO. The Provincial Health Office Mental Health Coordinator shall serve as the secretariat of the Provincial Committee and provide technical guidance and training to LGUs in forming and operating their respective Local Mental Health Committees.

The committee shall include representatives from the following offices and sectors:

(a) Provincial Social Welfare and Development Office (PSWDO)

(b) Provincial Department of Education (DepEd)

(c) Provincial Department of the Interior and Local Government (DILG)

(d) Provincial Legal Office or Human Rights Officer

(e) Representative from the Apex Hospital

(f) Representative from the Provincial Hospital

(g) Liga ng mga Barangay representative

(h) Two (2) representatives from Civil Society Organizations (CSOs) engaged in mental health advocacy

(i) One (1) representative from an organization of persons with psychosocial disabilities or service users

(j) One (1) youth representative, preferably from Sangguniang Kabataan (SK)

(k) Other members as may be deemed necessary by the Provincial Government

(l) Representative from different NGO's namely the Associations of Psychologist, Negrosanon Young Leaders Institute, White Coat Psychological Clinic, faith-based organizations and others.

33.2 Functions of the Provincial Mental Health Committee
The committee shall:

(a) Develop, review, and oversee the implementation of the Provincial Mental Health Plan;

(b) Ensure the integration of mental health into all relevant sectoral programs (health, education, social welfare, etc.);

(c) Promote coordination between government agencies, CSOs, and private stakeholders;

(d) Monitor the establishment and operations of halfway houses, referral pathways, emergency response mechanisms, and community-based programs;

(e) Ensure the protection of the rights of persons with mental health conditions;

(f) Facilitate data collection, policy research, and capacity-building programs.

33.3 Replication at the LGU Level

All cities and municipalities in the province shall be mandated to form their own Local Mental Health Committees, patterned after the Provincial Mental Health Committee. These local committees shall be chaired by the City or Municipal Mayor and co-chaired by the Local Health Officer, and include representatives from the social welfare office, education sector, Chief of Local Hospital, Chairperson of the Municipal/City Council Committee on Health, Representative from local PWD or service user organizations, barangay officials, Youth representative (from SK or youth groups), One (1) CSO representative involved in health or mental health

All Mental Health Committees shall submit annual mental health status and progress reports to the Sangguniang Panlalawigan, including data on service delivery, rights compliance, resource utilization, and community outcomes.

33.4. Line of Command and Oversight Structure

The Provincial Mental Health Committee shall report to the Sangguniang Panlalawigan through the Committee on Health and receive technical guidance from the DOH. The Local Mental Health Committees shall report to their respective Sangguniang Bayan or Sangguniang Panlungsod, with oversight and coordination from the PMHC. Each level shall maintain clear documentation and communication channels for accountability and policy alignment.

SECTION 34. Implementing Rules and Regulations (IRR). Within ninety (90) days from the effectivity of this Ordinance, the PGNO shall convene a Technical Working Group (TWG) to formulate the IRR necessary for the effective implementation of this Ordinance. The IRR shall provide detailed guidelines, standards, and protocols to operationalize the provisions herein and shall be consistent with national laws, particularly Republic Act No. 11036 or the Mental Health Act, and relevant issuances of the DOH.

The IRR Technical Working Group shall be chaired by the Provincial Health Officer and co-chaired by the Head of the PSWDO. The composition shall include representatives from the following:

(a) Provincial Legal Office

(b) Provincial Planning and Development Office (PPDO)

(c) Department of Education – Division of Negros Occidental

(d) Department of the Interior and Local Government (DILG) – Provincial Office

(e) Provincial Hospital or local mental health facility

(f) Two (2) representatives from Civil Society Organizations (CSOs) involved in mental health advocacy

(g) One (1) representative from organizations of service users or persons with psychosocial disabilities

(h) One (1) youth representative, preferably from the Sangguniang Kabataan (SK)

(i) Other members as may be deemed necessary by the Provincial Governor

The TWG shall conduct public consultations and stakeholder meetings to ensure that the IRR reflects the needs, rights, and perspectives of all sectors involved. The draft IRR shall be submitted to the Provincial Mental Health Committee for review and endorsement, and subsequently approved by the Governor of Negros Occidental through an Executive Order. Once approved, the IRR shall be disseminated to all component LGUs and relevant stakeholders for implementation. This ensures that the ordinance is followed by a structured and inclusive process for implementation, with strong accountability and community engagement.

CHAPTER VII
MISCELLANEOUS PROVISIONS

SECTION 35. PENALTY CLAUSE. Any person who commits any of the following acts shall, upon conviction by final judgment, be punished by imprisonment of not more than one (1) year, or a fine not more than Five thousand pesos (P5, 000) after two consecutive offenses, or both at the discretion of the court:

(a) exceptions provided under Section 13 of this Ordinance;

(b) Violation of confidentiality of information, as defined under Section 4 (c) of this Ordinance;

(c) Discrimination against a person with mental-health condition, as defined under Section 5 (f) of this Ordinance; and

(d) Administering inhumane, cruel, degrading, or harmful treatment not based on medical or scientific evidence as indicated in Section 6 (h) of this Ordinance;

If the violation is committed by a juridical person, the penalty provided for in this Ordinance shall be imposed on the directors, officers, employees, or other officials or persons therein responsible for the offense.

If the violation is committed by an alien, the alien offender shall be immediately deported after service of sentence without need of further proceedings.

These penalties shall be without prejudice to the administrative or civil liability of the offender, or the facility where such violation occurred.

OFFENSES:

First offense	:	Warning and Explanatory letter within three days after the determination of the court.
Second offense:		Two thousand and five hundred pesos(P2,500)

SECTION 36. APPROPRIATIONS. The amount needed for the implementation of this Ordinance shall be charged against appropriations for health of the Province of Negros Occidental and appropriation for health of 31 LGUs in the Province of Negros Occidental.

To ensure the effective implementation of this Ordinance, an initial amount of Five Million Pesos (₱5,000,000.00) shall be allocated from the annual appropriations for health of the Province of Negros Occidental, as part of its commitment to establish, strengthen, and sustain mental health programs, services, facilities, and workforce development.

In addition, all component LGUs within the Province of Negros Occidental — comprising 31 cities and municipalities — are mandated to allocate a portion of their respective Annual Investment Plans (AIPs) and health budgets specifically for mental health programs, services, and capacity-building initiatives. This shall form part of their respective Local Health Systems Development, in compliance with the provisions of this Ordinance and in alignment with the Mental Health Act (RA 11036) and the Local Government Code of 1991 (RA 7160).

The use of all appropriated funds shall be governed by existing government budgeting, accounting, and auditing laws, rules, and regulations to ensure transparency, efficiency, and accountability.

SECTION 37. Rules of Interpretation. All provisions of this Ordinance shall be interpreted in a manner that advances the policy objectives, priorities, and welfare goals of the Province of Negros Occidental in delivering accessible, community-based, and rights-respecting mental health services. In cases of ambiguity or conflict, the interpretation that best supports the effective implementation of the Provincial Government's mental health programs and strengthens local systems of care, in alignment with Republic Act No. 11036 (Mental Health Act) and other relevant laws, shall be upheld. National policies and international frameworks may be used as supplementary references, provided that such interpretation remains consistent with the province's mandate to protect public health and promote inclusive development. Any matter not explicitly addressed or properly stipulated in this ordinance shall be construed in favor of the Provincial

SECTION 38. SEPARABILITY CLAUSE. If any provision on this Ordinance is declared unconstitutional or invalid by a court of competent jurisdiction, the remaining provisions not affected thereby shall continue to be in full force and effect.

SECTION 39. REPEALING CLAUSE. All ordinances, decrees, executive orders, department or memorandum orders and other administrative issuances or parts thereof which are inconsistent with the provisions of this Ordinance are hereby modified, suspended or repealed accordingly.

SECTION 40. EFFECTIVITY. This Ordinance shall take effect fifteen (15) days after its publication in a newspaper of general circulation in the Province of Negros Occidental and posting thereof in at least two (2) conspicuous places in the Province of Negros Occidental.

ADOPTED UNANIMOUSLY, July 15, 2025.

CERTIFIED CORRECT:

HON. JOSE BENITO A. ALONSO
Vice-Governor/Presiding Officer

ATTESTED:

ATTY. MAKI ANGEL O. ASCALON
Provincial Secretary

APPROVED:

HON. EUGENIO JOSE V. LACSON
Governor

Date: AUG 08 2025

Copy for: all concerned
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