Republic of the Philippines
Province of Surigao del Sur
CITY OF TANDAG

Office of the Secretary to the Sangguniang Panlungsod

2nd Floor, Legislative Building,
Airport Road, Brgy. Awasian
Tandag City, Surigao del Sur, Philippines 8300
(086) 214-3076

July 23, 2026

THE HONORABLE PRESIDING OFFICER & MEMBERS
SANGGUNIANG PANLALAWIGAN of SURIGAO DEL SUR
Capitol Hills, City of Tandag

Thru: **MR. EDGAR G. PEREZ II, JD**
Secretary to the Sangguniang Panlalawigan

SANGGUNIANG PANLALAWIGAN
RECEIVED
DATE 7/23/25
BY:
TIME 2:50 pm
TANDAG CITY, SURIGAO DEL SUR

Sirs and Mesdames:

Greetings!

We are pleased to furnish you a copy of Ordinance No. 021, Series of 2026, *entitled: "**ESTABLISHING A MENTAL HEALTH POLICY IN THE CITY OF TANDAG FOR THE PURPOSE OF ENHANCING THE DELIVERY OF INTEGRATED MENTAL HEALTH SERVICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES,"*** duly enacted by the 7th Sangguniang Panlungsod during its 23rd Regular Session held on June 10, 2026 and approved by the City Mayor on July 21, 2026, which is self-explanatory, for your information and guidance.

Please also find the following pertinent attachments:

1) 3 original copies – and 3 photocopies } Transmittal Letter;
2) 3 original copies and 3 photocopies } Ordinance No. 021, Series of 2026;
3) 3 original copies and 3 photocopies } Certificate of Posting in different conspicuous areas; and
4) Proof of Posting (photographs)

Very truly yours,

LOURDES LOUELLA E. ESCANDOR, MPP
Secretary to the Sangguniang Panlungsod

file

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BAGONG PILIPINAS

EXCERPTS FROM THE MINUTES OF THE 23RD REGULAR SESSION OF THE MEMBERS OF THE 7th SANGGUNIANG PANLUNGSOD OF THE CITY OF TANDAG, SURIGAO DEL SUR, HELD ON JUNE 10, 2026, AT THE SANGGUNIANG PANLUNGSOD SESSION HALL

Refer To: Committee on Health, Sanitation and nutrition.

PRESENT:

HON. ELEANOR D. MOMO
City Vice Mayor
Presiding Officer

Hon. Maria Lourdes Kharin C. Momo	- Sangguniang Panlungsod Member
Hon. John Paul C. Pimentel	- Sangguniang Panlungsod Member
Hon. Alvin C. Ty, Jr.	- Sangguniang Panlungsod Member
Hon. Andrei A. Andresan	- Sangguniang Panlungsod Member
Hon. Gay Geraldine G. Tan	- Sangguniang Panlungsod Member
Hon. Hyna Jean R. Boniao	- Sangguniang Panlungsod Member
Hon. Imelda C. Falcon	- Sangguniang Panlungsod Member
Hon. Antonio V. Salazar	- Sangguniang Panlungsod Member
Hon. Al P. Geli	- Sangguniang Panlungsod Member
Hon. Charisse Valentine P. Pineda	- Sangguniang Panlungsod Member (LNB Representative)
Hon. Rhaniette S. Tan	- Sangguniang Panlungsod Member (SK Fed. Representative)
Hon. Ramel T. Montero	- Sangguniang Panlungsod Member (IPM Representative)

ABSENT:

Hon. Rosario Ninfa G. Dumagan II	- Sangguniang Panlungsod Member (On Special Leave)

PROVINCE OF SURIGAO DEL SUR
Office of the Secretary to the Sangguniang Panlalawigan
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OSSP-26-06111

TANGGAPAN NG SANGGUNIANG PANLALAWIGAN
RECEIVED
DATE: 7/23/26
BY:
TIME: 2:50 p
TANDAG CITY, SURIGAO DEL SUR

ORDINANCE NO. 021
(Series of 2026)

Authored/Moved by: Hon. John Paul C. Pimentel
Seconded by: All Sangguniang Panlungsod Members Present

ESTABLISHING A MENTAL HEALTH POLICY IN THE CITY OF TANDAG FOR THE PURPOSE OF ENHANCING THE DELIVERY OF INTEGRATED MENTAL HEALTH SERVICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

WHEREAS, mental health shall be included in the delivery of basic public health services and other health programs in the City of Tandag, and ensure that it is readily available and accessible, especially to the poor and the vulnerable;

WHEREAS, the above premises considered, on motion of Honorable John Paul C. Pimentel and on unanimous sponsorship, be it—

RESOLVED, AS IT IS HEREBY RESOLVED, to enact the ordinance;

ARTICLE I
GENERAL PROVISIONS

Section 1. SHORT TITLE

This Ordinance shall be known as the **"Establishing a Mental Health Policy in the City of Tandag for the purpose of enhancing the delivery of integrated mental health services, appropriating funds therefor, and for other purposes".**

Section 2. DECLARATION OF POLICY

The City of Tandag carries the responsibility to uphold the rights of its people to mental health and encourage health consciousness among them. The City shall adopt an integrated and comprehensive approach to the development of the Mental Health Program of the City, in order to deliver appropriate services and interventions including provision of mental health protection, care, treatment, and other essential services to those who need it.

Section 3. OBJECTIVES

This Ordinance has the following objectives:

a. Strengthen effective leadership and governance for mental health by, among others, formulating, developing and implementing local policies, strategies and regulations relative to mental health;
b. Develop and establish a comprehensive and integrated mental health care system responsive to the psychiatric, neurologic and psychosocial needs of the City and its constituents;
c. Protect the rights and freedom of persons with psychiatric, neurologic and psychosocial needs of the constituents;
d. Strengthen information systems, evidence and research for mental health;
e. Integrate mental health care in the basic health care services;
f. Integrate strategies promoting mental health in educational institutions, workplaces and in communities;

g. Prevent and treat mental illness at all levels and rehabilitate persons with mental illness;
h. Provide access to comprehensive health care and treatment which ensures a well-balanced mental health program of community-based treatment;
i. Establish a multi-sectoral joint network for the identification and prevention of mental illness or disability and the management of mental health problems among vulnerable groups in the population which include those affected by overseas employment, children, adolescents, elderly and those who need special protection like survivors of extreme life experiences and violence, among others;
j. Promote the mental health of the people through a multidisciplinary approach that covers health, education, labor and employment, justice and social welfare;
k. Provide community-based mental health programs; and
l. Strengthen and improve the referral system, in general, for efficient delivery of mental health care and services.

Section 4. DEFINITION OF TERMS

As used in this Ordinance, the following terms and phrases shall mean as follows:

a. Addiction – refers to a primary chronic relapsing disease of brain reward, motivation, memory and related circuitry. Dysfunctions in the circuitry lead to characteristic biological, psychological, social and spiritual manifestations. It is characterized by the inability to consistently abstain, impairment and loss of behavioral control, craving, diminished recognition of significant problems with one's behavior and interpersonal relationships and a dysfunctional emotional response;
b. 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;
c. Community-based Mental Health – refers to a mental health facility outside of a mental hospital;
d. Council – refers to the City of Tandag Council for Mental Health as provided for in Section 5 of this Ordinance;
e. 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, and 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;

f. 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 decisions 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 the methodology, direct 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;

g. 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;

h. Mental Disability – refers to a cognitive or psychological condition that limits a major life activity in some way or requires special services. Mental illness, while temporary and periodic in nature, may become a mental disability if it lasts for a longer period than usual. This includes, but is not limited to:

1. Anxiety disorder;
2. Bipolar affective disorder;
3. Depression;
4. Dissociation and dissociative disorders;
5. Eating disorders;
6. Obsessive-compulsive disorder;
7. Neurological disorders; and/or
8. Paranoia;

i. Mental Disorder – generally refers to a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior usually associated with distress or impairment in important areas of functioning. Mental disability and mental illness fall under mental disorder;

j. Mental Health - refers to a state of well-being in which the individual realizes one's own abilities and potentials, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and can make a positive contribution to the community;

k. 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;

l. Mental Health Facility – refers to any establishment, or any unit of an establishment, which has, as its primary function, the provision of mental health services;

m. 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;

n. Mental Health Gap Action Program (MHGAP) – a program launched by the World Health Organization in 2008 in response to the wide gap between the resources available and the resources urgently needed to address the large burden of mental, neurological, and substance use disorder globally;

o. 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;

p. 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;

q. Neurological disorders – refers to disorders that affect the brain as well as the nerves found throughout the human body and the spinal cord, including, but not limited to:
   1. Alzheimer's disease;
   2. Parkinson's disease;
   3. Dementia; and/or
   4. Epilepsy;

r. Person Who Uses Drugs (PWUDs) – refers to an individual who has used, abused, or is dependent on a dangerous drug;

s. Psychiatric disorders – refers to a broad range of problems that disturb a person's thoughts, feelings, behavior or mood;

t. 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 health facilities and mental health condition, or any other person affected by a mental health condition, or to the health or well-being of others, requiring immediate medical intervention;

u. 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;
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; and
w. 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, nonformal community caregiver networks, dialogue systems, alternative and manual communication, and the use of assistive devices and technology.

ARTICLE II
INSTITUTIONAL MECHANISMS

Section 5. **CITY OF TANDAG COUNCIL FOR MENTAL HEALTH**

A City of Tandag Council for Mental Health is hereby created, with the composition and duties and functions, to wit:

a. Composition. The Council shall be composed of the following:
Chairperson: City Mayor
Vice Chairperson: City Health Officer
Members:
- Chairperson, Sangguniang Panlungsod Committee on Health, Nutrition and Sanitation
- Chairperson, Sangguniang Panlungsod Committee on Barangay Affairs
- Chairperson, Sangguniang Panlungsod Committee on Education
- Chairperson, Sangguniang Panlungsod Committee on Women, Children and Family
- Chairperson, Sangguniang Panlungsod Committee on Youth and Sports Development
- CSWDO
- Representative from the City Vice Mayor's Office
- Chairperson of the Local Finance Committee of the City Government of Tandag
- City Health Officer
- City Local Government Operations Officer

- City Population Officer
- City Legal Officer
- City Disaster Risk Reduction and Management Officer
- City Information Officer
- Local Youth Development Officer
- Chief of Police of the Tandag Police Station
- Representative from DepEd
- Department of Education (DepEd) City Schools Division Superintendent or its authorized representative
- Representative from the Parents- Teachers- Community Association;
- Representative from Higher Education Institutions;
- Representative from the Religious Sector;
- Four (4) Child Representatives from the Local Council for the Protection of Children (LCPC)
- Representative from DOH
- Representative from Adela Serra Ty Memorial Medical Center

b. Duties and Functions. The following are the duties and functions of the Council:
   1. Foster multisectoral collaboration and promote the well-being, as well as prevent or minimize cases of mental disorders in the City;
   2. Profile recent cases of completed and attempted suicides in the City;
   3. Collect and analyze data involving mental health disorders from various agencies including, but not limited to, the City Health Office (CHO), DepEd, City Social Welfare and Development Office (CSWDO), City Population Office, the LCPC, among others;
   4. Review the existing mental health programs of various agencies within the City;
   5. Formulate and develop the regulations and guidelines necessary to implement an effective mental health care and wellness policy;
   6. Enhance current advocacies and raise awareness regarding mental health down to the barangay level;
   7. Establish linkages between mental health and economic disparities, gender inequality, and ethnicity among others;
   8. Review and improve the CCMHAP that will cover the establishment of help hotlines, referral systems, training and augmentation of human resources and infrastructure if resources permit; and
   9. Mobilize all agencies concerned in the implementation of the CCMHAP.

c. Technical Working Group. There shall be created a Technical Working Group (TWG) responsible for the drafting and formulation of the City Comprehensive

d. Mental Health Plan for submission to and approval of the Council and adoption of the Sangguniang Panlungsod.

SECTION 6. CREATION OF A MENTAL HEALTH HELPDESK

The City Social Welfare and Development Office (CSWDO) shall establish a Mental Health Desk. The desk shall be responsible for the following:

a. Refer service users to mental health facilities, professionals, workers, and other service providers for appropriate care;
b. Provide or facilitate access to public or group housing facilities, counseling, therapy, and livelihood training and other available skills development programs;
c. In coordination with the DOH, formulate, develop and implement community resilience and psychosocial well-being training, including psychosocial support services during and after natural disasters and other calamities;
d. Facilitate the issuance of PWD IDs to persons with mental health disorder/illness in accordance with the guidelines set by the law; provided, the person whose name in the ID shall be issued to, submits a valid medical certificate from a reputable psychiatrist, psychologist, or neurologist stating therein circumstantial facts of the diagnosis/prognosis and that such person had been prescribed medications relative thereto;
e. Gather and provide an updated list of medical practitioners specializing in mental health in the City and neighboring LGUs, their respective clinic addresses and contact information, and clinic schedules to clients, for referral purposes;
f. Provide medical assistance to qualified individuals to avail of mental health services and/or medication assistance; and
g. Prepare a database of cases of attempted and consummated suicide;

SECTION 7. CREATION OF THE MENTAL HEALTH SECTION

A Mental Health Section, which shall implement the National Mental Health Program, shall be created in the CHO and in its Health Districts. The section shall be staffed by qualified mental health specialists and support staff and supported with an adequate yearly budget. These personnel shall also have the functional training and competencies necessary for their roles and responsibilities, in compliance with Civil Service Commission (CSC) requirements:

The Mental Health Section shall be responsible for and shall provide the following services:

a. Out-patient clinic for those with acute psychiatric symptoms;
b. Linkage and possible supervision of home-care services for those with special needs as a consequence of long-term hospitalization, unavailable families, inadequate or non-compliance to treatment;

c. Coordination with drug rehabilitation centers on the care, treatment, and rehabilitation of persons suffering from drug or alcohol-induced mental, emotional, or behavioral disorder; and
d. Referral system with other health and social welfare programs, both government and non-government, in the prevention of mental illness, the management of those at risk for mental health and psychosocial problems and mental illness or disability.

Section 8. BARANGAY HEALTH COMMITTEE AND THE BARANGAY HEALTH EMERGENCY RESPONSE TEAM

The Barangay Health Committee in all twenty-one (21) barangays in the City of Tandag shall aid in bringing the City Mental Health Care Plan to the grassroots level. Within thirty (30) days from the effectivity of this Ordinance, each barangay's Barangay Health Emergency Response Team (BHERT) shall be activated to address and respond to mental health concerns in their respective barangays.

The Barangay Health Committee shall assign its Rural Health Midwife (RHM) as the focal person for its Mental Health programs while the Barangay Health Workers (BHWs) in each barangay, under the supervision of their RHM, shall serve as the first community responder and field personnel in all matters relating to mental health. They shall be equipped with the proper training, knowledge, and skills on mental health, and shall be the primary implementing arm of the City in addressing mental health issues.

The tasks of the BHERT include regular visits and assistance to persons diagnosed with mental health conditions and their families in accessing services in government hospitals, and connecting them with mental health professionals, among others.

The BHERT shall work in close coordination with the Barangay Anti-Drug Abuse Council (BADAC) to cater to the mental health care needs of persons who use drugs (PWUDs) and their families.

The Barangay Health Committee shall likewise make a quarterly report on data outlined in Section 11 of this Ordinance and submit such to the City Health Office.

ARTICLE III
MENTAL HEALTH SERVICES AT THE COMMUNITY LEVEL, FACILITIES, AND ACCESS TO EFFECTIVE AND HIGH QUALITY MENTAL CARE

Section 9. 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 service providers and workers in a manner that ensures accountability.

Section 10. COMMUNITY-BASED MENTAL HEALTH CARE

Responsive Primary mental health services shall be developed and integrated as part of the basic health services at the appropriate level of care, including at the barangay level. The standards of mental health services shall be determined by the Department of Health (DOH) in consultation with stakeholders based on current evidence.

The Mental Health Care Delivery System shall become a community-based mental health care system which shall consist of the following:

a. Mental Health Service Development- Mental health service shall, within the primary health care system in the community, include the following:
   1. Development and integration of mental health care at the primary health care in the community;
   2. Provision of Programs for capacity building among existing local health workers, teachers, nurses, midwives and different sectors of the community, so that they can undertake mental health care, psychiatric facilities, trainings and private government programs in close coordination with mental or psychiatric hospitals or departments of psychiatry, in general, or university hospitals, and/or similar NGO/agencies involved in the promotion of mental health and care;
   3. Continuous support services and intervention for families and LGU employees; and
   4. Advocacy and promotion of mental health awareness among the general population, including public schools.

b. Community-based Mental Health Care Facilities. The City Government, through the CHO, shall fund the establishment and assist in the operation of community-based mental health care facilities in the City based on the needs of the population, 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 BHWs, volunteer family members of patients or service users, basic equipment and supplies; and adequate stock of medicines appropriate at that level.

Section 11. REPORTORIAL REQUIREMENTS

The City Health Office shall make a quarterly quantitative data report to the PCMH through the DOH. The report shall include, among others, the following data:

a. Number of patients/service users attended to and served;
b. The respective kinds of mental illness or disability, duration and result of the treatment; and
c. Patients/users' age, gender, educational attainment and employment without disclosing the identities of such patients/service users for confidentiality.

A collated mental health registry of each barangay shall be established, with each local agency adopting the PCMH standards.

Reports of cases from public and private schools may be coursed through the DepEd, while those from the different private and public workplaces may be submitted to CHO.

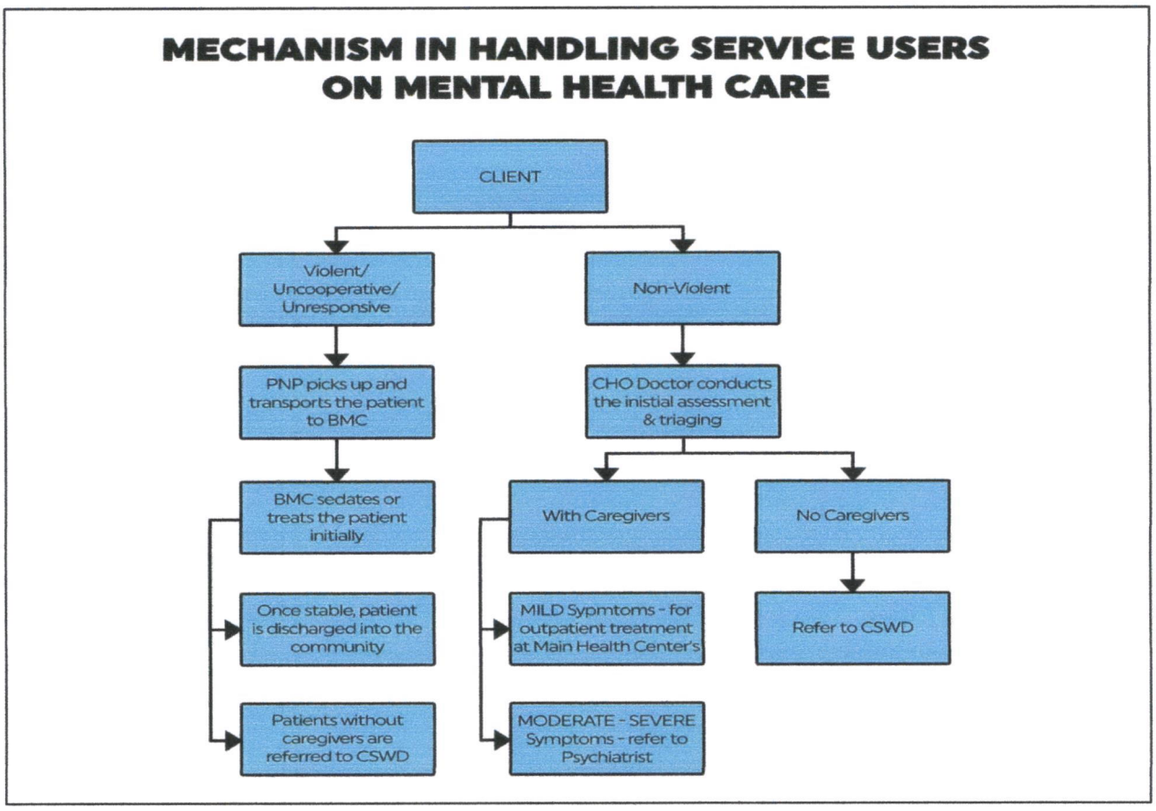
The quarterly report shall be a consolidation of the reports submitted by the CHO, DepEd, and Barangay Mental Health Team and shall be submitted to the Tandag Mental Health Board for appropriate policy and program intervention.

A detailed protocol of reporting suicide incidents shall be established by the Philippine National Police (PNP) in adherence to their memorandum circular on encoding of Suicide and Self-accident in the Crime Information, Reporting and Analysis System.

Section 12. ACCESS TO QUALITY AND EFFECTIVE MENTAL HEALTH CARE

All persons shall have the right to receive mental health care appropriate for their needs and shall be entitled to care and treatment in accordance with the same standards and accessibility as other sick individuals. An improved, effective and easy access to mental health care shall be made possible and a shift from a predominantly hospital-based mental health care to a community-based care shall be provided.

ARTICLE IV
MECHANISMS ON HANDLING SERVICE USERS OF MENTAL HEALTH CARE



Section 13. The mechanism for handling service users in mental health care begins with the identification and assessment of the client. The process first determines whether the client is violent, uncooperative, or unresponsive, or if they are non-violent. For clients who are violent, uncooperative, or unresponsive, the Philippine National Police (PNP) facilitates their transport to the City Health Office (CHO) for immediate intervention. At the center, the patient receives initial treatment or sedation to stabilize their condition. Once stabilized, patients with caregivers are discharged back into the community for continued support, while those without caregivers are referred to the City Social Welfare and Development Office (CSWDO) for further assistance and case management.

For non-violent clients, a City Health Office (CHO) doctor conducts an initial assessment and triage to determine the appropriate level of care. The next step involves identifying whether the client has a caregiver. Clients without caregivers are referred directly to the CSWDO to ensure that they receive the necessary social support services. For clients with caregivers, the severity of their symptoms is assessed. Those presenting with mild symptoms are referred for outpatient treatment at the City Health Center, where they can access ongoing mental health services within the community. Meanwhile, clients exhibiting moderate to severe symptoms are referred to a psychiatrist for specialized mental health evaluation and treatment. This mechanism ensures that service users receive timely, appropriate, and coordinated care based on their condition, support system, and treatment needs, promoting both patient safety and overall mental wellness in the community.

ARTICLE V
RIGHTS OF PERSONS WITH MENTAL ILLNESS OR DISABILITY

Section 14. PERSON WITH MENTAL ILLNESS OR DISABILITY

The CHO Mental Health Section may conduct an initial intervention of persons suffering from mental illness for purposes of referral to appropriate institutions in coordination with the CSWDO as mentioned in Section 7 of this Ordinance.

The determination that a person has a mental illness or disability shall be made according to internationally accepted medical classifications and standards.

Section 15. CONSENT TO CARE, TREATMENT OR REHABILITATION

The consent of the patient to be treated or admitted in a mental health facility shall be obtained freely without threat or improper inducement and with pertinent disclosure to the patient of adequate and understandable information in a form or language that is understood by the patient.

Obtaining such consent shall be pursuant to the stipulations in Chapter III, Section 8 of RA 11036.

Section 16. PATIENT'S TREATMENT

A patient with mental illness or disability shall have the right to treatment in the least restrictive environment suited to the patient's mental health needs.

Section 17. CONFIDENTIALITY AND DATA PRIVACY

The rights to confidentiality of patients or clients with mental illness or disability shall always be respected.

Section 18. MENTAL HEALTH CARE FOR PWUDs

Persons who avail of the voluntary submission provision and persons charged pursuant to RA 9165, or the "Comprehensive Dangerous Drug Act of 2002". Shall undergo an examination for mental health conditions, and if found to have mental health conditions, shall be covered by the provisions of Section 43, Chapter IX of RA 11036.

Section 19. PSYCHOLOGICAL INTERVENTIONS AFTER CALAMITIES AND/OR DISASTERS AND OTHER TRAUMATIC EVENTS

It is a proactive approach of this Ordinance to provide psychosocial support and interventions especially in the aftermath of calamities, traumatic incidents, disasters, or the COVID-19 pandemic. Appropriate interventions and assistance shall be extended to affected individuals.

ARTICLE VI
PROMOTION OF MENTAL HEALTH

Section 20. DRUG SCREENING SERVICE

Pursuant to its duty to provide mental health service and consistent with the policy of treating drug dependency as a mental health issue, each local health care facility in the City must be capable of conducting drug screening.

Section 21. SUICIDE PREVENTION

Mental health services shall also include mechanisms for suicide intervention, prevention and response strategies.

An emergency hotline shall be established. It shall be accessible 24/7 to assist individuals with mental health conditions, especially individuals at risk of committing suicide. The personnel manning the hotline must be provided with the proper training in handling calls involving cases thereto related.

The hotline shall be coordinated and linked to CHO-HEMS (Health Emergency Services). Any calls related to mental health conditions or issues shall be redirected to CHO HEMS for appropriate response/services.

The Council, in partnership with DOH and other agencies and stakeholders, shall develop policies and guidelines on establishing future additional hotlines and suicide prevention strategies as needed, and linking such to emergency and support services.

Section 22. PUBLIC AWARENESS

The City Health Office and the CSWDO shall be responsible for the information, education and communication campaigns on mental health, to wit:

a. Ensure that funds for capability building of local stakeholders and IEC materials for multimedia purposes (print, radio, etc.) are appropriated;

b. Release accurate, sensitive, comprehensive, and educational publicity materials that combat disinformation and stigma surrounding mental health and that these publicity materials are quality assured by the TWG before posting;
c. Post mental health programs and events of local agencies and available services, among others in all media platforms it operates or manages; and
d. Report its accomplishments to the Council quarterly.

Section 23. MENTAL HEALTH PROMOTION AND POLICIES IN THE WORKPLACE

Pursuant to existing laws, rules and regulations and in compliance with the Department of Labor and Employment (DOLE), CSC. DOH and Department of Interior and Local Government (DILG) directives, the City Human Resource and Management Office (CHRMO) shall integrate mental health awareness and care to its wellness programs for the City Government employees including, but not limited to mental health seminars and formation of peer support groups, viz:

a. Include mental health seminars during the orientation of newly-hired employees;
b. Form employee peer support groups;
c. Establish a reporting system of mental health cases among employees; and
d. Integrate mental health awareness into LGU PESO-related trainings and activities.

Business sector or private institutions and companies, subject to pertinent rules and regulations of DOLE, shall have a regular mental health program for their workforce. Employers shall develop appropriate policies and programs on mental health issues to include gender sensitivity, correct the stigma and discrimination associated with mental conditions, identify and provide support for individuals at risk and facilitate access, including referral of individuals with mental health conditions to treatment and psychosocial support.

ARTICLE VII
CAPACITY BUILDING, RESEARCH AND DEVELOPMENT

Section 24. CAPACITY BUILDING, REORIENTATION AND TRAINING

Capacity building, reorientation and training shall, in close coordination with mental health facilities, mental health professionals, academic institutions, other service providers and stakeholders, be required for those who are health professionals or workers whose previous education and training have not emphasized a community mental health perspective. Training with Mental Health Gap Action Program (MHGAP) and cascading to lay person shall also be provided to the Local Health Workers to capacitate them, as well as to other non-medical personnel to deliver high quality community mental health services, since the MHGAP was developed to tap non-medical and non-psychiatrist to do

the first hand diagnose and manage the same with referral to a mental facility or DOH mental health program in some difficult cases.

Section 25. CAPACITY BUILDING OF BHWs AND BHERTs

The CHO shall be responsible for disseminating information and shall provide training programs to BHWs and BHERTs. The LGU, with technical assistance from the Department of Health, shall be responsible for the training of BHWs and other barangay volunteers in the promotion of mental health. The LGU shall be provided by the DOH with medical supplies and equipment needed to carry out their functions effectively, per duty of the agency provided in RA 11036.

Section 26. RESEARCH AND DEVELOPMENT

Research and development shall be undertaken, in collaboration with academic institutions, psychiatric and mental health associations, as well as non-government organizations, to produce data and information to formulate and develop appropriate and culturally relevant mental health services in the community. The following must be observed in research and development:

a. High ethical standards in mental health research shall be promoted to ensure that research is conducted only with the free and informed consent of the persons involved;
b. Researchers do not receive any privileges, compensation, or remuneration in exchange for encouraging or recruiting participants;
c. Potentially harmful or dangerous research is not undertaken; and
d. All research is approved by an independent ethics committee, in accordance with applicable law.

Research and development shall also be undertaken vis-à-vis non-medical, traditional or alternative practices.

ARTICLE VIII
MISCELLANEOUS PROVISIONS

Section 27. MENTAL HEALTH MONTH CELEBRATION

In the observance of the National Health Month every October, all barangays, institutions and establishments, including schools, are hereby enjoined to maximize participation in the activities laid down by the Council and the CHO that will promote mental health awareness in the City.

Section 28. APPROPRIATION

The City Government of Tandag shall appropriate funds for the implementation of this Ordinance and shall be incorporated in the Annual Budget of the City Health Office and CSWDO. Thereafter, an annual budget shall be allocated for its continuous operation subject to accounting and auditing rules and regulations, and subject to the availability of funds.

Section 29. SEPARABILITY CLAUSE

If for any reason, any provision or part of this Ordinance is declared invalid or unconstitutional, the other parts or provisions thereof not affected thereby shall remain valid and effective.

Section 30. REPEALING CLAUSE

All orders, rules, regulations, and other issuances or parts thereof, which are inconsistent or in conflict with the provisions of this Ordinance, are hereby repealed, amended or modified accordingly.

Section 31. EFFECTIVELY

This Ordinance shall take effect immediately upon its approval and due posting.

ENACTED this 10th day of June 2026.

As disposed of by the Presiding Officer

Ayes (12) – Hon. Momo, Hon. Pimentel, Hon. Ty, Jr. Hon. Andresan, Hon. GTan, Hon. Boniao, Hon. Falcon, Hon. Salazar, Hon. Pineda, Hon. Geli, Hon. RTan, and Hon. Montero
Nays- (0)- None
Abstain- (0)- None

CERTIFIED CORRECT:

MARIE CHERRY ANN D. PALMA
Administrative Officer III
OIC- Secretary to the Sangguniang Panlungsod

ATTESTED:

ELEANOR D. MOMO
City Vice Mayor
Presiding Officer

APPROVED BY:

ROXANNE C. PIMENTEL
City Mayor
Date: July 21, 2026

Republic of the Philippines
Province of Surigao del Sur
CITY OF TANDAG

CERTIFICATE OF POSTING

This is to certify that Ordinance No. 021, Series of 2026, was posted at the Bulletin Board:

Ordinance No. 021, entitled: *"**ESTABLISHING A MENTAL HEALTH POLICY IN THE CITY OF TANDAG FOR THE PURPOSE OF ENHANCING THE DELIVERY OF INTEGRATED MENTAL HEALTH SERVICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES."***

Date Enacted: June 10, 2026

Date Approved: July 21, 2026

Date Posted : July 23, 2026

WITNESS:

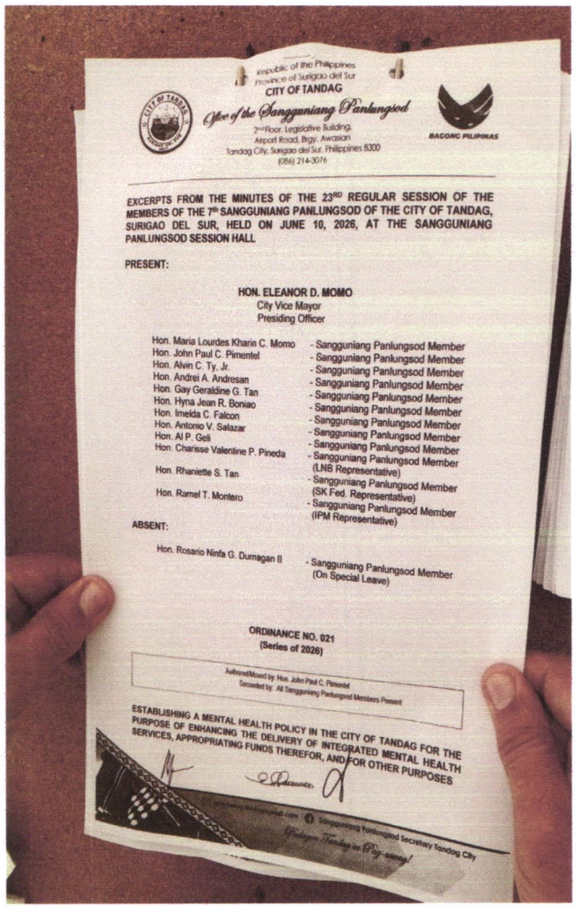
Places Posted:

1. TANDAG CITY HALL BULLETIN BOARD (BRGY. AWASIAN) NOEL M. PRONES Date: 07/23/2026
2. PROVINCIAL GOVERNMENT BULLETIN BOARD (BRGY. TELAJE) Date: 07/23/26
3. TANDAG CITY PUBLIC MARKET BULLETIN BOARD (LUHA BRGY. MABUA) Date: 7-23-26
4. TANDAG CITY BUS TERMINAL BULLETIN BOARD (BALILAHAN BRGY. MABUA) Date: 7/23/26

file

POSTING OF ORDINANCE NO. 021, SERIES OF 2026

ON JULY 23, 2026



Republic of the Philippines
Province of Surigao del Sur
CITY OF TANDAG

Office of the Sangguniang Panlungsod

2nd Floor, Legislative Building,
Airport Road, Brgy. Awasian
Tandag City, Surigao del Sur, Philippines 8300
(086) 214-3076

BAGONG PILIPINAS

EXCERPTS FROM THE MINUTES OF THE 23RD REGULAR SESSION OF THE MEMBERS OF THE 7TH SANGGUNIANG PANLUNGSOD OF THE CITY OF TANDAG, SURIGAO DEL SUR, HELD ON JUNE 10, 2026, AT THE SANGGUNIANG PANLUNGSOD SESSION HALL

PRESENT:

HON. ELEANOR D. MOMO
City Vice Mayor
Presiding Officer

Hon. Maria Lourdes Kharin C. Momo	- Sangguniang Panlungsod Member
Hon. John Paul C. Pimentel	- Sangguniang Panlungsod Member
Hon. Alvin C. Ty, Jr.	- Sangguniang Panlungsod Member
Hon. Andrei A. Andresan	- Sangguniang Panlungsod Member
Hon. Gay Geraldine G. Tan	- Sangguniang Panlungsod Member
Hon. Hyna Jean R. Boniao	- Sangguniang Panlungsod Member
Hon. Imelda C. Falcon	- Sangguniang Panlungsod Member
Hon. Antonio V. Salazar	- Sangguniang Panlungsod Member
Hon. Al P. Geli	- Sangguniang Panlungsod Member
Hon. Charisse Valentine P. Pineda	- Sangguniang Panlungsod Member
Hon. Rhaniette S. Tan	- Sangguniang Panlungsod Member (LNB Representative)
Hon. Ramel T. Montero	- Sangguniang Panlungsod Member (SK Fed. Representative)
	- Sangguniang Panlungsod Member (IPM Representative)

ABSENT:

Hon. Rosario Ninfa G. Dumagan II	- Sangguniang Panlungsod Member (On Special Leave)

ORDINANCE NO. 021
(Series of 2026)

Authored/Moved by: Hon. John Paul C. Pimentel
Seconded by: All Sangguniang Panlungsod Members Present

ESTABLISHING A MENTAL HEALTH POLICY IN THE CITY OF TANDAG FOR THE PURPOSE OF ENHANCING THE DELIVERY OF INTEGRATED MENTAL HEALTH SERVICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

Sangguniang Panlungsod Secretary Tandag City

Tandag City Public Market

Provincial Government

City Hall, Tandag City

Tandag City Jeepney & Bus Terminal