

LEGISLATIVE POWER

CONGRESS OF THE REPUBLIC

LAW Nº 30947

THE PRESIDENT OF THE REPUBLIC

HOW MUCH:

THE CONGRESS OF THE REPUBLIC;

He has given the following Law:

MENTAL HEALTH LAW

CHAPTER I

GENERAL DISPOSITION

Article 1 Object of the Law

1.1 The purpose of this law is to establish the legal framework to guarantee access to services, promotion, prevention, treatment and rehabilitation in mental health, as conditions for the full exercise of the right to health and well-being of the person, family and community.

1.2 Mental health care considers the community care model, as well as the unavoidable respect for human rights and dignity of the person, without discrimination, and the intercultural approach, which eradicates the stigmatization of people with mental health problems. .

Article 2 Scope of application

2.1 This law applies in the preventive, promotional, curative, rehabilitative and social reintegration fields.

2.2 Corresponds to the ministries of Health, Education, Women and Vulnerable Populations, Justice and Human Rights, Labor and Employment Promotion and Development and Social Inclusion, as well as regional governments, local governments and public health. the Armed Forces and Police Forces, within the scope of their powers and functions, to private health establishments and other providers, the application and compliance of the provisions contained in this law.

Article 3 Principles and transversal approaches

In the application of this law, the following transversal principles and approaches:

1. Accessibility. It seeks to ensure access for all people, without discrimination, to mental health promotion, prevention, care and rehabilitation actions.
2. Quality. The State guarantees that the services provided in health facilities, according to their resolution capacity and levels of care, are carried out by trained personnel with available resources to address mental health problems in an efficient and timely manner.
3. Universal health coverage. All people with mental health problems can access, without discrimination or risk of impoverishment, essential health and social services that allow them to recover and enjoy the maximum level of health.
4. Confidentiality. Mental health care guarantees the confidentiality of information obtained in the clinical context. Revelation, examination or disclosure of the files is prohibited

doctors of people without their express consent or, if applicable, that of their legal representative.

5. Human rights. Strategies, actions and therapeutic, prophylactic and promotional interventions in mental health must comply with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments to which Peru is a party.
 6. Dignity. Mental health care, attention and treatment are developed by protecting and promoting the dignity of the person through the recognition of their fundamental rights.
 7. Equity. The State's mental health plans and programs pay special attention to the differentiated satisfaction of the specific needs of vulnerable populations.
 8. Equality. It allows the detection of inequality between men and women, and evaluates the way in which it affects the emotional balance and mental health of people and their social environment.
 9. Social inclusion. The attention, care and treatment of a mental health problem must have as one of its objectives the inclusion of the person in their family and in the community to which they belong. No person should be discriminated against because they suffer or have suffered from a mental health problem.
 10. Interculturality. Parity of treatment between different cultural groups is promoted. It implicitly considers the ability of health professionals to be able to integrate knowledge with traditional beliefs and practices when facing health problems.
- mental.
11. Non-discrimination in education. It supposes the continuity of studies in educational institutions of basic education and public and private higher education.
 12. Disability approach. Promotes the adoption of necessary measures, including the provision of reasonable adjustments, to eliminate barriers that prevent the full exercise of mental health by people with disabilities, on an equal basis.
 13. Multisectoral approach. The comprehensive and coordinated response regarding mental health requires partnerships within the public sector, and between it and the private sector, as appropriate, depending on the situation in the country.
 14. Life cycle approach. Public policies, plans and mental health services consider health and social needs at all stages of the life cycle: infancy, childhood, adolescence, adulthood and old age.

Article 4 Purpose of the Law

The purpose of this law is:

1. Protect the comprehensive health and well-being of the person, the family environment and the community.
2. Guarantee respect for the dignity of people with mental health problems or disabilities, who enjoy a legal regime of comprehensive protection and care, through the community care model, with continuity of care, psychosocial rehabilitation and reintegration social.
3. Promote intersectoral and multisectoral articulation and development of community mental health care services, through programs and plans for the promotion, prevention and protection of mental health, with a comprehensive vision.
4. Strengthen the capacities of professionals who manage and provide mental health, comprehensive health and other social inclusion services at a sectoral and multisectoral level.



5. Guarantee access to health services and medicines for users who need them, through insurance and coverage policies in the public and private sectors.

Article 5. Definitions

For the purposes of this law, it is understood as:

1. Determinants of health. They are those factors that improve or threaten the health status of an individual or a community. They may be matters of individual choice or they may be related to social, economic and environmental characteristics that are beyond the control of individuals.
2. Hospitalization. Process by which the patient is admitted to a health facility to receive necessary care for diagnostic or therapeutic purposes, which requires stay and need for care support for more than twelve (12) hours. Hospitalization is carried out in health facilities of the second and third level of care.
3. Internment. Process by which the patient in a psychiatric emergency situation is admitted to a health facility to receive immediate and specific care for a period of no more than twelve (12) hours. The regulations of this law will establish the conditions of psychiatric emergencies.
4. Mental health intervention. It is any action, including those of medicine and related professions, psychology, nursing, occupational therapy, social work and others as appropriate, that aim to enhance the person's own resources for self-care and promote protective factors to improve the quality of life of the person, family and community. It includes actions of a promotional, preventive, therapeutic, rehabilitation and social reintegration nature for the benefit of individual and collective mental health, with a multidisciplinary approach.
5. Psychiatric Medical Board. Collegiate unit made up of two or more psychiatrists convened by the treating physician at the request of the patient, family members or legal representatives and in the procedures established in this law and related laws, to exchange opinions regarding the diagnosis, prognosis and treatment of mental health. of a person.
6. Community care model. It is a community-centered mental health care model that promotes the promotion and protection of mental health, as well as the continuity of care for individuals, families and communities with mental health problems, in each territory.
7. Mental health problems. They include:
 - a) Psychosocial problem. Difficulty generated by the alteration of the structure and dynamics of the relationships between people or between them and their environment. b) Mental and behavioral disorder. Morbid condition that occurs in a specific person, affecting variable intensities the functioning of the mind and behavior, the organism, the personality and social interaction, temporarily or permanently.

The mental disorders referred to in this law are included in the International Classification of Diseases of the World Health Organization.
8. Representative. It is the person who, according to law, provides consent for the treatment of mental health problems of children and adolescents.
9. Mental health. It is the dynamic process of well-being, a product of the interrelation between the environment and the deployment of various human capacities, both of individuals and of the groups and collectives that make up society. It includes the presence of conflicts in people's lives, as well as the possibility of facing them constructively. It involves the process of searching for meaning and harmony, which is closely linked to the capacity for self-care, empathy and trust that comes into play in relationships with other people, as well as with the recognition of one's own and others' condition. of being a subject of rights.
10. Mental health services. All public and private health services that aim to promote mental health, as well as the prevention, care, treatment and rehabilitation of mental health problems.

Article 6. Priorities in mental health

In mental health, it is considered a priority:

1. Mental health care in vulnerable populations: early childhood, adolescence, women and older adults, under a focus on human rights, gender equity, interculturality and social inclusion, which guarantee healthy development and the best quality of life of people, families and communities.
2. The implementation of community mental health care services, as primary and essential components of integrated health networks.
3. The implementation of the community mental health care model as a strategic axis of public mental health policy.

CHAPTER II

MENTAL HEALTH RIGHTS

Article 7. Right to mental health

Within the framework of what is established by article 7 of the Political Constitution of Peru, every person, without any discrimination, has the right to enjoy the highest possible level of mental health. The State guarantees the availability of mental health care programs and services in sufficient numbers throughout the national territory; as well as access to adequate and quality mental health services, including promotion, prevention, recovery and rehabilitation interventions.

Article 8. Right to universal access to mental health services

- 8.1 Every person has the right to freely and voluntarily access public mental health services, and the corresponding private ones, and to receive timely care according to the mental health problem. Health services include diagnosis, treatment, recovery, rehabilitation and social integration.
- 8.2 Public health services prioritize care for minors, women victims of violence, people in situations of poverty, extreme poverty or vulnerability, as well as victims of catastrophic natural events.

Article 9. Rights in the field of mental health services In addition to the general

provisions established in Law 26842, General Health Law, and in Law 29414, Law that establishes the rights of users of health services, In the field of mental health, everyone has the right to:

1. Be treated for your mental health problem at the health facility closest to your

- home, protecting the connection with their family, community and social environment.
2. Receive necessary information about the health services that you can access and the necessary requirements for their use, prior to undergoing diagnostic or therapeutic procedures.
 3. Receive complete, timely and continuous information about their mental health status, in understandable terms, including diagnosis, prognosis and treatment alternatives; as well as about the risks, contraindications, precautions and warnings, interventions, treatments and of the medications that are prescribed and administered.
 4. Obtain adequate and necessary services, medications and health products to prevent, promote, preserve or recover your health, as required, guaranteeing access in a timely, continuous, comprehensive and dignified manner.
 5. Access confinement or hospitalization services as an exceptional therapeutic resource.
 6. Access confinement or hospitalization services in the least restrictive environments possible that correspond to their health needs, in order to guarantee their dignity and physical integrity.
 7. Grant informed consent, which implies free acceptance, without undue persuasion and granted by a person with mental health problems, or by their representatives, as the case may be, after having been provided with accurate, sufficient and understandable information about the diagnosis, treatment, possible alternative measures and side effects and risks.
 8. Be informed of your right to refuse to receive or continue treatment and to have the consequences of that refusal explained.
 9. Receive the corresponding protection from State services against abandonment by the family, through the implementation of actions to strengthen family and community ties and temporary residential protection.
 10. Have access to the most effective and timely treatment, through the full use of their respective insurance, including the State's financial health protection, when applicable.
 11. Receive treatments of scientifically proven efficacy or mechanisms of action or whose adverse reactions and side effects have been warned.
 12. Receive the least restrictive treatment possible, in accordance with the corresponding diagnosis.
 13. Not be deprived of visits during confinement or hospitalization when these are not contraindicated for therapeutic reasons and never for reasons of sanction or punishment.
 14. Receive the corresponding medication for therapeutic or diagnostic purposes and never as punishment or for the convenience of third parties.
 15. Freedom of movement and communication with the interior and exterior of the establishment, as long as it is compatible with the scheduled treatment. The same right applies to your representative, if applicable.
 16. Authorize or not the presence of people who are not directly related to medical care, at the time of evaluations.
 17. Be heard and receive a response from the corresponding authority when you are dissatisfied with the care received. For these purposes, the health service must have clear mechanisms for the reception, treatment and resolution of complaints, in accordance with the law.
 18. Allow your consent to be recorded in writing when you are a subject of research for the application of medications or treatments.

19. Not receive contraception without prior informed consent, issued by the person when they are not in a crisis situation due to the diagnosed mental health problem.
20. Have access to contraceptive services, regardless of their clinical diagnosis, including mental retardation, and have the relevant support from the service for the exercise of their capacity to act and the defense of their rights.
21. Not be discriminated against or stigmatized for having or suffering, permanently or temporarily, from a mental health problem.
22. Receive effective rehabilitation, insertion and family, work and community reintegration, in community mental health care services, as well as psychosocial rehabilitation or labor.
23. Be cared for with respect for their dignity, autonomy and needs, in accordance with the provisions of the Convention on the Rights of Persons with Disabilities.
24. Other rights determined by law.

Article 10. Care for health insurance

- 10.1 Public and private health insurance must cover mental health care within their plans, including outpatient treatment or inpatient or hospitalization, as well as access to adequate and quality medications and health products, with the exception of insurance with a policy of a specific nature.
- 10.2 Private companies that offer health insurance are obliged to provide coverage for mental health diagnosis, treatment and rehabilitation, according to the needs of people with mental health problems registered in the Mental and Behavioral Disorders Chapter of the International Classification of Diseases of the World Health Organization in force at the time of health care, with the necessary frequency, quantity and duration.
- 10.3 People living in poverty or extreme poverty with mental disabilities who do not have insurance must be included in the Comprehensive Health Insurance (SIS), according to a progressive care or benefit plan.

Article 11. Care for mental health problems of people deprived of their liberty in penal establishments

The Ministry of Justice and Human Rights, in coordination with the Ministry of Health, has the responsibility of ensuring the mental health of people deprived of their liberty.

CHAPTER III

INSTITUTIONAL FRAMEWORK

Article 12. State Action

The State, at its three levels of government, and in a multisectoral and coordinated manner, develops policies and executes actions for the promotion, prevention, care, recovery and rehabilitation in mental health.

Article 13. Rectory

- 13.1 It is the responsibility of the Ministry of Health, in its capacity as governing body, to coordinate, establish and evaluate the policy of promotion and prevention, care, recovery and rehabilitation in mental health, and define its indicators, as well as the protection and permanent supervision of full respect of the rights of users of mental health services and programs.
- 13.2 This policy contemplates, among other factors, the establishment of an information system, the identification of risk factors and profiles



epidemiological and approval of care protocols, as well as inter-institutional and intergovernmental coordination and the development and implementation of an intersectoral mental health plan.

Article 14. Citizen participation

The State encourages citizen participation, especially of family groups, users of mental health services and allied organizations, for the formulation and implementation of policies and plans, surveillance and the constitution of community networks in the areas local, regional and national.

CHAPTER IV

PROMOTION AND PREVENTION

Article 15. Promotion of mental health

The State is responsible for promoting mental health, which includes intervention on the social determinants of health. To this end, the practice of behaviors and the creation of healthy environments are encouraged; the increase in knowledge, skills and competencies; strengthening the identity and self-esteem of the person and generating spaces for citizen participation.

Article 16. Actions to promote mental health

16.1 Actions to promote mental health are taught at all stages of the life cycle, prioritizing children and adolescents, and vulnerable populations.

16.2 The Ministry of Health is responsible for monitoring and evaluating promotional actions and evaluates their impacts through indicators.

Article 17. Prevention of mental health problems Prevention actions are

formulated on the basis of national epidemiological and anthropological evidence and socioeconomic determinants of risk. They emphasize the following:

1. Identification and monitoring of risk factors in the community, to avoid the existence of psychosocial problems that lead to pathologies that affect individual and collective mental health, with emphasis on the prevention of family violence, sexual violence, gangs, hitmen, child abuse and abuse of women, consumption and abuse of legal and illegal and non-chemical drugs, depression and suicide attempts, affected by terrorist violence, as well as risks in the work environment,

among others.

2. Identification of risk groups.
3. Early detection of mental health problems.
4. Elimination of stigma and discrimination.
5. Access to timely information on programs and services that benefit mental health, especially those existing in public and private educational institutions of basic education and higher education.

Article 18. Problems of the use and consumption disorders of psychoactive substances such as alcohol, nicotine and other drugs with addictive capacity

To address the problem of use and disorders due to the use of psychoactive substances such as alcohol, nicotine and other drugs with addictive capacity, the related sectors establish and update the strategies and measures for care, which must be updated and consulted with experts periodically. The following are considered, among other measures:

1. Absolute prohibition of the sale of psychoactive substances to minors, with monitoring

and control of established regulation.

2. Absolute prohibition of the use of psychoactive substances that alter behavior or thinking when driving motor vehicles or carrying firearms.
3. Control by the National Police of Peru of people who commit infractions punishable according to the Penal Code under the effect of psychoactive substances, as well as the application of sanctions of an economic nature that cover administrative expenses and damages to third parties.
4. Prohibition of the consumption of alcohol and psychoactive substances on public roads and in those places where there is a potential risk of harm to third parties.
5. Any drug with the potential to cause dependence must be sold only under medical prescription.

Article 19. Responsible for establishing prevention programs

It corresponds to the Presidency of the Council of Ministers, in the exercise of its functions and powers recognized in Law 29158, Organic Law of the Executive Branch, and to the ministries of Health, Women and Vulnerable Populations, Development and Social Inclusion, Education, of Justice and Human Rights, of Labor and Employment Promotion and of the Interior, to coordinately establish the corresponding prevention programs.

CHAPTER V

MENTAL HEALTH CARE

Article 20. Conditions of mental health care

Mental health services in the national health system develop mental health care respecting the following conditions:

1. It is carried out from the first level of care, with a community, interdisciplinary, comprehensive and participatory approach.
2. It is preferably carried out on an outpatient basis, except in psychiatric emergency situations, and within the family, community and social environment.
3. It is carried out respecting the exceptional nature of the confinement or hospitalization.
4. Comprehensive specialized care includes differential diagnosis, specialized psychopharmacological treatment, psychotherapies, total and partial hospitalization and rehabilitation community focused.
5. The diagnosis of mental health problems is carried out in accordance with the provisions of this law and internationally accepted technical standards.

Article 21. Community care model

21.1 The community mental health care model has the following characteristics:

1. It is implemented continuously, according to needs.
2. Meets the needs of a jurisdictionally determined population in a network of health services.
3. Promotes organized community participation.
4. Promotes total recovery, social inclusion of people with mental health problems, as well as the continuity of health care for individuals, families and communities.

21.2 The regulations of this law establish the provisions for the implementation of

community mental health care services, within the framework of integrated networks of health.

- 21.3 Regional and local governments, within the scope of their powers and functions, implement the community mental health care model, in accordance with the technical guidelines approved by the governing body.

Article 22. Conditions and guarantees of the mental health services

The mental health governing body guarantees the continuity of health care for people with mental health problems who require it, protecting their family and community ties.

Article 23. Availability of psychotropic drugs for attention at all levels

1. Health establishments that have mental health services in their portfolio of services have, on a sustained and permanent basis, the psychotropic drugs necessary for the treatment of mental health problems, included in the Single National Request for Essential Medicines (PNUME), approved by the General Directorate of Medicines, Supplies and Drugs (Digemid), under the responsibility of the officials of the respective establishment. The Ministry of Health promotes their rational use from the first level of care.
2. The State, through its competent entities, ensures the availability and access to essential, strategic and supportive psychotropic medications, of controlled quality, necessary to care for the cases.

of refractoriness and intolerance to the undesirable effects of essential drugs.
3. Public and private insurance companies compulsorily supply the medications necessary for the treatment of mental health problems, in accordance with the relevant legislation.
4. Dispensing must be carried out under medical prescription, in accordance with current prescription standards, with proper identification of the patient through their national identity document (DNI).

CHAPTER VI

DIAGNOSIS AND TREATMENT OF MENTAL HEALTH PROBLEMS

Article 24. Evaluation

- 24.1 Mental health medical evaluation is voluntary. No one can be forced to undergo a medical examination in order to determine whether or not they have a mental health problem.

The following cases are excepted:

1. Psychiatric emergency situations or court order.
2. Occupational medical examinations, consistent with Law 30222, Law that modifies Law 29783, Safety and Health at Work Law, and its regulations.
3. Exams for the Armed Forces and the National Police of Peru, which are governed by the laws and regulations that determine the organization, functions, specialties, preparation and employment; and regulate the discipline of these military institutions.

- 24.2 The health establishments of the Ministry of Health, the Social Health Insurance, the health of the Armed Forces and the National Police of Peru, and the private sector, under the stewardship

of the Ministry of Health, give the same treatment to the physical and mental health of all people, from the first level of care. Likewise, the continuity of health care that people with mental health problems require is encouraged, protecting their family and community ties.

Article 25. Competence for diagnosis The diagnosis and determination of the existence of a mental health problem is carried out by a licensed psychiatrist with technical support from the mental health team; and, in his absence, by a registered surgeon, in accordance with internationally accepted technical standards.

The registered surgeon is authorized to request a consultation of the case with the doctor of the specialty, mainly in emergency cases.

Article 26. Prescription and registration of medication administration The prescription of medications is carried

out in accordance with the provisions of Law 26842, General Health Law. All prescribed medications must be recorded in the medical record. It is only administered for therapeutic or diagnostic purposes and must be administered in accordance with the legislation on the matter.

CHAPTER VII

HOSPITALIZATION IN ESTABLISHMENT OF HEALTH

Article 27. Hospitalization

- 27.1 Hospitalization is an exceptional therapeutic resource, periodically reviewable, and which can only be carried out when it provides greater therapeutic benefits for the person treated than the rest of the possible interventions.

It is carried out for the time strictly necessary and in the health establishment closest to the user's address.

- 27.2 At the time of medical discharge, the continuity of outpatient health care required by each case must be ensured.

Article 28. Conditions of establishments of health

The health establishments in which hospitalization is carried out must meet, at least, the following conditions:

1. Safe, clean and least restrictive environments possible, which preserve the physical and mental integrity of the inmates.
2. Have specialized medical care and sufficient health personnel.
3. Hospitalization of children and adolescents is an exceptional measure, and only if strictly clinically necessary, it should be carried out in units exclusive to this age group. In the case of children under twelve years of age, the accompaniment of their relatives is allowed, if the treating doctor considers it appropriate.

Article 29. Hospitalization by court order Hospitalization by court order is carried out according to the following terms:

1. The competent criminal judge may order preventive confinement in health facilities, for stabilization, evaluation and diagnosis purposes, in accordance with the relevant legislation.
2. In the event that the psychiatric evaluation diagnoses mental health problems that require hospitalization in a health facility, the criminal judge may order a security measure of hospitalization for a time that does not exceed the duration that



consider the medical board of the establishment where the hospitalization took place, after a hearing with the presence of the Public Ministry and the defense attorney. Said hearing is carried out within a period of no more than 48 hours after receiving the psychiatric evaluation.

3. The director of the health facility sends to the competent judge a detailed report on the health status of the hospitalized person, corroborating or not the need to continue the hospitalization. Report to the corresponding court every three weeks about the evolution of the hospitalized person.
4. When the person hospitalized by court order is in clinical conditions for discharge, determined by the medical board, the director of the health establishment informs and requests the competent judge to discharge the hospitalized person, and the judicial authority must evaluate the case in order that you can take the appropriate measures; among them, the outpatient security measure, so that the person can reintegrate with their family and they can provide support or, if they have a chronic psychotic condition and do not have family members, they can be accommodated in a home or residence. protected, subject to the standards established in this law.
5. The duration of the judicial measures of confinement or hospitalization ordered by the civil judge or the family judge is defined by the medical board of the establishment where the hospitalization takes place.

CHAPTER VIII

DEINSTITUTIONALIZED CARE FOR PEOPLE IN A SITUATION OF ABANDONMENT AND STATE OF VULNERABILITY

Article 30. People with mental health problems with prolonged stay in health facilities People who, despite having a medical discharge,

due to circumstances beyond their control, remain unnecessarily hospitalized in health facilities, must be referred to work professionals. social or related specialties to mobilize the family and community network and promote reintegration in these areas.

Article 31. People with health problems mental health in a situation of abandonment or lack of protection

When hospitalized people with mental health problems are at the same time in a situation of abandonment or lack of protection, once the crisis that caused their internment or hospitalization has been controlled, the person responsible for the health establishment, in coordination with the Ministry of Women and Populations Vulnerable, arranges the search for the next of kin of the person being cared for. If their family members are not located, these people are transferred to protected homes and, exceptionally, to State residential care centers, where they continue to receive the outpatient treatment that may be required at the nearest health facility.

Article 32. Especially vulnerable population In the treatment of psychiatric disorders, mental health services consider the special needs of the population in vulnerable situations, such as people in poverty, victims of all types of violence, ethnic minorities, affected populations due to natural disasters, women, girls, boys and adolescents and the elderly, among others.

Article 33. Suspension of the internment or hospitalization of the person with mental health problems The person with mental health problems

who has a period of internment or hospitalization greater than forty-five (45) days and who is in condition

After medical discharge, she must continue her treatment on an outpatient basis and be incorporated into the community health care network, previously coordinating with social work and related professionals.

CHAPTER IX

EDUCATION, VOCATIONAL TRAINING AND RESEARCH

Article 34. Mental health education

Educational institutions of basic education and higher education, both public and private, implement prevention programs with the aim of protecting the student population from potential mental health risks. Likewise, they encourage the inclusion of curricular content related to the prevention of mental health problems and healthy lifestyles.

For this purpose, specialized professionals participate, according to the guidelines approved by the Ministries of Health and Education.

Article 35. Vocational and technical training

35.1 Professional and technical health training institutions, entities that train professionals in social services, where appropriate, and specialization programs, in general, incorporate the mental health component with a community focus and care into their curricula. to people with mental health problems.

35.2 The entities that train specialist doctors and the entities that provide mental health services promote the creation of vacancies for psychiatry residents and the incorporation of specialists trained in health establishments, according to the population needs of the country in general and the regions in particular. They also include continuous training in mental health, ethics and human rights.

35.3 Training entities in university, non-university higher education and police careers incorporate into their curricula or general undergraduate courses the basic courses of mental health, human development, ethics and their interdependence with the respective professional careers.

Article 36. Mental health training

36.1 The Ministry of Health is responsible for formulating mental health training programs, in coordination with the Ministry of Labor and Employment Promotion and, where appropriate, with the Ministry of Education, with the purpose of developing and strengthening competencies. of human resources in the health sector, both public and private.

36.2 Professional, technical and managerial personnel who work in mental health receive continuous training, according to the conceptual and technical frameworks established by the Ministry of Health.

36.3 Community health agents receive training in accordance with the provisions of Law 30825, a Law that strengthens the work of community health agents.

Article 37. Mental health research

37.1 They are responsible for managing and carrying out scientific research programs and projects on the monitoring and prevention of mental health problems, as well as the promotion of mental health and for strengthening public policies on the matter:

1. The National Institute of Mental Health, and the public institutes and entities specialized in the matter.

2. The National Council of Science, Technology and Innovation.
3. Public and private universities and research institutes.
4. Professional associations.

37.2 Research and generation of knowledge on mental health issues considers the social, management, economic, innovation and pilot programs of prevention and health promotion, treatment and rehabilitation, guaranteeing the quality of the research, compliance with the ethical requirements and their due dissemination among the scientific community and society.

Article 38. Monitoring of working conditions In each public or private

health institution that provides mental health care, a monitoring program of the working conditions of the providing personnel must be implemented. Said program must include detection strategies, group intervention and coordination for the support required in the event that difficulties are identified that disturb the well-being and adequate work environment of the health provider.

FINAL COMPLEMENTARY PROVISIONS

FIRST. Reform of mental health care The Executive Branch, within the framework of what is established in this law and in the international instruments for the protection of human rights of which Peru is a party, promotes the process of reform of mental health care, in order to implement a community care model.

As part of this process, the following are prioritized:

1. The creation and development of total and partial hospitalization services in general hospitals, in order to guarantee care for people with mental health problems.
2. The formation of community mental health care services, of a multidisciplinary nature, within the framework of integrated health networks.
3. The creation and development of health facilities and mental health services, community mental health centers, day hospital services, protected homes and residences, psychosocial and socio-labor rehabilitation centers and programs aimed at people living on the street, among others.
4. The incorporation of the mental health component in the training of health professionals and technicians.
5. The availability of psychotropic drugs for the treatment of people with mental health problems from the first level of care.
6. The deinstitutionalization of people with disabilities who live in health facilities.
7. The progressive reorientation of resources from psychiatric hospitals to the community.

The Executive Branch coordinates with regional and local governments the implementation, monitoring and evaluation of mental health care reform actions.

SECOND. Implementation of the community mental health care model

The community mental health care model is implemented through the creation and development of assistance services for the mental health care of the population, within the integrated network of health services.

These services include:

1. Health establishments without confinement:

to. Health establishments of the first level of care, non-specialized with health services mental health care. b. Community mental health centers.

2. Health establishments with confinement:

to. Mental health and addictions inpatient units of general hospitals.
b. Mental health and addictions day hospital units of general hospitals.
c. Child abuse care modules. d. Specialized establishments.

3. Supportive medical services:

to. Protected homes. b. Protected residences. c. Psychosocial rehabilitation centers. d. Labor rehabilitation centers.

4. Others according to the needs of the population.

THIRD. Declaration The establishment of the Public Policy on Mental Health, as well as the development and implementation of mental health plans, programs and services in primary health care throughout the country, is declared a national priority; and the creation, strengthening and implementation of the community mental health care model.

QUARTER. General Directorate of Mental Health

The creation in the Ministry of Health of the General Directorate of Mental Health is declared of national interest, which is the structural body responsible for the design, proposal, coordination, conduction, monitoring, supervision and evaluation of Public Health Policy.

Mental.

FIFTH. Validity of Supreme Decree 033-2015- on

The provisions contained in Supreme Decree 033- remain in force and remain in full force. 2015-SA, as long as they do not oppose the provisions of this law, until the publication of the regulations referred to in the sixth final complementary provision.

SIXTH. Regulation

The Executive Branch regulates this law within sixty business days from its entry into force.

SEVENTH. Progressive implementation and strengthening mental health services

The Ministry of Health, the Social Health Insurance, the Health of the Armed Forces and the National Police of Peru will approve a Five-Year Plan for the progressive implementation and strengthening of mental health services, whose goals and monitoring are part of the report that it is presented annually before the Plenary Session of the Congress of the Republic.

Additionally, the head of the Ministry of Health (MINSA), under responsibility, informs the Health and Population Commission of the Congress of the Republic every 6 months of the strategies and deadlines to resolve gaps in mental health infrastructure.

EIGHTH. Update of the National Petition Single Essential Medicines System (UNEP)

The updating, with due technical support, of the Single National Request for Essential Medicines (PNUME) is declared a national priority.

NINTH. Generic medications

Priority essential psychotropic drugs for mental health are selected according to evidence of efficacy, safety and cost-effectiveness comparison, demonstrated by long-term studies.

The psychotropic drugs that the Ministry of Health considers within the Single National Request for Essential Medicines (PNUME) cover all the problems of



mental health and should be the subject of consultation with prescribers prior to their incorporation into the PNUME. The request is updated in accordance with current regulations and with a periodicity of no more than five years, under responsibility.

TENTH. Security stock

Pharmaceutical offices and pharmacies in public and private health establishments have the following obligations:

1. Mandatory and permanent maintenance of safety stock of psychotropic medications from the list of essential medications prioritized by the National Health Authority. This stock is equivalent to 30% of the monthly dispensation in units, identified by their International Common Name, in order to guarantee access to said medications.

The obligation implies the timely replenishment of reserves.

The National Health Authority approves annually the list of prioritized essential medicines, considering the regional and national epidemiological prevalence.

Likewise, it monitors compliance with the provisions established in the law, through its inspection actions.

2. Offer medicines in the International Common Name.

Failure to comply with these obligations is subject to the corresponding sanctions.

It is the responsibility of the pharmaceutical establishment, public or private, to comply with the provisions of the law. This does not exempt the responsibility of the owner or the chemical-pharmaceutical professional who assumes the technical direction of the pharmaceutical offices and pharmacies of health establishments, where applicable.

The National Health Authority (ANS) must apply the flexibilities provided for in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), its amendments and the Doha Declaration.

ELEVENTH. National Mental Health Council

The creation of the National Mental Health Council, under the leadership of the Ministry of Health, is declared of national interest, as a multisectoral national body, which contributes to the implementation of the guidelines for mental health action in the country.

TWELFTH. Budget resources

The comprehensive implementation of the provisions contained in this law, as well as the provision of the necessary budgetary resources, which are incorporated into the annual Public Sector Budget laws, according to the parameters and needs, is declared of national interest and preferential attention. determined by the Ministry of Health and the other competent budget documents.

COMPLEMENTARY PROVISIONS AMENDMENTS

FIRST. Modification of article 11 of Law 26842, General Health Law. Modify article 11 of Law 26842, General Health Law, modified by Law 29889, which is worded with the following text:

“Article 11.- Every person has the right to enjoy the highest possible level of mental health, without discrimination. The State guarantees the availability of mental health care programs and services in sufficient numbers throughout the national territory; and access to appropriate and quality mental health services, including promotion, prevention, recovery and rehabilitation interventions.

Promotion and prevention interventions

and detection are carried out primarily in educational institutions of basic education and higher education, public and private, at all levels.

In addition to the procedures and rights established in article 15 of this law, the following is considered in mental health care:

- to. Mental health care is provided within the framework of a community, interdisciplinary, comprehensive, participatory, decentralized and intersectoral approach.
- b. Mental health care is preferably provided on an outpatient, specialized and periodic basis, within the family, educational, community and social environment.
- c. Hospitalization is an exceptional therapeutic resource and can only be carried out when it provides greater therapeutic benefits for the patient than the rest of the possible interventions. It is carried out for the time strictly necessary and in the most health facility.
 - a. close to the user's home.
 - b. Treatment and hospitalization are carried out with the informed, free and voluntary consent of the user, except in emergency situations.
- and. The periodic medical review of diagnoses and reports that recommend the hospitalization of patients. The confinement will have a second medical opinion.
- F. “Users of mental health services, including people with mental disabilities, maintain the full exercise of their rights during their treatment and confinement.”

SECOND. Modification of article 3 of Law 29344, Universal Insurance Framework Law in Health

Amend article 3 of Law 29344, Framework Law for Universal Health Insurance, in the following terms:

“Article 3. Universal health insurance

Universal insurance in physical and mental health is a process aimed at ensuring that the entire population residing in the national territory has health insurance that allows them to access a set of health benefits of a preventive, promotional, recuperative and rehabilitative nature. , under adequate conditions of efficiency, equity, opportunity, quality and dignity, based on the Essential Health Insurance Plan (PEAS).

Universal health insurance includes the right to coverage of preventive, promotional, recuperative and rehabilitative health benefits related to mental health care.”

THIRD. Incorporation of the second paragraph in article 13 of Law 29344, Framework Law for Universal Health Insurance

Incorporate a second paragraph in article 13 of Law 29344, Framework Law for Universal Health Insurance, in the following terms:

“Article 13. Essential Health Insurance Plan

[...]

In the field of mental health, the Essential Health Insurance Plan (PEAS) considers the mental health problems contemplated in the Chapter of Mental and Behavioral Disorders of the International Classification of Diseases (ICD) of the World Health Organization , in force at the time of health care as insurable conditions that must be financed to all insured people, including the provision of necessary medications by the institutions that manage health insurance funds, whether public, private or mixed, and contains explicit guarantees of opportunity and quality for all

beneficiaries. The aforementioned implementation will be carried out programmatically in accordance with the sector's budget.
"Special attention is paid to cases of mental disorders in childhood."

REPEALING COMPLEMENTARY PROVISION

ONLY. Repeal

Law 29889, Law that modifies article 11 of Law 26842, General Health Law, is repealed and guarantees the rights of people with mental health problems.

Please inform the President of the Republic for its promulgation.

In Lima, on the thirtieth day of the month of April, two thousand nineteen.

DANIEL SALAVERRY VILLA

President of the Congress of the Republic

LEYLA CHIHUÁN RAMOS

First Vice President of the Congress of the Republic

TO THE PRESIDENT OF THE REPUBLIC

THEREFORE:

I order it to be published and fulfilled.

Given at the Government House, in Lima, at twenty-two days of the month of May of the year two thousand and nineteen.

MARTIN ALBERTO VIZCARRA CORNEJO

Republic President

SALVADOR DEL SOLAR LABARTHE

President of the Council of Ministers

1772004-1

LAW Nº 30948

THE PRESIDENT OF THE REPUBLIC
HOW MUCH:

THE CONGRESS OF THE REPUBLIC;

He has given the following Law:

DEVELOPMENT PROMOTION LAW

FROM THE SCIENTIFIC RESEARCHER

Article 1. Object of the Law

The purpose of this law is to promote the work of highly specialized scientific researchers, selected through competitive and transparent processes, which allow for a platform for scientific and technological development in favor of the country.

For this purpose, the career of the scientific researcher is recognized, mainly highlighting the merit of their scientific or technological activities, and mechanisms are established to attract and retain the scientific researcher, national and foreign; to strengthen and consolidate national competitiveness and to provide the State with human capital in science, technology and technological innovation that contributes to the sustainable development of the country.

Article 2. Responsible

The National Council of Science, Technology and Technological Innovation is responsible for the selection, evaluation and supervision of scientific researchers in the exercise of their scientific work, in order to promote their development.

Article 3. Requirements to qualify as a scientific researcher

The minimum requirements to be qualified as a scientific researcher are the following:

- to. Have the academic degree of doctor, obtained in person and recognized by the National Superintendency of Higher University Education.
- b. Carry out scientific research or technological development activities (publications in indexed journals, patents, records, books, book chapters, participation in conferences and similar events, training of new scientists, popular publications and/or others expressly established by the regulations) .
- c. Have a record of publications in scientific or technological journals indexed in Web Of Science, SCOPUS or other similar journals in the last five years; or have intellectual property registration such as patents or other forms of protection of inventions or new technologies granted or registered in the National Institute for the Defense of Competition and the Protection of Intellectual Property.

Article 4. Categories of scientific researcher

4.1. The categories of scientific researcher depend on their scientific or technological production and their academic training and are the following:

- a) Category I researcher
- b) Category II researcher
- c) Category III researcher
- d) Postdoctoral researcher.

4.2. The requirements for the categorization of the scientific researcher are established by the National Council of Science, Technology and Technological Innovation in the regulations of this law and qualified scientific researchers are registered in the National Scientific, Technological and Technological Innovation Registry.

4.3. Scientific researchers can be promoted in the different categories, at their own request or ex officio by the National Council of Science, Technology and Technological Innovation, as long as compliance with the requirements of the respective category is accredited.

Article 5. Obligations of the scientific researcher

Scientific researchers have the following obligations:

- a) Commit to the objectives of the National System of Science, Technology and Technological Innovation and the entity to which it is assigned or belongs.
- b) Diligently perform the functions corresponding to their position, acting with scientific rigor, probity, transparency, confidentiality and efficiency.
- c) Provide in a timely manner the information requested by the National Council of Science, Technology and Technological Innovation.
- d) Assist with the training or training of human resources of the National System of Science, Technology and Technological Innovation.
- e) Comply with the provisions issued by the National Council of Science, Technology and Technological Innovation.
- f) Maintain an annual record of publications, in accordance with the regulations of this standard.
- g) Participate in scientific events such as conferences, symposiums, forums.
- h) Others established in the regulations of this law.

Article 6. Disciplinary regime

Actions or omissions to comply with the obligations established in this law and its regulations constitute infractions subject to sanctions. Infractions are classified as minor, serious and very serious. The classification of infractions, as well as the amount and grading of the sanctions, are established in the regulations of this law.