

**Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila**

**Twentieth Congress
First Regular Session**

HOUSE BILL NO. 1881



Introduced by Hon. Alexandria P. Gonzales

EXPLANATORY NOTE

Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Protective and supportive environments in the family, at school and in the wider community are important.

Mental health conditions, such as childhood epilepsy, developmental disabilities, depression, anxiety, and behavioral disorders, are major causes of illness and disability among young people. Worldwide, 10% of children and adolescents experience a mental disorder, but the majority of them do not seek help or receive care. Suicide is the fourth leading cause of death in 15–19-year-olds¹.

Approximately 40% of the total Philippine population is comprised of Filipinos below 18 years of age². Among Filipino children aged 5 to 15, 10% to 15% are affected by mental health problems³. Reported suicide rates in the Philippines have been increasing over the past several decades, particularly among young people, with the latest estimate (in 2015) indicating 17% of young people aged 13–15 had attempted suicide⁴.

The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults. While the Mental Health Act was passed in 2018, with the goal of improving the delivery of integrated mental health services and promoting and protecting the rights of people who use psychosocial health services, the provisions for the mental health of children and adolescents were too broad and undefined.

¹Adolescent mental health key facts. World Health Organization. 2021. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. Accessed May 25, 2022.

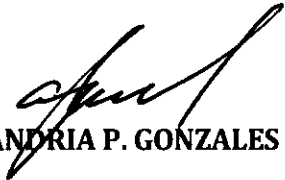
²Global school-based student survey: Philippines 2015 fact sheet. World Health Organization. 2015. Available from: https://www.who.int/ncds/surveillance/gshs/PIH2015_fact_sheet.pdf. Accessed May 25, 2022.

³Golberstein E, Wen H, Miller BF. Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. *JAMA Pediatr.* 2020;174(9):819–20. doi: 10.1001/jamapediatrics.2020.1456.

⁴Prevention and management of mental health conditions in the Philippines. The case for investment. Manila: World Health Organization Regional Office for the Western Pacific; 2021.

This bill takes the initial steps toward emphasizing the importance of focused mental health services and programs for children and adolescents. This seeks to provide programs and strategies that include mechanisms for promotion and prevention, appropriate response and interventions, and adequate psychosocial care and support, aimed at addressing mental health care needs of children and adolescents within a local community.

Given the foregoing concerns, the passage of this bill is earnestly sought.



ALEXANDRIA P. GONZALES

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 1891

Introduced by Hon. Alexandria P. Gonzales

AN ACT
TO ESTABLISH ACCESSIBLE AND AGE-APPROPRIATE MENTAL HEALTH SERVICES FOR
CHILDREN AND ADOLESCENT POPULATION, EMPHASIZING THEIR UNIQUE NEEDS
AND CONDITIONS, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

Chapter I
GENERAL PROVISIONS

Section 1. Short Title. — This Act shall be known as the "*Lusog Kaisipan ng Pag-asa ng Bayan Act.*"

Sec. 2. Declaration of Policy. — The State shall protect and promote the right to health of the people and instill health consciousness among them. In order to value the physical, moral, spiritual, intellectual, and social well-being of children and adolescents, the State shall adopt an integrated and comprehensive approach to health development, recognizing their vital role in nation-building. The State shall prioritize the needs of the children and adolescents, particularly the disabled and vulnerable individuals, by strengthening the provisions of proper care, health support, and special protection against circumstances prejudicial to their growth and development.

To this end, the State shall, as a matter of policy, provide quality, affordable and geographically accessible mental health services and programs to children and adolescents within local communities of cities and municipalities.

Sec. 3. Objectives. — The objectives of this Act, with respect to the city and municipal local governments, are as follows:

- (a.) Improve access to mental health services at the primary level of care for the purpose of attaining a person-centered, recovery-oriented, and rights-based coordinated care;
- (b.) Intensify the promotion of mental wellness, prevention of mental health conditions, and protection of the rights of service users in a

wider societal framework;

- (c.) Strengthen the services for screening and early detection of mental health conditions which are sensitive and responsive to the developmental stage of children and adolescents with a goal of providing timely and affordable interventions;
- (d.) Heighten the mechanisms for suicide intervention, prevention, and response strategies, including the setting up of, or linking with, twenty-four-seven (24/7) crisis hotlines; and
- (e.) Institutionalize an intersectoral collaboration with various stakeholders and agencies, including the participation of representatives from local youth organizations, to ensure effective community-based mental health service delivery.

Sec. 4. Scope and Coverage. — This Act shall apply to local governments and health care institutions that provide health care and social services to persons under the age of eighteen. For purposes of this Act, the term “under the age of 18” shall also include those persons who have attained the age of 18 years but are suffering from mental health conditions, either congenital or acquired, that render them completely reliant on another person for a living and support.

Sec. 5. Definition of Terms. — For purposes of this Act, the following terms shall be defined as follows:

- (a.) “Mental Health,” as defined in Republic Act (RA) No. 11036, refers to a state of well-being in which the individual realizes one's own abilities and potentials, scopes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community;
- (b.) “Mental Health Condition,” as defined in Republic Act (RA) No. 11036, 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 behavioral 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;
- (c.) “Psychosocial Problems,” as defined in Republic Act (RA) No. 11036, 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;

- (d.) "Suicide prevention" refers to a collection of efforts to reduce the risk of suicide, including the recognition of risk factors, warning signs, and underlying conditions as well as the methods, strategies, and best practices for preventing suicidal thoughts and acts.
- (e.) "Catchment area," as defined in this Act, refers to area in relation to human geography, from which a location, such as a city or municipality, a service institution, or local facility, attracts a specified population that uses its services and economic opportunities as established by government agencies or organizations for the provision of services.
- (f.) "Health Care Provider Network (HCPN)" refers to an interlinking of a group or cluster of primary care providers and facilities with secondary and/ or tertiary care providers within defined geographic or political boundaries, for purposes of delivering an integrated, coordinated, and efficient health care services.

Chapter II

ACCESS TO MENTAL HEALTH SERVICES

Sec. 6. Local Ordinance. — All cities and municipalities shall enact a local ordinance on the subject of mental health, consistent with existing relevant national policies and guidelines, for effective implementation of mental health care and wellness policy within their respective territorial jurisdiction.

The League of Cities, or of Municipalities as the case maybe, of the Philippines shall serve as a forum in adopting coordinated and integrated measures for the delivery of mental health services, including the formation or improvement of accessible healthcare provider networks and linkages for mental health.

Sec. 7. Catchment Areas. — All local government units shall serve as "catchment areas" for mental health issues and conditions. As catchment area, the LGU shall, at a minimum, shall provide availability of common psychotropic medications, adequate human resource for community services, local service budget for child and adolescent mental health, and sustainable working relationships between services (intersectoral collaboration).

Sec. 8. Mental Health Facilities for Child and Adolescents. — Wherever possible, child and adolescent mental health services should be located separately from general child and adolescent health facilities, as well as separately from adults, because

children and adolescents can experience fear and intimidation if they are treated alongside adults. Emphasis shall be on a commitment to the mainstreaming of care services for children and adolescents with mental disorders in community settings.

A municipality, in particular, shall develop or improve its primary health care or community mental health care facilities with skilled health care workers and necessary equipment and supplies predicated on its determination of necessity based on well-supported data provided by its local health office. These facilities must be able to provide the primary level of public health care model, such as:

- (a.) Promotion of mental wellness and primary prevention of mental disorders;
- (b.) Screening and identification of young people at risk of for mental health problems (including suicidal tendencies);
- (c.) Short-term counselling services for young people and their families;
- (d.) Basic management of common mental disorders and psychiatric emergencies;
- (e.) Follow-up and support for young people with chronic mental conditions;
- (f.) Linking with other local and provincial sectors and NGOs in cross-sectoral prevention and promotion initiatives.

Sec. 9. Mental Health Care Provider Networks. — Each LGU shall create a directory of all available mental health care facilities for persons with mental health conditions. A cluster of cities and/or municipalities, in collaboration with the provincial or regional health facilities, shall establish a multi-sectoral stakeholder network through which service users can be referred to facilitate access to mental health facilities, professionals, workers, and other service providers for appropriate care.

Likewise, a directory of location of access sites for the Medicine Access Program for Mental Health (MAP-MH), Malasakit Centers, and PhilHealth-accredited health facilities shall be regularly updated and readily available to service users.

Sec. 10. Informal Community Mental Health. — An informal community care shall also be developed in collaboration with families, barangays, schools, workplaces, and local non-governmental organizations with a focus of services on promotion of mental health and parental and youth education about general health and mental health issues.

Sec. 11. Intersectoral Communication. — Each city and municipal local government shall improve its communication strategies between the health and education systems to facilitate early recognition and the implementation of appropriate school-based interventions for children and adolescent with mental health concerns.

Sec. 12. Psychotropic Medicines for Children and Adolescents. — Each city and municipal local governments shall ensure the availability of psychotropic medicines and other therapeutic interventions within its territorial jurisdiction. Primary care physicians shall be able to prescribe psychotropic medications for children and adolescents when clinically indicated, and generally as part of a more comprehensive management plan. Every effort shall be made to ensure that both the child or adolescent and his or her family understand and agree with a recommendation that medication is indicated. When prescribing and dispensing these medications, safety precautions must also be imposed.

Sec. 13. Coordinated Training and Capacity Development Programs. — Each city and municipality shall coordinate with appropriate national government agencies and other stakeholders its need for training programs to improve the ability of local government mental health care providers. The Department of the Interior and Local Government (DILG), as member of the Philippine Council for Mental Health, shall ensure that these programs are consistent with the national strategies and programs for mental health and that each LGU is part of an existing and/or functioning healthcare provider network.

Chapter III

INTERSECTORAL MENTAL HEALTH PROGRAMS

Sec. 14. Role of the Council for the Welfare of Children. — To ensure sustained, integrated activity across different sectors and government agencies, the Council for the Welfare of Children (CWC) shall identify a focal person to coordinate the implementation, monitoring, and evaluation of mental health policies, programs and measures for children and adolescents. The focal person shall also foster collaboration between the different sectors concerned, such as education, welfare, religion, housing, correctional services, police, and other social services, as the mental wellbeing of children and adolescents is influenced and significantly impacted by a myriad of societal factors.

Sec. 15. “Meaningful” Child Participation. Child participation and empowerment in decision-making affecting their lives shall be promoted in several settings. The extent of child participation through children’s associations or organizations shall be established in order to consider the determinants of a “meaningful” child participation. Local Youth Development Councils shall formulate standards and procedural guidelines for this purpose.

Sec. 16. Responsibilities of Families and Communities. — The families and communities shall support the local government programs by actively participating in various projects for mental health for children and adolescents, such as in mental health advocacy, policy planning and public consultations, feedbacks for service provisions, and formulation of psychosocial care programs.

Sec. 17. Academic and Educational Institutions. — The DILG, in partnership with the DepEd, must design a guidance program to assist the parents, teachers, health care workers, and carers in addressing the mental health needs of children and adolescents in and out of the school premises. These guidance programs, or packages, must be evidence-based, age-appropriate, and socially inclusive. As far as practicable, representatives from local youth organizations shall be a participant in the development and implementation of these guidance packages.

The following topics shall be discussed in Filipino, local dialect, or lay terms as part of the guidance program: (a) the brain and how it functions; (b) psychological and emotional development; (c) the effects of stress and how to effectively cope stress; (d) common mental health conditions in children and adolescents, including preventive and early intervention strategies and programs; (e) available health facilities and support programs, including crisis hotlines and suicide support groups; (f) special needs of children and adolescents who are victims of abuse, neglect, and those in conflict with the law; and (g) valuing mental health by reducing stigma and discrimination.

Sec. 18. Social Welfare and Mental Health. — Each city and municipality shall also provide or facilitate access to public housing facilities, vocational training and skills development programs, and disability or pension benefits. Priority programs should be given to vulnerable populations such as orphans, children with chronic medical illness, those with learning disabilities, refugees, the mentally handicapped, physically, sexually, or emotionally abused or neglected children, and children or youth in conflict with the law.

Sec. 19. Research. — Each city and municipal local government shall adopt a network of institutions involved in child and adolescent mental health research, which can serve as research and training resource centers. They shall also develop an inventory of potential sources of funding for research or dedicate a proportion of research funding available to child and adolescent epidemiological and health services research.

Sec. 20. Mental Health Data and Information. — All local government units shall coordinate with the National Center for Mental Health, as the national repository of mental health research and information, to improve the collection of information and data, the undertaking of research studies, and the evaluation of policies and services on mental health, thereby further enhancing the standards and delivery of care services and programs.

Chapter IV

MISCELLANEOUS PROVISIONS

Sec. 21. Monitoring, Evaluation, and Reporting of Mental Health Programs.

— The DILG, through the CWC, shall monitor the implementation of the program and report its status to the PCMH at least once every three (3) years. The PCMH, via the DOH Annual Report, shall publish a full report of these programs and services in compliance with the provisions of the Mental Health Act and this Act.

Sec. 22. Appropriations. — The amount necessary for the needs analysis and other preliminary determination on the necessity to establish or upgrade mental health services shall be charged against the current appropriated funding of each LGU concerned and any subsequent funding shall be included in the Annual General Appropriation Act. The LGU shall set aside funds from any available local revenue in an amount deemed appropriate by the local officials concerned for the operation and maintenance of the appropriate mental health care facilities and/or services.

Sec. 23. Separability. — Should any provision of this Act be declared invalid or unconstitutional, the validity or constitutionality of the remaining provisions shall not be affected thereby.

Sec. 24. Repealing Clause. — All laws, decrees, letters of instructions, resolutions, orders, ordinances, or parts thereof which are inconsistent with the provisions of this Act, are hereby repealed, amended, or modified accordingly.

Sec. 25. Effectivity Clause. — This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,