

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

TWENTIETH (20th) CONGRESS
FIRST REGULAR SESSION

House Bill No. **2734**



Introduced by
Rep. ROBERT NAZAL

AN ACT
ESTABLISHING A COMPREHENSIVE NATIONAL MENTAL HEALTH PROGRAM
FOR THE YOUTH, INSTITUTIONALIZING MENTAL HEALTH SERVICES IN ALL
EDUCATIONAL AND COMMUNITY SETTINGS, AND APPROPRIATING FUNDS
THEREFOR

EXPLANATORY NOTE

In recent years, mental health issues among Filipino youth have escalated to crisis proportions, driven by a convergence of social, economic, digital, and environmental stressors. Across all levels of education and in many communities, young people face a variety of psychosocial challenges, ranging from academic pressure and social anxiety to cyberbullying, poverty, and the aftermath of the COVID-19 pandemic that compromise their emotional well-being and future prospects.

A growing body of scholarly research confirms these trends. A nationwide study conducted by Redaniel et al. (2011) found a persistent increase in suicide rates among young Filipinos, especially in urban areas where exposure to stress and substance use is higher.¹ More recently, Estrada et al. (2021) documented the correlation between prolonged school closures during the pandemic and a marked decline in adolescent mental well-being, citing increased rates of depression and social withdrawal.²

Globally, the World Health Organization (WHO) has identified suicide as the second leading cause of death among individuals aged 15 to 29, underscoring the urgency of early intervention and systemic support. In the Philippines, data from the Department of Health show that suicide rates among youth rose by at least 25% between 2019 and 2021.³

¹ Redaniel, M. T., Lebanan-Dalida, M. A., & Gunnell, D. (2011). Suicide in the Philippines: time trend analysis (1974–2005) and literature review. *BMC Public Health*, 11(1), 536.

² Estrada, G. C., & Valerio, P. C. (2021). Psychological Effects of Online Learning During the COVID-19 Pandemic on Filipino Adolescents. *Philippine Journal of Psychology*, 54(1), 89–112.

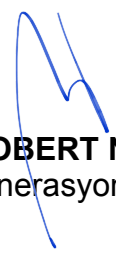
³ World Health Organization (2021). Suicide worldwide in 2019: Global health estimates. Geneva: WHO.

Unaddressed mental health concerns are linked not only to poor academic outcomes and unemployment but also to increased risks of violence, substance dependency, and generational poverty. Without intervention, these risks have a cascading effect on the nation's productivity and long-term human capital development.

This measure is grounded in the belief that good mental health is fundamental to a young person's ability to learn, earn, lead, and serve. The bill seeks to institutionalize a comprehensive, community-anchored, rights-based youth mental health program, addressing both clinical and non-clinical needs through accessible, preventive, and inclusive systems.

The proposed measure operationalizes the values of the Bagong Henerasyon Partylist through its BH HELPS agenda, prioritizing Health and Protection while supporting the Education and Livelihood aspirations of the youth. It also supports key priorities in the Philippine Development Plan 2023–2028, particularly under Chapter 3 (Expanding Access to Quality Health) and Chapter 11 (Building Resilient Communities). Furthermore, it aligns with the United Nations Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages.⁴

With this bill, we lay the legislative foundation for a generation of mentally resilient, emotionally intelligent, and socially engaged Filipino youth- our Bagong Henerasyon. In view of the foregoing, the immediate passage of this bill is earnestly sought.



Rep. ROBERT NAZAL
Bagong Henerasyon Party-List

⁴ Department of Health, Philippines. Mental Health Situation Report (2022).

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

SECTION 1. SHORT TITLE.

This Act shall be known as the “National Youth Mental Health and Wellness Act.”

SECTION 2. DECLARATION OF POLICY.

It is the policy of the State to protect and promote the mental health and emotional well-being of all Filipino youth. The State shall institutionalize a rights-based, inclusive, preventive, and accessible mental health framework. This includes efforts to de-stigmatize mental illness, increase public awareness, and mainstream psychosocial support services across all sectors impacting the youth.

This policy is grounded in the constitutional mandate to protect and promote the right to health of all citizens (Article II, Section 15 of the 1987 Constitution). It also echoes the provisions of Republic Act No. 11036, or the Mental Health Act, which affirms the right of all Filipinos to mental health services. However, this Act places specific focus on the youth population, recognizing that adolescence and early adulthood are critical windows for mental health promotion and intervention.

The State acknowledges that youth mental health must be approached holistically, encompassing emotional, social, environmental, and cultural dimensions of well-being. Programs and interventions shall be sensitive to the intersectional realities faced by

youth, including those related to poverty, gender identity, disability, and geographic inequality.

In implementing this policy, the State shall:

- A. Adopt a preventive and promotive approach to youth mental health;
- B. Ensure the delivery of comprehensive mental health services across the education, health, and social welfare sectors;
- C. Engage families, schools, youth groups, and local communities as key stakeholders in mental health promotion;
- D. Protect the rights of young persons with mental health conditions against discrimination and abuse; and
- E. Invest in the development of a mental health workforce capable of addressing the unique needs of youth.

The State recognizes that mental health is an integral part of overall health and well-being and must be treated with the same urgency and legitimacy as physical health. The policy acknowledges the societal barriers, including stigma and lack of services, exorbitant costs that continue to marginalize those suffering from psychological distress.

SECTION 3. OBJECTIVES.

This Act aims to:

- A. Establish integrated mental health services in all public and private schools, State Universities and Colleges (SUCs), Local Universities and Colleges (LUCs), and barangay communities to ensure every Filipino youth has access to mental health support.
- B. Promote mental health education and awareness campaigns that reduce stigma, build mental health literacy, and encourage open dialogue about emotional and psychological well-being.
- C. Require and support the training of school personnel, barangay officials, and LGU officers in psychological first aid and youth mental health support.
- D. Ensure access to qualified mental health professionals, including psychologists, psychiatrists, and licensed counselors, particularly in rural and underserved areas.
- E. Institutionalize research and data collection mechanisms that allow for evidence-based policy development, implementation, and continuous improvement of mental health initiatives.

SECTION 4. DEFINITION OF TERMS.

As used in this Act, the following terms shall mean:

- A. Mental Health - refers to a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively, and is able to contribute to their community
- B. Youth - refers to all individuals aged ten (10) to thirty (30) years, consistent with the Sangguniang Kabataan age bracket and UN youth definitions
- C. Psychosocial Support – refers to non-clinical interventions that address emotional, social, cognitive, and behavioral needs of individuals affected by stress or trauma
- D. Community Mental Health Services - refer to services provided outside hospital settings, focusing on accessible, community-based, and early intervention mental health programs
- E. Crisis Intervention - refers to a short-term, immediate psychological care aimed at assisting individuals in a crisis situation to restore equilibrium to their biopsychosocial functioning

SECTION 5. SCOPE AND COVERAGE.

This Act shall apply to all Filipino citizens aged 10 to 30, regardless of gender, religion, or socio-economic status, who are enrolled in public or private educational institutions, Alternative Learning System (ALS) programs, or residing in barangay communities. The Act shall also apply to out-of-school youth, youth with disabilities, youth in conflict with the law, and those from indigenous communities.

SECTION 6. NATIONAL YOUTH MENTAL HEALTH PROGRAM (NYMHP).

The Department of Health (DOH), in coordination with the Department of Education (DepEd), Commission on Higher Education (CHED), Department of Social Welfare and Development (DSWD), National Youth Commission (NYC), and Technical Education and Skills Development Authority (TESDA), shall design, establish, and operationalize the National Youth Mental Health Program (NYMHP) within one year from the effectivity of this Act.

The NYMHP shall serve as the principal national strategy to deliver, standardize, and evaluate all mental health-related services and programs for youth across schools, communities, and public institutions. It shall function as an integrated multi-agency

platform guided by principles of equity, inclusivity, youth participation, and data-driven innovation.

The Program shall define core goals such as:

- A. Expanding access to timely and culturally competent mental health care and psychosocial support;
- B. Enhancing community-based mental health systems for youth in remote and marginalized settings;
- C. Creating measurable targets for prevention, early intervention, treatment, and recovery; and
- D. Mainstreaming mental wellness as a national development priority.

The NYMHP shall likewise include national goals, implementation strategies, regional adaptation mechanisms, and a built-in monitoring and evaluation system. Program guidelines shall require that all youth mental health initiatives be inclusive of gender, ethnicity, disability, and socio-economic class.

Every five (5) years, a comprehensive review of the NYMHP shall be conducted to assess program effectiveness, identify gaps, and update strategies in light of emerging mental health trends. A biennial update mechanism shall be mandated to ensure flexibility in response to urgent needs, such as mental health crises following disasters, conflict, or pandemics.

A National Steering Committee shall be created and co-chaired by the Secretaries of DOH and DepEd. It shall include representatives from CHED, TESDA, DSWD, NYC, the private sector, youth leaders, and accredited mental health professionals. The Steering Committee shall be tasked with overseeing the program's rollout, compliance, funding allocation, and inter-agency coordination.

To facilitate localized implementation, Regional Youth Mental Health Units (RYMHUs) shall be established under the Centers for Health Development (CHDs), ensuring regional adaptations of the NYMHP in line with cultural, linguistic, and socio-economic contexts. national goals, implementation strategies, regional adaptation mechanisms, and a built-in monitoring and evaluation system. The program shall prioritize evidence-based and culturally-sensitive approaches. Every five years, a comprehensive review shall be conducted, and biennial updates shall be mandated to address emerging mental health trends.

SECTION 7. SCHOOL-BASED MENTAL HEALTH SERVICES.

All public and private educational institutions, including elementary schools, high schools, State Universities and Colleges (SUCs), and Local Universities and Colleges (LUCs), shall be required to establish a Mental Health and Psychosocial Services (MHPS) Unit as an institutional mechanism for promoting and protecting youth mental health.

The MHPS Unit shall perform the following core functions:

- A. Early Identification and Assessment - Implement regular mental health screening and assessment protocols to identify at-risk students based on behavioral, academic, or self-reported indicators;
- B. Provision of On-Site Counseling - Offer confidential, voluntary, and culturally responsive counseling services by qualified mental health professionals, including but not limited to licensed guidance counselors, psychologists, and mental health nurses;
- C. Referral Systems - Establish a clear and efficient internal and external referral protocol for students requiring psychiatric intervention, trauma counseling, or specialized care. This includes coordination with local health units, hospitals, and accredited private sector providers;
- D. Education and Awareness Campaigns - Conduct regular seminars, mental health weeks, and peer-led forums to promote positive mental health, reduce stigma, and encourage openness in discussing emotional well-being; and
- E. Peer Support and Engagement - Collaborate with student councils, youth organizations, and existing peer networks to embed mental health advocacy in the culture of the school.

Each MHPS Unit must be staffed by at least one (1) licensed guidance counselor, clinical psychologist, or registered mental health nurse for every 500 students enrolled. Schools with populations exceeding 2,000 students must maintain a full multidisciplinary mental health team.

In schools without the capacity to employ full-time staff, DOH and DepEd shall ensure the provision of mobile counseling teams and virtual mental health services, especially for rural and underserved areas.

Schools shall submit an annual MHPS Plan and Report to DepEd or CHED, detailing staffing, programs conducted, referrals made, and outcomes observed. These shall inform national policy through aggregation into the Youth Mental Health Database under Section 13.

All MHPS Units shall adhere to ethical standards of practice, uphold the confidentiality of students, and align with the Data Privacy Act of 2012 and the Magna Carta for Public School Teachers and other related professional codes. by at least one licensed guidance counselor, mental health nurse, or clinical psychologist per 500 students.

SECTION 8. BARANGAY-BASED SUPPORT AND HELPLINES.

To ensure that mental health support reaches even the most grassroots levels of society, every barangay shall establish a Barangay Mental Health Desk (BMHD) within its Barangay Health Center. These desks shall be staffed by trained barangay health

workers, youth development officers, or social workers, and shall serve as the first line of assistance for youth experiencing psychological distress or emotional crises.

The functions of the BMHD shall include:

- A. Providing psychological first aid and initial psychosocial support;
- B. Identifying and referring youth at risk to nearby MHPS Units or health facilities;
- C. Disseminating culturally appropriate mental health information and educational materials; and
- D. Supporting the implementation of barangay-level mental health programs and youth well-being initiatives.

To equip BMHDs for these tasks, the DOH and DILG shall jointly roll out a national Community-Based Youth Mental Health Training Program, to be completed by at least two barangay personnel per barangay annually. These trainings shall cover:

- A. Basic concepts of youth mental health and emotional development;
- B. Detection of mental health warning signs;
- C. Psychological first aid and de-escalation techniques;
- D. Referral pathways and emergency protocol.

In addition, a nationwide 24/7 Mental Health Helpline System shall be developed, managed, and coordinated by DOH in collaboration with the private sector and accredited mental health NGOs. The helpline shall:

- A. Operate through call, SMS, and online chat interfaces;
- B. Be accessible via multiple languages and dialects to address regional diversity;
- C. Offer real-time crisis counseling, referral services, and follow-up support;
- D. Be advertised regularly across schools, barangays, social media platforms, and mass media.

The barangay-based services and helpline system shall be integrated into the broader Youth Mental Health Program to ensure coherence, continuity, and responsiveness of care. Barangays shall include mental health action items in their annual investment plans, which shall be monitored and supported by the municipal or city health offices. of 24/7 Mental Health Helplines shall be established and coordinated by DOH in partnership with local governments, schools, and accredited NGOs. These helplines shall be multilingual, youth-focused, and accessible via mobile and online platform.

SECTION 9. CAPACITY BUILDING AND TRAINING.

All educational institutions and local government units (LGUs) shall ensure that designated personnel, including guidance counselors, teachers, health workers, and youth development officers, undergo annual training in the following areas:

- A. Mental health literacy;
- B. Adolescent and youth psychology;
- C. Suicide prevention and crisis intervention; and
- D. Gender-sensitive and culturally responsive counseling.

Training modules shall be developed in partnership with the Psychological Association of the Philippines (PAP), the Department of Health (DOH), and accredited academic institutions. Said modules shall be regularly reviewed and updated to reflect emerging mental health challenges and evidence-based practices.

SECTION 10. PEER SUPPORT NETWORKS.

This Act mandates the establishment of Peer Support Networks in high schools, colleges, universities, and recognized youth organizations. These networks shall:

- A. Act as first-line peer responders in cases of psychological distress or emotional crisis;
- B. Promote a safe, inclusive, and stigma-free environment for mental health conversations;
- C. Receive structured training and continuous mentorship from school-based Mental Health and Psychosocial Support (MHPS) units, in coordination with the DOH and mental health professionals;
- D. Contribute to the normalization of help-seeking behavior among the youth.

The National Youth Commission (NYC), in coordination with the Department of Education (DepEd) and the Commission on Higher Education (CHED), shall accredit, support, and monitor these peer networks.

SECTION 11. MENTAL HEALTH AWARENESS IN THE CURRICULUM.

DepEd and CHED shall ensure the integration of age-appropriate and culturally sensitive mental health education into formal curricula beginning at Grade 6. Instruction shall cover, but not be limited to, the following topics:

- A. Emotional awareness, regulation, and resilience;
- B. Managing peer pressure, bullying, and academic stress;
- C. Recognizing symptoms of anxiety, depression, and trauma; and
- D. Suicide prevention and how to access help.

Learning materials shall be locally contextualized, inclusive of marginalized experiences, and responsive to the psychosocial realities of adolescents and young adults in diverse settings. Curriculum implementation shall be supported by regular teacher training and parent education sessions.

SECTION 12. ACCESSIBLE MENTAL HEALTH SERVICES.

The Department of Health (DOH), in coordination with the Department of the Interior and Local Government (DILG), DepEd, CHED, and LGUs, shall ensure the availability and accessibility of comprehensive, youth-centered mental health services across all regions. The following strategies shall be implemented:

A. Mental Health Workforce Expansion

The DOH shall prioritize the hiring, training, and deployment of licensed mental health professionals, including psychologists, psychiatrists, psychometricians, psychiatric nurses, and youth counselors, in all public hospitals, rural health units, municipal health centers, and school-based clinics. This includes the creation of plantilla positions specifically for youth-focused mental health care.

B. Integrated Mental Health Access Points

All public health centers and school clinics shall establish clearly designated, youth-friendly access points for confidential mental health consultations. These spaces shall be inclusive, welcoming, and sensitive to gender, cultural, and disability considerations.

C. Digital Mental Health Platform

The DOH shall develop and maintain a national online mental health portal providing:

- a. Information on available services and accredited providers;
- b. Self-screening tools and educational resources;
- c. Access to tele-counseling and virtual consultations, with priority given to remote and underserved communities.

D. Inter-agency Referral and Case Management System

A streamlined referral mechanism shall be institutionalized to facilitate real-time referrals from schools, barangay health stations, and community-based programs to appropriate care providers. This system shall ensure timely intervention and coordinated case management.

E. Mobile Mental Health Units

The DOH shall deploy Mobile Mental Health Response Units composed of multidisciplinary teams to deliver services, including consultation, crisis intervention, and

medication, to geographically isolated and disadvantaged areas. These units shall also be activated in response to disasters and conflict-related emergencies.

F. Youth Accessibility Provisions

All mental health services under this Act shall be provided free of charge to indigent youth and students enrolled in public educational institutions. Service hours shall be adjusted to accommodate school schedules, including availability during evenings and weekends.

G. Partnership with the Private Sector and Civil Society

The State shall encourage partnerships with accredited private mental health providers, non-government organizations (NGOs), and professional associations to expand service reach and improve program quality. Accredited partners may be integrated into the national referral and response network.

All services and programs under this section shall adhere to the highest standards of ethics and professionalism, with full respect for patient confidentiality, informed consent, and the rights guaranteed under the Data Privacy Act of 2012 (RA 10173).

SECTION 13. DATA COLLECTION AND RESEARCH.

The DOH, in collaboration with the Philippine Statistics Authority (PSA), DepEd, and CHED, shall develop and maintain a National Youth Mental Health Database. This database shall contain anonymized and aggregated data on:

- A. Prevalence and incidence rates of youth mental health conditions;
- B. Utilization and impact of programs and services;
- C. Resource distribution and gaps across regions;
- D. Demographic patterns and vulnerabilities.

All data collection and management activities shall strictly comply with the provisions of the Data Privacy Act of 2012 (RA 10173) and relevant ethical research standards.

SECTION 14. FUNDING AND INCENTIVES.

An initial appropriation of Two Billion Pesos (PhP 2,000,000,000.00) shall be allocated from the General Appropriations Act for the implementation of this Act. In addition, the following funding mechanisms and incentives shall be made available:

- A. Tax deductions for private corporations that sponsor or co-finance accredited mental health programs;
- B. Performance-based grants for LGUs demonstrating exemplary implementation of youth mental health initiatives;
- C. Seed funding and technical assistance for school-based and community-driven mental health projects led by NGOs, youth groups, and academic institutions.

The national budget shall be reviewed annually to assess funding needs and ensure the sustainability and scalability of programs under this Act.

SECTION 15. SEPARABILITY CLAUSE.

If any provision of this Act is declared invalid or unconstitutional, the provisions not affected thereby shall remain in full force and effect.

SECTION 16. REPEALING CLAUSE.

All laws, executive orders, proclamations, rules, regulations, and other issuances or parts inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

SECTION 17. EFFECTIVITY.

This Act shall take effect fifteen (15) days following its complete publication in the *Official Gazette* or a newspaper of general circulation.

Approved,