

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 3601



Introduced by Hon. Florabel Co Yatco

EXPLANATORY NOTE

The first 1,000 days of life—from conception to a child’s second birthday—are widely recognized as the most critical period in human development. During this window, the physical, emotional, and cognitive foundations for a child’s lifelong health are established. Equally important, yet often overlooked, is the mental health and psychosocial well-being of mothers during this vital phase. Maternal mental health directly affects parenting capacity, infant development, and family functioning.

Mothers are often seen as tireless, resilient, and able to endure all kinds of pain—physical, emotional, even mental. But behind that strength are real struggles that too often go unseen and unspoken. It is heartbreaking and alarming to see the rising number of mothers who have taken their own lives—overwhelmed, unheard, and untreated. But these are not just numbers. These are cries for help from women who needed care and compassion, but who found none.

Postpartum depression (PPD) and other maternal mental health conditions are serious and growing public health concerns. Yet they remain underdiagnosed, underreported, and underserved in our healthcare system. While the Mental Health Act laid an important foundation, it does not go far enough in addressing the mental health needs of mothers.

Studies show that depression, anxiety, and other mental health issues are among the most common complications during pregnancy and the postpartum period. According to the World Health Organization (WHO), approximately 10–15% of women in developing countries experience perinatal mental health disorders. In the Philippines, these challenges are often undetected, untreated, or dismissed due to stigma, lack of awareness, and insufficient mental health services at the primary care level.

This bill seeks to institutionalize maternal mental health services across all government health facilities and to integrate mental health screening, intervention, and psychosocial support into the National Enhanced 1,000 Days Program. It reinforces the implementation of Republic Act No. 11036 or the Mental Health Act by addressing the critical gap in maternal mental health as part of universal health care and early childhood development.

Specifically, the proposed measure aims to:

1. Require routine mental health screening and psychosocial assessment of pregnant and postpartum women in government health facilities;
2. Train health professionals, midwives, and barangay health workers to recognize and respond to maternal mental health conditions;
3. Provide culturally appropriate, community-based psychosocial interventions and referral mechanisms;
4. Reduce stigma through public awareness campaigns and education;
5. Ensure access to mental health care for vulnerable mothers, especially in disadvantaged and rural areas; and
6. Allocate funding to support sustainable maternal mental health programs and services nationwide.

By prioritizing maternal mental health, this legislation supports healthier families, reduces the risk of intergenerational poverty, and promotes the full development of children in their most formative years. It also affirms the State's commitment to gender-responsive, holistic, and rights-based health care.

If we truly value the role of mothers in nation-building, then we must also protect their mental well-being. It is time to recognize maternal mental health not as a silent burden but as a national concern that deserves action, attention, and care.

In view of the foregoing, the immediate passage of this bill is earnestly sought.


HON. FLORABEL CO YATCO
Representative
Nanay Partylist

Twentieth Congress of the
Republic of the Philippines
First Regular Session

HOUSE OF REPRESENTATIVES
H.B. No. 3601

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**AN ACT INSTITUTIONALIZING MATERNAL MENTAL HEALTH SERVICES
IN ALL GOVERNMENT HEALTH FACILITIES, INTEGRATING
PSYCHOSOCIAL SUPPORT IN THE FIRST 1,000 DAYS PROGRAM,
PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES**

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 “**Maternal Mental Health and Psychosocial Support Act of 2025**”.

SECTION 2. Declaration of Policy.- It is the policy of the State to uphold and protect the mental health and overall well-being of Filipino women, particularly during the prenatal, perinatal, postnatal, and postpartum period. The State also affirms the right of all mothers to equitable access to timely, appropriate, and culturally competent mental health services, free from stigma, discrimination, or other barriers to care.

Pursuant to Section 2 of Republic Act No. 11036, the State commits to strengthening mental health services at all levels, with targeted attention to the psychosocial needs of mothers and their children. Maternal mental health shall be recognized as an essential component of comprehensive healthcare and public health policy.

SECTION 3. Objectives.

This Act aims to:

- a) Institutionalize maternal mental health services in all government health facilities;
- b) Integrate psychosocial screening, support, and interventions in the First 1,000 Days Program;

- c) Promote early detection, timely referral, and appropriate care for maternal mental health conditions;
- d) Build the capacity of healthcare workers to deliver mental health and psychosocial support (MHPSS) services;
- e) Raise public awareness to reduce stigma surrounding maternal mental health; and
- f) Ensure adequate funding for maternal mental health programs nationwide.

SECTION 4. Definition of Terms.- As used in this Act:

- a) *Maternal Mental Health* refers to the emotional, psychological, and social well-being of women during pregnancy, childbirth and the postpartum period;
- b) *Postpartum Depression (PPD)* refers to a type of depression that affects some women after childbirth, marked by feelings of extreme sadness, anxiety, and exhaustion which may interfere with a mother's ability to care for herself and her child;
- c) *First 1,000 Days Program* refers to the comprehensive initiative focused on the health, nutrition, and development interventions covering the period from conception to a child's second birthday. It is the government's health and nutrition strategy covering the period from conception to a child's second birthday;
- d) *Psychosocial Support* refers to non-medical interventions aimed at promoting mental well-being, including counseling, peer support, community education, and referral services;
- e) *Government Health Facilities* refer to all barangay health stations, rural health units, city/municipal/provincial health offices, and public hospitals.
- f) *Barangay Health Worker (BHW)* refers to a person who has undergone training programs under any accredited government or non-government organization and voluntarily provides primary healthcare services within their community; and
- g) *Basic Mental Health First Aid for Mothers* refers to structured, community-based training that equips frontline maternal health workers with the ability to

recognize and respond to signs of maternal mental health challenges and provide initial support or referral, until professional help is available.

SECTION 5. Mandatory Screening for Postpartum Depression.- All government health centers and public hospitals shall be mandated to have maternal mental health screening, including for postpartum depression, as part of the standard postnatal check-up. Such screening shall follow evidence-based clinical guidelines to be issued by the Department of Health (DOH), and shall be administered by trained health professionals or barangay health workers (BHWs) under supervision.

SECTION 6. Establishment of Maternal Mental Health Units.- All Department of Health (DOH)-retained hospitals, hospitals under its supervision and control, and at least one (1) provincial hospital per province shall establish a Maternal Mental Health Unit (MMHU) staffed with qualified mental health professionals. These units shall provide:

- a) Psychological evaluation and counseling;
- b) Psychiatric consultation, diagnosis, and treatment services;
- c) Support group facilitation for mothers; and
- d) Emergency crisis intervention related to maternal mental health.

The Department of Health shall determine the appropriate staffing pattern and develop the framework and guidelines on appropriate service capability for said units.

SECTION 7. Training of Frontline Health Personnel.- The DOH, in coordination with the city and municipal health offices of local government units (LGUs), the Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), and accredited training institutions, shall develop and implement the Basic Mental Health First Aid for Mothers Training Program. This program shall be mandatory for all barangay health workers, rural health midwives, and other relevant frontline maternal health personnel.

SECTION 8. Integration into the First 1,000 Days Program.- The psychosocial and mental health needs of pregnant and lactating women shall be integrated into the First 1,000 Days Program established under Republic Act No. 11148. This shall include:

- a) Routine psychological screening during pregnancy and the postpartum period;

- b) Counseling and support services for adolescent, pregnant, and lactating women;
- c) Referral protocols for moderate to severe maternal mental health conditions; and
- d) Family education programs promoting maternal mental health awareness.

The Department of Health (DOH) shall ensure that maternal mental health and psychosocial support services are integrated into the National Enhanced First 1,000 Days Program, in collaboration with the Department of Social Welfare and Development (DSWD), the National Nutrition Council (NNC), and local government units (LGUs).

The lead coordinating body shall be the National Nutrition Council (NNC) and shall update the program's operational guidelines to reflect this integration.

SECTION 9. Training and Capacity Building.- The DOH, in partnership with the Department of the Interior and Local Government (DILG), the Commission on Higher Education (CHED), and professional health organizations, shall:

- a) Develop and implement training modules on maternal mental health for health workers;
- b) Include maternal mental health competencies in nursing, midwifery, and medical curricula; and
- c) Certify barangay health workers and community volunteers to provide basic psychosocial support.

SECTION 10. Information and Education Campaign. - The Philippine Information Agency (PIA), in coordination with DOH and DSWD, shall lead a nationwide education and awareness campaign to:

- a) Promote maternal mental health and psychosocial well-being;
- b) Combat stigma and discrimination against women experiencing mental health conditions; and
- c) Encourage help-seeking behavior among pregnant and postpartum women.

Also, the DOH, in partnership with the People's Television Network (PTV), Philippine Broadcasting Service (PBS) and Philippine News Agency (PNA), shall lead a nationwide, sustained public education campaign to increase awareness of maternal mental health, reduce stigma associated with postpartum depression, and encourage affected women to seek help. The campaign shall utilize print, broadcast, and other

necessary digital media and shall be cascaded in local languages and culturally appropriate formats.

SECTION 11. Role of Local Government Units. - LGUs shall be responsible for the local implementation of maternal mental health services, including the designation of mental health focal persons in health offices and the mobilization of community support networks.

SECTION 12. Monitoring, Evaluation, and Reporting.- The DOH, through Dr. Jose Fabella Memorial Hospital—the National Maternity Hospital, in coordination with the Philippine Statistics Authority (PSA), the Department of Social Welfare and Development (DSWD) and the Commission on Population and Development (POPCOM), shall develop indicators to monitor the incidence, diagnosis, and treatment outcomes of maternal mental health conditions. They shall conduct an annual monitoring of the Act and submit an annual report of its status to the Office of the President and to the Joint Congressional Oversight Committee.

SECTION 13. Joint Congressional Oversight Committee. – A Joint Congressional Oversight Committee, hereafter referred to as the Oversight Committee, is hereby constituted. The Oversight Committee shall set the overall framework to review the implementation of this Act. It shall also determine the inherent weaknesses in the law and recommend the necessary remedial legislation or executive measures.

The Oversight Committee is composed of seventeen (17) members, with the chairpersons of the Committee on Health, Committee on Women and Gender Equality and Committee on Social Services of the House of Representatives, and the Committee on Health and Demography and Committee on Women, Children and Family and Gender Equality of the Senate as co-chairpersons; and six (6) members from each House, to be designated by the Speaker of the House of Representatives and the Senate President, respectively.

The review of the implementation of this Act must include a systematic evaluation of its impact, accomplishments of the program, and performance of its implementing agencies. The Oversight Committee shall conduct the review every three (3) years reckoned from the effectivity of this Act, or whenever deemed necessary by a majority of the members of the Oversight Committee.

SECTION 14. Appropriations.- The amount needed for the implementation of this Act shall be charged to the current year's appropriations of the Department of Health (DOH). Thereafter, such amount as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SECTION 15. Implementing Rules and Regulations.- Within sixty (60) days from the effectivity of this Act, the Secretary of the Department of Health, in coordination with the Department of Social Welfare and Development (DSWD), Commission on Population and Development (POPCOM), National Nutrition Council (NNC), Department of Interior and Local Government (DILG), other relevant agencies and stakeholders, shall promulgate the implementing rules and regulations (IRR) necessary for the effective implementation of this Act.

SECTION 16. Separability Clause.- If any provision of this Act is declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and subsisting.

SECTION 17. Repealing Clause.- All laws, decrees, executive orders, rules and regulations, and other issuances or parts thereof inconsistent with or contrary to the provisions of this Act are repealed, amended, or modified accordingly.

SECTION 18. Effectivity Clause.- This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation in the Philippines.

Approved,