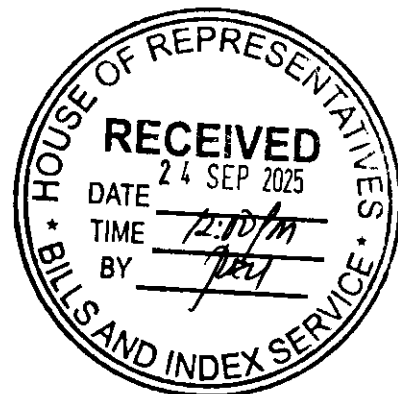




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila



TWENTIETH CONGRESS
First Regular Session

House Bill No. **4848**

Introduced by *Representative Caroline L. Tanchay, KAMALAYAN Party-List*

EXPLANATORY NOTE

Mental and psychosocial disabilities affect a significant portion of the world's population. Millions of people worldwide have both identified and unidentified mental health conditions. Almost one million people die due to suicide every year,¹ but this issue is often neglected because of the stigma and discrimination faced by persons with mental and psychosocial disabilities.

Republic Act No. 11036, "An Act Establishing a National Mental Health Policy for the Purpose of Enhancing the Delivery of Integrated Mental Health Services, Promoting and Protecting the Rights of Persons Utilizing Psychosocial Health Services, Appropriating Funds Therefor and Other Purposes" was signed into law on 20 June 2018. This landmark law is considered the first mental health act legislation in the history of the Philippines. It is rights-based and provides a comprehensive framework for the implementation of optimal mental healthcare in the Philippines.

According to the Department of Health, "[t]he law grants protection to persons availing psychiatric, neurologic and psychosocial health services by recognizing their right to access evidence-based mental health services at all levels of the national health care system free from stigma and discrimination; their family members, caregivers, or appointed legal representatives by recognizing their right to receive appropriate psychosocial support and participate in all activities involving the service user; while reinforcing the mental health professional's right to a safe and supportive environment, and to participate in continuous professional development programs."²

While R.A. 11036 was a game-changer in the field of mental health, there is a need to revisit the law given that mental health issues and experiences have since then become more

¹ United Nations, Department of Economic and Social Affairs.
<https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html> [Last Accessed: 11 September 2025].

² IRR FOR MENTAL HEALTH ACT SIGNED | Department of Health website (doh.gov.ph).

prevalent as frequently discussed and shared in broadcast and social media, particularly following the COVID-19 pandemic.³ According to the World Health Organization (WHO), in the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%⁴. This increase was primarily caused by the “unprecedented stress” of perceived fear of social isolation brought by the quarantines/lockdowns to contain the virus. The WHO adds that “this increase in the prevalence of mental health problems has coincided with severe disruptions to mental health services, leaving huge gaps in care for those who need it most. For much of the pandemic, services for mental, neurological and substance use conditions were the most disrupted among all essential health services reported by WHO Member States.”⁵

The Department of Health reported that calls received by the National Center for Mental Health (NCMH), including suicide, spiked during the pandemic. Many of the calls alarmingly came from adolescents.⁶ Data from the NCMH detailed that the **number of calls from children seeking help spiked by 347 percent** from 3,178 in 2019 to 11,016 in 2020. The Council for the Welfare of Children (CWC) said that it was alarming, given that 12.48 percent—or at least 1,375—of the total number of calls received last year were classified as suicide-related calls.⁷

In line with the prevalence of mental health issues, the World Mental Health Report 2022 by the WHO encourages countries to come up with a Comprehensive Mental Health Action Plan with the following principles: (1) Integration of mental health into leadership and governance with proposed outcomes of updated, rights-based policies, plans, and laws for mental health; (2) Provide community-based services for mental health conditions, and incorporate mental health into the coverage of primary health care; (3) Enhance recovery and provide care by national and multi-sectoral promotion and prevention programs for mental health; (4) Reduce illness, death, and disability by a routine collection and reporting of core mental health indicators.

The time for definitive change has come. Most people with mental health conditions do not have access to effective care because services and supports are not available, lacking in capacity, not accessible, or are unaffordable; or because widespread stigma stops people from seeking help.⁸

Considering the significant change in mental health landscape brought about by the COVID-19 pandemic, it is incumbent upon us to review R.A. 11306 and its implementation in order to bring it up-to-date with the new challenges brought by the Covid-19 scourge and under the context of the Universal Health care to make it more proactive, responsive and sustainable.

³ World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.

⁴ COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide (who.int).

⁵ Id.

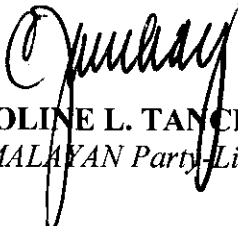
⁶ Mental health in a time of pandemic: The invisible suffering | Inquirer News.

⁷ Id.

⁸ World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.

This bill is intended to follow the comprehensive Mental Health Action Plan established by the WHO to make our country responsive to the changing and evolving mental health needs.

In view of the foregoing, the immediate approval of this measure is earnestly sought.


CAROLINE L. TANCHAY
KAMALAYAN Party-List



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TWENTIETH CONGRESS
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House Bill No. **4848**

Introduced by *Representative Caroline L. Tanchay, KAMALAYAN Party-List*

AN ACT
STRENGTHENING THE NATIONAL MENTAL HEALTH SERVICES, AMENDING
FOR THIS PURPOSE, REPUBLIC ACT NO. 11036, OTHERWISE KNOWN AS
THE MENTAL HEALTH ACT, APPROPRIATING FUNDS THEREFOR AND FOR
OTHER PURPOSES

Section 1. Section 3 of Republic Act No. 11036 (R.A. No. 11036) is hereby amended to read as follows:

“SEC. 3. *Objectives.* - The objectives of this Act are as follows:

- (a) xxx
- (b) Develop and establish a comprehensive, integrated, effective, and efficient national mental health care system responsive to the psychiatric, neurologic, and psychosocial needs of the Filipino people, **and provide service coverage for mental health including community-based mental facilities;**
- (c) xxx
- (d) xxx
- (e) **Integrate mental health into the Universal Health Care of the Philippines and include mental health in the classification of primary health care; and**
- (f) **Enhance recovery and provide care through national and multi-sectoral promotion and prevention programs for mental health in educational institutions, workplace, and in communities.”**

Section 2. Section 4 of R.A. No. 11036 is hereby amended to read as follows:

“SEC 3. *Definitions.* - As used in this Act, the following terms are defined as follows:

(a) xxx

(b) xxx

(c) xxx

(d) xxx

(e) xxx

(f) xxx

(g) xxx

(h) xxx

(i) xxx

(j) xxx

(k) **Mental Health Condition refers to a condition covering mental disorders and psychosocial disabilities. It also covers other mental states associated with significant distress, impairment in functioning, or risk of self-harm.**

(l) **Mental Health Disorder** refers to a neurologic or psychiatric condition characterized by the existence of a recognizable, clinically-significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a genetic or acquired dysfunction in the neurobiological, psychosocial, or developmental processes 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;

(m) xxx

(n) xxx

(o) xxx

(p) xxx

(q) xxx

(r) xxx

(s) xxx

(t) xxx

(u) xxx

(v) xxx

(w) xxx

Section 3. Section 15 of R.A. No. 11036 is hereby amended to read as follows:

“Section 15. Mental Health Services at the Community Level. - Responsive primary mental health services shall be developed and integrated as part of the basic health services at the appropriate level of care, particularly at the city, municipal, and barangay level. The standards of mental health services shall be determined by the DOH in consultation with stakeholders based on current evidences.

Every city and municipality shall establish its own mental health facility, with at least one (1) mental health professional and at least two (2) mental health worker. The mental health facilities shall be under the direct supervision of the Department of Health (DOH), in collaboration with their respective local government units and shall make mental health services easily accessible to all.

Every local government unit (LGU) and academic institution shall create their own program in accordance with the general guidelines set by the Philippine Council for Mental Health, created under this Act, in coordination with other stakeholders. LGUs and academic institutions shall coordinate with all concerned government agencies and the private sector for the implementation of the program.

Section 4. Section 16 of R.A. No. 11036 is hereby amended to read as follows:

“Section 16. Community-based Mental Health Care Facilities. - The national government through the DOH shall fund the establishment and assist in the operation of community-based mental health care facilities, **as above mentioned, in the** ~~in the~~ ~~provinces,~~ cities and cluster of municipalities in the entire country based on the needs of the population, to provide appropriate mental health care services, and enhance the rights-based approach to mental health care.

Each community-based mental health care facility shall in addition to adequate room, office or clinic, have a complement of mental health professionals, allied professionals, support staff, trained barangay health workers (BHWs) volunteer, family members of patients or service users, basic equipment and supplies and adequate stock of medicines appropriate at that level.

All public schools shall establish their own Mental Health and Well-Being Center, a mental health care facility under the administration of both the Department of Education (DepEd) and the Department of Health (DOH). The Mental Health and Well-Being Center in schools shall be tasked to support and address the mental, emotional, psychological, and developmental needs of the students and personnel of the school. The Mental Health and Well Being Center shall be headed by a Mental Health Professional in accordance with this Act.

Section 5. Tax Exemptions. - The sale of drugs and medicines prescribed by a Mental Health Professional for Mental Health Conditions shall be exempt from the payment of Value Added Taxes. The necessary implementing rules and regulations for the purposes of this section shall be issued by the Secretary of Finance, upon the recommendation of the Commissioner of Internal Revenue, within sixty (60) days from the effectivity of this Act.

Section 6. Mental Health Wellness Leave. - All employees in the private sector shall be entitled to a five (5)-day Mental Health Wellness Leave per annum. Unused leaves shall not be carried over to the next year. If an equivalent leave incentive is already implemented in the establishment, it shall be considered as compliance with this section. The Secretary of Labor shall issue the implementing rules and regulations for the purposes of this section within thirty (30) days from the effectivity of this Act.

Section 7. Separability Clause. - If any provision of this Act is declared unconstitutional or invalid by a court of competent jurisdiction, the remaining provisions not affected thereby shall continue to be in full force and effect.

Section 8. Repealing Clause. - All laws, decrees, executive orders, department or memorandum orders and other administrative issuances or parts thereof which are inconsistent with the provisions of this Act are hereby modified, suspended or repealed accordingly.

Section 9. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved.