

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**TWENTIETH CONGRESS**  
First Regular Session

House Bill No. **6808**



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Introduced by **REP. JAVIER MIGUEL L. BENITEZ**

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**EXPLANATORY NOTE**

In the Philippines, mental health conditions remain significantly underdiagnosed, undertreated, and stigmatized, particularly in geographically isolated and disadvantaged areas, conflict-affected zones, and among low-income and vulnerable youth populations. Although Republic Act ("RA") No. 11036 (2018), or the "Mental Health Act,"<sup>1</sup> institutionalized the right to mental health care, implementation challenges persist due to limited local capacity, uneven resource distribution, and inadequate frontline infrastructure.

National development frameworks, such as the Philippine Development Plan 2023-2028, highlight the need to address persistent health care access inequities, particularly through Local Government Unit ("LGU")-led programs and improved coordination across levels of care, and to address the fragmented implementation of mental health laws.<sup>2</sup>

This amendatory measure strengthens RA No. 11036 by introducing structural reforms that:

- (1) Institutionalize Local Government Mental Health Block Grants;
- (2) Expand access to mobile and digital mental health interventions, including telepsychiatry; and
- (3) Improve resource delivery to underserved communities.

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<sup>1</sup> Republic Act No. 11036, "Mental Health Act"

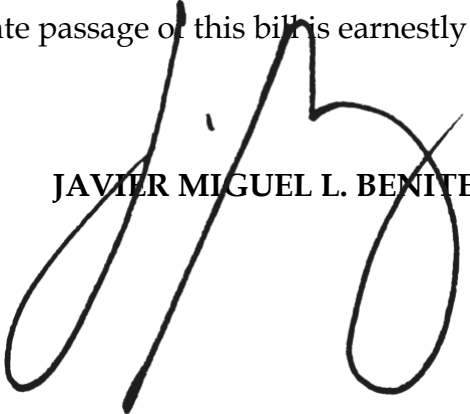
<sup>2</sup> Philippine Development Plan 2023-2028, Chapter 2, p.34

These reforms align with global public health evidence showing that decentralized, community-based care models are more cost-effective and inclusive, especially for vulnerable groups.

Towards this end, the State shall institutionalize locally responsive support systems, scalable delivery mechanisms, and equitable resource allocation to strengthen access to mental health services, especially for underserved and vulnerable populations.

In line with Article XIII, Section 11 of the 1987 Constitution of the Republic of the Philippines, this amendatory bill affirms the State's duty to adopt an integrated and comprehensive approach to health development, and to make essential goods, health and other social services available to all the people at affordable cost, with priority for the needs of the under-privileged, sick, elderly, disabled, women, and children.<sup>3</sup>

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



**JAVIER MIGUEL L. BENITEZ**

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<sup>3</sup> 1987 Constitution, Article XIII, Section 11.

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**AN ACT STRENGTHENING LOCAL AND EQUITABLE ACCESS TO  
MENTAL HEALTH SERVICES FOR INDIGENT, YOUTH, AND  
UNDERSERVED POPULATIONS, AMENDING REPUBLIC ACT NO.  
11036, OTHERWISE KNOWN AS THE “MENTAL HEALTH ACT”**

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

**SECTION 1. *Short Title.*** - This Act shall be known as the “*Mental-  
WELLNESS (Wide-scale Emotional & Life-support for Local, Nationwide, & Equitable  
Support Systems) Act.*”

**SEC. 2.** Section 4 of RA No. 11036 (2018), otherwise known as “Mental  
Health Act,” is hereby amended to read as follows:

“*SEC. 4. Definitions.* - xxx

(a) Addiction - xxx

(b) Carer - xxx

(c) **COMMUNITY-BASED MENTAL HEALTH PROGRAM REFERS  
TO A COORDINATED SET OF MENTAL HEALTH SERVICES PROVIDED  
OUTSIDE INSTITUTIONAL SETTINGS, DESIGNED TO PROMOTE  
RECOVERY, SOCIAL INCLUSION, AND ACCESSIBILITY, ESPECIALLY  
FOR VULNERABLE OR REMOTE POPULATIONS;**

(d) Confidentiality - xxx

(e) Deinstitutionalization - xxx

**(f) DIGITAL MENTAL HEALTH INTERVENTIONS REFER TO THE USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY, INCLUDING MOBILE HEALTH APPLICATIONS, TELEPSYCHIATRY, TELEPSYCHOLOGY, VIRTUAL COUNSELING, CHAT-BASED SUPPORT SERVICES, AND OTHER DIGITAL PLATFORMS, TO DELIVER MENTAL HEALTH PROMOTION, PREVENTION, ASSESSMENT, TREATMENT, AND AFTERCARE SERVICES. THESE MUST COMPLY WITH APPLICABLE ETHICAL, PROFESSIONAL, AND DATA PRIVACY STANDARDS AND MUST NOT REPLACE IN-PERSON CARE WHERE CLINICALLY INAPPROPRIATE;**

**(g) Discrimination – xxx**

**(h) Drug Rehabilitation – xxx**

**(i) GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS REFER TO COMMUNITIES WITH MARGINALIZED POPULATION PHYSICALLY AND SOCIO-ECONOMICALLY SEPARATED FROM THE MAINSTREAM SOCIETY, CHARACTERIZED BY PHYSICAL INACCESSIBILITY, LOW LEVELS OF DEVELOPMENT, HIGH POVERTY INCIDENCE, AND/OR PRESENCE OF VULNERABLE GROUPS, AS IDENTIFIED BY THE DEPARTMENT OF HEALTH IN COORDINATION WITH RELEVANT NATIONAL GOVERNMENT AGENCIES AND LOCAL GOVERNMENT UNITS;**

**(j) Impairment or Temporary Loss of Decision-Making Capacity – xxx**

**(k) INDIGENT PERSON REFERS TO AN INDIVIDUAL OR FAMILY CLASSIFIED BY THE DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (“DSWD”) OR OTHER AUTHORIZED GOVERNMENT AGENCIES AS LACKING SUFFICIENT INCOME OR RESOURCES TO MEET THE BASIC NEEDS OF SUBSISTENCE AND HEALTH CARE, BASED ON OFFICIAL MEANS-TESTING SYSTEMS;**

**(l) Informed Consent – xxx**

**(m) Legal Representatives – xxx**

**(n) Mental Health – xxx**

**(o) Mental Health Condition – xxx**

**(p) Mental Health Facility – xxx**

- (q) Mental Health Professional – xxx
- (r) Mental Health Service Provider – xxx
- (s) Mental Health Service – xxx
- (t) Mental Health Worker – xxx
- (u) Psychiatric or Neurologic Emergency – xxx
- (v) Psychosocial Problems – xxx
- (w) Recovery-Based Approach – xxx
- (x) Service User – xxx
- (y) Support – xxx
- (z) Supported Decision Making – xxx

**(aa) UNDERSERVED POPULATION REFERS TO GROUPS OR COMMUNITIES THAT HAVE LIMITED OR INEQUITABLE ACCESS TO HEALTH SERVICES DUE TO GEOGRAPHIC, SOCIOECONOMIC, CULTURAL, OR SYSTEMIC BARRIERS, INCLUDING BUT NOT LIMITED TO RURAL RESIDENTS, INDIGENOUS PEOPLES, AND DISPLACED COMMUNITIES;**

**(bb) YOUTH REFERS TO INDIVIDUALS BETWEEN FIFTEEN (15) AND THIRTY (30) YEARS OF AGE, CONSISTENT WITH THE DEFINITION UNDER REPUBLIC ACT NO. 8044 (1995) OR THE “YOUTH IN NATION-BUILDING ACT”.**

**SEC. 3.** A new paragraph (u) in Section 5 of RA No. 11036 is hereby added to read as follows:

*“SEC. 5. Rights of Service Users. – xxx*

**(U) TO EQUITABLE AND INCLUSIVE ACCESS TO THE RIGHTS ENUMERATED IN THIS SECTION, WITH PARTICULAR ATTENTION TO THE NEEDS OF INDIGENT PERSONS, CHILDREN AND YOUTH, AND THOSE IN GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS. ALL STAKEHOLDERS, INCLUDING GOVERNMENT UNITS AND**

**MENTAL HEALTH FACILITIES, SHALL ENSURE THAT SUCH RIGHTS ARE UPHELD WITHOUT DISCRIMINATION AND WITH APPROPRIATE ACCOMMODATIONS IN UNDERSERVED SETTINGS."**

**SEC. 4.** A new paragraph (e) in Section 6 of RA No. 11036 is hereby added to read as follows:

*"SEC. 6. Rights of Family Members, Carers and Legal Representatives. – xxx*

(a) xxx

(b) xxx

(c) xxx

(d) xxx

**(E) REQUEST EQUITABLE AND INCLUSIVE ACCESS TO SERVICES, INFORMATION, AND SUPPORT ON BEHALF OF INDIGENT SERVICE USERS, MINORS, AND THOSE FROM GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS, ENSURING THAT SUCH ACCESS IS CULTURALLY AND CONTEXTUALLY APPROPRIATE."**

**SEC. 5.** A new paragraph (f) in Section 14 of RA No. 11036 is hereby added to read as follows:

*"SEC. 14. Quality of Mental Health Services. – xxx*

(a) xxx

(b) xxx

(c) xxx

(d) xxx

(e) xxx

**(F) DELIVERED IN A COMMUNITY-BASED SETTING WHENEVER CLINICALLY APPROPRIATE AND FEASIBLE."**

**SEC. 6.** Section 17 of RA No. 11036 is hereby amended as follows:

*“SEC. 17. Reportorial Requirements. - LGUs through their health offices shall make a quarterly report to the Philippine Council for Mental Health through the DOH. The report shall include, among others, the following data: number of patients/service users attended to and or served, the respective kinds of mental illness or disability, duration and result of the treatment, and patients/users' age, gender, educational attainment and employment, **AS WELL AS INDICATORS RELEVANT TO INDIGENCY, AGE GROUP (YOUTH), AND UNDERSERVED COMMUNITY IDENTIFICATION**, without disclosing the identities of such patients/service user for confidentiality.”*

**SEC. 7.** A new paragraph (g) in Section 19 of RA No. 11036 is hereby added to read as follows:

*“SEC. 19. Duties and Responsibilities of Mental Health Facilities. – xxx*

(a) xxx

(b) xxx

(c) xxx

(d) xxx

(e) xxx

(f) xxx

(g) **ENSURE THAT PERSONS FROM INDIGENT, YOUTH, AND UNDERSERVED POPULATIONS ARE ACTIVELY IDENTIFIED, ASSISTED, AND ACCOMMODATED IN THE DELIVERY OF APPROPRIATE MENTAL HEALTH SERVICES, INCLUDING THROUGH REFERRAL, FINANCIAL ASSISTANCE, OR SOCIAL CASE MANAGEMENT WHERE APPLICABLE.”**

**SEC. 8.** A new paragraph (c) in Section 23 of RA No. 11036 is hereby added to read as follows:

*“SEC. 23. Integration of Mental Health into the Educational System. – xxx*

(a) xxx

(b) xxx

(c) THE DEPARTMENT OF EDUCATION ("DepEd"), COMMISSION ON HIGHER EDUCATION ("CHED"), AND TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY ("TESDA") SHALL PRIORITIZE MENTAL HEALTH CURRICULUM INTEGRATION IN PUBLIC BASIC EDUCATION SCHOOLS AND STATE-RUN INSTITUTIONS SERVING ECONOMICALLY DISADVANTAGED AND UNDERSERVED LEARNERS."

SEC. 9. Section 24 of RA No. 11036 is hereby amended to read as follows:

*"SEC. 24. Mental Health Promotion in Educational Institutions. – xxx*

~~All public and private educational institutions shall be required to have a complement of mental health professionals.~~

**ALL PUBLIC AND PRIVATE EDUCATIONAL INSTITUTIONS SHALL ENSURE ACCESS TO MENTAL HEALTH PROFESSIONALS, WHETHER THROUGH IN-HOUSE PERSONNEL OR REFERRAL NETWORKS, SUBJECT TO GUIDELINES ISSUED BY DepEd, CHED, AND TESDA IN COORDINATION WITH THE DEPARTMENT OF HEALTH ("DOH")."**

SEC. 10. Section 27 of RA No. 11036 is hereby amended to read as follows:

*"SEC. 27. Capacity Building of Barangay Health Workers ("BHWs"). – The DOH shall be responsible for disseminating information and providing training programs to LGUs. The LGUs, with technical assistance from the DOH, shall be responsible for the training of BHWs and other barangay volunteers on the promoti[on]NG [of] mental health. The DOH shall [provide] assist[ance to] LGUs, INCLUDING TRAINING MODULES ON PSYCHOLOGICAL FIRST AID, SUICIDE RISK IDENTIFICATION, AND BASIC MENTAL HEALTH LITERACY. THE DOH SHALL ALSO ALLOCATE DEDICATED SUPPLIES, TOOLKITS, AND PSYCHOSOCIAL REFERRAL PROTOCOLS FOR BHWS IN REMOTE AND UNDERSERVED AREAS, with medical supplies and equipment needed by BHWs to carry out their functions effectively."*

SEC. 11. Section 28 of RA No. 11036 is hereby amended to read as follows:

*"SEC. 28. Research and Development. – xxx*

**RESEARCH SHALL INCLUDE THE MAPPING OF MENTAL HEALTH SERVICE GAPS IN LOW-INCOME AND GEOGRAPHICALLY ISOLATED**

**COMMUNITIES, AS WELL AS EVALUATION OF LOW-COST, COMMUNITY-BASED INTERVENTION MODELS."**

**SEC. 12.** Section 30 of RA No. 11036 is hereby amended, and a new paragraph is hereby added (m) and (n) to read as follows:

*"SEC. 30. Duties and Responsibilities of the DOH. – xxx*

(a) xxx

(b) xxx

(c) Integrated mental health into the routine health information systems and identify, collate, routinely report and use core mental health data disaggregated by sex and age, and health outcomes, including data on complete and attempted suicides, to improve mental health service delivery: promotion and prevention strategies; **THE DOH SHALL ENSURE THAT DISAGGREGATED DATA INCLUDES INDICATORS RELEVANT TO POVERTY INCIDENCE, ACCESS TO SERVICES, AND YOUTH-SPECIFIC MENTAL HEALTH OUTCOMES.**

(d) xxx

(e) Ensure that all public and private mental health institutions uphold the right of patients to be protected against torture or cruel, inhumane, and degrading treatment; **AND SHALL DEVELOP CLEAR GRIEVANCE MECHANISMS ACCESSIBLE TO PATIENTS AND FAMILIES IN BOTH INSTITUTIONAL AND COMMUNITY-BASED SETTINGS;**

(f) xxx

(g) xxx

(h) xxx

(i) xxx

(j) xxx

(k) xxx

(l) xxx

(m) DEVELOP AND IMPLEMENT RETENTION AND INCENTIVE PROGRAMS FOR LICENSED MENTAL HEALTH PROFESSIONALS DEPLOYED IN PUBLIC AND COMMUNITY-BASED SETTINGS, ESPECIALLY IN UNDERSERVED AREAS.

(n) FORMULATE AND UPDATE NATIONAL GUIDELINES ON DIGITAL AND TELEHEALTH MENTAL HEALTH SERVICES, IN COORDINATION WITH THE DICT, PRC, AND NPC, ENSURING QUALITY, SAFETY, ETHICAL STANDARDS, AND EQUITABLE ACCESS IN GIDA AND UNDERSERVED AREAS.”

SEC. 13. Section 31 of RA No. 11036 is hereby amended to read as follows:

*“SEC. 31. Duties and Responsibilities of the Commission on Human Rights (“CHR”). – xxx*

(a) Establish mechanisms to investigate, address, and [set] respond TO [upon] complaints [to] OF impropriety and abuse in the treatment and care received by service users, particularly when such treatment or care is administered or implemented voluntarily; **OR WITHOUT FULLY INFORMED CONSENT, AND WHERE THE PATIENT IS INDIGENT, A MINOR, OR OTHERWISE FROM A VULNERABLE POPULATION;**

(b) xxx

(c) xxx

(d) Appoint a focal commissioner for mental health tasked with protecting and promoting the rights of service users and other persons utilizing mental health services or confined in mental health facilities, as well as the rights of mental health professionals and workers. The focal commissioner shall, upon a finding that a mental health facility, mental health professional, or mental health worker has violated any of the rights provided for in this Act, take all necessary actions to rectify or remedy such violation, including recommending that an administrative, civil, or criminal case be filed by the appropriate government agency. **THE FOCAL COMMISSIONER SHALL ALSO MONITOR ACCESS TO REMEDIES BY PATIENTS IN GEOGRAPHICALLY ISOLATED OR DISADVANTAGED AREAS.”**

SEC. 14. Section 33 of RA No. 11036 is hereby amended to read as follows:

*“SEC. 33. Compliant and Investigation. – xxx*

The CHR may, *motu proprio*, file a complaint against erring mental health care institutions should they find any noncompliance, based on its investigations. **THE CHR AND DOJ SHALL ESTABLISH ACCESSIBLE, MULTILINGUAL, AND CONFIDENTIAL REPORTING MECHANISMS, PARTICULARLY IN AREAS WITH HIGH POVERTY INCIDENCE OR LIMITED MENTAL HEALTH SERVICE ACCESS.**"

**SEC. 15.** Section 34 of RA No. 11036 is hereby amended to read as follows:

*"SEC. 34. Duties and Responsibilities of the DepEd, CHED, and the TESDA. –*

(a) xxx

(b) xxx

(c) xxx

(d) Ensure that mental health promotions in public and private educational institutions shall be adequately complemented with qualified mental health professionals, **PRIORITIZING PUBLIC SCHOOLS AND STATE-RUN INSTITUTIONS IN UNDERSERVED AND DISADVANTAGED AREAS.**"

**SEC. 16.** Section 37 of RA No. 11036 is hereby amended, and a new paragraph (c) shall be added to read as follows:

*"SEC. 37. Duties and Responsibilities of the LGUs. – xxx*

(a) xxx

(b) xxx

(c) **DESIGNATE A LOCAL FOCAL PERSON FOR MENTAL HEALTH PROGRAMS IN PRIMARY HEALTH CARE FACILITIES AND HOSPITALS, WITHIN THEIR RESPECTIVE TERRITORIAL JURISDICTIONS;**

(d) Establish training programs necessary to enhance the capacity of mental health care service providers at the LGU level, in coordination with appropriate national government agencies and other stakeholders; **INCLUDING BHWS, SCHOOL HEALTH PERSONNEL, SOCIAL WORKERS, AND OTHER FRONTLINE COMMUNITY-BASED SERVICE PROVIDERS.**

(e) xxx

(f) xxx

(g) Where independent living arrangements are not available, provide or facilitate access to public housing facilities, vocational ~~training and skills development~~ **LIVELIHOOD** programs, and ~~disability or pension benefits~~; **FINANCIAL ASSISTANCE OR DISABILITY BENEFITS FOR INDIGENT SERVICE USERS;**

(h) xxx

(i) xxx

(j) **ENTER INTO PARTNERSHIPS WITH ACCREDITED NON-GOVERNMENTAL AND CIVIL SOCIETY ORGANIZATIONS TO DELIVER OR SUPPORT COMMUNITY-BASED MENTAL HEALTH PROGRAMS, PARTICULARLY IN UNDERSERVED LOCALITIES."**

**SEC. 17.** Section 38 of RA No. 11036 is hereby amended to read as follows:

*"SEC. 38. Upgrading of Local Hospitals and Health Care Facilities. – Each LGU, upon its determination of the necessity based on well-supported data provided by its local health office, shall establish or upgrade hospitals and facilities with adequate and qualified personnel, equipment and supplies to be able to provide mental health services and to address psychiatric emergencies: Provided, That people in geographically isolated and/or highly populated and depressed areas shall have the same level of access **TO MENTAL HEALTH SERVICES, THROUGH INNOVATIONS SUCH AS MOBILE MENTAL HEALTH UNITS, HOME-BASED CARE, OR TELEPSYCHIATRY PROGRAMS, AS APPROPRIATE,** and shall not be neglected by providing other means such as home visits or mobile health care clinics, as needed: Provided, further, That the national government shall provide additional funding and other necessary assistance for the effective implementation of this provision.*

**IN ACCORDANCE WITH THE MANDANAS-GARCIA RULING AND THE FULL DEVOLUTION PLAN, LOCAL GOVERNMENT UNITS SHALL ALLOCATE AN APPROPRIATE PORTION OF THEIR SHARE FROM NATIONAL TAXES AND INTERNAL REVENUE ALLOTMENTS TO SUPPORT COMMUNITY-BASED MENTAL HEALTH PROGRAMS, ESPECIALLY THOSE TARGETING INDIGENT AND UNDERSERVED POPULATIONS. THE DOH AND DILG SHALL ISSUE GUIDELINES TO ENSURE FISCAL SUSTAINABILITY AND TECHNICAL ASSISTANCE FOR LGUS IN FULFILLING THESE OBLIGATIONS."**

**SEC. 18.** A new paragraph (g) and (h) in Section 41 of RA No. 11036 is hereby added, and shall be amended to read as follows:

*“SEC. 41. Composition. – xxx*

(a) xxx

(b) xxx

(c) xxx

(d) xxx

(e) xxx

(f) xxx

(g) **CHAIRPERSON OF THE NATIONAL YOUTH COMMISSION (“NYC”)**

(h) **ONE (1) REPRESENTATIVE FROM LEAGUE OF PROVINCES, CITIES, OR MUNICIPALITIES, ENDORSED BY THE DILG;**

(i) One (1) from the academe/research;

(j) One (1) from medical or health professional organizations;

(k) One (1) representative from nongovernment organizations (NGOs) involved in mental health issues.”

**SEC. 19.** An additional section (SEC. 45. Local Government Mental Health Block Grants) is hereby added to the RA No. 11036, immediately after Section 43 – Voluntary Submission of a Drug Dependent to Confinement, treatment, and Rehabilitation, to read as follows:

***“SEC. 45. LOCAL GOVERNMENT MENTAL HEALTH BLOCK GRANTS. -TO SUPPORT THE DELIVERY OF EQUITABLE AND COMMUNITY-BASED MENTAL HEALTH SERVICES, THE DOH, IN COORDINATION WITH THE DILG AND THE DEPARTMENT OF BUDGET AND MANAGEMENT, SHALL ESTABLISH A LOCAL GOVERNMENT MENTAL HEALTH BLOCK GRANT PROGRAM.***

**THIS PROGRAM SHALL PROVIDE FINANCIAL GRANTS TO PROVINCES, CITIES, MUNICIPALITIES, AND BARANGAYS, WITH PRIORITY GIVEN TO THOSE SERVING INDIGENT, YOUTH, AND GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS. THE GRANT SHALL BE USED EXCLUSIVELY FOR:**

**(A) UPGRADING OF COMMUNITY-BASED MENTAL HEALTH FACILITIES AND TELEHEALTH INFRASTRUCTURE;**

**(B) RECRUITMENT AND TRAINING OF LOCAL MENTAL HEALTH FOCAL PERSONS AND FRONTLINE WORKERS;**

**(C) IMPLEMENTATION OF EVIDENCE-BASED MENTAL HEALTH PROMOTION, EARLY INTERVENTION, AND TREATMENT PROGRAMS RESPONSIVE TO THE LOCAL POPULATION.**

**THE GUIDELINES FOR ALLOCATION, RELEASE, USE, AND REPORTING OF SAID FUNDS SHALL BE PRESCRIBED BY THE DOH, SUBJECT TO AUDIT BY THE COMMISSION ON AUDIT.”**

**SEC. 20.** A new paragraph (e) in Section 44 (now Section 45) of RA No. 11036 is hereby added, and amended to read as follows:

*“SEC. 45. Penalty Clause. – xxx*

*(a) xxx*

*(b) xxx*

*(c) xxx*

*(d) xxx*

**(e) KNOWINGLY OBSTRUCTING OR DENYING ACCESS TO MENTAL HEALTH SERVICES INTENDED FOR INDIGENT, YOUTH, OR UNDERSERVED POPULATIONS, INCLUDING FAILURE TO UTILIZE OR MISUSE OF DESIGNATED MENTAL HEALTH BLOCK GRANT FUNDS PROVIDED UNDER THIS ACT.”**

**SEC. 21.** Section 46 (now Section 47) of RA No. 11036 is hereby amended to read as follows:

*"SEC. 47. Implementing Rules and Regulations (IRR). - The Secretary of Health, in coordination with the CHR, DSWD, DILG, DepED, CHED, TESDA, DOLE, CSC, and together with associations or organizations representing service users and mental professionals, workers, and other service providers, **AS WELL AS REPRESENTATIVES FROM LGUs, YOUTH ORGANIZATIONS, AND ACCREDITED CIVIL SOCIETY ORGANIZATIONS WORKING WITH UNDERSERVED POPULATIONS**, shall issue the IRR necessary for the effective implementation of this Act within one hundred twenty (120) days from the effectivity thereof."*

**SEC. 22.** A new Section (Section 48) is hereby added to the RA No. 11036, immediately after Section 47 – Implementing Rules and Regulation (IRR), to read as follows:

*"SEC. 48. MONITORING AND EVALUATION. - THE DOH, IN COORDINATION WITH THE PHILIPPINE COUNCIL FOR MENTAL HEALTH AND DILG, SHALL DEVELOP A RESULTS-BASED MONITORING AND EVALUATION FRAMEWORK TO ASSESS THE IMPLEMENTATION OF PROGRAMS UNDER THIS ACT, PARTICULARLY THOSE TARGETING INDIGENT, YOUTH, AND UNDERSERVED POPULATIONS."*

**SEC. 23.** A new Section (Section 51) is hereby added to the RA No. 11036, immediately after Section 50 – Repealing Clause, to read as follows:

*SEC. 51. TRANSITORY PROVISION. - WITHIN SIX (6) MONTHS FROM THE EFFECTIVITY OF THIS ACT, THE DOH, IN COORDINATION WITH THE COUNCIL AND RELEVANT AGENCIES, SHALL DEVELOP A TIME-BOUND IMPLEMENTATION PLAN AND FUNDING MECHANISM FOR THE ROLLOUT OF NEW PROGRAMS, INCLUDING COMMUNITY-BASED ACCESS EXPANSION AND BLOCK GRANTS."*

**SEC. 24. Appropriations.** - The necessary appropriations for the implementation of this Act, including the block grant program and other targeted mechanisms to support indigent, youth, and underserved populations, shall be included in the annual General Appropriations Act. The funding requirements of the DOH, DILG, and concerned LGUs shall be determined based on the National Mental Health Strategic Plan and relevant data collected under this Act.

**SEC. 25. Separability Clause.** - If any provision of this Act is declared unconstitutional or invalid, the remaining provisions not affected thereby shall continue to be in full force and effect.

**SEC. 26. *Repealing Clause.*** - All laws, decrees, executive orders, rules, and regulations, issuance or parts thereof, inconsistent with this Act are hereby repealed or modified accordingly.

**SEC. 27. *Effectivity.*** - This Act shall take effect fifteen (15) days after publication in the Official Gazette or two (2) newspapers of general circulation.

Approved,