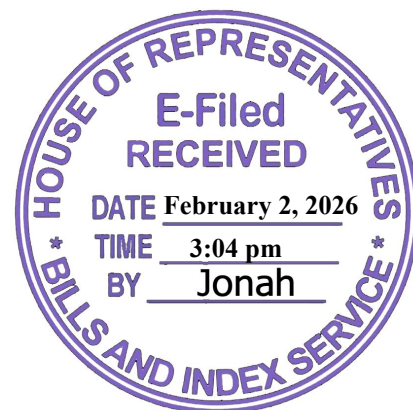


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. 7549



Introduced by Honorable Ma. Alana Samanta Taliño Santos

AN ACT PROFESSIONALIZING COMMUNITY MENTAL HEALTH WORKERS, INSTITUTING A NATIONAL TRAINING, CERTIFICATION, AND REGISTRY FRAMEWORK FOR COMMUNITY-BASED MENTAL HEALTH SERVICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Republic Act No. 11036 (Mental Health Act) established a rights-based national mental health policy and directed the integration of responsive primary mental health services into basic health services at the city, municipal, and barangay levels. It also requires that mental health services be evidence-based, culturally responsive, age-appropriate, delivered in the least restrictive setting, and provided with accountability.

Despite this, significant gaps remain in access, continuity of care, early identification, and referral, especially in isolated and underserved communities. These gaps are worsened by the limited number and uneven distribution of licensed mental health professionals and the lack of a national competency framework for community-based personnel who support mental health promotion and psychosocial services.

The Mental Health Act recognizes mental health workers as trained persons, volunteers, or advocates who provide support under the supervision of a mental health professional. It also calls for capacity building and training of mental health professionals, workers, and other service providers, with focus on community and public health. Community-based facilities are expected to include trained barangay health workers, volunteer family members, and support staff.

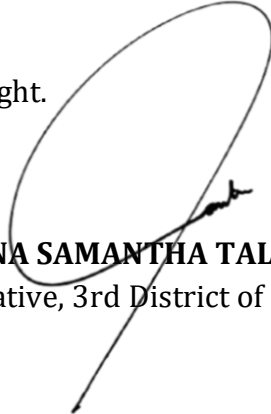
This bill builds on these foundations by professionalizing Community Mental Health Workers through a Department of Health-led system of training, certification, and national registry, without creating a professional licensure requirement. It defines their work to include mental health promotion, basic psychosocial support using approved tools, non-diagnostic screening, case navigation, adherence and aftercare support, crisis

first response, and referral, while prohibiting prescribing medication, practicing beyond protocols, or misrepresenting credentials.

The measure establishes supervision and referral mechanisms for safety and accountability and strengthens confidentiality safeguards consistent with service users' rights. It also empowers the DOH to issue rules specifying competency standards, training, certification, renewal, supervision, and safety protocols, in line with Supreme Court doctrine allowing agencies to fill in statutory details.

In sum, this measure provides a practical, rights-based, and evidence-informed approach to expand community mental health support by strengthening the workforce under DOH standards and supervision, while preserving professional boundaries and protecting service users.

Immediate passage of this bill is earnestly sought.



HON. MA. ALANA SAMANTHA TALIÑO SANTOS
Representative, 3rd District of Cotabato

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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 “Community Mental Health Workers Professionalization Act.”

SEC. 2. Declaration of Policy. — It is the policy of the State to promote mental health, protect the rights of service users, and ensure accessible, quality, and community-based mental health services delivered in an evidence-based, culturally appropriate, gender-sensitive, age-appropriate, least restrictive, recovery-oriented, and accountable manner, consistent with Republic Act No. 11036, otherwise known as the “Mental Health Act.”

SEC. 3. Definition of Terms. — For purposes of this Act:

- (a) Mental Health Services refer to psychosocial, psychiatric or neurologic activities and programs along the whole range of mental health support services including promotion, prevention, treatment, and aftercare.
- (b) Mental Health Worker refers to a trained person, volunteer or advocate engaged in mental health promotion, providing support services under the supervision of a mental health professional.
- (c) Psychiatric or Neurologic Emergency refers to a condition presenting a serious and immediate threat to the health and well-being of a service user or any other person affected by a mental health condition, or to the health and well-being of others, requiring immediate medical intervention.

- (d) Recovery-Based Approach refers to an approach to intervention and treatment centered on the strengths of a service user and involving the active participation, as equal partners in care, of persons with lived experiences in mental health.
- (e) Service User refers to a person with lived experience of any mental health condition including persons who require, or are undergoing psychiatric, neurologic or psychosocial care.
- (f) Community Mental Health Worker (CMHW) refers to a community-based worker who has completed the competency-based training and assessment prescribed under this Act and has been issued a DOH certification, who provides community mental health promotion and basic psychosocial support services, case navigation, and facilitated referral, under defined scope and supervision.
- (g) Supervising Mental Health Professional refers to a licensed mental health professional or other DOH-recognized licensed health professional with mental health competencies, as may be defined in the implementing rules and regulations (IRR).
- (h) Accredited Training Institution (ATI) refers to an institution accredited by DOH to deliver CMHW training under this Act.

SEC. 4. National Community Mental Health Workforce Program. — There is hereby created a National Community Mental Health Workforce Program to be led by the DOH, in coordination with the Philippine Council for Mental Health and other stakeholders, to standardize training, certification, registry, deployment support, and quality assurance for CMHWs.

SEC. 5. Quality and Accountability Standards. — CMHW services delivered pursuant to this Act shall be:

- (a) based on medical and scientific research findings;
- (b) responsive to the clinical, gender, cultural and ethnic and other special needs of individuals being served;
- (c) delivered in the most appropriate and least restrictive setting;
- (d) age-appropriate; and
- (e) provided in a manner that ensures accountability through supervision, documentation, and referral protocols.

SEC. 6. Scope of Practice of Community Mental Health Workers. — Subject to certification level, supervision, and DOH protocols, CMHWs may:

- (a) conduct community mental health promotion and psychoeducation;
- (b) provide basic psychosocial support and structured support sessions using DOH-approved tools and manuals;
- (c) administer non-diagnostic screening and early identification using validated DOH-approved instruments, with clear advisories that CMHWs do not diagnose mental disorders;
- (d) provide case navigation and facilitate referrals to primary care facilities, community-based mental health care facilities, hospitals, and specialists;
- (e) provide aftercare and adherence support, including follow-ups and community reintegration support consistent with a recovery-based approach;

- (f) provide psychological first aid and crisis first response limited to immediate support, safety planning, and prompt referral, especially in psychiatric or neurologic emergencies; and
- (g) record and report service encounters using DOH-approved forms with confidentiality safeguards.

CMHWs shall not: (i) prescribe medications; (ii) conduct psychotherapy beyond protocols explicitly authorized by DOH for non-specialists; (iii) conduct or initiate involuntary admission processes, except to assist in safety measures and referral consistent with law and DOH protocols; or (iv) represent themselves as psychiatrists, psychologists, counselors, social workers, nurses, physicians, or other licensed professionals unless separately licensed.

SEC. 7. Training, Practicum, and Continuing Development. — The DOH, in coordination with relevant government agencies, academic institutions, LGUs, and stakeholders, shall set competency standards and minimum training requirements, with emphasis on evidence-based, gender-sensitive, culturally-appropriate and human rights-oriented community mental health services. Training shall include supervised practicum in community or primary care settings and competency assessment. Certified CMHWs shall complete continuing development requirements at intervals to be determined by DOH to maintain certification.

SEC. 8. Certification System. — The DOH shall establish a CMHW certification system, which may be tiered according to competency and scope, and shall issue certificates to qualified applicants who complete training and assessment. The DOH shall maintain a National Registry of Certified CMHWs, indicating certification status, area of assignment, and supervision linkages, subject to confidentiality and applicable privacy laws. Certification under this Act is a government-recognized competency certification and shall not be construed as a PRC licensure, nor as authority to practice a regulated profession without the appropriate professional license.

SEC. 9. Integration in Community-Level Mental Health Services. — Responsive primary mental health services shall be developed and integrated as part of basic health services, particularly at the city, municipal, and barangay levels, and CMHWs shall support this integration pursuant to DOH standards. The DOH shall support the establishment and operation of community-based mental health care facilities and the integration of CMHWs in such facilities and in primary health care, consistent with local needs. CMHW deployment and support shall prioritize underserved areas, including geographically isolated and disadvantaged areas (GIDAs).

SEC. 10. Relationship with Barangay Health Workers and Other Barangay Volunteers. — The DOH shall develop bridging programs so that trained barangay health workers (BHWs) and other barangay volunteers may qualify for CMHW certification. Nothing in this Act shall diminish benefits, incentives, or recognition granted to accredited BHWs and other community health workers under existing laws and policies.

SEC. 11. Supervision. — All CMHWs shall operate under a written supervision and referral arrangement with a supervising mental health professional and/or DOH-recognized facility or primary care provider, as defined in the IRR. (b) The DOH shall issue standard protocols on referral thresholds, risk recognition, emergency pathways for psychiatric or neurologic emergencies, and minimum documentation standards.

SEC. 12. Confidentiality. — CMHWs shall respect the rights of service users and observe strict confidentiality of all information obtained in the course of service. Disclosure of information shall be limited to what is necessary for continuity of care, and only with informed consent or as required by law, lawful orders, or where necessary to prevent serious and imminent harm, subject to DOH protocols and applicable privacy laws. CMHWs shall be prohibited from exploitation, abuse, solicitation of favors, harassment, discrimination, and any act that undermines dignity, autonomy, and privacy of service users.

SEC. 13. Roles of Local Government Units (LGUs). — Consistent with the Mental Health Act, LGUs shall: (a) integrate mental health care services in basic health care services and ensure that mental health services are provided in primary health care facilities and hospitals within their jurisdictions; (b) establish training programs necessary to enhance the capacity of mental health service providers at the LGU level, in coordination with appropriate national government agencies and other stakeholders; (c) promote deinstitutionalization and recovery-based approaches; and (d) establish multi-sectoral stakeholder networks for identification, management, and prevention of mental health conditions.

SEC. 14. Monitoring, Evaluation, and Quality Assurance. — The DOH shall establish monitoring and evaluation mechanisms for CMHW service quality, supervision compliance, referral completion, and safety incident reporting. Data collection and reporting shall comply with confidentiality safeguards and applicable privacy laws.

SEC. 16. Implementing Rules and Regulations (IRR). — Within one hundred eighty (180) days from the effectivity of this Act, the DOH shall promulgate the IRR in consultation with LGUs, service users, caregivers, professional organizations, academic institutions, and other stakeholders. The IRR shall specify, among others: competency standards; training hours and content; practicum requirements; certification tiers; renewal and continuing development requirements; supervision ratios; documentation standards; and referral and safety protocols. It shall be limited to filling in the details necessary to implement this Act in accordance with the legislative policy and standards herein provided.

SEC. 17. Appropriations. — The amount necessary to implement this Act shall be charged against the current appropriations of the DOH and other concerned agencies. Thereafter, such sums as may be necessary shall be included in the annual General Appropriations Act.

SEC. 18. **Separability Clause.** — If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected shall remain in full force and effect.

SEC. 19. **Repealing Clause.** — All laws, decrees, executive orders, rules and regulations, and other issuances or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 20. **Effectivity.** — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.