

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

20th Congress
First Regular Session

House Bill No. 7766



Introduced by Rep. Maria Vanessa C. Aumentado

EXPLANATORY NOTE

Mental health is an indispensable component of overall health and well-being. Yet for decades, mental healthcare in the Philippines has been limited by stigma, lack of services, insufficient funding, and unequal access particularly in rural and underserved communities. As a result, countless Filipinos continue to struggle in silence, unable to receive timely and appropriate support.

Recent national surveys and global reports show a worrying rise in mental health conditions, including depression, anxiety, and substance use disorders, affecting individuals across all ages and socioeconomic backgrounds. The COVID-19 pandemic further exposed vulnerabilities in our mental health systems, intensified psychosocial stress, and highlighted the urgent need for accessible and integrated mental healthcare.

While the country has taken significant steps through existing mental health laws and programs, there remains a pressing need to strengthen implementation, standardize service delivery across all levels of care, and ensure that mental health becomes truly integrated into our healthcare system, schools, and workplaces.

This proposed measure seeks to institutionalize a Comprehensive National Mental Health Policy that guarantees accessible, affordable, and quality mental healthcare for all Filipinos. It mandates:

1. Integration of mental health services into all primary healthcare facilities nationwide, ensuring that every community especially remote barangays has access to screening, counseling, referral, and follow-up services.

2. Establishment of regional specialized mental health centers equipped with multidisciplinary professionals capable of providing comprehensive inpatient and outpatient care.
3. Mandatory mental health programs in schools and workplaces, ensuring that students and workers are supported, protected from discrimination, and provided with psychosocial interventions when needed.
4. Nationwide mental health literacy and anti-stigma campaigns to correct misconceptions, promote help-seeking behavior, and protect the dignity and rights of those living with mental health conditions.
5. Strong protection of rights, including confidentiality, informed consent, humane treatment, and non-discrimination in all settings.
6. Sustainable funding through annual appropriations and a dedicated Mental Health Trust Fund.

By integrating mental health into primary care and institutional structures, this measure aims to transform mental healthcare from a privilege of the few into a guaranteed right for all. It ensures that mental health services are not only reactive but preventive, community-based, and person-centered.

In view of the foregoing, and with the vision of a healthier, more compassionate, and resilient Filipino society, the immediate passage of this bill is earnestly sought.



MARIA VANESSA C. AUMENTADO

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AN ACT
INSTITUTIONALIZING A COMPREHENSIVE NATIONAL MENTAL HEALTH
POLICY, ESTABLISHING MENTAL HEALTH SERVICES AT ALL LEVELS OF THE
HEALTHCARE DELIVERY SYSTEM, AND APPROPRIATING FUNDS THEREFOR.

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 "Mental Healthcare Access and Integration Act of 2025.

SEC. 2. Declaration of Policy. It is the policy of the State to promote the well-being and fundamental human rights of all citizens, including the right to mental health. The State shall ensure the provision of accessible, affordable, and quality mental healthcare services in all regions, integrating mental health into the general healthcare system and promoting mental health literacy to reduce stigma and discrimination. This includes establishing community-based care and protecting the rights of individuals receiving mental healthcare.

SEC. 3. Definition of Terms. For the purpose of this Act, the following terms shall mean:

1. **Mental Health:** 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 fruitfully, and is able to make a contribution to their community.
2. **Mental Healthcare:** The comprehensive network of services, programs, and facilities that promote mental health, prevent mental illness, treat mental, neurological, and substance use disorders, and support recovery.
3. **Psychosocial Support:** Any action that promotes well-being and addresses mental health needs, including counseling, peer support, and family support.
4. **Informed Consent:** The voluntary agreement given by a patient, or their legally authorized representative, to undergo any mental healthcare procedure or treatment after being informed of its nature, potential benefits, and risks.

SEC. 4. Establishment of Mental Healthcare Services.

A. Integration into the Primary Healthcare System. The Department of Health (DOH), in coordination with Local Government Units (LGUs), shall ensure that basic mental healthcare services are available at all primary healthcare facilities (e.g., barangay health stations and rural health units) nationwide. These services shall include:

- Screening for common mental health conditions.
- Initial counseling and psychosocial support.
- Referral and follow-up.

B. Specialized Mental Health Centers. The DOH shall establish or designate regional specialized mental health centers equipped with multidisciplinary teams, including psychiatrists, clinical psychologists, psychiatric nurses, and social workers, to handle complex mental health cases and provide specialized inpatient and outpatient care.

C. Mental Health in Schools and Workplaces.

1. **Educational Institutions:** The Department of Education (DepEd) and the Commission on Higher Education (CHED) shall ensure the presence of qualified mental health professionals (e.g., guidance counselors and school psychologists) and implement comprehensive, age-appropriate mental health education and promotion programs.
2. **Workplaces:** The Department of Labor and Employment (DOLE) shall mandate that all public and private employers establish mental wellness programs and create policies to prevent mental health discrimination and harassment.

SEC. 5. Mental Health Education and Anti-Stigma Campaign. The DOH, in partnership with civil society organizations and media, shall launch a sustained national mental health education and information campaign to:

1. Promote mental health literacy and self-care.
2. Dispel myths and misconceptions about mental illness.
3. Combat stigma and discrimination against persons with mental health conditions.

SEC. 6. Protection of Rights. Every person shall have the right to:

1. **Non-discrimination** in the context of employment, education, housing, and access to mental and general healthcare.
2. **Informed consent** for any mental health treatment or procedure.
3. **Confidentiality** of all information relating to one's mental health and treatment.
4. **Access to all medical records** concerning one's mental health condition.
5. **Humane treatment** in all mental healthcare facilities.

SEC. 7. Appropriations. The amount necessary to carry out the provisions of this Act shall be included in the General Appropriations Act for the year following its enactment and every year thereafter. Additional funding shall be sourced from a special Mental Health Trust Fund to be administered by the DOH.

SEC. 8. Implementing Rules and Regulations (IRR). The DOH, in consultation with relevant agencies (e.g., DepEd, CHED, DOLE, LGUs) and professional mental health organizations, shall promulgate the IRR necessary to carry out the provisions of this Act within ninety (90) days after its enactment into law.

SEC. 9. Separability Clause. If any provision of this Act is declared unconstitutional or invalid, the remaining parts or provisions not affected thereby shall remain in full force and effect.

SEC. 10. Repealing Clause. All laws, decrees, orders, and rules and regulations, or parts thereof, inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

SEC. 11. Effectivity. This Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved.