

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

TWENTIETH CONGRESS  
Second Regular Session

**HOUSE BILL NO. 10940**



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Introduced by **ANG PROBINSYANO**  
Party-List Representative Alfred Delos Santos

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### **EXPLANATORY NOTE**

Republic Act No. 11036, or the “Mental Health Act,” was a landmark step in recognizing mental health as a matter of national policy. Section 21 of the law directs the Department of Health (DOH) to establish twenty-four hour, toll-free, and accessible hotlines for suicide prevention. Since its passage, this mandate remains only partly realized. Several agencies and private organizations operate separate helplines using different numbers, protocols, and hours of operation, resulting in a fragmented system where a person in crisis may not know which number to call, or may reach a line that cannot respond in time.

This proposed Act does not attempt to overhaul the country’s entire mental health crisis infrastructure, but focuses on a single, achievable, and urgently needed reform, one that establishes a three-digit national hotline that is easy to remember, free of charge on all networks, and capable of receiving calls, text messages, and the like. Consistent with how mental health crises actually are, the hotline is intended to serve any person experiencing a mental health crisis, whether they are under overwhelming stress, anxiety, panic, grief, trauma, or other acute emotional distress, regardless of whether this leads to thoughts of self-harm or suicide. In light of the prevailing climate of uncertainty, escalating violence, and disruptions brought about by an always-connected, online, and overstimulating world, more and more are having to navigate complex mental health landscapes. This necessitates convenient platforms for listening and helping address such concerns.

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

  
**ALFRED C. DELOS SANTOS**  
*Representative, Ang Probinsyano Party-List*

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**AN ACT**  
**ESTABLISHING THE NATIONAL MENTAL HEALTH CRISIS HOTLINE,**  
**MANDATING ITS OPERATION, INTEROPERABILITY, AND ADEQUATE**  
**FUNDING, AND FOR OTHER PURPOSES**

*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 “National Mental Health Crisis Hotline Act.”

**SECTION 2.** *Declaration of Policy.* – It is the policy of the State, consistent with Republic Act No. 11036, to protect and promote the right to mental health of all Filipinos and to value the psychological well-being of the citizenry as much as their physical well-being. Toward this end, the State recognizes that timely, accessible, and confidential support during a mental health crisis saves lives and prevents the escalation of psychological distress. The State shall therefore establish and maintain a single, unified, and adequately resourced national hotline for mental health crises, distinct and separate from, but interoperable with, existing response systems.

**SECTION 3.** *Definitions.* – As used in this Act:

- a) **Mental health crisis** refers to any situation in which a person’s thoughts, feelings, or behavior place the person at risk of harm to self or others, or otherwise severely compromise the person’s ability to cope or function, requiring timely support or intervention. This includes, but is not limited to, acute stress, anxiety or panic episodes, grief, trauma, psychosis, and thoughts of self-harm or suicide. A mental health crisis need not involve suicidal ideation to warrant a response under this Act;

- b) **National Mental Health Crisis Hotline or Hotline** refers to the three-digit telephone, text, and chat-based service established under this Act;
- c) **Mental Health** refers to the state of well-being in which an individual realizes one's own abilities and potentials, scopes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community;
- d) **Crisis counselor** refers to a person trained and certified under standards issued by the DOH to receive and respond to calls, messages, or chats to the Hotline;

**SECTION 4.** *Establishment of the National Mental Health Crisis Hotline.* – There is hereby established a National Mental Health Crisis Hotline, which shall be the primary, unified point of contact for any person experiencing a mental health crisis as defined in this Act, or for any person seeking help on behalf of another:

- a) The DOH, through the Philippine Council for Mental Health (PCMH), shall operate the Hotline twenty-four (24) hours a day, seven (7) days a week, through voice call, short messaging service (SMS), and web-or application-based chat;
- b) Within one (1) year from the effectivity of this Act, the DOH, in coordination with the National Telecommunications Commission (NTC) and Department of Information and Communications Technology (DICT), shall secure and activate a single, nationwide, easy-to-remember three-digit number for the Hotline, which shall be free of charge when called, texted, or accessed from any mobile or fixed-line network;
- c) Existing hotlines operated by government agencies and accredited private or non-government organizations may continue to operate and shall be encouraged to interconnect or refer calls to the Hotline, but the Hotline established under this Act shall be promoted as the primary national number for purposes of public awareness and emergency interoperability;
- d) The Hotline shall be staffed at all times by adequately trained crisis counselors, in a ratio sufficient to meet the response standards under Section 5, and shall have access to on-call licensed mental health professionals for escalation and consultation; and
- e) The Hotline shall receive and respond to calls, messages, and chats from any person in a mental health crisis, regardless of whether the crisis involves thoughts of self-harm or suicide. No caller shall be denied initial support, triage, or referral solely because the caller's distress has not escalated to suicidal ideation.

**SECTION 5. *Response Standards.*** – The PCMH shall adopt and enforce minimum service standards for the Hotline, including, at the minimum:

- a) Answering of calls, messages, or chats within twenty (20) seconds or the shortest practicable time;
- b) Initial triage by a qualified crisis counselor within two (2) minutes of being answered;
- c) Referral to emergency medical services, the nearest DOH-retained or accredited facility, or local government health services for callers assessed to be in imminent danger; and
- d) Where the caller consents, a follow-up contact within twenty-four (24) to seventy-two (72) hours after a high-risk call.

**SECTION 6. *Regional Coordination.*** – In lieu of creating new regional command centers, the existing DOH Centers for Health Development shall serve as the regional coordination points for the Hotline, tasked with monitoring call volume and response times within their respective regions, coordinating referrals to local health facilities and local government units, and reporting regional performance to the PCMH.

**SECTION 7. *Interoperability.*** – The DICT, in coordination with the DOH, the NTC, and the Department of the Interior and Local Government (DILG), shall issue within one hundred eighty (180) days from the effectivity of this Act the technical standards necessary to:

- a) Enable call transfer and data-sharing protocols between the Hotline and the 911 national emergency hotline and local emergency response systems, subject to Section 8;
- b) Ensure the Hotline is accessible through basic mobile phones without internet access, in addition to smartphone and web-based channels; and
- c) Ensure continuity of service during natural disasters and network disruptions, including redundancy arrangements with telecommunications providers.

**SECTION 8. *Data Privacy and Confidentiality.*** – All calls, messages, and chats to the Hotline, and all records generated in the course of providing a response, shall be treated as confidential and shall be processed in accordance with Republic Act No. 10173, or the “Data Privacy Act of 2012,” and other applicable laws. Caller information shall not be disclosed except: (a) with the caller’s consent; (b) when necessary to prevent imminent harm to the caller or another person, consistent with existing legal and ethical standards for mental health professionals; or (c) when required by law. The DOH shall adopt privacy safeguards, and any identified data used for monitoring or research under Section 5 and Section 6 shall not permit re-identification of individual callers.

**SECTION 9. *Public Awareness Campaigns.*** – The DOH, in coordination with the Philippine Information Agency, Department of Education (DepEd), the Commission on Higher Education (CHED), and local government units, shall conduct a continuing public awareness campaign to promote the Hotline number, including through mandatory posting of the Hotline number in public schools, health facilities, and government offices, and through partnerships with telecommunications companies for periodic SMS or network-based public service announcements.

**SECTION 10. *PhilHealth Coordination.*** – The Philippine Health Insurance Corporation (PhilHealth) is encouraged to study and develop, within two (2) years from the effectivity of this Act, an appropriate benefit or reimbursement mechanism for crisis assessment and stabilization services directly linked to referrals made through the Hotline.

**SECTION 11. *Funding.*** – The amount necessary for the initial implementation of this Act, including the acquisition of the three-digit number, hiring and training of crisis counselors, communications technology, and system interoperability, shall be charged against the current year's appropriations of the DOH. Thereafter, such sums as may be necessary for the continued operation of the Hotline shall be included in the annual General Appropriations Act. The DOH may accept grants, donations, and technical assistance from local and international organizations for purposes of this Act, subject to existing accounting and auditing rules.

**SECTION 12. *Reporting.*** – The PCMH shall submit an annual report to Congress on the operations of the Hotline, including call volume, response times, and outcomes, without disclosing information that could identify individual callers.

**SECTION 13. *Implementing Rules and Regulations.*** – Within one hundred twenty (120) days from the effectivity of this Act, the DOH, through the PCMH, in consultation with the DICT, NTC, DILG, PhilHealth, and relevant civil society and mental health advocacy groups, and people's organizations, shall promulgate the implementing rules and regulations necessary to carry out the provisions of this Act.

**SECTION 14. *Repealing Clause.*** – All provisions of laws, presidential decrees, letters of instruction, and other presidential issuances that are incompatible or inconsistent with the provisions of this Act are hereby deemed amended or repealed.

**SECTION 15. *Separability Clause.*** – If any provision of this Act, or part hereof, is held invalid or unconstitutional, the remainder of the law or provision not otherwise affected shall remain valid and subsisting.

**SECTION 16.** *Effectivity Clause* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,