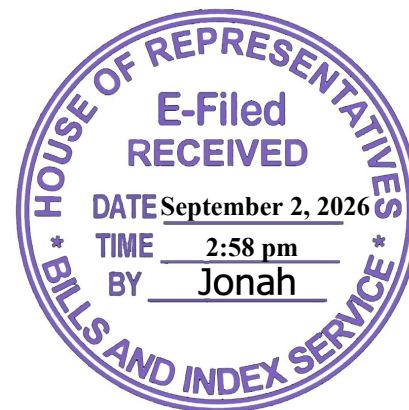




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
Second Regular Session

HOUSE BILL NO. 11077



Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

AN ACT
INSTITUTIONALIZING A YOUTH MENTAL HEALTH CORPS,
ESTABLISHING A NATIONAL VOLUNTEER PROGRAM FOR TRAINED
YOUTH MENTAL HEALTH ADVOCATES, AND PROVIDING FUNDS
THEREFOR

EXPLANATORY NOTE

The Philippines continues to confront a worsening mental health crisis notwithstanding advances in public discourse and the enactment of Republic Act No. 11036, otherwise known as the “Mental Health Act,” which established the country’s landmark policy framework on mental health. Despite its passage, significant gaps in implementation and service delivery persist nearly a decade thereafter.

In 2023, the mental health experts characterized the situation as ‘a rising epidemic’, a condition that remains evident to date, as reflected in the increasing volume of crisis calls reported by the National Center for Mental Health (NCMH)¹. This growing demand is further exacerbated by a shortage of mental health professionals which constraint attainment of access to timely, adequate and quality care. The urgency of addressing the country’s deteriorating mental health landscape

¹ ABS-CBN (October 2025). NCMH Crisis Hotline receives more call; causes point to depression. <https://www.abs-cbn.com/news/health-science/2025/10/28/ncmh-crisis-hotline-receives-more-calls-causes-point-to-depression-1947>

has likewise been recognized in the present Congress, as manifested in inquiries initiated under Senate Resolution No. 99².

Similarly, the 1987 Philippine Constitution, under Article II, Section 13, recognizes the vital role of the youth in nation-building. Notwithstanding the growing call for mental health-responsive communities and collective action, the potential of the youth remains underutilized due to fragmented and uncoordinated platforms for engagement. In 2021, UNICEF reported that young people increasingly seek mental health information and demonstrate a heightened willingness to participate in mental health discussions, as well as peer support programs and mechanisms³. Globally, there has likewise been a notable rise in youth engagement in mental health advocacy, peer counseling, and volunteer-driven initiatives⁴.

Thus an urgent need to complement professional services with trained peer support systems that can provide immediate psychosocial assistance and facilitate early intervention at the primary care service level. Empowering the youth as mental health advocates not only expands access to care but also reduces stigma and promotes a culture of help-seeking behavior to expand.

This bill seeks to establish a Youth Mental Health Corps, a national volunteer program composed of trained youth advocates equipped with skills in psychosocial first aid, suicide prevention, peer counseling, and crisis listening. By mobilizing the youth as frontliners of mental health support in schools, communities, and disaster settings, the State strengthens its commitment to safeguarding the mental well-being of every Filipino and uphold mental health as a fundamental human right

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

² Senate of the Philippines (October 2025). Camille Villar seeks Senate probe into Growing Mental Health Crisis. https://legacy.senate.gov.ph/press_release/2025/1029_villarcal.asp

³ UNICEF. The State of the World's Children 2021. <https://www.unicef.org/reports/state-worlds-children-2021>

⁴ United Nation. Core Principles for Meaningful Youth Participation. <https://www.un.org/youthaffairs/en>



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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 “*Youth Mental Health Corps Act.*”

SECTION 2. *Declaration of Policy.* – It is hereby declared the policy of the State to promote and protect the mental health and well-being of the youth as a vital component of national development. The State recognizes young people as key

partners in nation-building and affirms their right to accessible, responsive, and culturally appropriate mental health services. Accordingly, the State shall establish community-based and youth-responsive mental health systems that complement existing services, promote mental health awareness and preventive care, and address service gaps, particularly in underserved communities. It shall empower the youth through capacity-building, volunteerism, and peer support initiatives, while strengthening early identification, intervention, and referral mechanisms.

The State shall adopt a whole-of-government and whole-of-society approach, ensuring coordination among relevant stakeholders, and uphold gender-responsive, child-sensitive, and rights-based principles. All programs shall be guided by inclusivity, confidentiality, ethical practice, and respect for human dignity, with adequate safeguards for both beneficiaries and youth volunteers.

SECTION 3. *Definition of Terms.* – For purposes of this Act:

(a). *Youth* shall refer to those persons whose ages range from fifteen (15) to thirty (30) years old as defined in Republic Act No. 8044;

(b). *Psychological First Aid (PFA)* refers to an evidence-informed approach built on the concept of human resilience and aims to reduce stress symptoms and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis;

(c). *Peer Counseling* refers to a supportive process where trained individuals provide emotional support to peers; and

(d). *Youth Mental Health Corps (YMHC)* refers to a national volunteer corps of trained youth mental health advocates.

(f) Transplant Center refers to a hospital duly licensed and accredited by the Department of Health (DOH) to perform transplantation procedures;

(g) Organ Procurement refers to the process of identifying, retrieving, and preserving organs for transplantation.

SECTION 4. *Establishment of the Youth Mental Health Corps.* — Thereby established a Youth Mental Health Corps (YMHC), a national volunteer program composed of trained youth mental health advocates, under the supervision of the Department of Health (DOH). The DOH shall serve as the lead implementing agency and shall exercise overall policy direction, coordination, and program management.

(g) Generate data analytics for policy and planning.

The DOH, in coordination with the Department of Education (DepEd), Commission on Higher Education (CHED), National Youth Commission (NYC), Department of the Interior and Local Government (DILG), and all Local Government Units (LGUs), shall ensure the effective implementation, institutionalization, and sustainability of the Corps at the national and local levels. Such agencies shall integrate the Youth Mental Health Corps into their respective programs, systems, and structures, and shall provide the necessary administrative, technical, and logistical support for its operations. Local Government Units shall serve as the primary implementing bodies at the local level and shall facilitate

recruitment, organization, and deployment of Corps members within their respective jurisdictions.

SECTION 5. *Objectives* – The Youth Mental Health Corps shall pursue the following objectives:

- (a) To provide accessible, timely, and community-based psychosocial support to individuals, particularly the youth, experiencing mental health distress;
- (b) To promote mental health awareness, literacy, and preventive care, and to reduce stigma associated with mental health conditions;
- (c) To strengthen early detection and intervention mechanisms through peer support, crisis listening, and psychosocial first aid;
- (d) To establish a functional linkage and referral pathway between communities and licensed mental health professionals, health facilities, and appropriate service providers;
- (e) To mobilize trained youth volunteers as frontliners in mental health promotion, crisis response, and community engagement;
- (f) To support mental health and psychosocial response efforts during disasters, emergencies, and other crisis situations, including deployment in evacuation centers and affected communities; and
- (g) To contribute to the development of resilient, inclusive, and mentally healthy communities through sustained youth participation and engagement.

SECTION 6. *Composition and Deployment.* The Youth Mental Health Corps shall be composed of duly trained, certified, and registered youth volunteers who have successfully completed the required training under this Act.

Corps members shall be strategically deployed in key settings, including but not limited to public and private elementary and secondary schools, colleges and universities, barangays, workplaces, community-based organizations, youth centers, and evacuation centers during disasters and emergencies, to ensure broad accessibility of psychosocial support services. Each barangay shall establish and maintain at least one (1) Youth Mental Health Team, composed of an adequate number of certified Corps members, taking into consideration population size, geographic conditions, and identified mental health needs of the community. Such teams shall operate in close coordination with barangay officials, local health units, school authorities, and accredited mental health professionals.

Deployment of Corps members shall be aligned with identified community needs and priorities, and shall be subject to the supervision of designated licensed mental health professionals in accordance with this Act. The assignment and mobilization of volunteers during emergencies shall be coordinated through the Local Government Units (LGUs) and relevant disaster risk reduction and management structures. The Department of Health (DOH), in coordination with partner agencies, shall issue guidelines to ensure the proper organization, equitable distribution, and effective utilization of Corps members nationwide.

SECTION 7. *Training and Certification.* – All members of the Youth Mental Health Corps shall undergo standardized and competency-based training to ensure

the quality, safety, and effectiveness of services rendered. The Department of Health (DOH), in coordination with the Department of Education (DepEd), Commission on Higher Education (CHED), National Youth Commission (NYC), and other relevant institutions, shall develop and implement a unified training framework and curriculum.

The training program shall consist of not less than forty (40) hours of foundational instruction, which shall include, but not be limited to, psychosocial first aid, suicide prevention and risk identification, peer counseling techniques, crisis listening and communication skills, mental health literacy, cultural and gender sensitivity, child protection, ethical standards, confidentiality, and proper referral systems. Participants shall likewise be required to complete supervised practicum, simulation exercises, or field-based exposure to ensure practical application of skills. No individual shall be deployed as a Corps member without having satisfactorily completed all training requirements.

To ensure continued competency and responsiveness to emerging mental health concerns, all Corps members shall undergo annual refresher training of not less than eight (8) hours and shall participate in continuing education programs as may be prescribed by the DOH. Certification shall be issued by the DOH, in coordination with partner agencies, to individuals who have successfully completed the required training and demonstrated competency. Such certification shall be subject to renewal based on compliance with continuing education and performance standards.

SECTION 8. *National and Local Registry.* — A National Youth Mental Health Corps Registry is hereby established under the Department of Health, serving as the centralized database of all certified Corps members for purposes of monitoring, coordination, and mobilization. Local Government Units shall likewise maintain corresponding Local Registries at the barangay, city, and municipal levels, containing updated information on members within their jurisdiction, including their identity, contact details, deployment assignments, training and certification status, and service availability. The National and Local Registries shall be regularly updated and integrated to ensure accuracy, accessibility, and efficient deployment, particularly in emergencies and crisis situations. All registry data shall be processed in accordance with applicable data privacy and confidentiality laws, with access restricted to authorized personnel for official purposes only.

SECTION 9. *Roles and Functions.* – Members of the Youth Mental Health Corps shall perform the following roles and functions within the scope of their training and under appropriate supervision:

- (a) Provide immediate psychosocial support through active listening, emotional reassurance, and basic psychological assistance to individuals in distress;
- (b) Conduct mental health awareness, education, and advocacy activities within schools, communities, and organizations to promote mental health literacy and reduce stigma;
- (c) Identify early signs of mental health concerns and facilitate appropriate and timely referral to licensed mental health professionals, health facilities, or relevant authorities;

- (d) Assist in the establishment and facilitation of peer support groups, youth safe spaces, and community-based mental health initiatives;
- (e) Support mental health and psychosocial response efforts during disasters, emergencies, and crisis situations, including deployment in evacuation centers and affected areas;
- (f) Maintain proper documentation of activities and referrals in accordance with established protocols and ethical standards.

Corps members shall strictly observe the limits of their role and shall not engage in clinical diagnosis, prescription of medication, or provision of professional therapeutic interventions.

SECTION 10. *Benefits and Incentives.* — To promote sustained participation and recognize the valuable contribution of volunteers, members of the Youth Mental Health Corps shall be entitled to appropriate benefits and incentives, subject to existing laws, rules, and regulations.

Such benefits shall include free access to training, certification, and continuing education programs; reasonable allowances during official deployment or authorized activities; and insurance coverage for risks and hazards encountered in the performance of their duties. Volunteers shall also be granted access to mental health support services, including counseling and psychological debriefing, to safeguard their well-being. Recognition and incentive programs shall likewise be established at the local and national levels to acknowledge exemplary service.

Subject to applicable guidelines, Corps members may be given priority consideration in government scholarship programs, internships, and public service employment opportunities, in recognition of their service and contribution to national development.

SECTION 11. *Institutionalization in Schools and Communities.* – The Youth Mental Health Corps shall be institutionalized in schools, higher education institutions, and communities as a key component of youth development and mental health promotion programs.

The Department of Education (DepEd) and the Commission on Higher Education (CHED) shall integrate the Corps into existing student development frameworks, organizations, and co-curricular activities, and shall support the establishment of school-based peer support systems and safe spaces. Local Government Units, through their barangays, shall allocate and maintain appropriate venues for youth mental health safe spaces and community-based psychosocial support activities. The Sangguniang Kabataan (SK) shall play an active role in the recruitment, mobilization, and engagement of youth volunteers and shall assist in the implementation of programs under this Act. Coordination among schools, local government units, and community organizations shall be strengthened to ensure a cohesive and accessible mental health support network.

SECTION 12. *Professional Supervision.* – All members of the Youth Mental Health Corps shall operate under the supervision and guidance of licensed mental health professionals, including psychologists, psychiatrists, or registered guidance

counselors, as may be designated by the Department of Health or the Local Government Units.

Supervising professionals shall provide technical guidance, case consultation, and oversight to ensure that all activities and interventions conducted by Corps members adhere to established standards, ethical principles, and referral protocols. They shall also assess the readiness of volunteers for deployment and provide feedback for continuous improvement. No Corps member shall independently handle high-risk cases without proper supervision and referral to qualified professionals.

SECTION 13. *Psychological Debriefing and Volunteer Welfare.* – The State shall prioritize the mental health and well-being of all Youth Mental Health Corps members by ensuring access to comprehensive support mechanisms. Regular psychological debriefing sessions shall be conducted for volunteers, particularly after exposure to crisis situations, disaster response operations, or emotionally distressing cases. Such debriefing shall be facilitated by qualified mental health professionals and shall aim to prevent burnout, secondary trauma, and emotional fatigue.

Volunteers shall likewise have access to confidential counseling and mental health services, as well as peer support systems within the Corps. Mechanisms shall be established to monitor the well-being of volunteers and to provide timely intervention when necessary. No volunteer shall be assigned duties beyond their level of training, competence, or emotional capacity, and participation in high-risk or high-intensity situations shall be voluntary and subject to appropriate safeguards.

SECTION 14. *Gender-Sensitive and Child Protection Measure* – All programs under this Act shall be gender-responsive and compliant with existing laws, including the Magna Carta of Women (Republic Act No. 9710), Special Protection of Children Against Abuse, Exploitation and Discrimination Act (Republic Act No. 7610), and Safe Spaces Act (Republic Act No. 11313). Volunteers shall undergo gender sensitivity and child safeguarding training, strictly observe confidentiality, and immediately refer cases involving abuse, exploitation, or self-harm to appropriate authorities. Safeguarding mechanisms, including a code of conduct and reporting systems, shall be established.

SECTION 15. *Monitoring, Evaluation and Reporting*. A comprehensive Monitoring and Evaluation system shall be established by the Department of Health to assess the implementation and effectiveness of the program. Key indicators shall include coverage, service delivery, capacity development, and program outcomes. Barangays shall submit monthly reports to LGUs, LGUs shall submit quarterly reports to the Department of Health, and the Department of Health shall submit an annual report to Congress and the Office of the President.

SECTION 16. *Annual National Convening of the Youth Mental Health Corps*. - An Annual National Convening of the Youth Mental Health Corps is hereby institutionalized to ensure program alignment, knowledge exchange, and continuous improvement of services. The Department of Health, in coordination with the National Youth Commission, Department of Education, Commission on Higher Education, Department of the Interior and Local Government, and Local Government Units, shall organize and facilitate the convening.

The Annual Convening shall serve as a platform for the presentation of program accomplishments, sharing of best practices, capacity-building sessions, policy updates, and consultation with stakeholders, including mental health professionals, youth leaders, and partner institutions. Regional and local pre-convenings may also be conducted to ensure broader participation. Participation of selected Corps representatives from all regions shall be supported by the government, subject to existing accounting and auditing rules and regulations.

SECTION 17. *Continuing Education and Capacity Development.* - The State shall ensure the continuous learning and development of all Youth Mental Health Corps members through a structured and sustained capacity-building program. The Department of Health, in coordination with partner agencies, shall develop and implement continuing education modules, which may include advanced training in psychosocial first aid, suicide intervention, crisis response, cultural sensitivity, and emerging mental health concerns.

All Corps members shall be required to complete periodic continuing education and refresher courses as a condition for maintaining active status in the registry. Access to updated learning materials, online and in-person training opportunities, and mentorship programs shall be provided to ensure that volunteers remain competent, responsive, and aligned with current standards of mental health care.

SECTION 18. *Integrated Referral System of Care.* - An integrated and coordinated referral system of care is hereby established to ensure that individuals

identified by Youth Mental Health Corps members receive timely and appropriate professional intervention. The Department of Health, in coordination with Local Government Units and relevant agencies, shall develop standardized referral protocols, including clear pathways from community-based support to licensed mental health professionals, health facilities, and appropriate government services.

The referral system shall ensure:

- (1) proper documentation and tracking of referred cases;
- (2) confidentiality and data privacy in accordance with existing laws;
- (3) feedback mechanisms between volunteers and supervising professionals;
- and
- (4) prioritization of urgent and high-risk cases, including those involving suicide risk, abuse, or severe psychological distress.

All Corps members shall be trained in the proper implementation of referral protocols and shall strictly adhere to the principle that they are not authorized to provide clinical diagnosis or treatment.

SECTION 19. *Funding.* - The initial funding shall be charged against the current appropriations of the DOH. Thereafter, such sums as may be necessary shall be included in the General Appropriations Act. LGUs are encouraged to allocate funds for local implementation.

SECTION 20. *Implementing Rules and Regulation (IRR).* - Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with partner agencies, shall promulgate the necessary rules and regulations.

SECTION 21. *Separability Clause.* - If any provision of this Act is declared unconstitutional, the remaining provisions shall remain in full force and effect.

SECTION 22. *Repealing Clause.* - All laws, decrees, and regulations inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 23. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,