

TRANSPARENCY NOW!

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*A Paper Series on
Transparency, Participation & Accountability*

Special Policy Edition

**The Need for a
Comprehensive Government
Response to Mental Health
with Meaningful Youth
Participation**

Government Watch



About TPA Now! Paper Series

The challenge of transformative impact of transparency, participation and accountability (TPA) initiatives points to the need for a different way of doing accountability. To advance the discourse and practice of 'strategic TPA,' Government Watch (G-Watch), in partnership with Accountability Research Center (ARC), has launched TPA Now! A Paper Series on Transparency, Participation and Accountability as a platform for practitioners, researchers and action strategists to present evidence and reflect on the practice and research on strategic TPA and to broaden awareness on the importance of accountability in governance.

G-Watch is an independent citizen action and research for accountability in the Philippines that aims to contribute in the deepening of democracy through political reform and citizen empowerment. ARC is an action-research incubator based at American University in Washington, DC that seeks to strengthen and learn from the work of civil society organizations and policy reformers on the frontlines of accountability work and build knowledge for the field of transparency, participation and accountability.

TPA Now! Special Health and Education Policy Edition

This new special series is a collection of news features and policy briefs on education and health. It covers actions, issues and agenda central to two ongoing major initiatives of G-Watch: PRO-Health and Multiply-Ed.

PRO-Health or Promoting Rights Organizing for Health is an initiative of G-Watch with ARC and in cooperation with other partner civil society groups and local governments that aims to strengthen transparency, participation and accountability in public health governance by building coalitions and alliances among citizens, groups and communities around health rights issues, and by facilitating learning and problem-solving among accountability frontliners and rights defenders to come up with pro-people and bottom-up solutions to systemic barriers and hurdles to reproductive, maternal, newborn and adolescent health services.

Multiply-Ed (X-Ed) is a national initiative of the Center for Youth Advocacy and Networking (CYAN) and G-Watch together with the Student Council Alliance of the Philippines (SCAP) and Bukluran UP System (BUPS), and other various student organizations, and with support from Education Out Loud of the Global Partnership for Education. It aims to improve transparency, participation, and accountability in various levels of education governance, particularly in ensuring learning continuity and recovery in Senior High Schools towards a public education system that is resilient, gender-responsive, accessible, and accountable to education stakeholders, especially for marginalized learners.

This special series of TPA Now! consists of five issues covering the agenda of nutrition, teaching quality, Pantawid Pamilyang Pilipino Program or 4Ps, inclusive education and mental health.

Bearing G-Watch's 25th year logo, this TPA Now! special series also forms part of the year-long celebration of G-Watch of 25 years of advancing transparency, participation and accountability, now expanding its application to as many sectors and agenda that are critical to ordinary citizens.

This second issue of the TPA Now! Special Education and Health Policy Edition underscores the need for a comprehensive mental health response with meaningful youth participation.



Acknowledgement

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The need for a comprehensive government response to mental health with meaningful youth participation

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This paper presents the situation of mental health in the country, including current policies and efforts to provide mental health services. It then highlights the results of the monitoring done by PRO-Health, a civil society initiative on health rights organizing, particularly the part on mental health. It then presents recommendations on how mental health services can be improved in the country, particularly underscoring the importance of getting the perspectives and inputs of the youth in mental health policy-making processes.

Mental Health Situation in the Philippines

Mental health is considered as a basic human right. Mental health is defined by

the World Health Organization (WHO) as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.”¹ Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm.

In the Philippines, the number of Filipinos suffering from mental health issues have been increasing. The 2021 Philippine National Survey for Mental Health and Well-Being (NSMHW)—the country’s first ever national baseline survey on mental health—show that 14 in 100 Filipino adults had mental illness, with panic attacks, alcohol use disorder, depressive disorders,

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¹ World Health Organization (n.d.). ‘Mental Health’. Retrieved <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

and dementia as some of the most common diagnosis.² 1 out of every 5 early adults (18-34 years old) is affected by mental illness and among those who had suicidal ideations, 2 out of 5 have made suicide plans while 1 out of 5 have made a suicide attempt.³ The pandemic has exacerbated the mental health crisis and it continues to worsen even after the pandemic, affecting millions of Filipinos. In fact, a recent study revealed that the Philippines' mental health quotient has worsened in 2024, with 68.76 from 78.44 in 2023.⁴

Youth as the Most Affected Sector

Various reports show that the youth sector is one of the most affected by mental health issues.

In 2015, WHO reported that 16.8 percent of students aged 13-17 had attempted suicide at least once.⁵ The 2021 Young Adult Fertility and Sexuality Study (YAFS5)⁶ also found Filipinos aged 15-24 having suicidal thoughts and tried ending their lives.⁷ There is a grave number of suicide cases and attempts in schools and yet a shortage of guidance counselors.⁸ In addition, the COVID-19 pandemic worsened the mental health situation with young people experiencing moderate-to-severe stress, anxiety and depressive symptoms with gender, age, school load and discrimination being key factors.⁹ While mental health covers many conditions, the rising cases of suicide indicates a crisis situation.

The Department of Education (DepEd) data further revealed the extent of the mental health crisis in schools. In 2021,

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2 De Guzman, M.L.R. et al. (2021). "Philippine National Survey for Mental Health and Well-Being (NSMHW)." University of the Philippines – Manila: University of the Philippines – Department of Psychiatry and Behavioral Medicine; p. 101. Retrieved from: [https://storage.googleapis.com/request-attachments/US0xxorlzoqADCelCtVX89LS9nKQjyo4qJzHrV9uZjQ91WVfLyKo46Mn-7MWdCoOkEopcu9Hrw7oLF75s3llboE1PrwBih75BD6QZ/NSMHW%20%20Report%20and%20Policy%20Recommendations%20%20version%2038_07012023%20\(2\)%20\(1\).pdf](https://storage.googleapis.com/request-attachments/US0xxorlzoqADCelCtVX89LS9nKQjyo4qJzHrV9uZjQ91WVfLyKo46Mn-7MWdCoOkEopcu9Hrw7oLF75s3llboE1PrwBih75BD6QZ/NSMHW%20%20Report%20and%20Policy%20Recommendations%20%20version%2038_07012023%20(2)%20(1).pdf).

3 Ibid., p. 119 and p.114.

4 Antonio, J. (2025). "Philippines' Mental Health Quotient Worsens in 2024 – Study." GMA News Online. April 21. Retrieved from: <https://www.gmanetwork.com/news/lifestyle/healthandwellness/943137/philippines-mental-health-quotient-worsens-in-2024-study/story/>.

5 World Health Organization (2020). "Global School-Based Student Health Survey 2015 (Philippines)." Retrieved from: <https://extranet.who.int/ncdsmicrodata/index.php/catalog/660/related-materials>.

6 University of the Philippines Population Institute (2022). "Zoom In, Zoom Out: Filipino Youth in Focus." (PowerPoint presentation). Retrieved from: https://www.uppi.upd.edu.ph/sites/default/files/pdf/YAFS5_National%20Dissemination_Slides_FINAL.pdf.

7 Boiser, A. (2022). "1 of 5 young Filipinos have Considered Suicide—UP Survey." *Philippine Daily Inquirer*. October 11. Retrieved from: <https://newsinfo.inquirer.net/1678021/1-of-5-young-filipinos-have-considered-suicide-up-survey>.

8 Torres, S.A. (2023). "Number of Students Suffering from Mental Health Issues Growing. ABS-CBN". January 31. Retrieved from: <https://www.abs-cbn.com/spotlight/01/31/23/number-of-students-suffering-from-mental-health-issues-growing>.

9 Tee, M.L. et al. (2020). "Psychological Impact of COVID-19 Pandemic in the Philippines." *Journal of Affective Disorders*. 277; pp. 379-391. Retrieved from: <https://doi.org/10.1016/j.jad.2020.08.043>.

404 students have lost the mental health battle to suicide,¹⁰ while 2,147 students have made suicide attempts.¹¹

In a Senate presentation last 2023, Assistant Secretary Dexter Galban of DepEd revealed that based on their 2021 data, there were 775,962 students who have sought guidance from their school's guidance counselors and acknowledged that this figure might even be higher due to underreporting and lack of guidance counselors in schools.¹²

Government Response to Mental Health

As early as 2001, the Department of Health (DOH) has set in place policies addressing mental health. Administrative Order No. 8, s. 2001 or the National Mental Health Policy was issued to provide guidelines for the establishment of a sustainable mental health program in the country. This was further strengthened by DOH Administrative Order No. 2016-0039 or the Revised Operational Framework for a Comprehensive National Mental Health Program which enhances the National Mental Health Program.

These policies, however, were noted to be focused primarily on national-level and hospital/specialty-based approaches to mental health.

As such, Republic Act 11036 or the Philippine Mental Health Act was passed in 2018. The law aims to provide a rights-based approach to mental health by focusing on enhancing service delivery for mental health as well as promoting and protecting the rights of persons utilizing psychiatric, neurologic, and psychosocial health services. Its implementing rules and regulations are also reflective of this, fleshing out which agencies, both public and private, should be integrated into service delivery and what roles they play. It also sets the standards of service and service delivery for mental health, highlighting victim-centered and rights-based approaches. It also covers the need for information, education, and campaign initiatives, cognizant of the prevalent stigma and misconceptions about mental health.

Among the objectives of the Mental Health Act is to integrate mental health in basic health service as it recognizes the right of all citizens to access mental health service at all levels of the national mental

10 Thank you to Vincent Mujune of StrongMinds Uganda for suggesting this language.

11 Torres, op. cit.

12 Committee on Basic Education, Senate of the Philippines (2023). "Committee Hearing on Senate Bill No. S. No. 379 or the Basic Education Mental Health and Well-Being Promotion Act". January 31. Retrieved from: <https://www.youtube.com/live/IgVv7TbZ-IM?feature=share&t=1545>.

health care system.¹³ With this, the law underscores the role of communities and community-based institutions (i.e., local government units, barangays, schools, workplaces, etc.) in the overall approach of addressing mental health issues in the country.

as one of its key action agenda under “*Ginhawa ng Isip at Damdamin*”. Under this, DOH aims to strengthen services and infrastructure related to mental health, and ensure access of all citizens to quality mental health care.¹⁵



The Mental Health Strategic Plan 2019-2023 developed by the Philippine Council for Mental Health (PCMH) has provided a comprehensive government plan of action which focused on promotion and prevention, leadership and governance, services, and information and research.¹⁴ DOH in its *National Objectives for Health 2023-2028* further identifies mental health

The Mental Health Act further mandates all local government units (LGUs) and academic institutions to create their own mental health programs in accordance to the guidelines provided by the PCMH. After the passage of the Mental Health Act, DepEd has included the School Mental Health Program as one of the flagship programs of *Oplan Kalusugan sa DepEd*.¹⁶ Furthermore, DepEd together with the Department of Social Welfare and Development (DSWD), DOH, Commission on Higher Education (CHED), Legal Education Board (LEB), Technical Education and Skills Development Authority (TESDA), and the Department of the Interior and Local Government (DILG) have also signed Joint Administrative Order No. 2022-0001 on the Guidelines on Healthy Settings Framework in Learning Institutions to

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13 See Republic Act No. 11036, Section 5e. Source: https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html.

14 Philippine Council for Mental Health (2019). *Mental Health Strategic Plan 2019-2023*. Retrieved from: <https://doh.gov.ph/wp-content/uploads/2023/08/Mental-Health-Strategic-Plan.pdf>.

15 Department of Health (2023). *National Objectives for Health Philippines 2023-2028*. Retrieved from: <https://doh.gov.ph/wp-content/uploads/2024/01/National-Objectives-for-Health-2023-2028.pdf>.

16 Department of Education (2019). “OK sa DepEd 2019 to Kick Off in General Santos City.” July 24. Retrieved from: <https://www.deped.gov.ph/2019/07/24/ok-sa-deped-2019-to-kick-off-in-general-santos-city>.

ensure health promotion—including mental health—in schools.¹⁷

Both the Mental Health Act and Republic Act 11223 or the Universal Health Care Act directs LGUs to enact stricter ordinances, broaden existing health policies, and implement programs to address mental health issues, among others.¹⁸

With these, DOH, as well as other national government agencies have developed various policies, guidelines, and programs tackling mental health in the country.

Access to Medicines and Services

DOH is implementing the Medicine Access Program for Mental Health (MAP-MH).¹⁹ One of the primary objectives of this program is to increase access of mental health medicines down to the community level by identifying, procuring, and distributing medicines to enrolled users in access sites. As of 2024, there are 878 access sites all over the country and with

30 mental health commodities included in the program.²⁰

Section 21 of the Mental Health Act further mandates for the setting up, and strengthening of 24/7 suicide prevention hotlines. Currently, there is a nationwide suicide prevention hotline operated by the National Center for Mental Health (NCMH Crisis Hotline), as well as a telemental health service (www.ncmhusaptayo.com). There are also several hotlines established by various public health facilities all over the country.²¹

At the local level, mental health is also expected to be integrated to basic health services provided by LGUs (i.e., from the municipal/city to the barangay level), from promoting public awareness to ensuring mental health services are provided in primary health care facilities and hospitals in their jurisdiction. They shall promote deinstitutionalization, which prioritizes community-based approaches to mental

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17 Department of Health; Department of Social Welfare and Development; Department of Education; Commission on Higher Education; Legal Education Board; Technical Education and Skills Development Authority; and Department of the Interior and Local Government (2022). "Joint Administrative Order No. 2022-0001: Guidelines on Healthy Settings Framework in Learning Institutions." Retrieved from: <https://www.scribd.com/document/782099117/Doh-dswd-Deped-ched-leb-tesda-dilg-Jao-No-2022-0001-Jao-on-Healthy-Learning-Institutions>.

18 See Republic Act No. 11223, Section 30. Source: https://lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html.

19 Department of Health (2021a). "Administrative Order No. 2021-0012: Implementing Guidelines on the Medicine Access Program for Mental Health (MAP-MH)." Retrieved from: <https://law.upd.edu.ph/wp-content/uploads/2021/05/DOH-Administrative-Order-No-2021-0012.pdf>.

20 Department of Health (2025). "Overview of the National Mental Health Program." (PowerPoint presentation). February 19. Retrieved from: https://docs.google.com/presentation/d/1Xrm4oENQRKKuxQmzioPwb5lO7Maj05quflqsfyeG7Gs/edit#slide=id.g328135a6409_16_171.

21 Department of Health (n.d.). "DOH Psychosocial Helpline Directory." Retrieved from: <https://drive.google.com/file/d/1S0s9XA-jqnVPNy3rFgclK5aOzbesRdr3-/view>.



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health instead of the hospital- or facility-focused approach.²²

To guide LGUs, DOH published in 2021 the *Framework for Community Based Mental Health Programs in the Philippines*. This document defines Community-based Mental Health (CBMH) Program as:

“a mental health delivery framework, with a set of activities, in a geographically defined community, identifying its unique mental health needs and utilizing its innate strengths, deriving resources from both government and non-government sectors, to deliver mental health services to the population and individual level, including promotion, prevention, treatment, recovery assistance and rehabilitation, according to identified needs, resulting in a population where individuals realize their own potentials, copes adequately with the daily stresses of life, displays resilience in the face

of extreme life experiences, and works productively and fruitfully and able to participate in the community.”²³

The CBMH program is expected to augment existing mental health programs and services in mental health facilities and hospital. It mobilizes non-healthcare specialists such as Barangay Health Workers (BHWs), civil society organizations (CSOs), and members of the community (i.e., community leaders, parents, etc.) to provide mental health services in their area. Services offered in the CBMH program can vary from psychoeducation and information, training, counseling, and provision of medicine, depending on the needs of the community.²⁴

A Playbook for Peer Support Group for the Youth was also created by DOH for LGUs to help them institutionalize peer support programs to “foster mutually

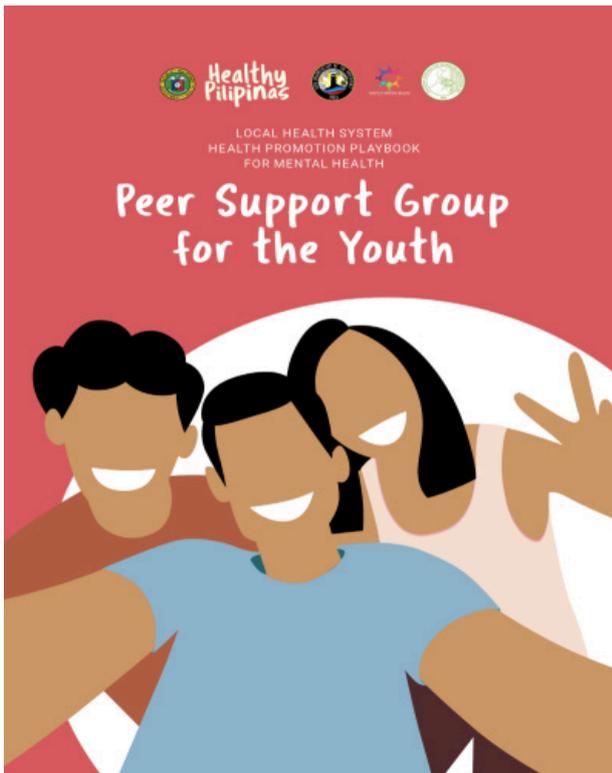
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22 See Republic Act No. 11036, Section 37. Source: https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html

23 Department of Health (2021c). *Framework for Community Based Mental Health Programs in the Philippines: A Guidebook (First Edition)*. Manila. Retrieved from: <https://storage.googleapis.com/request-attachments/FKcESeQ44XRGc9Rru6253wFK-136S1Wal35vKPCfxu9jif98GcsazilOSF8vXfQc8YOot0fDyopyYBj6vNRvro1XmpetipFdaCy/CBMH%20Framework%20Philippines%20v2c.pdf>

24 Ibid., p.38.

supportive social networks for the youth to engage in.”²⁵ Furthermore, there is also the Key Assistance for Developing Adolescents (KADA) Centers which are health facilities embedded in local communities that are expected to offer health services, including mental health services for adolescents.²⁶



Furthermore, educational institutions such as schools, colleges, universities, and technical schools are mandated to develop programs and policies to raise awareness

on mental health issues as well as provide support, services, and referral systems not just for students but also their employees.²⁷

In response to the pandemic, the Department of Education released Department Order No. 14, s. 2020 providing guidelines on the required health standards in basic education offices and schools. In this Department Order, DepEd provides mental health interventions for students. These come in form of modules on mental health, operationalization of guidance offices to provide mental health services both to students and personnel, and establishing hotlines for counseling services.²⁸

With the growing demand to provide adequate mental health services in schools, Congress recently passed Republic Act 12080 or the Basic Education Mental Health and Well-Being Promotion Act. This law mandates schools to strengthen their mental health and guidance and counseling program. This includes establishing mental health and well-being offices in every Schools Division Offices (SDOs) and Care Centers (previously Guidance Offices) in each school. In order to address the lack of guidance counselors,

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25 Department of Health (2021d). *Local Health System Health Promotion Playbook for Mental Health: Peer Support Group for the Youth*. Manila. Retrieved from: https://drive.google.com/file/d/1Gx-q4gVLsbWaRyM_NjnKUU8JVwEr1M9q/view.

26 Department of Health (2021e). *Local Health System Health Promotion Playbook for Sexual and Reproductive Health: The Key Assistance for Developing Adolescents (KADA) Network*. Manila. Retrieved from: https://drive.google.com/file/d/1cJ3ZKxHmHUTPYug3GhMIT-pyNcIN_YnJ/view.

27 See Republic Act No 11036, Section 24. Source: https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html.

28 Department Education (2020). "DepEd Order No. 014, s. 2020: Guidelines on the Required Health Standards in Basic Education Offices and Schools." Retrieved from: https://www.deped.gov.ph/wp-content/uploads/2020/06/DO_s2020_014.pdf.



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the new law added plantilla positions for School Counselor Associate for bachelor’s degree holders²⁹ and increased the salary of School Guidance Counselors from SG 11 (Php27,000) to SG 16 (Php39,000).

Capacity Building for Mental Health Service Providers

Under its Mental Health Program, DOH provides various online and offline capacity building activities to different health and non-health personnel.³⁰

Among these is the training on Mental Health Gap Action Program (mhGAP) developed by the World Health Organization which guides primary care practitioners in non-specialized settings in the treatment and management of mental, neurological, and substance disorders. This training is primarily targeted to local health practitioners, particularly those in

Rural Health Units (RHUs) or City Health Offices (CHOs), in the provincial, municipal, and city level, and is one of the indicators in building human resource capacity for mental health in the 2019-2023 Mental Health Strategic Plan.

DOH also developed a harmonized training manual on Mental Health and Psychosocial Support (MHPSS), which is available online on DOH’s e-Learning platform (<https://learn.doh.gov.ph/>). MHPSS generally aims to promote the psychosocial wellbeing of a person, as well as to prevent or treat a mental disorder.

Moreover, the National Center for Mental Health, which is categorized as a national specialty center,³¹ is mandated under Republic Act No. 11036 to be the country’s premier training and research facility “primarily designed to serve the needs for training, education,

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 29 Previously, bachelor degree holders cannot hold guidance counselor positions in schools.

30 Bonbon, E. (2023). “Investing in Mental Health Towards Healthy Workplaces.” (PowerPoint Presentation). Retrieved from: <https://www.pagba.com/wp-content/uploads/2023/11/ADDRESSING-CHALLENGES-OF-MENTAL-HEALTH-IN-THE-WORK-PLACE.pdf>.

31 A National Specialty Center is defined by DOH as a Level 3 specialty or general hospital with the highest level of expertise in clinical services, teaching and training, and research; and is the country’s apex or end-referral facility for a given medical specialty. See DOH Department Order 2021-0001.

and research.”³² Currently, the NCMH is providing specialized training for health professionals and students, as well as technical assistance and capacity-building activities on community-based mental health.³³



Section 24 of the Mental Health Act stipulates that “all public and private educational institutions shall be required to have a complement of mental health professionals.” There is, however, a shortage of mental health professionals in the country, including guidance counselors. In order to address this, teachers in public

schools can be appointed as “Guidance Designates” or “Guidance Advocates” who perform duties related to the implementation of guidance services excluding counseling.^{34,35} They, together with registered guidance counselors, are further trained by the National Educators Academy of the Philippines (NEAP) to effectively address mental health cases in schools, among others.³⁶

Mental Health Promotion

Under the Mental Health Law, DOH and LGUs are also mandated to initiate and sustain a heightened nationwide multimedia campaign to raise awareness on the protection and promotion of mental health.³⁷

Since then, DOH through the Health Promotion Bureau (HPB), have released various information, education, and communication materials on mental health.

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32 Implementing Rules and Regulations of Republic Act. No. 11036, Section 30.

33 National Center for Mental Health (n.d.). “About NCMH.” Retrieved from: <https://ncmh.gov.ph/>.

34 Department of Education – Division of City Schools Tagbilaran City (2023). “DepEd Division Memorandum No. 473, s. 2023: Guidelines on the Supervision and Implementation of Career Guidance Program for School Year 2023-2024.” Retrieved from: <https://depedtagbilaran.org/wp-content/uploads/2023/10/DM-NO-473-s.-2023-GUIDELINES-ON-THE-SUPERVISION-AND-IMPLEMENTATION-OF-THE-DEPED-CAREER-GUIDANCE-PROGRAM-FOR-SCHOOL-YEAR-2023-2024.pdf>.

35 Department of Education – Region VIII Eastern Visayas (2021). “DepEd Regional Memorandum No. 124, s. 2021: Guidance on the Counselling and Referral System of Learners for School Year 2020-2021.” Retrieved from: <https://region8.deped.gov.ph/wp-content/uploads/2021/03/R.M.-No.-124-s.-2021-CLMD-03112021-ACA.pdf>.

36 National Educators Academy of the Philippines (n.d.). “Registered Guidance Counselors.” Retrieved from: <https://www.deped.gov.ph/nea-professional-development-programs/existing-pd-programs/guidance-counselors/>.

37 Republic Act No. 11036, Section 22. Source: https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html.

In 2022, DOH also released Administrative Order No. 2022-0004 providing guidelines for ethical and responsible reporting and portrayal of suicide in media, audiovisual, and films.³⁸

The NCMH has also been implementing its own Mental Health Caravans specifically targeting schools and universities as part of their health promotion targeting youth and students.

Mental Health Care Facilities

All regional, provincial, and tertiary hospitals, as well as LGU hospitals are expected to provide mental health services under the Mental Health Law.³⁹ Moreover, DOH is also tasked to fund the establishment of community-based mental health care facilities in the provinces, cities, and cluster of municipalities.

Currently, however, the Congressional Policy and Budget Research Department (CRBRD) of the House of Representatives

noted that the country is still lagging behind the global median for mental hospital beds per 100,000 population with just 4.13 in the Philippines compared to the global median of 11. The NCMH, which is the only tertiary medical center specializing in mental health has a 3,500-implementing bed capacity while other public psychiatric centers such as the Mariveles Mental Wellness and General Hospital has 700 psychiatric beds.⁴⁰

Acknowledging the lack of mental health care centers in the country, DOH estimated an allotment of PhP2.15 billion from 2023-2025 for their establishment.^{41,42}



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38 Department of Health (2022). "Administrative Order No. 2022-0004: Guidelines for Ethical and Responsible Reporting and Portrayal of Suicide in the Media, Audiovisual, and Films." Retrieved from: https://drive.google.com/file/d/1oSxrR1wLPNP4VIYHvy-qk_lFysd4hixVF/view.

39 Republic Act No. 11306, Sections 18 & 38. Source: https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html.

40 Congressional Policy and Budget Research Department (2023). "Underscoring the Mental Health Agenda in the Philippines." CPBRD Policy Brief No. 2023-02. Quezon City. Retrieved from: <https://cpbrd.congress.gov.ph/wp-content/uploads/2023/09/PB2023-02-Underscoring-the-Mental-Health-Agenda-in-the-Philippines.pdf>.

41 Ibid., p.10.

42 Department of Health (2020). *Philippine Health Facility Development Plan 2020-2040*. Manila. Retrieved from: <https://drive.google.com/file/d/1eahmozW6PYADnBfm57ccM0XhKN19HXp7/view>.

Budget and Financing for Mental Health

In 2023, PhilHealth introduced outpatient mental health benefits packages—the general mental health services worth Php9,000 per year and Specialty Mental Health Services worth Php16,000 per year.⁴³ These can be availed from any PhilHealth accredited mental health package provider. This is in addition to the inpatient mental health benefit package amounting to Php7,800 per year under the Mental and Behavioral Disorders. There are, however, only five PhilHealth accredited facilities as of August 2024.⁴⁴



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There is no specific line item for mental health programs in the General Appropriations Act (GAA) and it is only included under Non-Communicable Diseases (NCD) Sub-Program of DOH. As such, it is hard for the general public to

determine how much exactly is allocated by the government for its mental health program. The GAA only specifies allocation for specialty hospitals related to mental health such as the National Center for Mental Health and Mariveles Mental Hospital.

However, in a response to an eFOI request the DOH provided the following breakdown on the mental health program budget from 2016-2021.⁴⁵

National Mental Health Program Budget Trend

P/A/P	2016	2017	2018	2019	2020	2021
Hospital Service	1,274,407.00	1,078,338.00	1,181,536.00	1,201,866,000.00	1,611,348,000.00	1,687,300,000.00
Mariveles Mental Hospital	380,553	114,094	158,738	196,909,000.00	331,319,000.00	378,000,000.00
National Center for Mental Health	893,854	964,244	1,022,798	1,004,957,000.00	1,280,029,000.00	1,309,300,000.00
Mental Health Drugs	35,853	205,987	85,208	76,522,000.00	114,987,000.00	84,350,000.00
Mental Health Programs	9,340	93,728	38,879	76,882,000.00	81,165,000.00	150,000,000.00
HFEF Psychiatric facilities	225,000	339,963	318,060	65,610,000.00	75,000,000.00	
Operation of Dangerous Drug Abuse TRCs	267,455	3,081,073	818,594	1,235,314,000.00	1,200,045,000.00	1,282,703,000.00
HFEF-TRCs	634,367	570,900	0	84,000,000.00	6,532,000.00	
Grand Total	2,446,422	5,369,989	2,442,277	2,740,194,000.00	3,089,077,000.00	3,204,353,000.00
DOH Total budget	112,630,153,000.00	95,274,075,000.00	106,082,096,000.00	97,650,000,000.00	100,560,000,000.00	127,290,000,000.00
Percentage of NMHP to total DOH Budget	0.00%	0.01%	0.00%	2.81%	3.07%	3%

Source: DOH, 2021

Under the 2023 national budget, Php12 million was allocated for mental health awareness and hotline, while Php2.15 billion and Php2.19 billion have been allocated for the National Center for Mental Health in 2023 and 2024, respectively. A key question is whether these resources are with corresponding transparency, participation and accountability measures.

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43 Philippine Health Insurance Corporation (2023). "PhilHealth Circular No. 2023-0018: Outpatient Benefit Package for Mental Health." Retrieved from: <https://www.philhealth.gov.ph/circulars/2023/PC2023-0018.pdf>.

44 Department of Health (2025), op. cit.

45 See: <https://www.foi.gov.ph/requests/mental-health-expenditure/>.

Rights-Based organizing for health

PRO-Health or Promoting Rights Organizing for Health is an initiative of G-Watch with Accountability Research Center (ARC) in partnership with other civil society groups and local governments that aims to strengthen transparency, participation and accountability in public health governance to come up with pro-people and bottom-up solutions to systemic barriers and hurdles to reproductive, maternal, newborn and adolescent health services.

Since it started in 2023, PRO-Health has partnered with six G-Watch local core groups, three core CSO partners, one local government, and one college program to cover 19 cities/municipalities in 13 local sites. A review of evidence and baselining research on access and quality of health services⁴⁶ was also conducted through review of existing studies as well as interviews and focus group discussions with key stakeholders from the government and civil society.

292 volunteer-monitors were recruited and capacitated to monitor the implementation of the responsible parenthood and reproductive health (RPRH), First 1000 Days (F1KD), and

Mental Health programs in their localities. These three programs were identified as priority areas of PRO-Health based on the review of evidence and consultations. All in all, 257 health units were monitored—with a total of 434 visits—and 1,364 citizens and 794 public health workers were interviewed.



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⁴⁶ Government Watch (2024a). *Gaps and Opportunities in the Access and Quality of RMCAH health Services in the Philippines: A Review of Existing Evidence*. Quezon City. Retrieved from: <https://www.g-watch.org/resources/vertical-integration-research/gaps-and-opportunities-access-and-quality-rmca-health>.

The PRO-Health 9-point reform agenda was then crafted from the monitoring findings and recommendations generated from a series of sharing sessions with volunteer-monitors and problem-solving sessions with duty-bearers. These sessions further generated feedback and more than 100 commitments from local and national duty-bearers, which are being followed-up by the PRO-Health network. In 2024, the PRO-Health monitoring report was published.⁴⁷

On mental health, PRO-Health monitoring findings centered on four findings: (1) little-to-no budget allocation for mental health services in LGUs, (2) inconsistent and insufficient access to mental health services in barangays, (3) youth having limited-to-no access to mental health services, (4) lack of youth participation in mental health governance.

Little-to-No Budget Allocation for Mental Health Services of LGUs

PRO-Health monitoring showed that aside from having no mandated allocation for health, there is also little-to-no budget allocation for mental health services by LGUs. This results to the lack of mental health resources, facilities, and personnel available in barangay health centers.

Furthermore, it should be underscored that despite billions of pesos being allotted for mental health at the national level, it remains unclear how this is being utilized as mental health services at the local level remains lacking.

Inconsistent and Insufficient Access for Mental Health Services of LGUs

It is noted that even with the passage of the Philippine Mental Health Act in 2018, mental health services in barangay health units are either non-existent, or that very few people are aware of these services in both rural and urban areas. There was a high level of non-compliance in the availability of services and trained personnel to handle mental health cases.

Standards on Access to Mental Health Medicines and Services with the Highest Level of Non-Compliance

Standard	Level of Non- Compliance
1. Promotion of / information on 24/7 suicide prevention hotlines	34% (149 / 434 visits)
2. Psychoeducation and information	29% (124 / 434 visits)
3. Age-appropriate content for promotion of mental health and prevention of mental health condition	28% (121 / 434 visits)
4. Mental health-related medications	28% (120 / 434 visits)
5. Counseling and talk therapies	25% (109 / 434 visits)
6. Advocacy and training	24% (105 / 434 visits)
7. Day care services	21% (92 / 434 visits)

Source: Government Watch. (2024). *PRO-Health Monitoring Report: The Imperatives of Strengthening Community-Based Health Services*. Quezon City.

The table above shows the result of the monitoring of PRO-Health on access

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47 Government Watch (2024b). *PRO-Health Monitoring Report: The Imperatives of Strengthening Community-Based Health Services*. Quezon City. Retrieved from: <https://www.g-watch.org/resources/vertical-integration-research/pro-health-monitoring-report-imperatives-strengthening>.

to mental health services.⁴⁸ Standards are expectations based on plans and policies of the government. Level of non-compliance means the number of times the standards were not observed or were not present in the health units when it was monitored. The standards checked in the PRO-Health monitoring were the basic expectations based on policy documents and guidelines of the Department of Health. Hence, though 21 percent to 34 percent non-compliance rate may seem low, this also means that in health units where it is expected that mental health services are available, even the most basic could be lacking at a certain time.

Furthermore, of the total visits, 35 percent to 64 percent did not yield an answer on any of the mental health standards (or monitors did not put an answer in the monitoring tool). This means that 35 percent to 64 percent of health units are not providing any mental health services at all. In the discussion of the monitoring results, it was mentioned that mental health services are only provided in special health centers.

In general, there is very limited awareness or initiative for adolescent-related health problems like mental health, teenage pregnancy, and substance abuse. Stigma and misconceptions surrounding mental health stop people from accessing these

services. The lack of active civil society organizations focusing on health in some areas leads not only to poor information dissemination of activities and programs for mental health, but also poor education and awareness building.

The capacity of *Sangguniang Kabataan* (SKs) to address mental health issues in their communities also remain limited. During the focus group discussions, youth leaders from the Student Council Alliance of the Philippines (SCAP) noted that some SKs do not focus on mental health awareness, or they only create short-term and unsustainable programs for the sake of reporting.

Limited to No-Youth Access to Mental Health Services

During the PRO-Health baselining research, youth leaders from the SCAP network provided inputs on the state of mental health services in the country and highlighted insufficient government response to the crisis.

This is consistent with its statement in 2021 where SCAP revealed the worsening mental health condition of students and called for the government to ensure that mental health services are “made accessible for students, teachers, and staff [from] all socio-

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48 Ibid.

economic background [through] the full implementation of the Mental Health Act.” They highlighted the need for students to be regularly consulted in order to avoid “ineffective and performative mental health programs” and for schools to be provided resources in order to properly care for the welfare of its students.⁴⁹

Three member-organizations of SCAP from Mindanao were tapped to conduct monitoring of health service delivery in their respective areas: USAD of Xavier University in Cagayan de Oro City, ASAP of Mindanao State University in General Santos City, and AGILAS of Ateneo de Davao University in Davao City. At the national level, SCAP members also form part of the ‘accountabiliteams’ focusing on mental health.

there are little to no mental health services in the communities.

In a consultation led by SCAP and G-Watch, a youth leader from Tondo, Manila said that mental health programs were never present in their barangay. Their *Sangguniang Kabataan* focused more on education programs but not on mental health awareness. Corruption has also been noted to be a grave concern that affects the presence or quality of mental health services in communities. A youth leader from Luzon raised the issue that the *Sangguniang Kabataan* budget allotted for mental health is not utilized for long-term, sustainable services. Activities were only conducted for the sake that the *Sangguniang Kabataan* has something to report.



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SCAP notes that the current government response to mental health is insufficient. They highlighted that mental health services are more active in educational institutions but are never enough, while

In schools, a student leader from Isabela said that students are taught on how to facilitate peer to peer discussions and there are certain mental health programs being implemented. However, there are little to no mental health facilities which makes it a challenge to actually help students.

Another student leader from another university in Luzon also pointed out that while they have a clinic with free services and the school conducts mental health seminars, there is a lack of tests which is

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49 Student Council Alliance of the Philippines (2021). “Declare Education Crisis and Roll-Out National Education Program for the 12-point Education Agenda.” Retrieved from: bit.ly/FullStatementEducCrisis.

vital in the process of helping students struggling with mental health concerns. At the end of the day, the students end up looking for private clinics with tests which also costs a lot. It ends up with underprivileged students not seeking any professional help anymore because of economic concerns.

Another student leader from the National Capital Region (NCR) also pointed out that they only have two registered guidance counselors to cater to 13,000 students.

Sectors and communities who have the least or most problematic access to mental health services were also discussed. A youth leader who advocates for mental health pointed out that young people below 18 years old have difficulty accessing mental health services because there is a need for consent or permission from guardians, and they are not comfortable letting them know. It has also been discussed that the high level of conservatism perpetuates the stigma on mental health, and young people are often told that mental health struggles are “diseases of the rich” because they have the luxury to cater for it.

In terms of gender, race, and age barriers, there is also an observation that young men have more difficulty accessing mental health services because of machismo and stigma.



These were further validated by the PRO-Health monitoring which shows that mental healthcare is one of the most inaccessible health services in the country. Mental health services are either non-existent, or that very few people are aware of these services in both rural and urban areas. Local governments have little-to-no budget allocation for mental health services resulting in lack of mental health resources, facilities, and personnel available in health centers. In general, there is very limited awareness or initiative for adolescent-related health problems, like mental health, teenage pregnancy, and substance abuse. Stigma and misconceptions surrounding mental health stop people from accessing these services.

Generally, mental health services are more active in schools compared to the community. Although there is a grave concern on the quality and quantity of registered guidance counselors, they remain as the first office that students and youth go to for mental health services.

Although schools remain as frontliners for mental health services, a lot of educational institutions complain about the lack of mental health facilities and resources which makes it hard to deliver mental health services. In many schools, the standard of 1 registered guidance counselor for every 500 students is not being met. Hence, mental health services in schools cannot be properly implemented because of the absence of mental health professionals.



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Mandated mental health programs such as talks are well implemented in some areas in the Philippines, but not for barangays in far-flung areas. The lack of resources and little-to-no budget causes poor implementation, if not absence of mental health programs.

During a PRO-Health focus group discussion, a participant manifested that mental health programs were never present in their barangays. The lack of

active civil society organizations focusing on health in some areas leads not only to poor information dissemination of activities and programs for mental health, but also poor education and awareness building.

Lack of Youth Participation in Mental Health Governance

Despite the emphasis on the role of the community, there remains a lack of participation from direct stakeholders such as the youth in the crafting of mental health policies and programs.

It is notable that the Philippine Council for Mental Health, the highest policy-making body for mental health, lack student representation. Currently, the PCMH membership largely come from the government, academe, and professional organizations. Local special bodies tackling adolescent health such as the local health board and the local school board also do not have representation from students.



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The lack of student representation in mental health policy-making spaces is a missed opportunity in ensuring responsive and effective mental health programs. Since the youth that comprise a huge percentage of the population are the ones mostly affected, they are crucial in undertaking a pro-people strategic response to the problem.

Recommendations to Improve Mental Health Services in the Country

PRO-Health's 9-point health reform agenda include ensuring the availability of accessible and quality mental health services and programs by:

- Allocating sufficient budget for it.
- Ensuring that there are sufficient and competent health professionals who can handle mental health cases.
- Strengthen monitoring of availability and access of mental health services and programs.
- Disseminating information about mental health programs: where to access and what are available.
- Encouraging more students to become mental health professionals.

Meanwhile, to facilitate youth assessment of the government's mental health policies and programs and the development of the youth's reform agenda on mental health,

PRO-Health, in cooperation with Multiply-Ed co-convened the Youth Assembly for Mental Health that aims to mobilize the youth and students around mental health issues.

The objectives of the said youth assembly were as follows:

- Claim the youth's leadership in addressing the mental health crisis in the country;
- Convene youth leaders, especially those from the marginalized, such as indigenous peoples, students with additional needs (SWANs), and LGBTQIA+, to discuss a youth and student agenda and advocacy and engagement plans on mental health;
- Equip youth and students with information about programs and initiatives of the government on the mental health and the corresponding duty-bearers and their mandates;
- Strengthen and expand X-Ed's youth and student advocacy and campaign network on mental health.

Multiply-Ed (X-Ed) is a national initiative of the Center for Youth Advocacy and Networking (CYAN), G-Watch and SCAP in cooperation with various youth and student organizations and with support from Education Out Loud of the Global Partnership for Education. It aims to improve transparency, participation, and accountability in various levels of

education governance, particularly in ensuring learning continuity and recovery in Senior High Schools towards a public education system that is resilient, gender-responsive, accessible and accountable to education stakeholders, especially for marginalized learners.



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In the monitoring of learning continuity plans of X-Ed, it was noted that mental health has been a core problem affecting many students. This is expected to have an impact on their learning and well-being. The situation is presumed to be harder for marginalized students, such as those from indigenous people, students with additional needs, those from low-income families, and LGBTQIA+. The threat of discrimination facing these marginalized students make them more vulnerable to mental health issues.

Given the centrality of youth and students on this issue, it is crucial that they are involved in the decision-making processes of the government on mental health. The

youth perspective and voice, especially the marginalized learners, must be front and center as the government is made to further develop and enhance its mental health programs.

Last June 4 in Davao City, more than 100 hundred student-leaders and mental health advocates were convened to kick off the Youth Assembly for Mental Health. It was attended by young leaders from Lanao del Sur and Upi, Maguindanao, Cotabato City, General Santos City, Cagayan de Oro, and Davao City that crafted a youth and student agenda on mental health, launching a youth-led national coalition that spearheads nationwide campaigns to mobilize the youth and concerned duty-bearers around mental health issues.

This was followed by the Visayan leg of the Youth Assembly for Mental Health which was held last November 22, 2024 in Talisay City, Negros Occidental, and April 25, 2025 in Puerto Princesa City, Palawan.

In the agenda-setting workshop during the first assembly, the over 100 youth and student representatives from all over Mindanao discussed what needs to be done to address the mental health crisis in the country. Below are the key agenda on mental health that surfaced:

- Strengthen the awareness-raising on government's mental health programs and services, such as the conduct of



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symposium or forum in schools and communities and dissemination of information on existing teen and adolescent-friendly centers and directory of mental health professionals.

- Mental health programs and awareness-raising must cater to indigenous peoples.
- There should be youth-led and youth-friendly spaces all over the country for young people to air out their concerns and be supported.
- There should be more trainings on psychological support.
- Strengthen the capacity of barangay/ community health workers in handling mental health cases through trainings and referral system and provide support to community focal persons for mental health.
- Enable and support monitoring and assessment activities and the use of evidence for the improvement of mental health programs.

The discourse on mental health was further deepened in the succeeding assemblies. In the Puerto Princesa assembly, for example, participants presented their analysis on

the root cause of the mental health crisis faced by young people.

Many have zeroed in on the social dimension of the problem which includes family relationships (i.e., dysfunctional family, lack of proper parental guidance), bullying and discrimination, isolation, lack of meaningful relationships, as well as pressures that they face especially in school. Economic pressures were also listed as factors contributing to mental health issues, acknowledging the effects of poverty and financial instability to one's health.

The lack of, or insufficient support programs and policies on mental health was also highlighted. Many of the participants have echoed the youth agenda presented in Mindanao, especially the need to have sufficient budget allocation for mental health services, the need to be trained on psychological first aid and peer support groups, as well as the importance of raising awareness on mental health to address the stigma surrounding it.

There will also be an assembly to take place in other parts of the country in 2025.

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