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Legal Safeguards and Systemic Mechanisms for Mental Health in the Philippines and Their Comparison to Other Countries

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ABSTRACT

This study examines the legal safeguards and systemic mechanisms established under the Philippine Mental Health Act of 2018, or Republic Act No. 11036. Using a qualitative-descriptive design, the study analyzes secondary sources from legislation, government documents, academic literature, and international health reports. The findings show that the Act protects key rights, including freedom from discrimination, informed consent, protection from mistreatment, voluntary treatment, access to care, and rehabilitation. It also institutionalizes mechanisms such as suicide prevention programs, 24/7 hotlines, public awareness campaigns, ethical facility standards, and oversight by the Philippine Council for Mental Health. Despite progress, challenges remain in funding, workforce distribution, cultural adaptation, and data monitoring.

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1. INTRODUCTION

Mental health is an essential component of individual and social well-being because it influences emotion, cognition, behavior, relationships, and participation in daily life. Mental health problems also affect education, work, family life, and community development. Previous studies have discussed mental health from different perspectives, including pandemic-related stress, multicultural counseling, sports programs, yoga, school-related mental health factors, bullying, curriculum pressure, and psychological first aid. **Table 1** summarizes previous studies related to mental health. Mental health is closely related to education, family, community life, physical activity, stress, and social support. However, mental health protection also requires strong legal and institutional frameworks. In the Philippines, mental health has long been affected by stigma, limited access to services, a shortage of professionals, and uneven distribution of care, especially in rural and underserved areas. Before the enactment of the Mental Health Act of 2018, the country lacked a comprehensive legal framework for protecting the rights of persons with mental health conditions (Tanaka et al., 2018; Lally et al., 2019; Samaniego, 2022).

Table 1. Previous studies on mental health.

NO.	RESEARCH FOCUS	REFERENCE
1	Physical and mental health struggles during the pandemic in domestic settings	Marcaida (2022)
2	Mental stress caused by changes in human and social life from an educational perspective	Minghat et al. (2023)
3	Multicultural counseling for mental health problems during the COVID-19 pandemic in Malaysia	Latif and Bakar (2023)
4	After-school sports programs and the mental health of primary school pupils	Saadu (2023)
5	Gardening and physical and mental health during the COVID-19 pandemic	Coyoca et al. (2022)
6	Mental stress, education, and changes in patients' life conditions	Arpentieva et al. (2022)
7	Student mental health and psychological first aid in Indonesia	Putri (2023)
8	Extracurricular physical education and students' physical and mental improvement	Saadat (2023)
9	Yoga and mental health	Kamraju (2023)
10	Mental resistance of young mothers from urban poor families facing economic difficulties	Hafina (2023)
11	Anti-bullying and students' emotional, mental, and social development	Malaguial et al. (2024)
12	Students' perception of school-related factors of mental health problems	Ojonugwa et al. (2024)
13	Mental implications of curriculum evaluation procedures on student dropout	Sadiq and Okparaugo (2025)

The Mental Health Act of 2018, officially known as Republic Act No. 11036, marked a major policy development in the Philippines. The Act established a rights-based framework for mental health care and recognized the state's responsibility to protect, promote, and fulfill mental health rights. It also introduced legal safeguards, including freedom from discrimination, informed consent, protection from mistreatment, voluntary treatment, access to care, and aftercare or rehabilitation. These provisions aim to ensure that persons with mental health conditions are treated with dignity, autonomy, and equal access to support.

In addition to legal protections, the Act created systemic mechanisms to improve mental health service delivery. These include suicide prevention programs, 24/7 mental health hotlines, public awareness campaigns, ethical facility standards, integration of mental health into primary care, and oversight through the Philippine Council for Mental Health. These mechanisms are important because legal recognition alone is not sufficient without accessible services, trained personnel, financing, monitoring, and culturally responsive implementation.

Despite this progress, challenges remain in the implementation of Republic Act No. 11036. Mental health services in the Philippines continue to face limited funding, workforce shortages, urban concentration of specialists, cultural stigma, weak monitoring systems, and barriers to care among geographically isolated and disadvantaged communities. These issues show the need to examine not only the legal text of the Act but also the institutional mechanisms and implementation gaps that affect its effectiveness.

Therefore, this study examines the legal safeguards and systemic mechanisms established under the Philippine Mental Health Act of 2018. It analyzes the core rights provided by the law, the mechanisms used to operationalize mental health protection, the challenges affecting implementation, and the lessons that may be drawn from international practices. The study contributes to discussions on mental health governance, rights-based care, and systemic reform in the Philippines.

2. METHODS

This study used a qualitative-descriptive review design to examine the legal safeguards and systemic mechanisms for mental health in the Philippines under the Mental Health Act of 2018, or Republic Act No. 11036. This design was appropriate because the study focused on describing, interpreting, and synthesizing legal provisions, institutional mechanisms, policy documents, and secondary literature rather than collecting primary field data. Data were collected from secondary sources, including Republic Act No. 11036, related legal documents, government publications, Department of Health materials, Philippine Council for Mental Health documents, World Health Organization reports, academic articles, and legal or public health commentaries. These sources were selected because they provide information on mental health rights, service delivery mechanisms, public health programs, institutional oversight, and implementation challenges. The data were analyzed using thematic analysis. The analysis focused on four main categories: fundamental rights and protections under the law, mechanisms for mental health service delivery and access, institutional oversight and strategic implementation, and implementation challenges. Relevant findings were organized around themes such as freedom from discrimination, informed consent, protection from mistreatment, treatment without coercion, access to culturally appropriate care, aftercare and rehabilitation, suicide prevention, public awareness, crisis response, workforce distribution, funding, and cultural adaptation. Because the study relied only on publicly available documents and secondary sources, ethical clearance was not required. All sources were cited to maintain academic integrity and transparency.

3. RESULTS AND DISCUSSION

This section presents the legal safeguards and systemic mechanisms established under the Philippine Mental Health Act of 2018, or Republic Act No. 11036. The discussion is organized into six parts: core legal rights, systemic mechanisms, public health impact, implementation challenges, international benchmarking, and policy directions.

3.1. The Mental Health Act as a rights-based legal framework

Republic Act No. 11036 represents a major shift in Philippine mental health governance. Before the enactment of the law, mental health care in the Philippines was affected by limited access, stigma, institutional neglect, underfunding, and a shortage of professionals. These challenges were particularly serious in rural and underserved communities, where mental health services were often unavailable or difficult to access (Tanaka et al., 2018; Lally et al., 2019; Samaniego, 2022).

The Act introduced a rights-based framework that recognizes persons with mental health conditions as rights-holders rather than passive recipients of care. It protects their dignity, autonomy, access to treatment, and freedom from abuse or discrimination. **Table 2** summarizes the core rights and protections provided under Republic Act No. 11036. The Act provides broad legal protection for persons with mental health conditions. These protections cover both individual rights and institutional responsibilities. The right to informed consent strengthens patient autonomy, while the protection from mistreatment addresses the historical problem of abuse and neglect in psychiatric settings. The provisions on access, aftercare, and rehabilitation also show that mental health care should not stop at diagnosis or hospitalization, but should continue through community-based support and social reintegration.

Table 2. Key rights and protections for persons with mental health conditions under Republic Act No. 11036.

KEY RIGHTS/PROTECTIONS	LEGAL PROVISION	DESCRIPTION	EXAMPLES OF IMPLEMENTATION
Freedom from discrimination and stigma	Section 4	Protects individuals from discrimination in employment, education, health care, and public services.	School mental health programs, workplace support, and anti-stigma campaigns.
Right to informed consent	Section 8	Requires voluntary and informed consent before treatment.	Written consent protocols, plain-language explanation, visual aids, and e-consent in telehealth.
Protection from mistreatment	Section 10	Prohibits cruel, inhuman, or degrading treatment in mental health settings.	Ethics training, complaint mechanisms, and grievance redress systems.
Treatment without coercion	Section 11	Allows involuntary treatment only under emergency conditions and legal review.	Crisis intervention protocols and Mental Health Review Boards.
Access to comprehensive care	Sections 12–15	Guarantees access to timely, affordable, and culturally appropriate mental health services.	Integration into primary care, barangay health units, mhGAP, and rural outreach.
Aftercare and rehabilitation	Section 16	Provides continued support after treatment to reduce relapse and support reintegration.	Community-based rehabilitation, counseling, psychosocial support, and vocational training.

3.2. Systemic Mechanisms for Mental Health Protection

The Mental Health Act not only defines rights; it also establishes mechanisms for service delivery, public education, crisis response, and institutional coordination. These mechanisms are important because legal rights cannot be realized without concrete systems, trained personnel, financing, and accessible programs. **Table 3** presents selected mental health programs and services initiated under national mental health governance mechanisms. The Act encourages a multisectoral approach involving health institutions, schools, workplaces, local governments, and community actors. This is important because mental health protection requires more than clinical services. It also requires education, prevention, crisis response, social support, and community participation. Programs such as hotlines, school-based mental health initiatives, and primary-care integration help reduce the gap between legal protection and actual service access.

Table 3. Mental health programs and services initiated under mental health governance mechanisms.

PROGRAM/SERVICE	DESCRIPTION AND TARGET
Mental Health Strategic Framework 2024–2028	National roadmap for integrated service delivery and legal compliance.
WHO Mental Health Gap Action Program	Capacity-building for primary health workers to deliver mental health services in underserved areas.
24/7 national hotlines	Free crisis counseling and referral services.
Healthy Learning Institutions Framework	Integration of mental health education and support into schools and universities.
Workplace mental health programs	Promotion of employee mental well-being in accordance with occupational safety standards.
Media training on suicide reporting	Guidance for ethical reporting to reduce misinformation and suicide contagion.
BUCAS centers	Urgent outpatient care centers providing accessible mental health services in communities.
PhilHealth Mental Health Benefit Package	Expanded coverage for psychiatric consultations, medication, and psychosocial support.
Community-based interventions	Localized programs involving local governments and cultural leaders.

3.3. Suicide Prevention, Public Awareness, and Facility Standards

One of the important mechanisms under the Act is the development of suicide prevention and crisis response systems. The establishment of 24/7 mental health hotlines provides immediate access to psychological first aid, referral, and emotional support. This is particularly relevant for individuals who cannot easily access face-to-face mental health services due to distance, stigma, or cost. School-based prevention programs are also important because young people are among the groups most vulnerable to emotional distress and suicidal ideation. Research on school-based mental health programs in Southeast Asia shows that early intervention, peer support, and youth-centered activities can improve resilience and reduce risk (Huang et al., 2022).

Public awareness campaigns are another key mechanism. These campaigns help normalize conversations about mental health, reduce stigma, and encourage help-seeking. Mental health literacy programs are more effective when they are adapted to the language, culture,

and needs of the target community. Studies on mental health literacy also show that school-based and community-based education can improve knowledge and reduce negative attitudes toward mental illness (Wei et al., 2021).

Facility standards are also central to the implementation of the law. Mental health facilities must protect patient dignity, obtain informed consent, maintain ethical records, and provide mechanisms for complaint and redress. However, effective implementation requires trained staff, sufficient funding, inspection systems, and independent monitoring. Without these, legal protections may remain formal rather than practical.

Ethical telepsychology and digital mental health services should also be strengthened, especially in rural areas where access, consent procedures, confidentiality, and logistical barriers remain important concerns (Perez, 2025).

Table 4 summarizes the main mental health protection mechanisms under Republic Act No. 11036. The law combines preventive, responsive, and regulatory mechanisms. Suicide prevention and hotlines address urgent mental health needs, while public awareness campaigns focus on long-term stigma reduction. Facility standards and institutional oversight are necessary to ensure that services remain ethical, rights-based, and accountable.

Table 4. Mental health protection mechanisms under Republic Act No. 11036.

MECHANISM	LEGAL PROVISION	DESCRIPTION/PURPOSE	SAMPLE PROGRAMS/INITIATIVES
Suicide prevention	Section 5	Targets youth and vulnerable populations through early detection and intervention.	School-based screening, resilience training, and youth outreach programs.
24/7 hotlines	Section 6	Provides round-the-clock crisis response, referral, and psychological first aid.	National crisis hotline, telecounseling, and local response teams.
Public awareness campaigns	Section 7	Reduces stigma, improves mental health literacy, and promotes help-seeking.	Mental health campaigns, school programs, and media partnerships.
Facility ethical standards	Sections 8–10	Ensures safe, ethical, and humane psychiatric care.	Ethics committees, facility inspections, and grievance systems.
Institutional oversight	Section 12	Coordinates mental health policies, programs, monitoring, and interagency collaboration.	National and local mental health planning and implementation monitoring.

3.4. Impact of the Mental Health Act on Public Health and Governance

The Mental Health Act has contributed to greater public recognition of mental health as a legal, public health, and human rights issue. Since its enactment, mental health discussions have become more visible in schools, workplaces, media, and public institutions. This visibility is important because stigma has historically discouraged many Filipinos from seeking help (Tanaka et al., 2018).

The Act has also supported the gradual expansion of mental health services. Programs such as community-based care, school mental health initiatives, hotlines, and outpatient service centers have helped bring support closer to communities. However, service expansion remains uneven. Mental health professionals remain concentrated in urban areas, while many rural and geographically isolated communities still experience limited access. This

problem reflects the continuing gap between national policy and local implementation (Lally et al., 2019).

Another important impact is the development of institutional coordination through national and local mechanisms. The law encourages cooperation among health agencies, schools, labor institutions, local governments, and community organizations. However, coordination remains challenging because mental health governance requires sustained funding, trained personnel, monitoring systems, and culturally appropriate services.

3.5. Persistent Implementation Challenges

Although Republic Act No. 11036 provides a strong legal foundation, several barriers continue to limit full implementation. These include stigma, geographic inequality, workforce shortages, limited budget allocation, and weak data systems. **Table 5** summarizes key challenges in implementing the Philippine mental health law. The most persistent challenges are structural and cultural. Funding and workforce shortages affect the availability of services, while stigma and cultural resistance affect whether individuals seek help. Data limitations also weaken planning because policymakers cannot fully assess service gaps, suicide trends, workforce distribution, or program outcomes. These challenges show that implementation requires both national policy commitment and local government capacity.

Table 5. Key challenges in implementing Republic Act No. 11036.

CHALLENGE	DESCRIPTION	IMPACT	SUGGESTED STRATEGY
Stigma and cultural resistance	Mental illness may still be viewed as weakness, shame, or a spiritual defect.	Discourages help-seeking, especially in rural and conservative communities.	Engage communities, faith leaders, traditional leaders, and local advocates.
Access and infrastructure gaps	Mental health professionals and services are concentrated in urban areas.	Rural populations may go untreated or travel far for care.	Expand community-based care, mobile clinics, and rural service incentives.
Workforce shortage	The number of psychiatrists, psychologists, psychiatric nurses, and social workers remains limited.	Leads to long waiting times, overburdened services, and poor continuity of care.	Expand training, scholarships, mhGAP, and rural deployment programs.
Limited budget allocation	Mental health receives a small portion of health funding.	Limits community programs, campaigns, and sustainable services.	Increase national and local mental health budgets and insurance coverage.
Data and monitoring deficiencies	Mental health data are fragmented or unavailable.	Limits evaluation, planning, and policy responsiveness.	Develop a National Mental Health Information System.

3.6. International Benchmarking and Comparative Lessons

A comparative perspective helps identify possible lessons for improving mental health governance in the Philippines. Australia's community-based model shows the importance of decentralizing care and reducing dependence on hospital-based services. Mobile crisis teams,

early intervention, and community mental health centers can improve access and reduce pressure on hospitals.

Thailand provides another useful example through its network of village health volunteers. These community-based workers help with health education, referral, and early identification of mental health concerns. The Philippines already has barangay health workers, but many still need systematic mental health training. Expanding training through community-level programs could improve mental health access in rural areas.

Indonesia's experience also shows the value of involving religious and community leaders in mental health education. In the Philippines, faith-based and community institutions have a strong influence, especially in conservative and rural communities. Partnerships with religious leaders, indigenous elders, and local organizations could help reduce stigma and improve cultural acceptance of mental health services.

These comparisons suggest that the Philippines can strengthen Republic Act No. 11036 by combining legal reform with community-based care, culturally grounded communication, and decentralized service delivery.

3.7. Policy Recommendations and Strategic Directions

The findings suggest several policy directions for improving the implementation of Republic Act No. 11036, including:

- (i) Local governments should institutionalize mental health programs in their health plans and budgets. Without local funding, national mental health policies may not translate into accessible services.
- (ii) The mental health workforce should be expanded and decentralized. Scholarships, rural service incentives, and mental health training for primary care providers and barangay health workers can help address professional shortages.
- (iii) The country needs a stronger mental health information system. Reliable data on service use, suicide rates, workforce distribution, and budget utilization are necessary for planning and accountability.
- (iv) Mental health services should be culturally inclusive. Materials should be available in local languages, and programs should involve community leaders, faith-based organizations, and indigenous knowledge systems when appropriate.
- (v) The Philippine Council for Mental Health and related agencies need a stronger institutional capacity. Coordination among health, education, labor, welfare, and local government sectors is essential for building a sustainable mental health system.

3.8. Alignment with Sustainable Development Goals

Republic Act No. 11036 is aligned with several Sustainable Development Goals. It supports SDG 3 on good health and well-being by promoting mental health care, early intervention, and access to services. It also supports SDG 10 on reduced inequalities because it aims to protect persons with mental health conditions from discrimination and improve access among marginalized communities. In addition, the integration of mental health into schools supports SDG 4 on quality education by helping create safer, more supportive learning environments.

This alignment shows that mental health governance is not only a health issue but also a development issue. Improving mental health systems can contribute to education, equality, social protection, and community resilience.

3.9. Summary of Contributions

The Mental Health Act of 2018 has contributed to legal protection, service expansion, stigma reduction, crisis response, and institutional coordination. **Table 6** summarizes the main areas of contribution identified in this review. The Act has contributed to legal protection, access to services, awareness-building, crisis response, and institutional coordination. However, legal recognition must be supported by adequate funding, trained personnel, local implementation, culturally responsive services, and reliable monitoring. Continued reform is needed to ensure that mental health rights are not only legally recognized but also experienced in everyday life by individuals and communities.

Table 6. Summary of achievements under Republic Act No. 11036.

IMPACT AREA	SUMMARY OF ACHIEVEMENTS
Legal rights	Institutionalized core rights based on dignity, autonomy, and equity.
Access to services	Expanded services through community-based care, primary care integration, and outpatient mechanisms.
Awareness and stigma	Normalized mental health discussions through campaigns and school-based initiatives.
Crisis response	Operationalized hotlines and suicide prevention programs.
Oversight and coordination	Established national coordination and monitoring responsibilities through mental health governance mechanisms.

3.10. Comparative Discussion and Strategic Implications

The findings of this review indicate that the main challenge of Republic Act No. 11036 is implementation rather than legal recognition. The Act recognizes mental health as both a public health concern and a human rights issue, which is significant because mental health governance in the Philippines had previously been shaped by stigma, limited service availability, and weak institutional protection for persons with mental health conditions (Tanaka et al., 2018; Lally et al., 2019; Samaniego, 2022). Although the law provides a clearer framework for protecting vulnerable individuals, these gaps are most visible among rural, geographically isolated, indigenous, and low-income communities.

A key issue emerging from the discussion is the gap between national policy and local implementation. Republic Act No. 11036 assigns responsibility to national agencies, local governments, health institutions, schools, and communities, but implementation capacity varies across regions. Urban centers are more likely to have psychiatrists, psychologists, hospitals, and institutional programs, while rural areas often rely on primary health workers with limited mental health training. This uneven distribution reflects a broader structural problem in the Philippine mental health system, where professional resources and specialized services remain concentrated in major cities (Lally et al., 2019). Therefore, decentralization should include funding, workforce development, training, monitoring, and technical support. **Table 7** compares the main strengths of the Philippine Mental Health Act with the implementation gaps identified in this review. The Act has strong normative and institutional value, but several gaps continue to limit its practical impact. For example, the right to access mental health care is meaningful only when services are affordable, geographically reachable,

culturally acceptable, and delivered by trained providers. Similarly, the right to informed consent requires health workers who can communicate clearly, provide language support, and respect patient autonomy. These concerns are especially important in telepsychology and digital mental health services, where confidentiality, consent, technology access, and logistical barriers must be carefully managed (Perez, 2025).

Table 7. Strengths and implementation gaps of the Philippine Mental Health Act of 2018.

AREA	STRENGTH	UNDER RA	REMAINING GAP	STRATEGIC IMPLICATION
	11036			
Legal protection	Recognizes core rights such as dignity, informed consent, access to care, and protection from discrimination.		Some communities remain unaware of these rights, especially in rural and marginalized areas.	Rights education should be integrated into schools, health centers, workplaces, and community programs.
Service access	Promotes integration of mental health into primary care and community-based services.		Specialists and services remain concentrated in urban centers.	Expand rural deployment, mobile services, barangay-level care, and mhGAP training.
Crisis response	Establishes suicide prevention and hotline mechanisms.		Hotlines may be limited by staffing, language barriers, internet access, and referral capacity.	Develop local-language hotlines, regional response teams, and stronger referral networks.
Public awareness	Supports anti-stigma and mental health literacy campaigns.		Campaigns may not fully reach indigenous, Muslim, rural, and low-connectivity communities.	Use local languages, community radio, schools, faith leaders, and culturally grounded communication.
Facility standards	Requires ethical and humane care in mental health facilities.		Monitoring and complaint systems may be weak or uneven.	Strengthen independent audits, grievance mechanisms, and patient-rights education.
Governance	Establishes institutional coordination through mental health governance bodies.		Coordination may be fragmented across agencies and local governments.	Improve interagency planning, regional monitoring, and shared implementation indicators.
Digital mental health	Supports emerging telehealth and crisis support services.		Consent, confidentiality, access, and logistical issues remain challenging in rural areas.	Strengthen ethical telepsychology guidelines and digital infrastructure (Perez, 2025).

Another issue is stigma. The law promotes freedom from discrimination and public awareness, but stigma remains deeply embedded in many communities. Mental illness may still be interpreted as weakness, family shame, spiritual punishment, or moral failure. These beliefs can prevent individuals from seeking help even when services are available. This is why anti-stigma campaigns should not rely only on national media or digital platforms. They must also involve trusted local actors, including teachers, barangay health workers, religious leaders, indigenous elders, youth organizations, and family networks. Mental health literacy programs are most effective when they are adapted to local language and culture and when they address the specific beliefs and barriers of target communities (Wei et al., 2021).

The comparison with other countries also shows that the Philippines can strengthen its implementation strategy by learning from community-based models. Australia’s experience

suggests the importance of mobile crisis teams, recovery-oriented care, and community mental health centers. Thailand's village health volunteer model demonstrates the value of trained community actors who can provide early identification, referral, and mental health education. Indonesia's engagement with religious institutions shows how faith-based leaders can support public acceptance of mental health care in culturally conservative contexts. These examples are useful because the Philippines already has community-based structures, such as barangay health workers, schools, local government units, and faith institutions. The challenge is to equip these structures with training, funding, referral pathways, and culturally appropriate materials.

Table 8 presents strategic lessons from comparative mental health practices and their possible application in the Philippine context. Effective mental health governance requires a combination of legal reform, community participation, professional training, and culturally responsive communication. The Philippines does not need to copy international models directly; rather, it can adapt useful practices to local realities. For example, the barangay health system can serve a function similar to Thailand's village health volunteers if barangay workers receive proper mental health training and supervision. Likewise, faith-based engagement can support anti-stigma work if religious leaders are trained to provide accurate information and appropriate referrals. These adaptations can make legal reform more socially acceptable.

The educational sector also plays an important role in the long-term success of mental health reform. Schools and universities are not only sites of learning but also environments where early signs of emotional distress, bullying, trauma, and social withdrawal may become visible. Studies on mental health and education show that school-based programs, sports activities, psychological first aid, anti-bullying initiatives, and curriculum-related stress are connected to students' mental well-being (Saadu, 2023; Putri, 2023; Malaguial et al., 2024; Sadiq and Okparaugo, 2025). This means that the Mental Health Act should be implemented not only through hospitals and clinics but also through educational institutions. Teachers and school personnel should receive basic mental health literacy training so they can identify warning signs, support students, and refer cases appropriately.

Furthermore, mental health governance should include prevention and promotion, not only treatment. The studies summarized in the literature show that mental health can be influenced by daily practices, family conditions, social support, physical activity, and community environments. For example, gardening, sports programs, yoga, and extracurricular physical education have been discussed as activities that may support physical and mental well-being (Coyoca et al., 2022; Saadu, 2023; Kamraju, 2023; Saodat, 2023). Although these activities cannot replace professional care for severe mental health conditions, they show the importance of preventive and community-based approaches. A rights-based system should therefore combine clinical treatment with promotion, prevention, rehabilitation, and social reintegration.

The review also highlights the importance of data and monitoring. Without reliable information on service use, suicide trends, workforce distribution, budget allocation, and program outcomes, it is difficult to evaluate whether the Act is achieving its goals. A National Mental Health Information System would allow policymakers to identify underserved areas, monitor local implementation, and respond to emerging problems. This is especially important because mental health needs may change during crises such as pandemics,

disasters, conflict, or economic hardship. Previous studies have shown that pandemic-related stress, social transformation, and economic hardship can affect mental health conditions and coping capacity (Marcaida, 2022; Minghat et al., 2023; Hafina, 2023). Strong data systems would make it easier to design targeted interventions for affected populations.

Table 8. Comparative lessons for strengthening mental health governance in the Philippines.

COMPARATIVE REFERENCE	KEY PRACTICE	RELEVANCE TO THE PHILIPPINES	POSSIBLE ADAPTATION
Australia	Community-based mental health centers, mobile crisis teams, and recovery-oriented care.	The Philippines needs to reduce dependence on hospital-based and urban-centered services.	Establish mobile mental health teams and community-based outpatient services in rural provinces.
Thailand	Village health volunteers assist with screening, referral, and community education.	The Philippines has barangay health workers who can be trained for basic mental health support.	Integrate mental health modules into barangay health worker training through mhGAP.
Indonesia	Religious and community leaders are involved in mental health education and stigma reduction.	Filipino communities often rely on faith-based and local leaders for guidance.	Partner with churches, mosques, indigenous elders, and local leaders for culturally accepted campaigns.
School-based Southeast Asian programs	School mental health screening, peer support, and resilience training.	Youth mental health is a major concern, and schools can serve as early intervention sites.	Expand school-based mental health literacy and referral systems (Huang et al., 2022).
Digital mental health services	Telepsychology and online counseling increase reach.	Remote areas may benefit from digital services but face ethical and logistical barriers.	Develop ethical telepsychology protocols and rural digital access support (Perez, 2025).
Global mental health literacy programs	Public education improves knowledge and reduces stigma.	Mental health stigma remains a barrier to help-seeking in the Philippines.	Localize campaigns using community radio, local languages, school programs, and family education (Wei et al., 2021).

Finally, the success of Republic Act No. 11036 depends on sustained political commitment. Mental health reform is not achieved simply by passing a law. It requires budget allocation, professional training, local government participation, public education, accountability mechanisms, and long-term evaluation. The law has already established an important foundation, but the next stage should focus on deep implementation. This means ensuring that rights are understood by citizens, services are available in communities, professionals are trained and distributed fairly, and programs are culturally grounded. In this sense, the Philippine Mental Health Act should be viewed not as a completed reform but as a continuing governance project that requires coordination across health, education, labor, welfare, justice, and local government systems.

4. CONCLUSION

The Philippine Mental Health Act of 2018 strengthens the protection of mental health rights in the Philippines through legal safeguards and systemic mechanisms. The Act recognizes core rights, including freedom from discrimination, informed consent, protection from mistreatment, treatment without coercion, access to comprehensive care, and aftercare or rehabilitation. It also establishes systemic mechanisms such as suicide prevention, 24/7 hotlines, public awareness campaigns, ethical facility standards, and institutional oversight. However, implementation remains challenged by limited funding, workforce shortages, cultural stigma, unequal access, and weak data systems. Strengthening local implementation, culturally responsive services, workforce development, and monitoring mechanisms is necessary to ensure that mental health rights are fully realized.

5. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. The authors confirmed that the paper was free of plagiarism.

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