

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

**Twentieth Congress
First Regular Session**

HOUSE BILL NO. 1888



Introduced by Hon. Alexandria P. Gonzales

EXPLANATORY NOTE

Suicide is a preventable public health issue, yet it remains one of the leading causes of death globally and nationally, particularly among the youth and vulnerable populations. According to the World Health Organization (WHO), close to 800,000 people die due to suicide every year, and for every suicide, there are many more people who attempt it. In the Philippines, suicide rates have steadily risen, especially among young people and persons facing mental health, financial, academic, and psychosocial crises.

Despite the passage of the Mental Health Act (RA 11036), there remains a lack of targeted, accessible, and coordinated suicide prevention and crisis intervention services, particularly at the community level. Frontliners in health, education, labor, and law enforcement are often ill-equipped to handle mental health emergencies. There is also a stigma around seeking help, compounded by inadequate public awareness.

This bill seeks to institutionalize a National Suicide Prevention and Crisis Response Program by:

1. Establishing a Suicide Prevention and Crisis Response Center (SPCRC) under the Department of Health;
2. Setting up a 24/7 national hotline, regional helplines, and digital mental health platforms;
3. Creating school-based, workplace, and community-level intervention programs;
4. Mandating training for first responders, educators, health workers, and media professionals;
5. Promoting research, data collection, and evidence-based policymaking on suicide trends and prevention strategies.

By passing this measure, we reaffirm our commitment to protecting life, promoting mental well-being, and ensuring that no Filipino in crisis is left unheard or unaided.

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


ALEXANDRIA P. GONZALES

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**AN ACT
INSTITUTIONALIZING A NATIONAL FRAMEWORK FOR SUICIDE PREVENTION AND
CRISIS RESPONSE, CREATING THE SUICIDE PREVENTION AND CRISIS RESPONSE
CENTER, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES**

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 "Suicide Prevention and Crisis Response Act of 2025."

SEC. 2. *Declaration of Policy.* - It is the policy of the State to promote the value of life, mental health, and emotional resilience of its citizens. The State recognizes suicide as a serious public health concern requiring a comprehensive, compassionate, and community-driven response. The government shall ensure accessible, inclusive, and science-based crisis intervention and suicide prevention programs.

SEC. 3. *Definition of Terms.* - For purposes of this Act:

- a. Suicide refers to the act of intentionally causing one's own death.
- b. Suicide Attempt means a non-fatal, self-directed, potentially injurious behavior with an intent to die.
- c. Crisis Response refers to timely intervention strategies aimed at persons in acute psychological, emotional, or mental distress.
- d. First Responders include but are not limited to police officers, emergency medical services, barangay health workers, and disaster response personnel.

SEC. 4. *Creation of the Suicide Prevention and Crisis Response Center (SPCRC).* - There is hereby created the Suicide Prevention and Crisis Response Center under the Department of Health (DOH), tasked with:

- a. Operating and maintaining a 24/7 National Crisis Hotline (toll-free);
- b. Developing digital and SMS-based mental health support systems;
- c. Providing tele-counseling, psychological first aid, and referrals to mental health professionals;
- d. Coordinating with LGUs for community-based interventions and safe spaces.

SEC. 5. *Multi-Sectoral Suicide Prevention Framework.* - The SPCRC shall coordinate with the following:

- a. DepEd, CHED, and TESDA for school-based mental health programs and suicide risk assessments;
- b. DOLE and CSC for workplace wellness and burnout mitigation strategies;
- c. PNP, AFP, and BJMP to train personnel on suicide risk detection and compassionate crisis response;

Media agencies to ensure responsible and ethical reporting of suicide cases.

SEC. 6. *Mandatory Training.* - All healthcare workers, teachers, guidance counselors, social workers, barangay officials, and first responders shall undergo annual training in suicide risk recognition and crisis de-escalation, to be administered by DOH and accredited providers.

SEC. 7. *Suicide Surveillance and Research.* - The SPCRC shall establish a Suicide Data and Monitoring System, in coordination with the PSA and local governments, to track suicide cases, risk patterns, and intervention outcomes. Regular reports shall be submitted to Congress and made accessible to stakeholders.

SEC. 8. *Public Awareness Campaign.* - The DOH, in coordination with PIA and private partners, shall implement a nationwide education campaign on suicide prevention, mental health literacy, and stigma reduction.

SEC. 9. *Protection from Liability.* - No trained responder, volunteer, or accredited mental health provider shall be held civilly or criminally liable for actions performed in good faith under this Act.

SEC. 10. *Appropriations.* - The amount necessary for the initial implementation shall be charged against the current year's appropriations of the DOH. Thereafter, such sums as may be necessary shall be included in the annual General Appropriations Act.

SEC. 11. *Implementing Rules and Regulations.* - Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with relevant agencies and stakeholders, shall promulgate the necessary rules and regulations.

SEC. 12. *Separability Clause.* - If any part of this Act is declared unconstitutional or invalid, the remainder shall not be affected thereby.

SEC. 13. *Repealing Clause.* - All laws, executive orders, issuances, or parts thereof inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

SEC. 14. *Effectivity.* - This Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in at least two (2) national newspapers of general circulation.

Approved,