

ADMINISTRATIVE ORDERNo. 05
Series of 2021Subject: **MENTAL HEALTH PROGRAM FOR DSWD PERSONNEL****I. Rationale**

The workplace is one of the key factors that affect our mental wellbeing and health. There is an acknowledgement and growing awareness of the role of work in promoting or hindering mental wellness. Although it is difficult to quantify the impact of work alone on personal identity, self-esteem and social recognition, most mental health professionals agree that the workplace environment can have a significant impact on an individual's mental well-being (WHO, 2002).

Thus, the impact of mental health problems in the workplace has serious consequences not only on the person as an individual, but also on the productivity of the organization as a whole. Poor performance, absenteeism, tardiness, accidents and staff turnover can be associated to a personnel's mental health status.

It is increasingly being recognized that the mental health of personnel is a crucial determinant in their overall health. The poor mental health and stressors at the workplace can be contributory factors to a range of physical illnesses like hypertension, diabetes and cardiovascular conditions, amongst others (WHO, 2005).

Given this, the Department of Social Welfare and Development (DSWD), a national government agency which is mandated to lead in the formulation, implementation and coordination of social welfare programs, shall integrate and advocate mental health initiatives in all human resource and organizational development policies and programs in the Department. It shall also ensure that every personnel are aware and sensitive to mental health issues and programs.

The DSWD commits itself to promoting the wellbeing of its personnel by ensuring that mental health is valued, promoted and protected; mental health conditions are treated and prevented; timely, affordable, high quality, gender sensitive and culturally-appropriate health care for these conditions is made available to its personnel. Such health services are free from coercion and accountable to the service users and personnel affected by mental health conditions. Personnel are able to exercise the full range of human rights, and work and participate fully at work, free from stigmatization and discrimination.

As one of the implementers of Republic Act No. 11036 otherwise known as the *Mental Health Act*, the Department shall ensure the promotion, prevention and treatment on mental health. Hence, this policy guideline supports the implementation of the Mental Health Law ensuring that the mental health services are always available and accessible to all personnel.



II. Legal Bases

1. Republic Act No. 11036 otherwise known as the *Mental Health Act* and its Implementing Rules and Regulations (IRR);
2. Civil Service Commission (CSC) Memorandum Circular No. 04, s. 2020, or the *Mental Health Program in the Public Sector*;
3. DSWD Memorandum Circular No. 13, series of 2013, or the *Guidelines in Promoting Wellness in DSWD*; and
4. DSWD Administrative Order No. 20, series of 2018, or the *Enhanced Mechanism on Promoting Occupational Wellbeing and Employee Reinvigoration (EMPOWER)*.

III. Objectives

This policy guideline seeks to:

1. Strengthen effective leadership and governance for mental health by, among others, formulating, developing and implementing policies, strategies and programs relating to mental health;
2. Develop and establish a comprehensive, integrated, effective, and efficient mental health program responsive to the psychiatric, neurologic, and psychosocial needs of personnel;
3. Protect the rights of personnel with psychiatric, neurologic, and psychosocial health needs;
4. Integrate mental health care in the basic health services for personnel and in the human resource systems and processes; and
5. Integrate strategies promoting mental health in the workplace.

IV. Coverage

This Mental Health Program shall apply to all DSWD personnel, regardless of employment status, and shall cover all Offices, Bureaus, Services, Units (OBSUs) and Field Offices of the Department, including DSWD Centers, Institutions, and Satellite Offices, Attached Agencies and Supervised Agencies.

V. Definition of Terms

1. *Confidentiality* refers to ensuring that all relevant information related to persons with psychiatric, neurologic and psychosocial health needs is kept safe from access to, use by, or disclosure to, persons or entities who are not authorized to access, use or possess such information (RA 11036).
2. *Discrimination* refers to any distinction, exclusion or restriction which has the purpose or effect of nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. Special

measures to protect the rights or secure the advancement of persons with decision making impairment capacity shall not be deemed discriminatory (RA 11036).

3. *Informed Consent* refers to consent voluntarily given by a service user to a plan for treatment, after a full disclosure communicated in plain language by the attending mental health service provider, of the nature, consequences, benefits, and risks of the proposed treatment, as well as available alternatives (RA 11036).
4. *Mental Health* refers to a state of well-being in which the individual realizes one's own abilities and potentials, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make positive contribution to the community (RA 11036).
5. *Mental Health Condition* refers to a neurologic or psychiatric condition characterized by the existence of a recognizable, clinically significant disturbance in an individual's recognition, emotional regulation, or behavior that reflects a genetic or acquired dysfunction in the neurobiological, psychosocial or developmental process underlying mental functioning. The determination of neurologic and psychiatric conditions shall be based on scientifically-accepted medical nomenclature and best available scientific and medical evidence (RA 11036).
6. *Mental Health Facility* refers to any establishment or any unit of an establishment, which has, as its primary function, the provision of mental health services (RA 11036).
7. *Mental Health Professionals* refers to a medical doctor, psychologist, nurse, social worker, guidance counselor, or any other appropriately trained and qualified person with specific skills relevant to the provision of mental health services (RA 11036).
8. *Mental Health Services* refers to psychosocial, psychiatric or neurologic activities and programs along the whole range of the mental health support services including promotion, prevention, treatment and aftercare which are provided by mental health facilities and mental health professionals (RA 11036).
9. *Mental Health Service Provider* refers to an entity or individual providing mental health services as defined in the Act, whether public or private, including, but not limited to mental health professionals and workers, social workers and counselors, peer counselors, informal community caregivers, mental health advocates and their organizations, personal ombudsman, and persons or entities offering non-medical alternative therapies (RA 11036).
10. *Personnel* refers to any DSWD official or rank-and-file personnel, regardless of employment status.
11. *Reasonable Accommodation* – means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms (RA 10524).

VI. Guiding Principles

1. Non-discriminatory

- a. There shall be no discrimination in any form against personnel who are at risk of developing or who are found to have mental health problem, regardless of employment status, age, sex, sexual orientation and gender identity, creed or religion and cultural or ethnic affiliation.
- b. Personnel at risk or identified to have a mental health condition shall not be discriminated in terms of recruitment, promotion and termination. They shall not be discriminated nor prevented to receive benefits because of their condition. However, the personnel who at risk or identified to have a mental health condition shall still be allowed to report for work unless otherwise advised by a competent mental health professional, or if s/he has been a clear threat to her/his own safety or safety of coworkers and clients or the general public.
- c. Personnel shall not be terminated from work on the basis of actual, perceived or suspected mental health condition unless the condition progresses to such severity that personnel's ability to discern, make reasonable judgement/decisions, perception of reality, activities of daily living (e.g., self-care) causes impairment in day-to-day functioning thereby compromising his/her safety, co-workers and work performance/productivity. This should be done upon the certification issued by a competent public health authority with expertise on mental health.
- d. They shall continue to perform their duties and responsibilities provided they are issued a certification from an accredited Mental Health Professional certifying that their condition does not impede their productivity and still fit to work, and continued work will not aggravate mental health conditions.

2. Reasonable Working Arrangements

- a. Agreements on work accommodation and work arrangement for personnel at risk or with mental health condition shall be made on a case-to-case basis between the Head of Office/Bureau/Service and the personnel, provided however that such mental health condition shall not prevent the worker from performing the requirements of the job or will endanger his/her safety, or that of his/her co-workers, clients or the general public.
- b. Depending on the nature and severity of mental health condition, measures to accommodate and support personnel with mental health condition shall be clearly explained to the personnel by the Human Resource Management and Development Service together with Mental Health Professional, as far as deemed necessary in the presence of his/her family member or legal guardian.
- c. Personnel identified to have mental condition and have undergone treatment and recovered as certified by an attending physician shall not be prevented from returning to work provided an accredited physician certified that he/she is fit to work. Reasonable accommodation and other such arrangements upon return to work as determined or as recommended by the mental health professional should be considered.



- d. Modified work arrangements shall be extended to personnel who are legally recognized as carers of persons with mental health issues by the Head of Office/Bureau/Service.

3. Confidentiality

- a. All information, including those submitted during the recruitment process and results of neuropsychological test and medical records, shall form part of the personnel's record and be protected and treated with confidentiality, as provided under the Data Privacy Act.
- b. Access to personal data or any information relating to a worker's mental health condition shall be bound by the rules of confidentiality and/or the Data Privacy Act.

4. Rights-based

- a. The right to health as enshrined under the Universal Health Rights is promoted, protected, fulfilled thru the mental health program.
- b. Personnel at risk or identified with mental health problem shall not be deprived of the opportunity to work and to participate in policymaking and program implementation relating to mental health.
- c. Personnel at risk or identified with mental health problems shall not be prevented from exercising their inherent civil, political, economic, social, religious and cultural rights.
- d. Personnel at risk or identified with mental health shall have access to affordable evidence-based treatment and medical services and participate in mental health advocacy, policy planning, legislation, service provision, monitoring, research and evaluation.

5. Disclosure¹

- a. Personnel are encouraged to disclose their medical or mental health condition for purposes of reasonable accommodation.
- b. Head of Offices/Bureaus/Services at the Central Office and Field Offices and co-workers shall not reveal to a third party any information about the personnel with mental health problem except in any of the following conditions:
 - i. Unless it is required by law;
 - ii. With consent from the personnel with mental health condition;
 - iii. Life threatening emergency cases where such disclosure is necessary to prevent harm or injury to himself/herself or to other persons; or
 - iv. Disclosure is required in connection with an administrative, civil or criminal case against a mental health professional or personnel for negligence of a breach of professional ethics.

¹Department of Labor and Employment (DOLE) no. 208, series of 2020



- v. Personnel obtaining disclosure information on the medical or mental health condition of co-workers shall obtain their informed consent.

6. Sustainability

- a. A Health and Wellness survey, to include Mental Health, shall be administered periodically to determine the present well-being of DSWD personnel.
- b. Mental health initiatives shall be integrated into the Health and Wellness Program to ensure their sustainability.
- c. The Department shall provide a health and wellness space or room for any activities related to Mental Health Program such as but not limited to prayer rooms (regardless of faith/religion) and conference rooms to be used by the personnel for mentoring/coaching and other similar related activities.
- d. The Department shall focus or invest in promotion of healthy lifestyle, work-life balance, employee support mechanisms, among others as a preventive approach to Mental Health problem or condition.

VII. Strategies

1. Prevention, Promotion and Information, and Education Campaign on Mental Health Wellbeing

- a. All DSWD personnel shall be provided with basic information and education on mental health to strengthen approaches in the prevention of stigma and discrimination and to better understand individuals with mental health conditions. Standard basic information and education shall include, but not limited to, the following:
 - i. Understanding mental health and its impact in the workplace and the workforce;
 - ii. Identification and management of mental health problems in the workplace;
 - iii. Salient features of RA 11036 and its IRR with emphasis on the basic human rights of persons with mental health condition and consent to treatment; and
 - iv. Confidentiality of all information or medical records of a personnel with mental health problem.
- b. All Offices/Bureaus/Services at the Central and Field Offices shall conduct Mental Health Wellness activities, to include:
 - i. Regular stress management activities;
 - ii. Team-building activities;
 - iii. Organized peer counseling circle;
 - iv. Physical fitness activities;
 - v. Support group for personnel with special needs (working mothers/lactating mothers, single parent, faith group fellowship);
 - vi. Interest group sharing (hobbyists, riders, theater artists, etc.);
 - vii. Weekly health and wellness sessions; and
 - viii. Delivering mental health services through virtual or online stress debriefing and/or counselling.



- c. All Offices/Bureaus/Services at the Central and Field Offices shall conduct continuing mental health awareness/education activities as follows:
 - i. Production of IEC materials on mental health (e.g., distribution of leaflets challenging the misconceptions associated with mental illness, production of infomercials, infographics related to mental health)
 - ii. Conduct of regular seminars, symposiums, or fora on mental health for all personnel; and
 - iii. Provide psychosocial interventions, such as but not limited to debriefing activities or Psychosocial Processing (PSP) to identified personnel who suffered tragic, traumatic and stressful life experience/event.

2. Intervention, Rehabilitation and Recovery

- a. The Department shall include capacity for intervention or referral procedures for treatment modalities and rehabilitation of personnel with mental health condition and provide access to mental health services.
- b. Psychosocial interventions shall be conducted in case of life-threatening situations or traumatic experience which may or may not be work related (e.g. after experiencing natural/man-made calamities).
- c. Depending on the nature and severity of employee's mental health condition, s/he may be referred to a DOH-licensed/accredited/recognized mental health facility or mental health service providers for appropriate management. It is ensured that referral is made upon consideration of adequacy of client's consent for referral.
- d. The absence from work of personnel undergoing intervention and rehabilitation shall be charged against their available leave credits or their compensatory overtime credits (COCs) or they may utilize other regulated leaves like Victims of Violence Against Women and their Children (VAWC) leave, if applicable, without prejudice to the existing policy on the availment of leave and availment of Compensatory Time/Day Off. In the case of COS/JO Workers, their earned COCs shall be utilized for the purpose.
- e. Reintegration into the workplace of personnel who have completed mental health intervention shall be ensured. In the case of COS/JO Workers who have to undergo intervention during the period of the contract but completed the same upon or after expiration of their contract, a certificate from his attending Mental Health Service Provider certifying his current mental health status and capacity to resume work will be part of his supporting documents for renewal to be submitted within the prescribed timeline.

3. Integration of Mental Health in Human Resource Development and Management Policies and Programs

- a. Ensure that mental health assessment of personnel is undertaken during recruitment and promotion².

²Rule XII, Section 134 of Prohibitions, CSC Memorandum Circular no. 14, series of 2018 or the 2017 Omnibus Rules on Appointments and Other Human Resource Actions, Revised July 2018



In case of promotion, the Department may identify certain positions that may require mandatory mental health assessment (i.e., Executive/Managerial, drivers, frontline positions).

- b. Mental health awareness session shall be integrated in the Agency Orientation for Newly Hired Personnel.
 - c. As much as possible, include mental health assessment in the Annual Physical Examination (APE) of personnel who avail of the health insurance of the Department's Health Maintenance Organization (HMO).
 - d. A mechanism to ensure psychological wellness of human resource personnel and mental health service providers shall be in place.
- 4. Establishment of Institutional Networks and Referral System which can Provide Support Mechanism for Personnel who are with Mental Health Conditions or at Risk for Mental Health Condition:**

a. Institutional Networks

- i. Inventory of Health Institutions that provide treatment and recovery program for people with mental health issues/concerns, with list of services offered and their contact numbers
- ii. Mobilization of organized support groups on mental health
- iii. Provision of DOH MH Hotline and other support mechanisms for personnel at risk and with mental health conditions

b. Referral System

- i. A protocol or referral system for personnel with mental health conditions should be established.

5. Capability-Building on Mental Health

- a. Provide basic education and trainings on mental health for Mental Health Program Administrators and Human Resource Officer on the identification, recognition of psychosocial hazards and management of mental health problems.
- b. Provide information and training on how to handle personnel at risk or those with mental health concerns.
- c. Provide capacity building program for Supervisors/Head of Offices as they regularly interact and monitor their subordinate which includes the following: (a) early prevention of mental health issues through workload delegation/dissemination; and (b) Identification of early signs of mental health problem which will lead to its prevention and treatment.
- d. Training of program implementers in promoting and advocating mental health in the workplace as well as identification and management of mental health problems may be coordinated with Department of Health (DOH), National Center for Mental Health (NCMH) or with other mental health service providers.



6. Review of Working Conditions

- a. Assessment of workplace conditions/environment shall be periodically done e.g., annual basis by the Safety and Health Committee (SHC).
- b. Workload assignment vis-à-vis accomplishment of personnel at risk or with mental health condition shall be assessed by the Head of Office/Bureau/Service.
- c. Job descriptions or terms of reference shall be reviewed to ensure that functions and deliverables are commensurate to the position, qualifications and salary grade by the Human Resource Personnel. However, for those personnel existing/diagnosed with mental health conditions, job descriptions may be appropriately adjusted depending on the severity and the recommendation of attending physician, until affected personnel is able to cope/adjust accordingly.

7. Benefits and Compensation

- a. In determining the appropriate compensation for the diagnostic, treatment and rehabilitation of a personnel with mental health condition, the current health benefit packages under PhilHealth, ECC or GSIS/SSS whichever are applicable, shall apply.
- b. Personnel with mental health conditions are entitled to all monetary and non-monetary statutory benefits in accordance with existing rules and regulations without prejudice to the exercise of policies, rules and regulations on compensation and other benefits.

VIII. Implementing Mechanisms

1. The Mental Health Professional shall assess the personnel at risk or identified with mental health condition, to identify the stage of mental wellbeing of such personnel. Personnel may also opt to undergo assessment with their preferred mental health professional in any of the mental health facilities.
2. Appropriate action based on the initial assessment after obtaining the personnel's informed consent or that of their family members or legal representatives shall be undertaken by the Human Resource Management and Development Office, which may be, but not limited to:
 - a. Notification of family members on initial assessment on the condition of the personnel at risk and solicit their support to the process;
 - b. Referral to accredited and licensed mental health professional and mental health facility for further assessment; and
 - c. Ensure that referred personnel with mental health conditions shall be handled by professionals of the same sex.
3. Should there be a need for personnel at risk or identified with mental health conditions to undergo medical check-up and assessment, the Department shall refer to relevant medical institutions to provide for such needs and treatment, as necessary.



4. Should there be a need for the personnel at risk or identified with mental health problem to undergo treatment, the Head of Office/Bureau/Service at the Central and Field Offices shall allow the personnel the necessary number of days chargeable against his/her earned leave credit as recommended by the attending mental health professional.
5. Work arrangements shall be done to accommodate personnel who will report to work after treatment.
6. Monitoring of performance and health conditions shall be done to ensure sustainable productivity and wellness of the personnel who have undergone treatment from mental health condition.
7. Support mechanisms for personnel availing of alternative work arrangement i.e. work from home, compressed work week, staggered hours, skeleton workforce, or a combination thereof, shall also be extended.

IX. Institutional Arrangements

1. General Administration and Support Services Group

- a. Ensure the institutionalization of the implementation of the Mental Health Program;
- b. Ensure that all established mental health policies are administered and enforced in the workplace;
- c. Ensure Mental Health Program is integrated in the human resource development and management, policies and processes; and
- d. Provide resources including funding to effectively implement the mental health program.

2. Heads of Offices, Bureaus and Services at the Central Office and Field Offices

- a. Maintain overall responsibility for the enforcement of Mental Health Program in all workplace areas;
- b. Ensure that all personnel are aware of the Mental Health Program;
- c. Provide information and resources including funding in the Work and Financial Plan, to effectively implement the mental health program;
- d. Provide continuous education or training on mental health;
- e. Monitor and report accomplishments of the Mental Health Program; and
- f. Establish institutional network who can provide assistance in the implementation of the Mental Health Program.

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by 'AB'.

3. Human Resource Management and Development Service

- a. Ensure integration of the Mental Health Program in the human resource development and management, policies and programs;
- b. Administer, manage and monitor implementation of the Mental Health Program;
- c. Provide continuous education and training and initiate workplace discussions on mental health and ensure that all personnel are aware of the Mental Health Program;
- d. Establish a referral system for the client who needs help and appropriate intervention.
- e. Maintain contact with institutional networks (e.g., hospitals, agencies, trainers, health and other professionals, etc.) to support the implementation of the Mental Health Program;
- f. Be up to date with recommended mental health information and education materials;
- g. Assist in incident investigations, analysis and preparation of mental health related reports and summaries, keeping record of the same;
- h. Establish mental health profile of personnel and ensure that records of personnel with mental health conditions and those at risk must at all times be managed, kept safe and treated with confidentiality conforming with the provision of the Data Privacy Act and the Mental Health Act;
- i. Submit a semi-annual report³ to the Secretary on the implementation of the MHP and such report shall be included in the annual accomplishment report of the Department;
- j. Assist personnel who suffer from mental health issues and under medication to Program Management Bureau-Crisis Intervention Unit (CIU) for financial medical assistance;
- k. Conduct hospital visits and prepare well wishes card/gifts for the personnel undergoing treatment in a mental health facility as part of the employee support mechanisms;
- l. Sustain the activities related to the implementation of the Mental Health Program; and
- m. Ensure support to the established support groups and to guarantee a non-discriminatory treatment to both personnel and the Department.

4. Employee Organization/Association

³To be included in the Office/Individual Performance Contract Rating (OPCR/IPCR) review and assessment; template of the report shall be provided by the HRMDS

A handwritten signature in black ink, appearing to be 'RFB', is located at the bottom right of the page.

- a. Collaborate with the Secretary, Heads of Offices/Bureaus/Services at the Central Office and Field Offices and the Human Resource Management Office in the development, administration, implementation, and monitoring of the MHP;
- b. Provide support and assistance in developing strategies, administration, information, dissemination, implementation and monitoring of the programs and activities on mental health initiatives; and
- c. Provide financial assistance programs for personnel that suffer from mental health issues and under medication due to work related causes.

5. DSWD Personnel

- a. Participate actively in the formulation and effective implementation of the workplace policies and programs on mental health through consultations, policy-making processes, general assembly, etc.;
- b. Provide assistance in any form to improve the condition of personnel who are at risk of developing or with mental health problem and refrain from any discriminatory acts against them; and
- c. Shall not engage in bullying such as cyber bullying/mobbing, verbal, sexual and physical harassment, all forms of work-related violence, threats, shaming, alienation and other forms of discrimination which may lead to a mental health problem or may aggravate mental health concerns and report such as personal incident and other related incidents have known in the workplace to be treated with utmost confidentiality.

X. Penalties and Administrative Liabilities

Any violation of this Guidelines shall be considered a ground for administrative disciplinary action pursuant to the existing Rules on Administrative Cases in the Civil Service, without prejudice to the filing of criminal or civil actions pursuant to Section 44 of Republic Act No. 11036 and its Implementing Rules and Regulations.

XI. Communication Plan

The Department shall adopt and implement a communication plan to promote the Mental Health Program through the use of available media. Information and education materials shall be made available and activities may be conducted to facilitate the dissemination of relevant information on mental health. This should be done by Human Resource Management and Development Service through collaboration with Social Marketing Service.

XII. Record Keeping and Reporting Requirements

The medical records shall be kept or maintained inside the Office Clinic. If the Clinic is not yet established, the medical records shall be kept with Human Resource Management and Development Office with restricted access restricted or per need basis or with the Administrative Service – Records and Archives Management Division for proper disposition in accordance to the existing guidelines of the National Archives of the Philippines and Department's Records Disposition Schedule.



XIII. Monitoring and Evaluation

Review of this policy shall be done annually or as often as necessary to ensure effective implementation and compliance to latest legal issuances.

Quarterly monitoring shall be done by the Human Resource Management and Development Office. A semi-annual report on the implementation of the Mental Health Program shall be submitted to the Secretary to be included in the annual accomplishment report of the Department.

XIV. Funding

Funding for the implementation of the Mental Health Program shall be sourced from the budget of the Department as integrated in the annual Work and Financial Plan of each Office/Bureau/Service at the Central Office and Field Office subject to existing rules and regulations.

XV. Repealing Clause

All policies, issuances, rules and regulations and agreements inconsistent with this guideline are hereby repealed or modified accordingly.

XVI. Effectivity

This issuance shall take effect immediately upon its approval.

Let copies of this Order be issued to the Central Office and Field Offices for their information and guidance.

Issued this 25th day of MARCH 2021 in Quezon City, Philippines.


ROLANDO JOSELITO D. BAUTISTA
Secretary

Certified True Copy:

26 MAR 2021


HORACIO S. SAMSON, JR.