



ADMINISTRATIVE ORDER

No. 23

Series of 2021

Subject: **CREATION OF DSWD COMMITTEE ON MENTAL HEALTH**

I. RATIONALE

Republic Act (RA) No. 11036, otherwise known as the Mental Health Act of 2018, and its Implementing Rules and Regulations (IRR), mandate a whole of society and whole of government approach by committing itself to promoting the well-being of people by ensuring that mental health is valued, promoted and protected, that mental conditions are prevented and treated. The same legislative act provides that timely, affordable, high quality and culturally appropriate mental health care is made available to the public so that persons affected by mental health conditions are able to exercise the full range of human rights and participate fully in society and at work, free from stigmatization and discrimination.

Pursuant to Section 37 of the IRR of Mental Health Act, the Department of Social Welfare and Development (DSWD), as a member of the Philippine Council for Mental Health (PCMH), shall the following duties and responsibilities, to wit:

1. Refer service users to mental health facilities, professionals, workers and other service providers for appropriate care;
2. Provide or facilitate access to public or group housing facilities, counseling, therapy, and livelihood training and other available skills development programs;
3. In coordination with the LGUs and the DOH, formulate, develop, and implement community resilience and psychosocial well-being training, including psychosocial support services during and after natural disasters and other calamities, and
4. Develop and implement training and capacity building programs to effectively discharge the agency's role according to this Act.

To ensure the duties and responsibilities of the Department are delivered, a committee is necessary to assist in the systematic processes of harmonized planning, programming, and budgeting and cascading of the mental health policies and programs in the DSWD Central and Field Offices and its various service delivery platforms for the implementation of optimal mental health care in the Philippines.

The Committee on Mental Health (CMH) shall shepherd the harmonization of plans, programs, budget, as well performance review and assessment of the Department's Mental Health Initiatives. It shall review, consolidate the mental health efforts across the various Field Offices and DSWD Central Offices and communities, and approve disposition along the aforementioned areas. It shall

also be responsible for the submission of accomplishment reports and necessary data required/requested by the PCMH.

II. LEGAL BASES

The following are issuances serve as a guide in the development of this proposed Administrative Order:

- RA No. 11036 otherwise known as the "Mental Health Act" and its Implementing Rules and Regulations;
- Administrative Order (AO) No. 3, 2020 or COVID 19 Response and Recovery Plan 2020-2022 (*Description of the Law and Administrative Order on Annex A*);
- AO No.5, 2020 or Adoption of PGS Pathways, DSWD Strategy Map 2028 and DSWD Governance Scorecard; and
- AO No. 5, 2021 or Mental Health Program for DSWD Personnel.

III. DEFINITION OF TERMS

Governance - refers to strengthening effective leadership for mental health by ensuring that MH programs and policies are integrated at the national and local levels¹.

Information and Research - refers to increased availability, accessibility and utilization of evidence-base for mental health by integrating MH information using the current information system of the Department²

Mental Health - refers to a state of well-being in which the individual realizes one's own abilities and potentials, copes adequately with normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community³.

Mental Health Facilities - refers to any establishment, or any unit of an establishment, which has, as its primary function, the provision of mental health services⁴.

Mental Health and Psychosocial Support and Services (MHPSS) - refers to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health disorders⁵.

Promotion and Prevention - refers to improving practices on mental health and wellbeing⁶.

¹ Philippine Council for Mental Health (PCMH), National Mental Health Strategic Plan 2019-2023

² Philippine Council for Mental Health (PCMH), National Mental Health Strategic Plan 2019-2023

³ Implementing Rules and Regulations of RA No. 11036

⁴ Implementing Rules and Regulations of RA No. 11036

⁵ Inter-Agency Standing Committee (IASC) Guideline on MHPSS in Emergencies

⁶ Philippine Council for Mental Health (PCMH), National Mental Health Strategic Plan 2019-2023



Service Users - refers to a person with lived experience of any mental health condition including persons who require, or are undergoing psychiatric, neurologic or psychosocial care⁷

Services - refers to design and strengthening community-based mental health programs which are integrated in basic health and social services⁸.

Support - refers to the spectrum of informal and formal arrangements or services of varying types and intensities, provided by the State, private entities, or communities, aimed at assisting a service user in the exercise of his or her legal capacity or rights, including; community services; personal assistants and ombudsman; powers of attorney and other legal and personal planning tools; peer support; support for self -advocacy; non-formal community caregiver networks; dialogue systems; alternative , and manual communication; and the use of assistive devices and technology⁹.

IV. COVERAGE

This Administrative Order prescribes the guidelines in the establishment, roles and responsibilities of the CMH, – its subcommittees and regional committees.

V. GUIDING PRINCIPLES

The guiding principles describe the Committee's beliefs and philosophy pertaining to quality assurance in promoting and protecting the welfare rights of the stakeholders, as follows:

Respect for Dignity and Worth - Social workers represent a profession that maintains a deep respect for dignity and worth of the individual. All actions taken shall be guided by respect for choices, wishes, rights, and dignity by the best interest of the individual.

Confidentiality - Refers to ensuring that all relevant information related to persons with psychiatric, neurologic, and psychological health needs is kept safe from access or use by, or disclosure to, persons or entities who are not authorized to access, use, or possess such information¹⁰

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.¹¹

⁷ Implementing Rules and Regulations of RA No. 11036

⁸ Philippine Council for Mental Health (PCMH), National Mental Health Strategic Plan 2019-2023

⁹ Implementing Rules and Regulations of RA No. 11036

¹⁰ implementing Rules and Regulations of RA No. 11036

¹¹ implementing Rules and Regulations of RA No. 11036



Non-discrimination – The equal treatment of an individual or group irrespective of their particular characteristics and is used to assess apparently neutral criteria that may produce effects which systematically disadvantage persons possessing those characteristics¹²

Safety and security – The safety and security of the individuals who have assisted must be the number one priority for all actors.

Beneficence – Refers to maximizing the benefits of the Mental Health and Psychosocial Support Activity (MHPSS) to the service users.

Non-maleficence – Refers to minimizing any potential harm of the Mental Health and Psychosocial Support Activity (MHPSS) to the service user.

VI. COMPOSITION

Committee on Mental Health at DSWD Central Office

The **Assistant Secretary for Policy and Plans Group (PPG)** shall serve as Chairperson of the committee, while the **Assistant Secretary for Statutory Programs** shall be the Vice Chairperson. Additionally, the **Assistant Secretary for General Administration and Support Services Group (GASSG)** shall be among the members of the Committee.

Heads of OBSUs which have direct operation and management of strategies and activities pertaining to MH programs and services will be delegated as permanent members. They shall identify their respective alternate members who should at least hold a Salary Grade 18 position regardless of employment status.

The Assistant Secretary for PPG as Committee chair shall represent the Department in the regular meetings of the Philippine Council for Mental Health (PCMH)

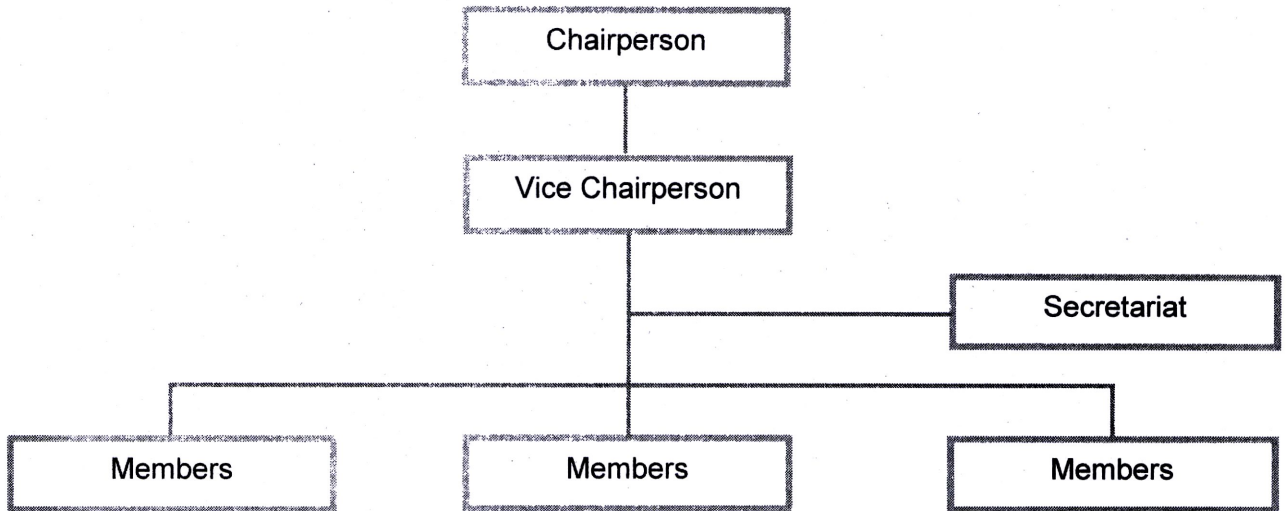
The Assistant Secretary for Statutory Programs may designate its respective alternate representative.

The chairperson shall provide leadership and ensure the functionality of the committee in accordance with the approved guidelines and other mental health activities, programs and services of the DSWD.

¹² eurofound.europa.eu/observatories/eurwork/industrial-relations-dictionary



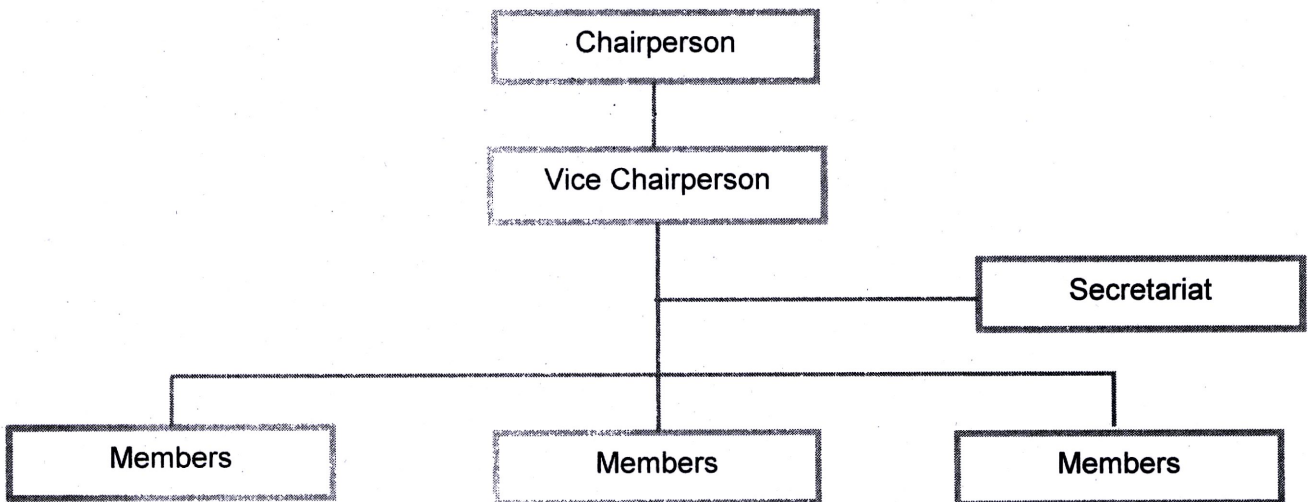
Figure 1 Structure of the Committee on Mental Health at the DSWD Central Office



Committee on Mental Health at DSWD Field Offices

The Regional Committee shall be chaired by the **Regional Director** and co-chaired by the **Assistant Regional Director for Operation**. Heads of different units shall serve as members of the said regional committee.

Figure 2 Structure of the Committee on Mental Health at DSWD Field Offices



Composition of Committee Members

Committee Members

The committee members shall be composed of the following offices and/or units from the DSWD Central Offices and Field Offices.

DSWD Central Office	DSWD Field Offices
<ol style="list-style-type: none"> 1. Office of the Assistant Secretary for General Administration and Support Services Group (OASGASSG) 2. Program Management Bureau (PMB) 3. Disaster Response and management Bureau (DRMB) 4. Standards Bureau (SB) 5. Policy Development and Planning Bureau (PDPB) 6. Pantawid Pamilyang Pilipino Program- (4Ps-NPMO) 7. Social Marketing Service (SMS) 8. KALAHI-Comprehensive and Integrated Delivery of Social Services (KC) 9. Sustainable Livelihood Program (SLP) 10. International Social Service Office (ISSO) 11. Social Technology Bureau (STB) 12. Social Welfare Institutional Development Bureau (SWIDB) 13. Human Resource Management and Development Service (HRMDS) 14. Information Communications and Technology Management Service (ICTMS) 	<ol style="list-style-type: none"> 1. Protective Services Division (PSD) 2. Disaster Response and Management Division (DRMD/U) 3. Standards Development Section (SDS) 4. Policy and Planning Division (PPD) 5. Pantawid Pamilyang Pilipino Program- (4Ps-RPMO) 6. Social Marketing Office (SMO) 7. KALAHI-Comprehensive and Integrated Delivery of Social Services (KC) 8. Sustainable Livelihood Program (SLP) 9. Social Service Unit (SSU) 10. Social Technology Unit (STU) 11. Capability Building Section (CBS) 12. Human Resource Management and Development Division (HRMDD)

Each OBSU at the Central Office shall have permanent and alternate representatives. The Director or the Assistant Director may be designated as the permanent representative while a technical staff with at least a Salary Grade 18 position regardless of employment status may be nominated as alternate representative.

Sub-Committees

Sub-committees on Services; Governance, Policies and Research; and Education, Information, Communication and Capacity Building shall be set-up to ensure that cross cutting mental health issues are responded to and acted upon. These sub committees shall be composed of the following:



Sub-Committees	Concerned Central Offices	Field Offices
Services	PMB, DRMB, SLP, 4Ps, ISSO, STB	PSD, DRMD, SLP, 4Ps, ISSU, STU
Governance, Policy and Research	PDPB, SB	PPD, SDS
Education, Information, Communication and Capacity Building	SWIDB, SMS, ICTMS, HRMDS	CBS, SMU, ICTMS, HRMDD

VII. FUNCTIONS

Committee

The tasks and functions of the Committee include, but not limited to the following:

Convene regular and emergency committee meetings;

Develop a department -wide guideline incorporating all the existing guidelines on mental health programs in the workplace, stakeholders and communities;

Develop, review, cull-out, update and harmonize existing training, advocacy and information, education, and communication (IEC) materials and other related tools on mental health and psychosocial support and services (MHPSS) and interventions. This includes implementation of training and capacity building programs when necessary:

Referral Pathway for mental health services for clients and DSWD personnel;

Provision of technical assistance to stakeholders implementing MH programs and services to ensure accessibility of their services;

Recommend participants in the research study, fora, workshops, training, and conferences related to mental health;

Review and approve reports on MH programs;

Represent the Department in other inter-agency committees and technical working Groups;

Assess, evaluate and provide guidance on the implementation of the Programs, Projects, Activities (PPAs) on the mental health program of the DSWD, and

Each member OBSU shall allocate a budget for mental health programs and services in accordance to their respective mandates.

All OBSUs members shall participate in the regular and emergency committee meetings and perform the tasks that may be assigned by the Committee Chair. Further, each member OBSU shall allocate budgetary requirements relating to mental health programs in accordance to their respective mandates.

Sub-Committee

The Sub-Committee is established by the Committee to specifically assign the concerned members to discuss details on a particular mental health issue to lessen further discussion of an issue during committee meetings. The result of the discussion will be recommended to the Committee for approval. The Committee Chair shall determine a Chairperson in the respective Sub-Committee to lead in the regular meeting who shall meet at least once a quarter or meetings may be held at such other times as the Members or the Chair may deem necessary. Terms for these sub-committees will be one year with no term limit.

The Governance, Policy and Research is a subcommittee that develops and monitors strategies, policies and regulations relating to governance, policy and research with a focus on:

Developing policies and strategies relating to the nature of research;

Recommending research proposals on MH for approval of the committee;

Monitoring and evaluating the mental health policies, plans, programs and quality assurance and enhancement of research;

Promoting engagement on matters relating to the standards and quality of research;
and

Evaluating and update the research agenda on mental health.

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The Services sub-committee is a subcommittee that manages, coordinates, monitors and evaluates the projects and activities pertaining to mental health programs. Its specific functions include:

Developing the strategic framework, guidelines and standards on program/project development, management, monitoring and evaluation;

Developing and installing measures, systems and structures to ensure the continuous and sustained implementation of programs and projects which have been/can be integrated in the regular structure;

Providing support and mobilizing resources to the different members of the Committee to ensure efficient planning, application and optimum use of resources to program and project operations and implementation;

Developing processes and mechanisms to assess the effectiveness of the programs / projects / initiatives for the purpose of policy formulation, long- and medium-term planning and (re)designing of programs and projects; and

Ensuring that mental health programs and policies are rights-based, gender-based and inclusive of all types of disabilities and vulnerable sectors.

The Education, Information, Communication and Capacity Building is a subcommittee that provides the Committee members with current information on educational opportunities available to the members and other pertinent information deemed necessary to achieve the level of knowledge and skill to serve the public with competence and professionalism. It shall focus on:


Initiating and implementing education and capacity building activities to increase awareness and promote mental health, prevent MH illnesses, and eliminate stigma and discrimination towards people with mental illness;

Identifying training needs of MH program implementers;

Developing and implementing programs and activities which will provide implementers with the opportunity to achieve the level of knowledge and skill necessary to serve the public with competence and professionalism;

Formulating policy and guidelines for the operation of the mental health program;

Identifying training needs and best practices from different member offices in low-resource settings and share this information on MH program; and

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Promoting mental health and eliminate stigma and discrimination towards people with mental illness.

Secretariat

The representatives from PDPB and the PMB shall compose the CMH Secretariat whose main function is to provide secretariat service to Mental Health headed by a Director and co-headed by the Program Management Bureau at the Central Office and or headed by Assistant Regional Director or a Chief of the unit in the Field Offices.

As to the initial phase of organizing a committee, two (2) technical staff from the PMB will temporarily act as the focal point to the formation of a committee on Mental Health. They will be supervised by the Bureau Director and/or Assistant Bureau Director as delegated.

The functions of the secretariat are as follows:

- Coordinate within and across the OBSU of the DSWD Central Office relative to mental health concerns;

- Issue notices of meetings and other activities;

- Prepare minutes and summaries of agreements/directives;

- Prepare memoranda to follow-up or follow through agreements other memo as maybe directed by the committee chair;

- Prepare status of agreements for presentation during the CMH meeting;

- Ensure that all administrative concerns during meetings are provided;

- Act as a repository of documents and outputs of the committee; and

- Prepare documents and other materials needed by the committee Chair relative to the participation in the PCMH.

At the Field Office Level, the concerned Regional Director shall identify the sections/units to act as the regional MH secretariat to initiate the composition of a regional committee on mental health and its functions.



VIII. INSTITUTIONAL ARRANGEMENTS

The strategies and activities of MHP shall be initiated and institutionalized by the respective offices and/or units of the DSWD Central Office and Field Offices in accordance with their mandates and existing development efforts.

The Human Resource Management and Development Service (HRMDS) shall:

Ensure integration of the Mental Health Program in the human resource development and management, policies and programs;

Administer, manage, and monitor implementation of the Mental Health Program for DSWD personnel;

Provide continuous education and training and initiate workplace discussions on mental health and ensure that all personnel are aware of the Mental Health Program;

Maintain contact with institutional networks (e.g., hospitals, agencies, trainers, medical professionals like learning institutions to support the implementation of the Mental Health Program;

Keep up-to-date with recommended mental health information and education materials;

Assist in incident investigations, analysis and preparation of mental health related reports and summaries, keeping record of the same;

Establish mental health profile of personnel and ensure that records of personnel with mental health conditions and those at risk must be managed, kept safe and treated with confidentiality conforming with the provision of the Data Privacy Act and the Mental Health Act;

Submit a semi-annual report to the Secretary on the implementation of the MHP and such report shall be included in the annual accomplishment report of the Department;

Assist personnel who suffer from mental health issues and under medication to Program Management Bureau-Crisis Intervention Unit (CIU) for financial medical assistance;

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;

Sustain the activities related to the implementation of the Mental Health Program for DSWD personnel;



Ensure support to the established support groups and to guarantee a non-discriminatory treatment to both personnel and the Department; and

In coordination with the DOH and other mental health institutions, formulate, develop, and implement community resilience and psychosocial well-being training for the personnel, including psychosocial support services during and after natural disasters and other calamities.

The Policy Development and Planning Bureau (PDPB) shall:

Provide leadership in the formulation, monitoring and evaluation of DSWD Mental Health Policy and Framework;

Lead in the monitoring of the implementation of MH policy and integration of Mental Health Strategic Monitoring and Evaluation Framework indicators in the Harmonized Planning and Monitoring and Evaluation System (HPMES) of the Department;

Act as Secretariat or co-Secretariat in the Committee on Mental Health; and

Represent the Department to any Technical Working Group (TWG) discussion pertaining to MH monitoring and evaluation.

The Social Welfare and Institutional Development Bureau (SWIDB) shall:

Provide technical assistance for the conduct of Capacity Building Activities related to mental health and well-being;

Provide updates on the content of psychosocial modules or manuals in the conduct of MH related capacity building activities, and

Establish partnership with the local service providers along with mental health.

The Social Technology Bureau (STB) shall:

Develop and enhance customer-driven social protection technologies addressing current and emerging needs and issues of poor, vulnerable, and disadvantaged individuals, groups, and families.

Program Management Bureau (PMB) shall:

Establish a referral system for the internal client who needs help and appropriate intervention;

Refer service users to mental health facilities, psychologists, allied professionals, social workers and other mental health practitioners that will serve as multi-sectoral team to ensure that referral pathway as a protocol is maximized in the provision of the support services;

Implement and deliver the sectoral and residential care programs as identified in the National Mental Health Strategic Framework;

Provide technical assistance to regional counterpart on the implementation of MH programs utilizing any social media platforms adaptable and responsive to the respective regions;

Initially act as Secretariat of MH program during the creation of the Committee on Mental Health Program;

Represent the TWG discussion pertaining to MH issues implemented by the Bureau and /or to any sectoral concerns when necessary;

Monitor the compliance of mental health programs accessed by the service users and/or referred by the stakeholders and in Center and Residential Care Facilities (CRCFs);
Implement and deliver the sectoral and residential care programs as identified in the National Mental Health Strategic Framework; and

Formulate a policy in providing financial assistance or other support services to personnel with mental illness with the cooperation of the HRMDS, Administrative Service, and Crisis Intervention Division.


The Disaster Response and Management Bureau (DRMB) shall:

Provide augmentation support to LGUs needing relief assistance, resources for mental health and other psychosocial support services during and after natural disasters and human induced calamities;

Refer service users to mental health facilities, professionals, workers and other service providers for appropriate care when necessary;

Create linkages with mental health service providers, clinics, hospitals, institutions, professionals, and the likes;

In coordination with the Social Welfare and Institutional Development Bureau, develop community resilience and psychosocial well-being training in emergencies.

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The Standards Bureau (SB) shall:

Ensure all social welfare and development agencies, existing or new, has a mental health protocol adopted for all its personnel and its clientele; and

Promote and advocate mental health awareness to all social welfare and development agencies and other agencies within its network

The International Social Service Office (ISSO) shall:

Provide and conduct mental healthcare checkpoints to Social Welfare Attaches and their families, prior to dispatch or start-of-tour, and to DSWD personnel, and their families for foreign dispatch, delegation, service, and/or study;

Ensure the provision of psychosocial support and services to returning Overseas Filipinos in distress in accordance with the mental health framework for clientele as established by the CMH and other mental health issues; and

Refer service users to mental health facilities, professionals, workers and other service providers for appropriate care when necessary.

The Pantawid Pamilyang Pilipino Program (4Ps) Program Management Office (PMO) shall:

Create linkages with mental health service providers, clinics, hospitals, institutions, professionals, and the likes;

Refer service users to mental health facilities, professionals, workers and other service providers for appropriate care; and

Integrate MH Literacy to family development sessions of the 4Ps beneficiaries, children and youth and homeless street families in accordance with mental health framework for clientele as by the CMH.

The National Community Driven Development Program (NCCDP) shall:

Implement community projects to enhance mental health and well-being in the communities.

The Sustainable Livelihood Program (SLP) shall

Create linkages with mental health service providers, clinics, hospitals, institutions, professionals, and the likes;

Refer service users to mental health facilities, professionals, workers and other service providers for appropriate care when necessary; and

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Integrate MH Literacy to its Sustainable Livelihood Programs Association in accordance with mental health framework for clientele as by the CMH.

The Social Marketing Service (SMS)

Develop a communication plan on mental health program;

Promote mental health programs utilizing marketing techniques for communicating messages to communities/public for creating social awareness on well-being of the society; and

Utilize broadcast media that educates the public and other information relating to mental health.

The Information Communications and Technology Management Service (ICTMS) shall:

Provide technical assistance on ICT service management to support the mental health programs and services of the Department.

IX. FREQUENCY OF MEETING

Regular meetings shall be held every 3rd Thursday of the last month of the quarter, e.g (March, June, September and December). The Chair may call for special meetings as needed.

X. PRIVACY OF DATA

Any mental health related information of the service users should be protected and must adhere in accordance with Data Privacy Manual of the Department and standards of the Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012."

XI. EFFECTIVITY

This issuance shall take effect immediately upon the approval.

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

Issued this 31st day of Dec. 2021 in Quezon City, Philippines.



ROLANDO JOSELITO D. BAUTISTA
Secretary

Department of Social Welfare and Development

Cert. True Copy:

05 JAN 2022



ROLANDO C. SALEM
Administrative Officer II
AS-RAMD