



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

OCT 28 2016

**ADMINISTRATIVE ORDER**

No. 2016 - 0039

**SUBJECT: REVISED OPERATIONAL FRAMEWORK FOR A COMPREHENSIVE NATIONAL MENTAL HEALTH PROGRAM**

**I. BACKGROUND AND RATIONALE**

The United Nations Sustainable Development Goals (SDGs) target to reduce by one third premature mortality from non-communicable diseases through prevention and promotion of mental health and well-being, and to strengthen the prevention of substance abuse and treatment of mental disorders by 2030.

Mental, neurological and substance use (MNS) disorders account for 10.4% of the global disability-adjusted life years (DALYs) and 2.3% of global years life lost (YLL). Based on the 2015 Global Burden of Disease Study, they are the leading cause of years lived with disability (YLD) with 28.5% of YLDs. The World Health Organization (WHO) estimates that 154 million people suffer from depression and 25 million from schizophrenia. Around 877,000 people die by suicide every year. As many as 50 million people suffer from epilepsy and 24 million from Alzheimer's disease and other dementias. The global burden of disease attributable to alcohol and illicit drug use amounts to 5.4% of the total burden of disease with at least 15.3 million persons with drug use disorders.

In 2004, a multi-country study showed that between 75%-85% of people in low and middle-income countries do not receive the needed mental health services. There was attention to MNS disorders in the WHO Global Strategy to Reduce Harmful Use of Alcohol (2010); WHO Global Mental Health Action Plan 2013-2020; Third UN World Conference on Disaster Risk Reduction (2015); and the WHO Resolution on the Global Burden of Epilepsy (2015).

In a 2004 WHO study, up to 60% of people attending primary care clinics daily in the Philippines are estimated to have one or more MNS disorders. Results of the 2000 Census of Population and Housing showed that mental illness and mental retardation rank 3rd and 4th respectively among the types of disabilities in the country. Data from the Philippine General Hospital in 2014 show that epilepsy accounts for 33.44% of adult and 66.20% of pediatric neurologic out-patient visits per year. In 2014, the Philippine Drug Enforcement Agency (PDEA) and Dangerous Drug Board (DDB) revealed that majority of arrested drug personalities were males between 30-39 years old, while the most commonly used and seized drugs were methamphetamine hydrochloride (*shabu*) and cannabis (*marijuana*). The 2011 WHO Global School-Based Health Survey has shown that in the Philippines, 16% of students between 13-15 years old have ever seriously considered attempting suicide while 13% have actually attempted suicide one or more times during the past year. At present, there is a

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pressing need for reliable data for a comprehensive picture of the magnitude of MNS disorders in the Philippines.

Mental health and well-being are intertwined with personal well-being, family relationships, and contributions to society. Problems with mental health and well-being can adversely compromise learning, creativity, productivity, contribution to family and society, and overall quality of life. The value of investing in mental health is well-established. The World Economic Forum estimated in 2013 that the cumulative global impact of mental disorders alone, in terms of lost economic output will amount to US\$ 16 trillion over the next 20 years.

Recognizing the role of mental health and well-being in national development, the DOH articulated a National Mental Health Policy in 2001 (DOH AO No. 8 s. 2001). Through the Operational Guidelines for the Establishment of a Sustainable Mental Health Program (DOH AO No. 2007-0009) and efforts of civil society organizations (CSOs), many mental health facilities have been improved; pockets of community mental health programs have been established; a handful of local government units have signed ordinances that advance the care for persons with mental illness; and a limited coverage for hospitalization has been made available. Recently, the national government increased the budget for the mental health program in order to provide access to medications and develop models of care. Disasters have paved the way to increasing premium on psychosocial support.

In spite of these steady and noteworthy efforts, the effective and widespread implementation of a rational, unified response to address MNS disorders remains to be seen. Much remains to be done to promote mental health and well-being, prevent MNS disorders, and treat and assist in the rehabilitation of persons with MNS disorders. Strategies to address discrimination, stigmatization, and human rights violations of those suffering from such illnesses are still lacking. Moreover, social protection concerns such as gender-based violence and internal displacement have been rising in the recent years, further compromising the overall well-being of the population, particularly women and children.

Mental health and well-being is a concern of all. Addressing concerns related to MNS contributes to the attainment of the SDGs. Through a comprehensive mental health program that includes a wide range of promotive, preventive, treatment and rehabilitative services; that is for all individuals across the life course especially those at risk of and suffering from MNS disorders; integrated in various treatment settings from community to facility that is implemented from the national to the barangay level; and backed with institutional support mechanisms from different government agencies and CSOs, we hope to attain the highest possible level of health for the nation because there is no Universal Health Care without mental health.

It is in this context that there is a need to enhance the existing National Mental Health Program (NMHP) in keeping with the National Mental Health Policy, global initiatives for mental health care and the present Philippine context as well as to operationalize a more inclusive, responsive, integrated, and comprehensive mental health program.

## II. OBJECTIVES

This policy aims to provide the framework for action for effectively implementing a comprehensive mental health program in the country. Specifically it aims to:

1. Guide all program managers, health care providers, various stakeholders at all levels of care in the implementation of mental health program.
2. Define the roles and responsibilities of different DOH offices, the Philippine Health Insurance Corporation, LGUs, and higher level referral health facilities in the implementation of a comprehensive mental health program.
3. Generate support of various stakeholders in the implementation of a comprehensive mental health program in the country.

## III. SCOPE AND COVERAGE

This policy applies to all units and instrumentalities including attached agencies of the Department of Health and local government units. It also applies to non-government organizations, professional organizations, private sector and other relevant partners from the health and non-health sectors.

## IV. DEFINITION OF TERMS

- A. **Mental Health** – state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community
- B. **Mental Disorders** – range of mental and behavioral disorders that fall within the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) that appear as abnormalities of thought, feeling or behavior
- C. **Neurological Disorders** – diseases of the central and the peripheral nervous systems including, but not limited to epilepsy, Alzheimer's disease and other dementias, and developmental disorders
- D. **Substance abuse** – harmful or hazardous use of psychoactive substances including alcohol and illicit drugs
- E. **Psychosocial disabilities** – any acquired behavioral, cognitive, emotional or social impairment that limits one or more activities necessary for effective interpersonal transactions and other activities for daily living
- F. **Well-being** – an individual's condition of holistic health in its physical, cognitive, emotional, social, cultural, environmental, psychological and spiritual dimensions
- G. **Psychosocial Support** – any type of non-pharmacologic service or intervention that aims to protect and promote psychosocial well-being
- H. **Service providers** – psychiatrists, neurologists, other physicians, psychologists, therapists, counselors, nurses or community-based workers who are trained to provide a

range of services and interventions in the promotion, prevention, treatment, rehabilitation and aftercare of MNS disorders

## V. GUIDING PRINCIPLES

Policies, plans and interventions for the promotion of mental health and well-being; prevention, treatment and rehabilitation of persons with MNS disorders shall adhere to the following principles:

- A. Universal health coverage.** Following the principle of equity, persons with MNS disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that facilitate their recovery and the highest attainable standard of health.
- B. Upholding of human rights.** Must be compliant with the Convention on the Rights of Persons with Disabilities and other international, regional and national human rights instruments.
- C. Life course approach.** Must take into account health and social needs throughout the life course from conception, infancy, childhood, adolescence and adulthood through older age.
- D. Evidence-based practice.** Must be based on scientific evidence and/or best practice, taking cultural considerations into account.
- E. Multisectoral approach.** A comprehensive and coordinated response for mental health requires partnership with multiple public and private sectors in health, education, housing, social services, labor, police and legal.
- F. Empowerment of persons with psychosocial disabilities.** Persons with psychosocial disabilities should be empowered and involved in advocacy, policy, legislation, service provision, monitoring, research and evaluation of programs and activities concerning them.

## VI. ACTION FRAMEWORK FOR THE NATIONAL MENTAL HEALTH PROGRAM:

### A. Goal:

To promote mental health and well-being; prevent MNS disorders and other forms of addiction; provide care, enhance recovery; and reduce morbidity, disability and mortality of persons suffering from these disorders cognizant of their human right to access quality health care

### B. Objectives:

1. To provide inclusive, responsive, integrated and comprehensive MNS and psychosocial support services across different levels and settings of care
2. To implement strategies for the promotion, prevention, treatment and rehabilitation of MNS disorders and other forms of addiction in the context of general health services
3. To strengthen information systems, evidence and research for MNS disorders and other forms of addiction

The Action Framework for the National Mental Health Program of the Philippine Department of Health adopts some elements from the Regional Agenda for Implementing the Mental Health Action Plan in the Western Pacific Region 2013-2020 while remaining consistent with the National Mental Health Policy (DOH AO No. 8 s. 2001).

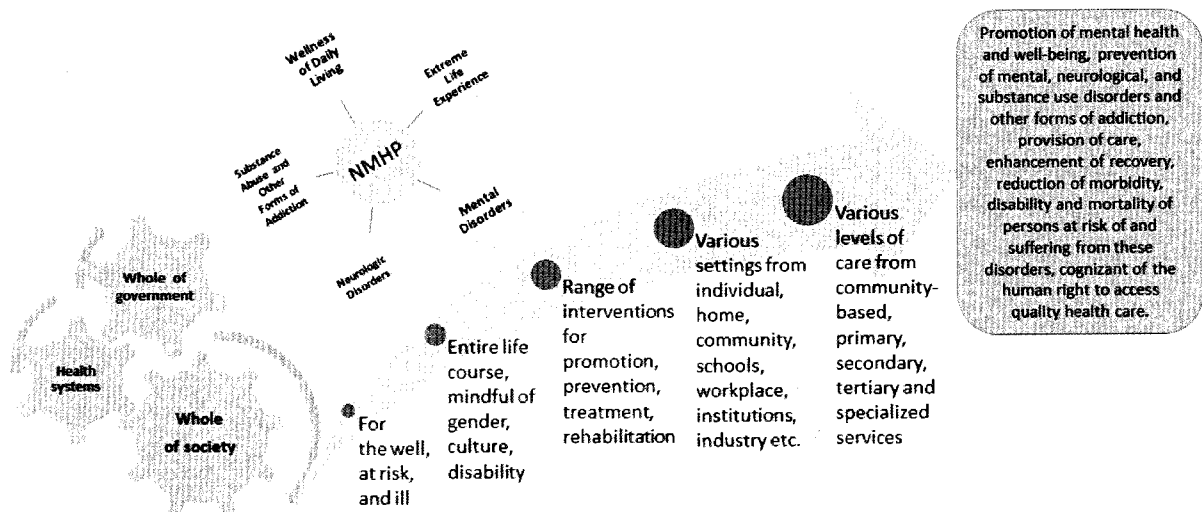


Figure 1. Action Framework of the National Mental Health Program

The action framework shows the **three strategic approaches** on which the National Mental Health Program is anchored:

- A. **Health systems approach.** This approach recognizes the following components for an effective health system to address MNS conditions: governance, financing, information systems, service delivery, medicines and other psychosocial interventions, workforce, and user and family associations.
- B. **Whole-of-government approach.** The government shall exercise leadership and governance particularly in creating institutional, legal, financial and service provisions that would promote mental health and well-being of the population, prevent illness and address the needs of those suffering from MNS disorders.
- C. **Whole-of-society approach.** The whole society includes civil society organizations from different sectors especially groups of people suffering from MNS disorders, those with psychosocial disabilities, families and carers as well as mental health service providers. They help in reducing stigma and discrimination and aid in creating effective policies, laws and services.

The **five components of the National Mental Health Program** shall be as follows:

1. **Wellness of Daily Living** – promoting, attaining and maintaining the mental health and well-being of all persons across the life course (from pregnancy to old age) and in different settings (such as schools, workplace, communities) through healthy and effective coping as well as prevention of suicide
2. **Extreme Life Experience** – developing and enhancing resiliency and addressing the mental health and psychosocial needs and consequences of persons, families and communities that experience critical incidents and events (such as trauma, domestic violence and disasters)

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3. **Mental Disorders** – promoting mental health and well-being; preventing mental disorders; assessing, diagnosing and treating mental disorders; and improving of the quality of life of persons with psychosocial disability through rehabilitation, and community integration
4. **Neurologic Disorders** – promoting neurologic health and preventing common neurologic disorders such as, but not limited to epilepsy, dementia, and developmental disorders; assessing, diagnosing and treating neurologic disorders; and improving the quality of life of persons with neurologic disorders
5. **Substance Abuse and Other Forms of Addiction** – promoting protective factors, reducing risk factors and preventing the development of substance abuse and other forms of addiction in different settings (family, school, workplace, community and industry)

Through the three strategic entry points, program components and based on the guiding principles, it is hoped that the promotion of mental health and well-being; prevention of MNS disorders, substance use and other forms of addiction; provision of care; enhancement of recovery; and reduction of morbidity, disability and mortality will be attained.

## VII. GENERAL GUIDELINES

- A. The country shall adopt a whole-of-government, whole-of-society approach. Social determinants of health such as economic, socio-cultural, environmental and political conditions may affect a person's risk for and outcomes from MNS disorders. This approach requires an integrated government response and cooperation from different sectors and stakeholders, including civil society organizations.
- B. Strategies to promote mental health and well-being and prevent MNS disorders shall be implemented to protect and promote overall well-being of the population. It is vital to protect and promote the mental health and well-being of the general population at all stages of life, especially those who are at-risk and marginalized. MNS disorders lead to decreased productivity, economic loss and poverty. Poverty, in turn, increases the risk for developing MNS disorders and reduces people's ability to access appropriate services.
- C. Inclusive, responsive, integrated and comprehensive services shall be provided across different levels of care. Considering the great burden of disease attributable to MNS disorders, community services that have clear and efficient linkage with facility-based services shall be available in order to ensure a continuum of care. Recovery-based community services for those who have MNS disorders should be delivered by competent service providers.
- D. Information systems, evidence and research shall be strengthened for appropriate policies, plans and evaluation. Important information and indicators like prevalence, service coverage, health outcomes and quality of life create a more comprehensive picture of the problem as well as effective interventions. New knowledge from research facilitates the creation of evidence-based policies and practices that can be implemented, monitored and evaluated.

- E. The NMHP shall adopt a balanced approach between community-based services, primary, secondary and tertiary health care, and specialized facility-based services to ensure continuum of care.
- F. Interventions for promotion, prevention, treatment and rehabilitation shall be inclusive and responsive to the needs of the populations at risk and marginalized, and sensitive to culture, age, gender and disability.
- G. Research, surveillance, monitoring and evaluation shall be institutionalized for sound policy formulation and decision-making.
- H. Collaboration with other government agencies and relevant stakeholders from various sectors shall be strengthened to harmonize efforts in the development of plans and implementation of the NMHP within the framework of an effective mental health system.
- I. The NMHP shall advocate for the passage of a national legislation that shall guarantee the promotion and protection of the rights and freedoms of persons with MNS disorders.

### **VIII. SPECIFIC GUIDELINES**

The DOH shall provide leadership in the implementation of the NMHP by instituting the following measures:

- A. The NMHP shall be integrated to all relevant plans and programs of the DOH and its attached agencies.
- B. The integration of NMHP action plan shall be advocated in all health development and investment plans as well as policies of other government agencies, local government units and other partners including civil society organizations.
- C. The NMHP shall aid in strengthening health systems through establishing program structures across all levels of care, improving capacity of human resources for health, facilitating resource mobilization and establishing sustainable financing mechanisms, and promoting equitable access of cost-effective pharmacologic and non-pharmacologic interventions in the promotion, treatment and management of MNS disorders.
- D. With partner organizations, the DOH shall establish, support and promote programs to empower individuals, families and communities to improve literacy, take self-care responsibilities, become resources for others and participate in reducing stigma and discrimination of persons with MNS disorders.
- E. Support program integration across different levels of health care from community-based to facility-based services, as well as different settings (home, schools, workplace, industry) that facilitate the continuum and complementation of care.
- F. Promote equitable access to the rational use of a wide range of pharmacologic and non-pharmacologic interventions in the promotion of mental health, treatment and management of MNS disorders and improvement of quality of life at all times including pre-emergency settings.
- G. The DOH shall promote and facilitate the conduct of research, monitoring and evaluation that generates relevant and timely information for sound program planning and implementation, policy formulation, service development and financial risk protection.

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- H. Establish interconnectedness, collaboration and linkages and other partnership mechanisms between and among different government agencies and civil organizations including patient-family groups and private institutions.

## IX. IMPLEMENTATION ARRANGEMENT

- A. Technical oversight for the implementation of this Order shall rest with the Oversight Committee chaired by the Undersecretary/Assistant Secretary of Health, Office for Technical Services. The Oversight Committee, composed of technical content experts from professional organizations, shall review the outputs and recommendations of the Technical Working Group (TWG), and serve as the advisory body to the Secretary of Health.
- B. The TWG, chaired by the Disease Prevention and Control Bureau, shall provide recommendations and technical support on the development and implementation of policies and plans for the mental health program. Members shall consist of representatives from relevant bureaus and offices of the DOH such as Health Promotion and Communications Service, Health Emergency Management Bureau, Dangerous Drugs Abuse Prevention and Treatment Program, Health Facilities and Development Bureau, Philippine Health Insurance Corporation, Pharmaceutical Division of the Health Policy Development and Planning Bureau, National Center for Mental Health and CSOs, patient/family care groups that will be convened for the purpose. The Disease Prevention and Control Bureau – Essential Non-Communicable Disease Division shall serve as the Secretariat of the TWG.
- C. Implementation of the national mental health program shall utilize existing institutional arrangements among facilities in the Service Delivery Network from national to subnational levels including the National Center for Mental Health; Treatment and Rehabilitation Centers; DOH Regional Offices; medical service and public health unit of DOH hospitals, medical centers and specialty hospitals; and primary health care centers in an integrated and coordinated manner.
- D. Relevant stakeholders including representative for the League of Mayors of the Philippines, Development Partners, and other concerned organizations maybe invited in the TWG meetings as necessary.

## X. ROLES AND RESPONSIBILITIES

- A. The **Disease Prevention and Control Bureau (DPCB)** shall:
  - 1. Lead the implementation of the NMHP.
  - 2. Develop standards and package of services as well as mechanisms for guaranteeing quality, access, and availability at all levels of the health system in collaboration with the Philippine Health Insurance Corporation and other partners.
  - 3. Provide technical assistance to DOH Regional Offices, Hospitals, Attached Agencies and partners.
  - 4. Conduct an annual Program Implementation Review.
- B. The **Health Promotion and Communications Service** shall, in consultation with the DPCB, develop and implement an effective national communications plan/campaign to promote mental health and wellness of daily living.

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- C. The **Health Emergency Management Bureau (HEMB)** shall lead in the coordination and collaboration with key actors at different levels (municipality/city to national) on the assessment of needs related to MNS and provision of appropriate assistance on Mental Health and Psychosocial Support Services (MHPSS) in disasters, epidemics, humanitarian and other emergency settings.
- D. The **Dangerous Drug Abuse Prevention and Treatment Program (DDAPTP)** of the Office for Special Concerns shall:
1. Lead the development and implementation of promotive and preventive programs to reduce exposure to risk factors of substance abuse and other forms of addiction.
  2. Develop models and standards for treatment and management of substance use disorders as well as rehabilitation and after care programs.
- E. The **Health Facility Development Bureau (HFDB)** shall:
1. Review/develop standards of mental health facilities pertaining to upgrading of infrastructure, capability system, operations and sustainability.
  2. Facilitate development and implementation of hospital-based information and surveillance system to gather relevant health data particularly on mortality, morbidity and disability.
- F. The **Philippine Health Insurance Corporation (PHIC)** shall:
1. Provide guidance in identifying the necessary information needed for the development of health insurance packages for persons with MNS disorders.
  2. Develop and implement health insurance packages for persons at risk and those suffering from MNS disorders that will include identification, assessment, diagnosis, management, rehabilitation and other appropriate support services.
- G. The **Pharmaceutical Division of the Health Policy Development and Planning Bureau** shall:
1. Develop guidelines and mechanisms to ensure an effective supply chain for affordable and quality medicines of persons with MNS disorders at all levels (municipality/city to national)
  2. Regularly review and update the essential medicines list for MNS disorders.
- H. The **National Center for Mental Health and regional mental health facilities**, as special facilities for mental disorders, shall develop models and standards for tertiary level mental health care as well as psychosocial rehabilitation programs.
- I. The **Health Policy Development and Planning Bureau** shall:
1. Facilitate/advocate for inclusion of MNS components in all relevant DOH policies.
  2. Include mental health in the National Unified Health Research Agenda and National Objectives for Health.
- J. The **Health Facilities and Services Regulatory Bureau** shall set standards that would promote safety and accessibility of hospitals with psychiatric beds, drug abuse treatment and rehabilitation centers (DATRCs) and psychiatric care facilities.



- K. The **Health Human Resource Development Bureau (HHRDB)** shall:
1. Set standards and policies for the learning and development of Human Resources for Health (HRH).
  2. Develop competency standards and implement a learning development plan for HRH providing MNS services at different levels of care in coordination with the DPCB.
- L. The **Epidemiology Bureau (EB)** shall:
1. Assist in the development, implementation and management of public health and hospital-based surveillance systems including registries on violence, injury and MNS disorders.
  2. Support the conduct of population-based surveys on risk factors associated with violence, injury and MNS disorders.
- M. The **Knowledge Management Information Technology (KMITS)** shall:
1. Lead in the integration and harmonization of information systems related to MNS within the DOH including the development of IT systems, training of users of the systems and ensuring continuous operation of the systems.
  2. Provide funding on information and communication technology resources based on the Information System Strategic Plan or other DOH directives or issuances.
- N. The **DOH Regional Offices** shall lead and provide technical assistance to local government units and regional hospitals in the implementation of an appropriate mental health program including community-based mental health services.
- O. The **DOH Retained Hospitals** shall ensure provision of quality promotive, preventive, curative, rehabilitative and palliative care for persons with MNS disorders as well as those involved in violence and injury.
- P. **Treatment and Rehabilitation Centers** shall promote quality services on the prevention, treatment, rehabilitation and aftercare of people affected with substance abuse and other forms of addiction.
- Q. **Local Government Units** shall adopt and implement the National Mental Health Program and provide services and products in primary health care facilities and hospitals in their localities as well as provide the training needs for personnel at peripheral health units, district/provincial hospitals and other related facilities.
- R. **Private sector, civil society organizations, patient/family and other care groups** shall be encouraged to organize activities and programs that will aid in the promotion of mental health and well-being; prevention, treatment, rehabilitation and aftercare of people with MNS disorders; and prevention of discrimination and stigmatization due to these disorders.

## XI. FUNDING

The Department of Health – Disease Prevention and Control Bureau and Regional Offices shall provide funds for technical assistance, monitoring and health promotion and communication. It can also augment funds of local government units for local implementation. Local Government Units, other government agencies and civil society

organizations are encouraged to provide counterpart funds as appropriate to ensure the implementation of the National Mental Health Program.

**XII. REPEALING CLAUSE**

Administrative Order No. 2007-0009 and 2007-0009A “Operational Framework for the Sustainable Establishment of a Mental Health Program” is hereby repealed. Other related issuances inconsistent or contrary to the provisions of this Administrative Order are hereby repealed, amended or modified accordingly. All other provisions of existing issuance which are not affected by this Order shall remain valid and in effect.

**XI. EFFECTIVITY**

The Order shall take effect upon approval and 15 days after publication in an official gazette or national newspaper.

  
PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II  
Secretary of Health