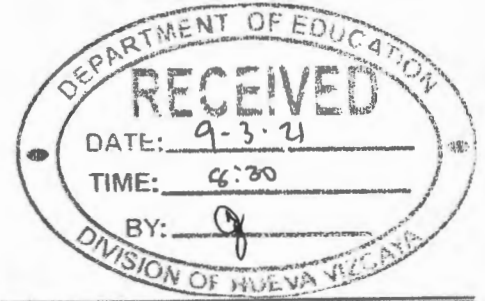




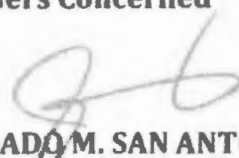
Republic of the Philippines
Department of Education
UNDERSECRETARY FOR CURRICULUM AND INSTRUCTION



BCD-CSDD-O-2021-2584

MEMORANDUM
DM-OUCI-2021-359

TO : Bureau and Service Directors
Minister, MBHTE-BARMM
Regional Directors
Schools Division Superintendents
Public Elementary and Secondary School Heads
All Others Concerned

FROM :  **DIOSDADO M. SAN ANTONIO**
Undersecretary for Curriculum and Instruction

SUBJECT : Counseling and Referral System for Learners for School Year
2021-2022

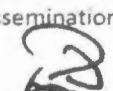
DATE : August 25, 2021

1. The Department of Education (DepEd) issues the enclosed Counseling and Referral System for Learners for S.Y. 2021-2022, which aims to give DepEd schools the mechanism to address the needs of learners on mental health services including counseling activities with mental health professionals.
2. In response to the mental health concerns of learners as stipulated in Republic Act 11036 or the Mental Health Law, this memorandum institutionalizes the guidelines and procedures that will aid public schools in addressing the mental health concerns of Filipino learners.
3. This policy shall be implemented in all public elementary and secondary schools nationwide for S.Y. 2021-2022.
4. Immediate dissemination of and strict compliance with this memorandum is directed.

September 1, 2021

To: All Schools Division Superintendents

For information, dissemination and appropriate action.


BENJAMIN D. PARAGAS, PhD., CESO V
Director IV/Regional Director

09-02-21



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Enclosure to DM-OUCI-2021-_____

**Counseling and Referral System for Learners for
S.Y. 2021-2022**

I. Rationale

1. The Implementing Rules and Regulations of Republic Act No. 11036 otherwise known as the Mental Health Law, Section 25 stipulates that, "Educational institutions such as schools, colleges, universities, and technical schools shall develop policies and programs for students, educators, and other employees designed to: raise awareness on mental health issues, identify and provide support services for individuals at risk, and facilitate access, including referral mechanisms of individual with mental health conditions to treatment and psychosocial support.

The DepEd, CHED, and TESDA in coordination with other relevant government agencies and stakeholders, shall provide guidance in the development and implementation of mental health policy and programs to educational institutions to: a) promote mental health; b) provide basic support services for individuals at risk or already have a mental health condition; and c) establish efficient linkages with other agencies and organizations that provide or make arrangements to provide support, treatment and continuing care."

2. Awaiting the release of the Comprehensive Guidance and Counseling Program Policy, which is the overall umbrella of all mental health programs and activities in schools, the Department tries to address the pressing issues concerning the mental health of learners most especially during this crisis situation by issuing guidelines on the conduct of counseling and referral mechanisms in schools.
3. In view of the above, this memorandum aims to establish guidelines and procedures that will guide DepEd schools in addressing learners who need counseling and should be referred to other mental health professionals/services.

II. Scope

The Counseling and Referral System of Learners shall be applicable for all public elementary and secondary schools for S.Y. 2021-2022.



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III. Definition of Terms

- a. **Counseling** is a well-planned, goal-oriented, and short-term intervention that aims to help learners manage and overcome issues or concerns that hinder them to attain success. Its process aids learners to define the problems, its sources, options, and pros and cons, which facilitate them to decide and act appropriately.
- b. **Referral** is one of the guidance services where learners are facilitated to avail other assistance or services that address their mental health or other concerns. This requires a wide range of internal partners (i.e. counselors, teachers, nurses, and school administrators), external partners (i.e. government, non-government agencies, organizations), and individuals in different professions, fields, and interest.
- c. **Case Notes** pertain to a documentation of the entire counseling service availed by the learner. It includes an accurate account of what went on in a session (also known as a progress note), and it aims to make a record of the counseling or clinical management of the entire case (ACA, 2018).

By creating an accurate and complete documentation of counseling service, the Guidance Counselor ensures that counseling sessions are beneficial to the counselees (learners), conforms to their ethical obligation to provide the needed service, and ensures a legally defensible record of counseling practice.

- d. **Mental Health Condition** is defined in RA 11036 as “a neurologic or psychiatric condition characterized by the existence of a recognizable clinically-significant disturbance in an individual’s cognition, emotional regulation, or behavior that reflects a generic or acquired dysfunction in the neurobiological, psychosocial or developmental processes 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.”
- e. **Mental Health** is defined in RA 11036 as “a state of well-being in which 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 a positive contribution to the community.”
- f. **Mental Health First Aid**, as defined in www.MentalHealthFirstAid.org.com, pertains to the immediate help provided to a person with developing or currently facing a mental health problem or crisis. It is given until the necessary



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specialized mental health service is provided, and should not replace counseling, medical care, peer support or treatment.

- g **Follow up** refers to a guidance service which checks the current functioning of those who underwent counseling and other mental health services.

IV. Policy Statement

DepEd issues this document to ensure proper implementation of Counseling and Referral of Learners for S.Y. 2021-2022. This policy aims to:

- a. ensure the systematic procedure of counseling and referral of learners in public schools;
- b. guide all public schools and all governance levels in the implementation of counseling and referral of learners; and
- c. support mechanisms that contribute to the attainment of the Department's mental health program.

V. Guidelines

The Department of Education, with its strong commitment to address the mental health concerns of learners, issues the following specific procedures of Counseling and Referral for S.Y. 2021-2022:

1. Counseling and referral services shall be made available for all learners.
2. National, regional, division, and school level orientations on Counseling and Referral of Learners shall be organized starting September 2021. (Specific schedule will be announced through an advisory.)
3. A Registered Guidance Counselor (RGC) shall conduct counseling to any learner following the existing ethical and legal (Republic Act 9258) provision for its practice, and the health and safety standards set by the Inter-Agency Task Force (IATF).
4. Counseling:
 - a. must be voluntary. Learners shall not be forced to undergo counseling against their will.
 - b. must be provided after a referral was made by a teacher, student, any school personnel, a parent or other significant person who may be related to the child being referred to who shows:
 - behavioral or conduct problem/s;
 - self-harming behavior or suicide ideation;
 - poor social skills;
 - poor academic performance;



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- difficulty in adapting to current situation; and
 - signs of distress characterized by physical deterioration, lack of focus, and motivation.
5. Counseling can be performed in different modalities (Annex G):
- a. **Online Counseling** – through the identified platforms that are safe for counseling and can ensure the confidentiality of the session
 - b. **Tele-Counseling** –the use of telephone or mobile phone by both Guidance Counselor and learner
6. Counseling should always observe confidentiality which includes:
- a. counselee seeing a counselor;
 - b. all contact information, including his/her counseling schedules;
 - c. counseling information does not appear in the counselee's education file;
 - d. the counselor being the only person that can access the information discussed, unless counselee gives written permission for specific information to be shared.

Exemption to confidentiality:

- a. If the counselee is becoming an imminent danger to him/herself and/or to others through thoughts of suicide or threats to harm other people.
 - b. If there is a reasonable suspicion of emotional and/or physical neglect and/or abuse including sexual abuse of a minor.
 - c. In rare cases, courts will be asking counselors to testify about them.
7. Counseling procedure include:
- a. The Statement of Confidentiality (Annex A) will be sent to the parents/legal guardians to get their permission for their child to undergo counseling.
 - b. The Guidance Counselor conducts the intake interview (Annex B) to get necessary data essential for understanding the concerns of the counselee.
 - The counselor may either close the session after the intake interview or proceed with the session for further counseling.
 - If the session merits counseling after the intake interview, the Guidance Counselor conducts counseling and terminates the case as deemed necessary.
 - c. The Guidance Counselor creates a counseling plan (Annex C).
 - The Guidance Counselor sets the schedule of the sessions with the counselee. Each counseling session is usually 40 minutes to an hour long depending on the nature and seriousness of the case.
 - d. The case must be terminated once the counseling goals have been attained.
 - If the counselee withdraws from the session, the Guidance Counselor shall document at least two attempts to make a follow-up. In the event that the counselee does not respond, the Guidance Counselor shall



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- indicate in the counseling record that the learner did not pursue the session anymore.
- e. Guidance Counselor shall refer the counselee to an outside specialist if the case requires clinical intervention or diagnosis.
 - f. All sessions must be documented through case notes (Annex D).
8. Counseling records should be kept confidential and can only be accessed by the Guidance Counselor.
 - a. Any information about a particular learner may only be released to parents or guardians with the approval of the Guidance Counselor and the learner's consent.
 9. Referral is one of the guidance services where learners are provided with assistance in obtaining specialized services. This requires a wide-range of internal partners (i.e. counselors, teachers, nurses and school administrators), external partners (i.e. government, non-government agencies, organizations), and individuals in different professions, fields and interests that could address the learner's present issues, concerns or problems (Annex H).
 10. On the referral of learners, the teacher/adviser may refer the learner to the Guidance Counselor through the following procedure:
 - a. The teacher/adviser shall accomplish the attached referral form (Annex E).
 - b. The referral form shall be submitted to the Guidance Counselor via electronic mail or physical submission while observing confidentiality.
 - c. Upon receipt of the referral form, the Guidance Counselor shall assess, evaluate, and provide the schedule for intake interview or other services that may be deemed necessary to address the needs of the learners.
 - d. The Guidance Counselor shall inform the teacher/adviser that the learner has been given attention.
 11. In case a learner is referred for intervention because of an issue or concern that is beyond the capability, competency, or expertise of the Guidance Counselor, the following procedure shall be observed:
 - a. The Guidance Counselor shall inform the parent, learner, teacher/adviser (only if necessary), and the school head about the referral. Consent shall be obtained from the parent/guardian.
 - b. Schools or the Schools Division Office shall refer the learner to the nearest and most accessible institution that provides mental health services.
 - c. The Guidance Counselor shall prepare the letter of referral to the specific professional and agency/institution. The letter shall include:
 - basic information about the learner;
 - reason for referral; and
 - type of intervention needed.



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- d. The Guidance Counselor shall monitor the learner's progress/ status by securing the contact information of the professional and agency or organization where the learner is referred.

12. Case Notes

Documenting the counseling session gives the Guidance Counselor the opportunity to reflect and appreciate what transpired in the session. He/she can check if it helps to achieve the overall goals of the counseling, and serves as a guide on the direction to take during the next session.

Part of the Guidance Counselor's preparation to see a continuing counselee is to revisit previous session notes, and counseling plan to ensure the delivery and continuity of care to the counselee. The organized documentation of counseling is very important most especially when the counselee's thoughts and behaviors manifest the intention to harm one's self or others. The Guidance Counselor should be able to document what was said, how it was evaluated, and the response of the Guidance Counselor. This will show what prompted the Guidance Counselor to respond to the counselee in a particular way, and what made him/her decide not to take any action given the situation of the counselee.

By creating an accurate and complete documentation of the counseling service, the Guidance Counselor ensures that counseling sessions are beneficial to the counsees (learners), conforms to their ethical obligation to provide the needed service, and ensures a legally defensible record of counseling practice (See Annex D).

Case notes content must include:

- topics discussed during the session
- how the session is related to the counseling plan
- how the counseling plan goals and objectives are met
- interventions and techniques used during the session and their effectiveness
- counseling observations
- progress or setbacks
- signs, symptoms, and any increase or decrease in the severity of behaviors as they relate to the main concern
- homework assigned, results, and compliance (if any)
- the counselee's current strengths and challenges

All guidance personnel are bound to handle all information regarding counsees with strict confidentiality following Republic Act 10173 or the Data Privacy Act of 2012. The Guidance Counselor should always see to it that all pertinent documents of the learners are safe-guarded. The attending



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Guidance Counselor is the only person authorized to have access to the guidance records of the learners assigned to him/her. In their absence, the newly assigned Guidance Counselor is allowed to access the guidance records only as deemed necessary.

13. Case Collaboration

The Department recognizes that there are emerging mental health issues and concerns that have to be dealt with by the Guidance Counselor. Hence, case collaboration among Guidance Counselors in the Schools Division Office (SDO) level should be practiced. It entails that a Guidance Counselor in school may consult or ask for feedback from Guidance Counselors from other schools or division offices (if applicable) on the counseling case he/she is handling. The case collaboration shall focus on the presenting case, counseling plan, and other interventions while the identity of the concerned counselee shall remain anonymous. The Guidance Counselor from the school or division office shall mutually schedule their case collaboration and the frequency of meetings depending on the case at hand. They may invite other mental health professionals such as a psychologist, psychiatrist, and the like as deemed necessary while observing the confidentiality of the activity. Minutes of case collaboration meeting shall be ensured.

14. Counseling Supervision

Despite the scarcity of Registered Guidance Counselors in the country, it is still imperative that the practice of counseling and referral be supervised as part of accountability measures that DepEd should promote.

Supervision must be appreciated as a professional service that provides technical assistance, and not as an administrative or managerial role. The counseling supervisor should act as a mentor that enables the Guidance Counselor to reflect on his/her practice, its effectiveness, and compliance to ethical standards.

Supervision is a formal and professional relationship contracted between two or more Guidance Counselors. This enables reflection on the counseling case and how it is managed, while emotional and technical support is provided. Setting up clear parameters for the Guidance Counselor and the counseling work is imperative in the supervision practice.

An RGC should be supervised by a more experienced and advanced Guidance Counselor to ensure that the cases are being attended to properly, which involves the evidence-based practice of counseling within the code of ethics.



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The counseling supervisor should periodically check the progress of the case, and give the attending Guidance Counselor an area to examine how his/her own counseling goals are met. The developmental needs of the supervisee should be the basis of the supervisory relationship and process while observing ethical boundaries.

Each SDO must designate a Guidance Counselor Supervisor who shall be an RGC and will provide technical assistance. His/her terms of reference are defined in the succeeding pages. Due to the different considerations and situations of all SDOs, they may designate more than one Guidance Counselor Supervisor as deemed necessary.

14. Standard Operating Procedures in managing suicidal situation with learners:

- Consider and assess for risk factors for suicide. These include previous suicide attempts, depression, alcohol or drug use problems, other mental health conditions such as psychosis or bipolar disorder, severe emotional distress, chronic pain or illness, experiences of trauma (e.g. sexual and interpersonal violence, war, abuse, discrimination), recent loss (e.g. unemployment, bereavement, relationship break-up) or financial problems.

According to the World Health Organization (WHO), suicide is one of the leading causes of death among 15-19 year-olds, and half of all mental health conditions in adulthood start by 14 years of age.

WHO also identified following signs to look out for among learners:

- expressing thoughts or feelings about wanting to end their life, or talking about feeling hopeless or having no reason to live;
 - talking about feelings of loneliness, withdrawal from others or social isolation, being a burden to others, or in unbearable pain;
 - agitation, violence, distress, or difficulty communicating (observed during a consultation or mentioned as problems);
 - change in eating or sleeping habits;
 - signs of cutting or self-harm;
 - arranging end-of-life personal affairs, such as writing a will; and/or
 - absence of supportive family members or other psychosocial support.
-
- Provide the learner with the details of mental health professionals if possible and maintain regular contact, initially by making another appointment; and



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- Activate psychosocial support by reaching out to family or friends and community resources, and provide details of community services including crisis lines.
 - If the learner has a concrete plan, including the means and the intention to die, stay with the person, remove the means of suicide, consult other mental health specialists, and assign a family or staff member to stay with the person, so that they are not left alone until further specialist support is in place.
15. Suggested Procedures in handling suicide situation
- a. Schools shall always take seriously all suicidal behavior and comments of learners.
 - b. An interview with the learners will be immediately conducted once reported.
 - c. When any peer, teacher, or other school personnel identifies a learner who has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs (i.e.: information on social networking websites, writings, art, or other expression of suicidal thinking/activities), suicide risk will be raised.
 - d. It is critical that any school personnel who have knowledge of someone with suicidal thoughts or behaviors communicate this information immediately and directly to a Registered Guidance Counselor to assess and refer the learner. The school head should also be notified so that the learner receives appropriate attention.
 - e. In case of critical or emergency situation
 1. Call the law enforcement or security personnel if a learner possesses the means (gun, razor, rope, pills, etc.) to commit suicide or if the learner is not at school or has left the school, and a plan to kill oneself is discovered, or if the person is unwilling or unable to make a plan to keep themselves safe.
 2. Attending school personnel should stay with the learner. No learner expressing suicidal thoughts should be sent home alone or left alone during the intervention process. The Guidance Counselor or attending school personnel must ensure that the learner will be endorsed to his/her parent or guardian. They shall immediately seek the help of other mental health professionals like a psychiatrist or psychologist.
 3. The following questions adapted from Ask Suicide-Screening Questions (ASQ) of the National Institute of Mental Health, USA may be used to check the suicidal tendency of the learners:



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- Hinihiling mo ba ang iyong kamatayan sa mga nakalipas na linggo? (Did you wish you were dead in the past few weeks?)
 - Pakiramdam mo ba na mas bubuti ang iyong kalagayan at pamilya kung nawala ka na sa mga nakalipas na linggo? (Have you felt that you or your family would be better off if you were dead in the past few weeks?)
 - Nakakaisip ka bang magpakamatay sa mga nakalipas na linggo? (Have you been having thoughts about killing yourself in the past week?)
 - Nasubukan mo na bang magpakamatay dati? (Have you ever tried to kill yourself?)
 - Nakakaisip ka bang magpakamatay ngayon? (Are you having thoughts of killing yourself right now?)
- If the learner answers “No” to all questions, screening is complete (it is not necessary to ask question #5). No intervention is necessary. However, clinical judgment can always override a negative screen.
 - If a learner answers “Yes” to any of the questions, or refuses to answer, they are considered at risk.
 - The learner should be referred for further evaluation.
 - Keep the learner in sight. The room should be clear of any dangerous things.
 - When there appears to be any threat of self-harm, contact the parents/guardian immediately. If the learner identifies safety risks associated with notifying a parent/guardian, contact another trusted adult or adult family member identified by the learner. If a parent is unavailable, call the National Center for Mental Health (NCMH) for help on mental health concerns through its new crisis hotlines: 0917899-USAP (8727) or 989-USAP.
4. The attending Guidance Counselor or school personnel should inform the school head about the suicidal tendency of the learner.
 5. If the needed professional help is not yet available, the Guidance Counselor and parent/guardian must ensure the safety of the learner. They shall have an arrangement or plan on how to maintain safety at home, designate the responsibilities of each person, and include a review date to insure follow through and coordinated decision-making.



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In consideration of the different scenarios in schools or division offices, number of RGCs, and other concerns, a Recommended Referral Mechanism in depending on the situation is formulated. Refer to Annex G.

16. Responsibilities in different governance levels

I. School

A. The School Head shall:

- i) designate a Guidance Advocate in the absence of Guidance Counselor for S.Y. 2021-2022;
- ii) secure the implementation of counseling and referral services for learners;
- iii) ensure the conduct of orientation for teachers, learners, and parents on counseling and referral;
- iv) allocate budget for the materials and other related expenses for the conduct of the services; and
- v) submit an annual report on the number and nature of cases handled by the Guidance Counselor in school.

B. The Guidance Counselor shall:

- i) conduct counseling to learners;
- ii) document each counseling case being handled;
- iii) provide referral services to outside mental health professionals when necessary;
- iv) conduct a case consultation as deemed necessary;
- v) conduct a conference with learner's parents/guardians; and
- vi) make an annual report on the number of cases handled and their nature.

C. Guidance Advocate shall:

- i) facilitate learners to avail counseling and referral services from a Registered Guidance Counselor designated in the division office or other mental health professionals;
- ii) disseminate information about mental health issues; and
- iii) conduct consultation with mental health professionals as deemed necessary.

II. Schools Division Office

The Schools Division Superintendent shall:

- i) ensure that all school heads have a Guidance Counselor or at least have an assigned guidance advocate;



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- ii) designate a Guidance Counselor/s to cater to the mental health concerns of learners from schools depending on the availability of RGCs and the number of schools in the division level;
- iii) ensure partnerships with institutions and hospitals that provide psychiatric or mental health services for learners;
- iv) establish linkages with other government offices, NGOs, and groups relative to the mental health needs of schools;
- v) designate a Guidance Counselor supervisor;
- vi) ensure support and monitoring of the counseling and referral services.

The designated Guidance Counselor shall:

- i) conduct counseling to the learners (referred or walk-in);
- ii) document each counseling case being handled;
- iii) provide referral services to outside mental health professionals when necessary;
- iv) conduct case consultation as deemed necessary;
- v) conduct conference with learner's parents/guardians; and
- vi) make an annual report on the number of cases handled and their nature.

The designated Guidance Counselor Supervisor shall:

- i) act as a mentor that enables the Guidance Counselor to reflect on his/her practice, its effectiveness, and compliance to ethical standards;
- ii) facilitate the parameters of counseling supervision;
- iii) periodically check the progress of the case and give the attending Guidance Counselor an area to examine how his/her own counseling goals are met;
- iv) consider the developmental needs of the supervisee (Guidance Counselor) in conducting supervision sessions.

III. Regional Office

The regional office shall designate a focal person, who is preferably a Registered Guidance Counselor, to oversee and monitor the implementation of Counseling and Referral services in the SDO level. He/she shall:

- i) support Counseling and Referral Services in the division level;
- ii) ensure proper implementation of the Counseling and Referral Services in collaboration with the Health Services unit; and
- iii) submit the consolidated report of the division offices on the number of cases and their nature to the National Office.



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IV. National Office

The Curriculum and Instruction Strand shall lead the implementation of the Counseling and Referral Services for 2021-2022.

- A. The Bureau of Curriculum Development shall lead the planning, preparation, implementation, and monitoring of the Counseling and Referral Services.

17. Budget Allocation

Schools shall include all expenses relative to Counseling and Referral Services in the Annual Implementation Plan (AIP) and School Improvement Plan (SIP).

18. **Non-implementation or improper implementation of Counseling and Referral Services** shall be subject to existing applicable administrative actions.

VI. Monitoring and Evaluation

The Bureau of Curriculum Development, together with the Curriculum and Learning Management Division (CLMD) and the Curriculum Implementation Division (CID), shall monitor and evaluate compliance to the provisions of these guidelines. For questions, clarifications and recommendations you may call the Bureau of Curriculum Development office landline at (02) 8632-7746.

VII. Effectivity

This policy shall take effect immediately upon publication in the DepEd website. Immediate dissemination of and strict compliance with this Memorandum is directed.

VIII. References

- Francis, P.C. (2018, December). Ethics Update. *Counseling Today*, 14-15.
Developing Comprehensive Suicide Prevention, Intervention and Postvention Protocols: A Toolkit for Oregon Schools



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RA 10533 Enhanced Basic Education Law

RA 11036 Mental Health Law

RA 9258 Guidance and Counseling Act of 2004

World Health Organization: Preventing suicide: a resource for teachers and other school staff

MEMORANDUM	Date: 9-6-21	Released (Records): <i>me</i>
To: <input checked="" type="checkbox"/> PSDS/DICs	<input checked="" type="checkbox"/> Elem/Sec School Heads	
<input type="checkbox"/> Private Schools	<input type="checkbox"/> Others:	
For: <input checked="" type="checkbox"/> Information	<input type="checkbox"/> Dissemination	
<input checked="" type="checkbox"/> Guidance	<input checked="" type="checkbox"/> Strict Compliance	
RACHEL M. LLANA PhD, CESO VI OIC, Office of the Schools Division Superintendent		
By: <input type="checkbox"/> Asst. Dir. <input type="checkbox"/> Dir. <input type="checkbox"/> Chief <input type="checkbox"/> Chief <input type="checkbox"/> AD <input type="checkbox"/> -ty	Signature: <i>[Signature]</i>	