

LOCAL HEALTH SYSTEM  
HEALTH PROMOTION PLAYBOOK FOR  
MENTAL HEALTH

# Peer Support Groups for the Youth



Healthy  
Pilipinas

Health  
is Life!





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About the  
playbook  
module

# Introduction

## What is this Health Promotion Program all about?

This **Health Promotion Program** builds social support structures, by organizing **Peer Support Groups for the Youth** to serve as an early intervention to mental health problems among this population.

## Why implement this playbook module?

### KEY MESSAGES

- **Youth (age 15 - 24 years old) covers a crucial life stage in establishing personal identity and social development.** This life stage is largely influenced by same-age peer relationships. Social support mechanisms and its functional characteristics play an essential role in maintaining mental health and well-being among this age group.
- **Mental health problems are on the rise.** There has been increasing incidence of suicide attempts among the youth. In general, COVID-19 pandemic has increased the burden of mental health problems among Filipinos.
- **Functional support groups mitigate the end effects of mental health problems among the youth.** Youth support groups managed by a trained peer facilitator provide an avenue for the youth to share and arrive at solutions together to frequently encountered issues and concerns in their life stage, and receive the perceived psychosocial support from their peers.
- **Social support is a crucial protective mechanism against depression and anxiety across many ages, domains, cultures and risk factors.** For an individual to simply know that they have meaningful relationships to call on in times of need is more than enough to promote individual mental health and wellness than actually receiving the tangible or material support necessary.

# Summary of Evidence

## Why implement this Health Promotion Program?

The following summarizes the evidence and proof of effectiveness of the proposed Health Promotion Program which can assist you in lobbying and advocating to decision makers and other target audiences for the importance of the program.

### YOUTH AND MENTAL HEALTH

#### Social Support Structures in Promoting Mental Health and Wellness

- The WHO defines mental health as **a 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.**
- Beyond the biological and psychological factors in maintaining one's mental health and well-being, the social-ecological model to health acknowledges the **complex interplay between individual, relationship, community, and societal factors** in understanding the range of factors that put people at risk of adverse health outcomes<sup>1</sup>. Similarly, numerous studies indicate social support and its essential role for maintaining physical and psychological health<sup>2,3</sup>.
- Evidence supports that between the 2 dimensions of theoretical models of social support, **THE QUALITY OF RELATIONSHIPS (FUNCTIONAL DIMENSION) IS A BETTER PREDICTOR OF GOOD HEALTH** than the quantity of relationships (structural dimension), although both are important<sup>2,4</sup>.

#### Youth and Mental Health

- The youth (15 - 24 years old) are at **a very unique time in their individual lives.** Multiple physical, emotional and social changes associated with this life stage can make the youth particularly vulnerable to mental health problems. **Promoting mental and psychosocial well-being early on among this age group is critical** for developing and maintaining social and emotional habits important for mental well-being as they transition into adulthood. The WHO has espoused interventions which address the needs of adolescents, **avoiding institutionalization and over-medicalization, while prioritizing non-pharmacological approaches**<sup>5</sup>.
- According to psychosocial theory, humans experience eight stages of development through their lifespan, from infancy through childhood. **Adolescence and young adulthood is a crucial time of personal identity and social development**<sup>6,7</sup>.



## Burden of Mental Health Among the Filipino Youth

- The WHO Global School-based Student Health Survey<sup>8</sup> establishes the burden of mental health problems among the youth. The following are the results:
  - **11.6% (VS. 16.3% IN 2011) OF STUDENTS BETWEEN 13 - 17 YEARS OLD HAVE SERIOUSLY CONSIDERED ATTEMPTING SUICIDE**
  - **16.8% (VS. 12.9% IN 2011) HAVE ACTUALLY ATTEMPTED SUICIDE ONE OR MORE TIMES DURING THE YEAR**
  - **4.3% OF STUDENTS AGED 13-17 YEARS OLD DO NOT HAVE ANY CLOSE FRIENDS**
- At the height of the COVID-19 pandemic, the National Center for Mental Health<sup>9</sup> reported the following statistics:
  - An **AVERAGE OF 900 CALLS PER MONTH TO THE CRISIS HOTLINE, double the amount of calls** recorded within the same period the previous year, with approximately 6% of these catering to suicide-related concerns.
  - Majority of calls were **due to anxiety, and “needing someone to talk to”**.
- The United Nations has emphasized the critical role of good mental health in the functioning of society, calling for its need to be **“front and center of every country’s response to and recovery from the COVID-19 pandemic”**<sup>10</sup>.

### Peer Support Programs as a Prevention Strategy

Mental health promotion and prevention interventions for adolescents aim to strengthen an individual's capacity to regulate emotions, enhance alternatives to risk-taking behaviors, build resilience for difficult situations and adversities, and promote supportive social environments and social networks<sup>11</sup>.



**Social support is a crucial protective mechanism against depression and anxiety** across ages, domains, cultures and risk factors. Lack of social support often predicts post-traumatic stress and maladaptive responses to adversity<sup>12</sup>. **Perceived social support is more strongly associated with functioning than objective support.** What matters is whether a person feels that he or she has a meaningful relationship to call on in time of need, not whether he or she has received observable tangible support such as advice or material resources<sup>13</sup>. In adolescence, when peer relationships become more developmentally significant, **supportive friendships can also prove to be important mechanisms of resilience**<sup>12,14,15</sup>

Youth peer support programs may also help to **reduce youth’s self-stigma**<sup>16</sup>, provide youth with support, encouragement, hope and belief in themselves to help overcome personal barriers<sup>17</sup>, as well as to **help a person gain control over their symptoms, reduce hospitalization, offer social support and improve quality of life**<sup>18</sup>.



Peer support can moderate the effects of life-challenging events and provide a sense of empowerment. The British Columbia Emergency Health Services<sup>19</sup> outlines the **following benefits and outcomes** in their overview of peer support programs:

- Humanize mental health challenges and take them outside the medical realm
- Promote socialization, reducing feelings of isolation and alienation that can be associated with mental health conditions
- Foster hope and recovery
- Help people learn coping skills and improve resilience
- Promote a better understanding of mental health issues and services for all within an organization
- Help peers reach life goals and improve quality of life
- Provide rewards and further healing for the peer supporter through the experience of listening to and helping others

## Recommendation

The Department of Health, in order to address the increasing need for population-based mental health policies and programs thereby recommend the following:

1. Institutionalization of community peer groups at the city/municipal level to foster mutually supportive social networks for the youth to engage in. These peer groups will allow them to develop psychosocial skills and key relationships, promote socialization, and reduce feelings of isolation and alienation that can be associated with mental health conditions.
2. Institutionalize and provide continuous support mechanisms for youth-led peer support groups by professionalizing peer facilitators in the local government unit.
3. Equip peer support groups and peer facilitators with the following skills and knowledge:
  - Navigating the range of mental health practices and services from individual self-care practices, to informal community care services, to professional mental health services.
  - Caring for oneself and providing psychosocial support to others.
  - Human right-based approaches to mental health and legal supports
4. Active promotion and encouragement of the youth to engage and be part of youth-led peer support groups in the community.

# Playbook components

# Implementation Plan

## How do we ensure effective implementation of this Health Promotion Program?

The following checklist provides steps (not necessarily in chronological order) on implementing the recommended Health Promotion Program with corresponding *recommended* persons/offices responsible per step. The local government's Health Promotion Unit must coordinate with various stakeholders to ensure effective implementation of the Health Promotion Program.

For an editable version of this plan, please visit <https://tinyurl.com/PeerSupportImplementationPlan>

	Activity	Office/Person Responsible	Target Date
<b>1. Preparatory Steps for Logistical and Financial Requirements</b>			
<input type="checkbox"/>	Review, revise (if necessary), and sign Memorandum of Agreement between DOH Center for Health Development and Provincial Government	Health Promotion Unit	
<input type="checkbox"/>	Develop and submit approved Work and Financial Plan ( <b>See Resource Requirements Section</b> )		
<input type="checkbox"/>	Obligate funds through issuance of signed Notice/s to Proceed		
<input type="checkbox"/>	Convene relevant stakeholders on health promotion, the HPFS, and the Playbook, specifically but not limited to the following: <ul style="list-style-type: none"> <li>● Local Health Board</li> <li>● Social Welfare and Development Office</li> <li>● Representative/s from Department of Education (DepED), Commission on Higher Education (CHED) and/or academic institution</li> <li>● Local President of the Liga ng mga Barangay ng Pilipinas</li> <li>● Representative/s from licensed and accredited guidance counselor Non Governmental Organizations (NGOs) / People's Organizations (POs)</li> <li>● Representative/s from local youth NGOs / POs implementing community-based health or health-related programs in the municipality/city;</li> <li>● Representative from local Persons with Disability office / NGOs / POs</li> </ul>		

<b>2. Collect / review morbidity and/or mortality statistics on mental health related concerns and conduct prevalence survey</b>			
<input type="checkbox"/>	Identify prevalence of mental health related concerns through FHSIS, hospital data, patient census, mental health registry, school assessment reports, social welfare reports and Philippine National Police reports (See Annex M for Reporting Form)	Mental Health Program Coordinator	
<input type="checkbox"/>	Conduct prevalence survey <ul style="list-style-type: none"> <li>Adopt WHO School-based Student Health Survey Questions</li> <li>Health Literacy Assessment-Knowledge, Attitudes and Practices Survey</li> </ul>		
<b>3. Activate Peer Support Group Oversight Committee</b>			
<input type="checkbox"/>	Identify other members of the Oversight Committee whose specific function in the LGU may serve to implement the Peer Support Group program	Health Promotion Unit	
<input type="checkbox"/>	Review roles and responsibilities of each committee member	Health Promotion Unit	
<b>4. Planning for peer support program design</b>			
<input type="checkbox"/>	Set peer support program objectives	Peer Oversight Committee	
<input type="checkbox"/>	Choose program design type and structure		
<input type="checkbox"/>	Identify and provide safe spaces / appropriate environments (As provided in Section 21. Environmental Specifications for Peer Support Group Sessions of Template Policy seen in Annex A)		
<input type="checkbox"/>	Identify sources of initial funding to defray expenses		
<input type="checkbox"/>	Determine human resource needs including number of peer facilitators to be recruited for initial implementation		
<input type="checkbox"/>	Conduct training needs analysis, review capacity building outline (See Capacity-Development Section) and identify sources and schedule of training		
<input type="checkbox"/>	Formulate Standard Operating Procedures for referral within and external to the LGU		
<input type="checkbox"/>	Review monitoring and evaluation plan (See Monitoring and Evaluation Section) and agree on targets and persons responsible		

<b>5. Finalize provisions in Template Ordinance and propose to Sanggunian for enactment (See Annex A)</b>			
<input type="checkbox"/>	Revisit and review provisions on local support group programs within existing local plans: <ul style="list-style-type: none"> <li>● Comprehensive development plan (CDP)</li> <li>● Executive legislative agenda (ELA)</li> <li>● Local investment plans (LDIP, AIP, LIPH)</li> <li>● Local Youth Development Plan</li> <li>● Action Plan for the Protection of Children</li> <li>● Gender and Development Plan</li> <li>● Plan for PWDs</li> </ul>	Local Health Office	
<b>6. Community engagement and social mobilization activities (See Communication Plan Section)</b>			
<input type="checkbox"/>	Disseminate copies of ordinance to: <ul style="list-style-type: none"> <li>● Sangguniang Kabataan</li> <li>● All barangays</li> <li>● Local youth groups</li> <li>● Youth-focused NGOs/POs</li> <li>● All schools</li> </ul>	Health Promotion Unit  Youth Development Office	
<input type="checkbox"/>	Engage specific population groups affected by ordinance <ul style="list-style-type: none"> <li>● Youth in early adolescence (10 - 13 years old)</li> <li>● Youth in middle adolescence (14 - 16 years old)</li> <li>● Youth in late adolescence (17 - 19 years old)</li> <li>● Young adults (20 - 24 years old)</li> </ul>	Youth Development Office  Sangguniang Kabataan	
<input type="checkbox"/>	Recruitment of volunteer youth peer facilitators	School representative  Sangguniang Kabataan	
<input type="checkbox"/>	Recruitment of peer support group members	Youth Development Office	
<b>7. Peer Facilitator Management</b>			
<input type="checkbox"/>	Pooling of Peer Facilitator trainees from local schools	Peer Oversight Committee	
<input type="checkbox"/>	Filing of training application	Peer Facilitator	

<input type="checkbox"/>	Evaluation of application / Screening of applicants - regular frequency of evaluation of applicants to be determined by Oversight Committee	Peer Oversight Committee	
<input type="checkbox"/>	Posting of committee decision - 30 calendar days from date of decision		
<input type="checkbox"/>	Issuance of Certificate of Accreditation and ID		
<input type="checkbox"/>	Facilitate capacity building courses ( <b>See Capacity-Development Section</b> )		
<input type="checkbox"/>	Orientation of peer facilitators: <ul style="list-style-type: none"> <li>● Reportorial requirements</li> <li>● Standard operating procedure for referral within the LGU</li> <li>● Performance review and evaluation documents</li> </ul>		
<input type="checkbox"/>	Conduct performance review and feedback of peer facilitators and support group sessions		
<input type="checkbox"/>	Re-evaluate complement of registered peer facilitators with demand for peer support group services		
<input type="checkbox"/>	Facilitate annual registration of peer facilitators		

# Policy

## What is the policy support for this Health Promotion Program?

To ensure sustainability and availability of resources to implement Health Promotion programs, it is recommended that they be institutionalized through local policies such as ordinances. The Playbook includes a template policy (See Annex A) that local governments may adopt in whole or in part, as commitment to their efforts to make the healthy choice the easy choice for every Filipino.

### AN ORDINANCE INSTITUTIONALIZING “PEER SUPPORT GROUPS” AS AN EARLY INTERVENTION FOR MENTAL HEALTH PROMOTION

#### Key Terms And Provisions Of The Policy

The proposed local ordinance that the Province, City, or Municipality may adopt and enforce in support of the establishment of peer support groups for the youth outlines the rationale and objectives of all activities relevant to the policy, as well as provisions for the terms of implementation, designation of offices/individuals for enforcement, accreditation process, and allocation of resources.

- Establishment of Peer Oversight Committee identified by the Province and/or City/Municipality that functions to ensure the quality and effectiveness of the peer support group program in strengthening psychosocial and mental well-being of all implementing sites.
- Criteria for identifying qualified trainees for peer facilitation, as well as the registration and accreditation processes of potential Peer Facilitators.
  - In instances wherein there are no qualified volunteers, qualifications may be modified upon approval of the Peer Support Group Oversight Committee. Adult volunteers may be screened and trained to facilitate and conduct peer support group activities, and perform other functions of a Youth Peer Facilitator specified in Section 15.
- Specifications for the proper conduct of peer support group sessions and relevant activities to ensure that confidentiality and ethical standards are observed.
- Referral system for members of the youth needing services not provided by the peer support group to ensure access to necessary mental health services in the community.
- Regular monitoring and evaluation of peer facilitators, peer support group sessions, and other relevant activities for reporting to the Local Health Board
- *Optional: Provision of recommended benefits and incentives for the accredited and active peer facilitators*
- *Optional: List of recommended activities during peer support group sessions*



# Resource Requirements

## What will we need in implementing this Health Promotion Program?

You may use this as a guide for your budget proposal and work and financial planning.

Item No.	Description	Object Class
1	Training logistics <i>(venue, meals, training collateral, etc.)</i>	Training Expenses
2	Laptops / Mobile Phones / Tablets	Semi-Expendable - Information and Communication Technology Equipment
3	Table, Chairs	Semi-Expendable - Office Equipment
4	Online Conferencing Subscription	Internet Subscription Expenses
5	Printer Ink	Office Supplies Expenses
6	Bond Paper <i>(Reporting forms, consent forms, etc.; A4, 80gsm)</i>	Office Supplies Expenses
7	Logbooks, notebooks, clipboards, file organizers	Office Supplies Expenses
8	Art Materials <i>(paints, coloring &amp; writing pens, colored paper, etc.)</i>	Office Supplies Expenses
9	Identification Card lanyards	Office Supplies Expenses
10	IEC Materials ( <b>see Annex C</b> ) <i>(streamers, flyers, posters, leaflets, Peer Facilitators Handbook, etc.)</i>	Printing and Publication Expenses
11	Identification Cards <i>(laminated, photo/glossy paper, A4, 80 gsm)</i>	Printing and Publication Expenses
12	Logistics for regular meetings <i>(venue, meals, transportation, etc.)</i>	Representation Expenses
13	Remuneration for accredited peer facilitators <i>(To be referenced from Benefits and Incentives of Peer Facilitators Section in the Template Ordinance in <b>Annex A</b>)</i>	Representation Expenses
14	MOA or MOU processing costs <i>(Only applicable If the LGU is receiving grants from national or regional government, or from other entities)</i>	Accountable Forms Expenses

# Capacity-Development

## What do implementers need to learn to successfully implement this Health Promotion Program?

Courses related to Playbook module implementation are uploaded on [DOH Academy \(learn.doh.gov.ph\)](https://learn.doh.gov.ph) for accessible use by the general public.

CAPACITY-BUILDING FOR THE PEER SUPPORT GROUP OVERSIGHT COMMITTEE	
<b>Course Author</b>	DOH Health Promotion Bureau with Youth for Mental Health Coalition, Inc., Philippine Guidance Counselors Association, and Peer Organization of the Philippines
<b>Course Description</b>	This course was developed to complement the Local Health System Health Promotion Playbook on Mental Health - Peer Support Groups for the Youth. It aims to capacitate the Peer Support Group Oversight Committee in fostering mutually supportive social networks for the youth to engage in.
<b>Learning Outcomes</b>	<p>By the end of the course, participants should be able to...</p> <ol style="list-style-type: none"> <li>1. Understand the benefits of peer support group programs in strengthening psychosocial and mental wellbeing;</li> <li>2. Develop a list of competencies for accredited youth peer facilitators from recommended list of peer facilitation skills and modules provided by accredited psychological or counseling organizations;</li> <li>3. Map out a service delivery network for referral of youth needing services outside the peer support group program.</li> </ol>
<b>Capacity-Building Outline</b>	<ol style="list-style-type: none"> <li>1. Fundamentals of Mental Health</li> <li>2. Mental Healthcare Services</li> <li>3. Program Types</li> <li>4. Ethical Practice</li> <li>5. Establishing Safe Environments</li> <li>6. WHO QualityRights E-Training (<a href="https://bit.ly/WHOQualityRightsRegister">https://bit.ly/WHOQualityRightsRegister</a>)</li> </ol>
<b>Expected Audience</b>	Peer Support Group Oversight Committee
<b>Expected Duration</b>	9 hours

<b>CAPACITY-BUILDING FOR PEER FACILITATORS</b>	
<b>Course Author</b>	DOH Health Promotion Bureau with Philippine Guidance Counselors Association, Peer Organization of the Philippines, and Unilab Foundation, Inc.
<b>Course Description</b>	This course was developed to complement the Local Health System Health Promotion Playbook on Mental Health - Peer Support Group for the Youth. It aims to capacitate the Peer Facilitators in fostering mutually supportive social networks for the youth to engage in.
<b>Learning Outcomes</b>	By the end of the course, participants should be able to... <ol style="list-style-type: none"> <li>1. Acquire knowledge on mental health and peer learning, develop skills in peer facilitation activities and get advanced knowledge on the relationships of peer facilitation and the facilitator;</li> <li>2. Acquire their own set of competencies as peer facilitators, and apply the peer facilitators' competencies in their programs and organizational plans;</li> <li>3. Develop a distinct understanding of the importance of individual and group processes;</li> <li>4. Develop ideas and processes on how to handle themselves during or after sessions and processes of helping;</li> <li>5. Acquire a clear understanding of the Referral System and/or pathways including the ethical considerations in making referrals; and</li> <li>6. Utilize principles of peer facilitation and psychosocial support through remote mechanisms and platforms.</li> </ol>
<b>Capacity-Building Outline</b>	<ol style="list-style-type: none"> <li>1. Mental Health &amp; Peer Facilitation</li> <li>2. Peer Facilitator Competencies</li> <li>3. Individual &amp; Group Processes</li> <li>4. Self-care</li> <li>5. Referral Systems</li> </ol>
<b>Expected Audience</b>	Peer Facilitators
<b>Expected Duration</b>	15 hours

<b>CAPACITY-BUILDING FOR HEALTH PROFESSIONALS, PROGRAM MANAGERS, AND SERVICE PLANNERS</b>	
<b>Course Author</b>	World Health Organization
<b>Course Description</b>	This course was developed to scale-up care and services using evidence-based interventions for prevention and management of priority mental, neurologic, and substance use conditions.
<b>Learning</b>	By the end of the course, participants should be able to...

<p><b>Outcomes</b></p>	<ol style="list-style-type: none"> <li>1. Use effective communication skills to deliver good quality care to adults, adolescents and children with mental, neurological and substance use (MNS) conditions;</li> <li>2. Promote respect and dignity among persons with MNS conditions in a culturally appropriate manner;</li> <li>3. Assess physical health of persons with MNS disorders as part of a comprehensive evaluation;</li> <li>4. Conduct an assessment for MNS conditions including a physical examination and obtaining basic laboratory tests as needed; and</li> <li>5. Effectively manage MNS conditions using the mhGAP management algorithm.</li> </ol>
<p><b>Capacity-Building Outline</b></p>	<p><b>Mental Health Gap Action Programme (mhGAP)</b></p> <ol style="list-style-type: none"> <li>1. For health professionals <ol style="list-style-type: none"> <li>a. Essential Care &amp; Practice</li> <li>b. Depression</li> <li>c. Psychoses</li> <li>d. Epilepsy</li> <li>e. Child &amp; Adolescent Mental &amp; Behavioral Disorders</li> <li>f. Dementia</li> <li>g. Disorders due to Substance Use</li> <li>h. Self-harm/Suicide</li> <li>i. Other Significant Mental Health Complaints</li> </ol> </li> <li>2. For program managers or service planners <ol style="list-style-type: none"> <li>a. How to talk about mental health</li> <li>b. How to promote mental health and prevent mental health conditions</li> <li>c. How to provide support for people with mental health conditions</li> <li>d. How to promote recovery and rehabilitation for people with mental health conditions</li> <li>e. Additional considerations when working in the community</li> </ol> </li> </ol>
<p><b>Course Link</b></p>	<ol style="list-style-type: none"> <li>1. mhGAP for health professionals: <a href="https://bit.ly/mhGAPHealthProfessionals">https://bit.ly/mhGAPHealthProfessionals</a></li> <li>2. mhGAP for program managers or service planners: <a href="https://bit.ly/mhGAPProgramManagers">https://bit.ly/mhGAPProgramManagers</a></li> </ol>
<p><b>Expected Audience</b></p>	<p>Health Professionals, Program Managers, and Service Planners</p>
<p><b>Expected Duration</b></p>	<p>9 hours</p>

# Communication Plan

## How do we communicate this Health Promotion Program to our community?

This section provides suggested key messages and corresponding template communication materials to support the social mobilization and community engagement activities of the LGU to increase demand among target audiences for the health promotion program.

### AUDIENCE: PEER SUPPORT GROUP MEMBERS

#### Communication Objective:

1. Educate the youth on the role they play in promoting psychosocial and mental well-being as peers, family members, and community members to mitigate the effects of mental health concerns across all settings or contexts
2. Increase awareness on mental health self care practices.

#### Behavioral Objective:

1. Actively participate in peer support group activities
2. Seek for help among their peers when experiencing mental health problems
3. Offer psychosocial support for their peers experiencing mental health problems

### KEY MESSAGE: WE TAKE CARE OF OURSELVES BY BEING THERE FOR EACH OTHER

Engage in healthy activities that you enjoy and find relaxing.

It is okay not to feel okay. Talking or venting feelings to somebody you trust is helpful in overcoming negative feelings.

Shift perspective and notice the positive.

It is important to listen, be emphatic, and respect our peers as well as everyone in our community.

By caring for others, we also learn how to better recognize and appreciate our own capabilities and self-worth.

Support groups exist to reassure you that countless others have faced similar challenges and understand your concerns.

#### Materials:

1. Poster series, for posting in public places
2. Video, Social Media Cards, for posting in existing LGU pages
3. FAQs, for posting in existing LGU pages

#### Suggested Activities:

1. Social Media Campaign

2. Poster campaign, posting in public places
3. School caravans
4. School-wide or Community-wide campaigns or celebrations
5. Peer support group sessions

### AUDIENCE: PEER SUPPORT GROUP MEMBERS

#### Communication Objective:

1. Build capacity of peer facilitators in managing discussions in peer support groups
2. Educate peer facilitators on commonly encountered mental health problems among the youth, its early manifestations and where to refer
3. Increase awareness on the importance of their role as peer facilitators in preventing mental health problems among the youth

#### Behavioral Objective:

1. Foster safe spaces in their community by maintaining and facilitating peer support group activities
2. Offer psychosocial support for their peers experiencing mental health problems
3. Identify and refer individuals with warning signs of mental health problems
4. Advocate peer support groups as an early intervention for promoting good mental health among the youth

**KEY MESSAGE: YOUR ROLE IS IMPORTANT.  
BY LETTING PEOPLE KNOW THAT WE'RE THERE TO LISTEN, WE CONTRIBUTE  
TO MAKING OUR COMMUNITY A SAFER SPACE FOR ALL OUR PEERS.**

When a facilitator listens with a non-judgmental attitude and allows the members to express feelings openly and honestly, trust can build and grow.

It is important for our peers to feel safe in the space where we provide support. A safe space equates to a type of refuge where:

- They can learn and practice new skills and receive constructive feedback
- They can be assured of physical and psychological safety
- They can access information and support without fear of being judged or having to face the consequences of disclosure

Know the red flags to a potential mental health problem and when to refer to a professional, especially when a peer's stress reactions are severe and prolonged and interfering with their normal activities.

**Materials:**

1. Memo from LGU
2. Module for training peer facilitators
3. Peer Facilitator Handbook

**Suggested Activities:**

1. Capacity building sessions for peer facilitators
2. Regular supervision, feedback and evaluation sessions with peer facilitators



# Monitoring and Evaluation

## How do we keep track of our progress?

### Summary of Indicators

- **Outputs**
  - Policy providing benefits and incentives for accredited peer facilitators
  - Number of youth peer facilitators registered
  - Number of youth peer facilitators accredited
  - Number of support group sessions that meet environmental specifications for safe spaces
  - Number of peer facilitators completed core capacity development programs
  - Ratio of peer facilitators to support group members
  - Number of partnership / agreements between support group program and referral institutions
  - Number of support group sessions facilitated
  - Increase in overall rating of support group sessions
  - Increase in performance rating of peer facilitators
  - Number of youth needing services referred
  - Increase positive perception of peer support received in sessions
  - Increase positive perception of safe spaces in sessions
  - Number of new/active members recruited in support group
  - Number of diverse groups within target population accessing program
  - Number of information, education and advocacy activities initiated by youth peer support groups
  - Percentage of youth with awareness of local peer support group program
- **Outcomes**
  - Percentage of youth who feel lonely
  - Percentage of youth who feel worried about something that they cannot sleep at night
  - Percentage of youth who have seriously considered attempting suicide
  - Percentage of youth who have made plans on attempted suicide
  - Percentage of youth who have attempted suicide
  - Percentage of youth with at least 1 close friend
  - Increase awareness and practice of self care behaviors for mental health promotion
  - Percentage of youth with awareness of local peer support group program

- Knowledge of health and support services
- Academic achievement
- Rate of school graduates / dropouts
- Measurement of health risk taking behavior
- Rate of teenage pregnancies
- Rate of youth testing positive for sexually transmitted diseases
- Rates of drug abuse
- Percentage of youth seeking mental health consultation
- Prevalence of out of school youth
- Reduction in violent behavior / damage to property among youth

Indicators	Monitoring Form	Description	Intended user
Outputs and Outcomes as listed above	Summary Matrix of Proposed Playbook Monitoring and Evaluation Plan & Reporting Template (See Annexes L&M)	For collection of accomplished targets for each program indicator	<ul style="list-style-type: none"> <li>● Any member of the Peer Support Group Oversight Committee</li> </ul>
N/A	Referral Form for External Services (See Annex D)	For referral of youth members needing services not provided by the peer support group	<ul style="list-style-type: none"> <li>● Peer Facilitator</li> <li>● SK Chairman or any member of the Peer Support Group Oversight Committee</li> <li>● Guidance Counselor</li> </ul>
Outputs as listed above	Support Group Session Summary (See Annex E)	For collection of member demographics and quality of conducted support group session. This shall be accomplished after every session.	<ul style="list-style-type: none"> <li>● Peer Facilitator</li> <li>● Any member of the Peer Support Group Oversight Committee</li> <li>● Guidance Counselor</li> </ul>
	Monthly Support Group Session Reporting Form (See Annex F)	Compiled monthly results of Support Group Session Summary forms. This shall be accomplished on a monthly basis.	<ul style="list-style-type: none"> <li>● Peer Facilitator</li> <li>● Any member of the Peer Support Group Oversight Committee</li> <li>● Guidance Counselor</li> </ul>

	Peer Support Group Monitoring Form (See Annex I)	For collection of feedback from the Oversight Committee or Guidance Counselor involved in the peer support group about their perception of the program's environment.	<ul style="list-style-type: none"> <li>Any member of the Peer Support Group Oversight Committee</li> <li>Guidance Counselor</li> </ul>
	Peer Support Group Evaluation Form (English & Tagalog) (See Annexes G&H)	For collection of feedback from the members involved in the peer support group about their perception of the program's environment. This shall be accomplished after every session.	<ul style="list-style-type: none"> <li>Peer Support Group Members</li> </ul>
N/A	Informed Consent / Parental Consent Forms (English & Tagalog) (See Annexes J&K)	A legal document that serves as a written permission for a youth member to participate in the peer support group	<ul style="list-style-type: none"> <li>Parent or Legal Guard of the Member</li> <li>Peer Support Group Member</li> </ul>
General knowledge, attitude and practice of mental health promoting behaviors	Health Literacy Assessment and Knowledge, Attitudes and Practice on Health Promotion (HLA-KAP) Survey	The HLA-KAP is an annual assessment tool which measures the health literacy levels of Filipinos aged 18 and above in the LGU	<ul style="list-style-type: none"> <li>Health Promotion Unit</li> </ul>

# Frequently Asked Questions

## FOR LOCAL IMPLEMENTERS

### **What is the purpose of having peer support groups in our community?**

In accordance with the LGU's mandate to promote the general welfare within its territorial jurisdiction, peer support groups serve as a health promotion intervention wherein the LGU can provide a safe space for individuals with common experiences to talk about their struggles, insights, and day-to-day activities, which in effect may address any potential mental health concern among at-risk individuals. Establishing a safe space is especially important for youth because it emphasizes that there are others in their age range who relate to their experiences on a personal level.

### **How will peer support groups be established?**

A Peer Support Group Oversight Committee, created and approved by the Local Health Board, will oversee the entire peer support group program of the LGU, including selecting and training peer facilitators, allocating budget for sessions and activities, determining venues or locations to hold peer support group sessions, and monitoring conduct of support group sessions and performance of accredited peer facilitators.

### **Who will be in-charge of implementing and monitoring the compliance to the provisions of the ordinance on peer support groups?**

By virtue of the ordinance included in this playbook, a Peer Support Group Oversight Committee shall be created to aid in the implementation, enforcement, and monitoring of the approved provisions.

### **Who will fund the implementation of this ordinance on support groups for the youth?**

The local government unit is expected to primarily be responsible for developing peer support groups within their respective cities and municipalities, as part of their mandate on health. The Peer Support Group Oversight Committee will propose to the LGU their budget for the fiscal year.

### **How much will it cost to implement this ordinance on peer support groups?**

The total cost will depend mostly on the agreed budget for logistics and remuneration for peer facilitators to be set by the Peer Support Group Oversight Committee, as well as the communication materials and activities to be conducted in implementing the intervention.

### **Who will be in charge of creating and supervising peer support group sessions?**

The peer facilitators, under the supervision of a designated guidance counselor or any member of the Peer Support Group Oversight Committee, will be in charge of determining the support group structure and type based on the need in their community. They will also be in charge of creating the necessary modules of each session, which will be approved by the designated guidance counselor or any member of the Peer Support Group Oversight Committee, as well as managing their peer support group members.

### **Why should we pass an ordinance institutionalizing support groups for the youth in our community?**

Trained peer facilitators are a key component to the overall quality of the peer support group program and ensuring the supportive environment in the LGU for at-risk youth to access early interventions to support and mitigate their potential mental health concerns. The allocation of funds for benefits and incentives for accredited peer facilitators will contribute to the sustainability of the program in terms of the necessary human resource required for its successful implementation. Institutionalizing their benefits and incentives in legislation, at the same time detailing the stringent process for peer facilitator accreditation, may increase motivation of current and potential peer facilitators to perform their duties and functions with due diligence.

### **Do the youth really need support groups?**

The WHO Global School-based Student Health Survey in 2015 revealed that around 17% of students between 13 - 17 years old have attempted suicide one or more times during that year, with 4% of students not having any close friends. Having peer support groups in the LGU can serve as an additional avenue for at-risk youth to access the support needed and build friendships to prevent cases of suicide among the youth.

### **What sections of the template ordinance are we free to modify to our context?**

The template ordinance for LGUs may be modified to reflect the representative members of the community who shall be a member of the Peer Support Group Oversight Committee, the qualifications and procedures for application for peer facilitators, the benefits and incentives for peer facilitators and as well as the locations meeting environmental specifications for "Safe Spaces" where support group sessions may be conducted.

### **How can our LGU cater to members of our community who need professional mental health services?**

LGUs must ensure the availability of health care workers e.g. physicians, nurses, psychologists, counselors, etc. trained on mhGAP. Physicians must also be trained on pharmacotherapy i.e. when and how to prescribe medication, identifying the contraindications for pharmacotherapy, and monitoring of patients. Pharmacotherapy alone, without the appropriate behavioral support, is NOT recommended. For urgent concerns, call the NCMH Crisis Hotlines (09178898787, 09086392672, 09994478479, 09663514518, 1553 for luzon-wide-toll-free landline). They are available 24/7 even on weekends and holidays.

## **Where can we access capacity building programs for peer facilitators in successfully facilitating support group sessions?**

The Philippine Guidance and Counseling Association, along with Unilab Foundation, Inc. and the Peer Organization of the Philippines, shall launch an online course for Peer Facilitation that will be made available through the DOH Academy (<https://learn.doh.gov.ph/>).

### **FOR PEER FACILITATORS**

**NOTE:** FAQs in this section shall undergo review by local implementers and adopt the approved terms and conditions for the institutionalization of peer support groups and facilitators within the community.

#### **How do I become a peer facilitator?**

Peer facilitators should be dedicated, empathetic and committed to helping others. We want individuals who are able to problem solve without sharing personal information, experiences, opinions or values. To become a peer facilitator, go to your local SK and tell them you want to become a peer facilitator. You will then be oriented on the next steps. If you meet the qualifications of a peer facilitator, you will then undergo training and orientation.

**[To be adopted from legislated Benefits and Incentives of Peer Facilitators (Section 16)]**

#### **Will I get paid as a peer facilitator?**

Peer facilitators will be given both an honorarium and subsistence allowance as allotted by the LGU. Other recommended incentives include the following:

- Mobile and internet allowance for online peer facilitation
- Continuing education and training on providing psychosocial support, as deemed by the Municipal Health Officer
- Scholarship benefits to pursue careers in guidance counseling

**[To be adopted from legislated Qualifications of Peer Facilitators (Section 11)]** **What are the qualifications of a peer facilitator?**

In order to qualify as a peer facilitator, you must meet the following qualifications:

- At least eighteen (18) years old upon application
- Able to read and write
- Willing to voluntarily facilitate peer support group sessions in the community
- Willing to voluntarily perform other tasks assigned by the Peer Support Group Oversight Committee
- Be physically and mentally fit with good moral character as verified by the Health Officer
- Must have no criminal record

In no instance shall any physical disability, mental health condition, sexual orientation, gender identity and expression (SOGIE), economic status, race, color, language, religion or nationality, ethnic or social origin be made a qualification for peer facilitators.

### **What can I gain from becoming a peer facilitator?**

Peer facilitators gain skills in active listening and problem solving that can be applied to many real life situations. They also receive the good feeling of helping others, while interacting with other peer counselors. This service can also be used as a reference for employers and graduate schools.

### **[To be adopted from legislated Requirements of Peer Facilitators (Section 13)] What are the requirements to become a peer facilitator?**

After meeting the qualifications and completing the training needed for a peer facilitator, the next step you need to do is to be accredited. Do prepare the following documents to a member of the Peer Support Group Oversight Committee:

- A duly accomplished application form;
- Birth certificate or any official document in support of declared age;
- A certificate of completion of the basic training for peer facilitators conducted by accredited government agency or NGO;
- A certificate from the Peer Support Group Oversight Committee or from a duly authorized representative of an NGO about the applicant's voluntary service record stating that he/she has personal knowledge about the applicant having rendered voluntary services in his/her barangay for at least **[# of month/year]** immediately preceding the date of the filing of the application for accreditation;
- Barangay clearance; and
- A medical certificate duly signed by the Health Officer.

### **[To be adopted from legislated Requirements of Peer Facilitators (Section 13)] How long do I have to volunteer in order to become a peer facilitator?**

Make sure you have completed at least **[# of month/year]** equivalent of voluntary services prior to your application as a peer facilitator.

### **What are the roles and expectations of a peer facilitator?**

A peer facilitator is expected to do the following tasks:

- Maintain a warm and emphatic disposition towards the members throughout peer support group sessions
- Supervise all activities of the peer support group and effectively communicate these to the Peer Support Group Oversight Committee
- Recruit peer support group members and organize the structure, composition, and communication between and among members
- Refer and monitor members that need additional services not provided by the peer support group (e.g., psychiatric services, social services)
- Continuously engage members to be participative in activities, and
- Apply learnings from training sessions to the peer support groups

### **How do I ensure the quality and functionality of my support group?**

As an accredited peer facilitator of the LGU, you shall be in charge of establishing the overall peer support group session composition, structure and type. Together with your support group members, you will co-develop a list of house rules which all members of the support group shall adhere to and agree on the frequency and time of sessions.



### **How do I ensure privacy and confidentiality of all information discussed in the support group?**

Ensuring privacy and confidentiality in the support group shall be a responsibility of not only you as the peer facilitator, but of all members as well, and should be reflected in the house rules you will co-develop with your members. Prior to any support group session, members must agree and provide consent to joining the session by signing the provided consent forms.

Any information discussed in the support group session shall not be disclosed to third parties without the written consent of the member concerned except in the following conditions:

- Disclosure is required by law or pursuant to an order issued by a court of competent jurisdiction;
- The member has expressed consent to the disclosure;
- A life-threatening emergency exists and such disclosure is necessary to prevent harm or injury to the member or to other persons;
- The member is a minor and the peer facilitator reasonably believes that the member is a victim of child abuse; or
- Disclosure is required in connection with an administrative, civil, or criminal case against a mental health professional or worker for negligence or a breach of professional ethics, to the extent necessary to completely adjudicate, settle, or resolve any issue or controversy involved therein.

### **What is the difference between a peer facilitator, a guidance counselor, and a psychiatrist?**

A peer facilitator is the head of a peer support group. They are not licensed to give medicines or provide therapy sessions, but they are people trained to listen to others, organize peer support group sessions, and can refer others to professional help if needed.

A guidance counselor is a licensed professional usually found in school settings. However, they cannot prescribe medicines. They can help by giving career or school guidance, provide counseling sessions, and potentially train peer facilitators.

A psychiatrist is a doctor that specializes in diagnosing and treating mental illnesses.

### **What do I do if a minor wants to join my peer support group session?**

Minors need to submit signed parental / guardian consent and child assent forms before proceeding to join peer support groups. Consult the Peer Support Group Oversight Committee regarding the creation of specialized groups.

### **What do I do if a member of my support group needs services outside the support group?**

Any identified member of the support group needing services outside the support group session (psychological first aid, counseling, medical consultation, etc.) shall be referred and coordinated through the SK Chairperson by accomplishing the standardized referral form.

### **How do I manage any difficult situations I may encounter in the support group?**

The capacity building course for Peer Facilitators will equip you with skills on managing situations you may encounter in Support Group Sessions, as well as effective tips and maintaining the boundaries between Peer Facilitators and Support Group Members. Members of the Peer Support Group Oversight Committee and the designated Guidance Counselor will also be there to assist you when facing difficult situations.

### **Can I conduct online support group sessions?**

This will depend on the agreement set between you and your support group members. Other factors that must be taken into consideration when conducting remote support group sessions are separate designated devices and accounts for peer support group sessions to maintain work-home boundaries, the availability of camera, microphone and speaker on your personal device, utilization of headphones during group sessions to maintain confidentiality, preparation of back-up technology option in case device fails, adequate amount of credit, minutes and data to be able to complete the remote session, utilization of secure online conferencing software, configuring settings of video sessions so that participants have to request for access to join the session, video conference software and the device running the software are updated, when updates are shown as available, and remember to clearly distinguish yourself from members by always wearing your ID or changing your icon / color / name in the online space.

## **FOR THE YOUTH**

### **What is a peer support group?**

A peer support group is a safe space that allows youth to share about their day-to-day experiences and struggles to one another. This is headed by a peer facilitator, a young person trained and qualified by the Peer Support Group Oversight Committee.

### **How do I become a member of a peer group?**

To become a member of a peer group, either approach a current peer facilitator of an existing group or go to your local SK. You will then be connected to a member of the Peer Support Oversight Committee who will orient you for the next steps.

### **Who do I talk to if I want to seek professional psychological services?**

If you feel like you've been experiencing prolonged sadness or are not feeling like your normal self, then you may do any of the following steps:

- For urgent concerns, call the **NCMH Crisis Hotlines (09178898787, 09086392672, 09994478479, 09663514518, 1553 for luzon-wide-toll-free landline)**. They are available 24/7 even on weekends and holidays;
- For non-urgent concerns, ask your local barangay if there are available psychological services within or close to your community and how to reach them.

**I want to bring a friend with me to the peer group support session. How do I go about doing that?**

Inform your peer facilitator at least a day before your next session that you want to bring in someone to join the sessions. Depending on the topic of the succeeding session and if the peer group is receptive to accepting new people, you'll be told if bringing in a new person is okay.

However, if the person you want to bring is a minor, they will be advised to submit a signed parental / guardian consent and child assent forms before proceeding to join the peer support group. Your peer facilitator will advise you on the succeeding steps and forms.

**Can I just leave or stop attending peer support groups sessions if I don't want to join anymore?**

If you no longer feel comfortable attending the peer support group sessions for whatever reasons, inform your peer facilitator about this immediately. If you don't feel comfortable telling your peer facilitator, then provide feedback to a member of the Peer Support Group Oversight Committee regarding your concerns.

**Someone I know is currently experiencing panic or anxiety attacks, having suicidal thoughts or attempts, or is mentally unstable. What should I do?**

For urgent concerns, call the NCMH Crisis Hotlines (09178898787, 09086392672, 09994478479, 09663514518, 1553 for luzon-wide-toll-free landline). They are available 24/7 even on weekends and holidays.

For non-urgent concerns, ask your local barangay if there are available psychological services within or close to your community and how to reach them.

If already part of a peer group, you may contact your peer facilitator and they will connect you to the nearest psychological or psychiatric facility that can attend to the needs of the individual.

# Case study

# Playbook Pilot Site: Batanes

As part of its thrust to continually improve and streamline efforts in developing and implementing Health Promotion programs in the communities, the Health Promotion Bureau piloted the **Peer Support Groups for the Youth Playbook** in Batanes and Misamis Oriental in the year 2021.

## Demographics



Region	Cagayan Valley
Province	Batanes
Area	21,901 hectares
Total Population	18,831 (2020 census)
Barangays	29
Income Classification	5th class

## Problem

**Public policy.** The province recognizes the lack of public policy on mental health at the local level, as well as the lack of accessible mechanisms where people can seek help (e.g. mental health hotline)

**Community.** Ivatans are inherently shy and tend to hide personal struggles. Because of this, people are hesitant to report mental health-related problems as they fear being talked about in the community.

**Organizational.** Lack of manpower to competently provide mental health services.

**Interpersonal.** Lack of education or understanding of mental health issues with self and among peers. Mental health concerns are sometimes minimized or not listened to by their co-peers

## Assistance Provided

The Health Promotion Bureau provided financial support amounting to Php 589, 800 and technical assistance (e.g. workshops, training, etc.) to the province, with regular monthly implementation monitoring.



In April 2022, the Bureau visited Batanes for evaluation of piloting via observation, document review, focus group discussions and interviews with local implementers and other stakeholders.

### Challenges

**The COVID-19 pandemic.** The pilot was conducted the year of the COVID-19 pandemic. The Provincial Health Office, who led the roll-out of playbook-related activities, had to contend

with multiple additional roles, such as assisting with the COVID-19 vaccination campaign. In September 2021, Batanes recorded its first COVID-19 case. Movement within the community was also limited due to imposed community restriction protocols that contributed to the delays in processing of documentary requirements and conduct of coordination meetings.

**Typhoon Kiko.** In September 2021, the province of Batanes declared a state of calamity as they were severely affected by Typhoon Kiko. This led to further delays in the implementation of the playbook program

### Summary of Best Practices

#### Governance & Policy

- **Creation of Provincial Peer Support Group Oversight Committee.** The committee is composed of representatives from the health, youth, social welfare, and education sectors.
- **LGU to provide benefits & incentives to the trained Peer Facilitators.** These include representation allowances to support the conduct of regular meetings and activities of the peer facilitators.



#### Capacity-Building

- **Capacitated 18 Peer Support Group Oversight Committee Members.** The committee was trained via blended learning. The HEPO-designate conducted a face-to-face training with the Provincial Oversight Committee, and arranged for an online synthesis with representatives from the DOH Health Promotion Bureau and Youth for Mental Health Coalition, Inc..
- **Capacitated a total of 14 Peer Facilitators.** The representatives from the Provincial Peer Support Group Oversight Committee conducted face-to-face training sessions with the Peer Facilitators in Basco. The youth volunteers are composed of Parish Youth Ministry members and students from the local schools.

## Implementation

- **Conduct of community-based peer support group sessions through the Parish Youth Ministry.** The youth are actively involved in church-related activities which the province saw as a leverage to strengthen and increase the reach of the program by incorporating principles of the peer support group program into the usual activities of the Parish Youth Ministry.



# Playbook Pilot Site: Misamis Oriental



## Demographics

Region	Northern Mindanao
Province	Misamis Oriental
Area	354,432 hectares (3rd largest in the region)
Total Population	960, 945 (2nd largest in the region)
Barangays	424
Income Classification	1st class

## Problem

**Increasing number of deaths related to suicide.** A 110% increase in the number of deaths related to suicide was seen from 2018 (6 deaths) to 2020 (13 deaths) among the youth aged 10-24.

**Public policy.** There are no existing mental health policies at the local level. The national and regional policies are not localized.

**Community.** There are not enough mental health advocates in the community as mental health is perceived to be a sensitive topic. There are also no mental health facilities to address mental health concerns.

**Organizational.** There is lack of awareness and understanding of how mental health can affect one's well-being and its impact on other priority areas such as sexual and reproductive health and substance use.

**Interpersonal.** Low awareness and understanding among friends and family which lead to poor psychosocial support.

**Intrapersonal.** There is self-stigma against mental health. People are afraid of being talked about in the community, which results to hesitation in reporting problems related to mental health



### Assistance Provided

The Health Promotion Bureau provided financial support amounting to Php 835, 460 and technical assistance (e.g. workshops, training, etc.) to the province, with regular monthly implementation monitoring.

In March 2022, the Bureau visited Batanes for evaluation of piloting via observation, document review, focus group discussions and interviews with local implementers and other stakeholders.

### Challenges

**The COVID-19 pandemic.** The pilot was conducted the year of the COVID-19 pandemic. The Provincial Health Office, who led the roll-out of playbook-related activities, had to contend with multiple additional roles, such as contact tracing and assisting with the COVID-19 vaccination campaign. Movement within the community was also limited due to imposed community restriction protocols that contributed to the delays in processing of documentary requirements and conduct of coordination meetings with the pilot municipalities.

### Best Practices

#### Governance & Policy

- **Creation of Provincial Peer Support Group Oversight Committee.** The committee is composed of representatives from the health, legislative, youth, social welfare, and education sectors.
- **Creation of Municipal Peer Support Group Oversight Committees** in Tagoloan, Villanueva and Claveria.
- **LGUs to provide benefits & incentives to the trained Peer Facilitators.** These include scholarship grants, representation allowance for the conduct of regular meetings and activities of the peer facilitators, and continuous capacity-development of peer facilitators



#### Capacity-Building

- **Capacitated a total of 67 Provincial and Municipal Peer Support Group Oversight Committee Members.** A virtual training of trainers was conducted for the Provincial Oversight Committee, who then conducted a face-to-face training to the Municipal Peer Support Group Oversight Committee.
- **Capacitated a total of 33 Peer Facilitators from Tagoloan, Villanueva, and Claveria.** A virtual training of trainers was conducted to the Provincial Peer Support Group Oversight Committee, who then conducted a face-to-face training to the Peer Facilitators.

## Implementation

- **Recruitment of Peer Facilitators done in partnership with the Department of Education.** The local units of DepEd facilitated the pooling and screening of qualified students who will be trained to become Peer Facilitators.
- **Established Teen Hubs in each pilot municipality.** The Teen Hubs will serve as their designated safe space for the conduct of peer support group sessions and other related activities.
- **Active participation of local leaders in the program.** Activities that aim to raise community awareness on mental health and peer support groups for youth were conducted in each pilot municipality. Peer Support Group Motorcades were conducted in Tagoloan and Claveria and were led by their respective Municipal Mayors. In Villanueva, a grand launch for the Peer Support Group Program was led by their Rural Health Unit and the Sangguniang Kabataan.



# Annexes

## Annex A. Template Ordinance

For an editable version of this template, please visit

<https://bit.ly/PeerSupportTemplateOrdinance>

[Number] Session

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE [NUMBER] SANGGUNIANG [UNIT] OF THE [LGU] HELD AT [LOCATION] ON [DATE]

Present:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

On official business:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

Absent:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

**WHEREAS**, the 1987 Constitution of the Republic of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them;

**WHEREAS**, the Local Government Code of 1991 (Republic Act No. 7160) accords every local government unit power and authority to promote general welfare within its territorial jurisdiction, including the promotion of health and safety of its constituents;

**WHEREAS**, the global burden of mental health conditions have been increasing over the years, with the World Health Organization noting the rise in suicide mortality rate to 5.4 deaths per 100,000 population in the Philippines in 2017;

**WHEREAS**, the Mental Health Act of 2018 (Republic Act No. 11036) utilizes a rights-based approach to the provision of mental health services, mandating for basic mental health services in community settings that encompass wellness promotion, prevention, treatment and rehabilitation;

**WHEREAS**, the Universal Health Care Act of 2018 (Republic Act No. 11223) embodies the principle of an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health, whereby directing local government units to issue and implement effective health promotion policies and programs that promote health literacy and healthy lifestyle among their constituents, prioritizing programs that address key risk factors to prevent and control disease as well as to advance population health and individual wellbeing, inclusive of interventions addressing mental health problems;

**WHEREAS**, the DOH Health Promotion strategy is anchored on the socio-ecological model of health, taking into account social and community networks, living and working conditions, and other societal, cultural, economic, political, and environmental conditions are social determinants that affect individual and community health, emphasizing that individual lifestyle and constitutional factors are not the only factors affecting health;

**WHEREAS**, the life course approach takes into account how chronological age, relationships, common life transitions, and social change shape people's lives from birth to death and that the promotion of well-being taken early at each stage can improve the overall quality of life;

**WHEREAS**, the institutionalization of peer support systems shall undeniably strengthen psychosocial and mental well-being among adolescents as it is an effective holistic strategy to build resilience and facilitate post-traumatic growth among this group;

**WHEREAS**, the [name of LGU] cognizant of the role of peer support groups in strengthening psychosocial and mental wellbeing among the youth, shall recognize the rights of peer support groups to organize themselves, to have access to mechanisms and resources in support of efforts to improve their service for the communities and shall provide access to opportunities for their professional development;

**WHEREAS**, in the implementation of the peer support program the principle of voluntarism shall be consistently promoted and observed by all parties concerned while recognizing the need for developing and institutionalizing a support system for peer facilitators;

**WHEREAS**, this ordinance shall provide guidance and measures in professionalizing peer facilitators to enable them to effectively participate in peer support programs and development of the [city/municipality].

**NOW, THEREFORE**, be it **ORDAINED** by the Sangguniang [UNIT] of the [LGU]:

Ordinance No. [\_\_\_]  
Series of [\_\_\_]

AN ORDINANCE INSTITUTIONALIZING “PEER SUPPORT GROUPS” AS AN EARLY INTERVENTION FOR MENTAL HEALTH PROMOTION OF THE [CITY/MUNICIPALITY], ESPECIALLY AMONG KEY AFFECTED POPULATION, AND PROVIDING FUNDS THEREFOR

CHAPTER I. GENERAL PROVISIONS

**Section 1. Title.** — This Ordinance shall be known as the “The Ordinance Institutionalizing Peer Support Groups of [name of LGU] and for Other Purposes.”

**Section 2. Declaration of Principles and Policies.** — It is the policy of the [City/Municipality] to uphold the right of the people to mental health and encourage mental health consciousness among the youth. Towards this end, the [City/Municipality] shall provide a supportive and conducive environment for key affected populations to promote socialization, reduce feelings of isolation and alienation that can be associated with mental health conditions as an intervention in its integrated and comprehensive approach of developing the [City/Municipality] Mental Health Care Delivery System.

**Section 3. General Objectives.** This Ordinance seeks to:

- a. Increase capacity of local Sangguniang Kabataan officials to implement interventions to address mental health concerns among peers at the community level;
- b. Establish peer support groups managed by a trained peer facilitator from the community as an early intervention for mental health promotion among the youth.
- c. Foster positive youth development in the community by strengthening skills of the youth in providing basic psychosocial support to their peers; and
- d. Increase youth and youth organizations’ participation in mental health advocacy.

**Section 4. Definition of Terms.** — As used in this Ordinance, the terms below shall have the meanings ascribed to them in this section. Any words or terms not defined shall be given their plain and customary meanings, unless the context requires otherwise, and shall be interpreted in a manner consistent with the purpose and spirit of this Ordinance.

- a. Close supervision - supervision with a sufficiently close proximity between the supervisor (the designated Guidance Counselor, or any member of the Peer Support Group Oversight Committee) and the supervisee (Peer Facilitator) that the former may attend in person at the request of either party;
- b. Closed Support Group - refers to a more formal and purposive support group structure wherein only people accepted into the group may attend meetings.
- c. 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 information;
- d. Guidance Counselor - a natural person who has been registered and issued a valid Certificate of Registration and a valid Professional Identification Card by the Professional Regulatory Board of Guidance and Counseling and the Professional Regulatory Commission (PRC) in accordance with the Guidance and Counseling Act of 2004;
- e. Member - refers to a member of the youth in the community who is also a member of a support group moderated by a qualified and accredited peer facilitator in the locality;

- f. Mental health - refers to a 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.
- g. Open Support Group - refers to a more informal support group structure wherein members can join and participate in any of the sessions based on their preference. Members may also bring in other interested individuals or leave the peer support group on their accord with the knowledge of the peer facilitator.
- h. Peer Facilitator - refers to trained individuals equipped with facilitation skills providing voluntary service as moderators of support group sessions among peers.
- i. Peer support group - refers to an organized group of individuals that brings together peers so they may explore solutions to shared challenges and feel supported by others with similar experiences. They may be considered as alternatives or complementary to traditional mental health services, and allow members to benefit from social support and networks in community in order.
- j. Voluntary service - refers to activities rendered by peer facilitators on his/her own free will, responsive to the needs of the community, and for which he/she has no certificate of appointment and is not given any remuneration or salary
- k. Well being - refers to a positive outcome that is meaningful for people and for many sectors of society. It integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion.
- l. Youth - refers to persons aged 15-30 as defined in RA 8044 or the Youth in Nation-Building Act.
- m. Youth students - refers to persons aged 15-30 that are still studying in academic institutions;
- n. Youth professionals - refers to persons aged 15-30 that are employed.

## **CHAPTER II. THE PEER SUPPORT GROUP COMMITTEE**

**Section 5. Function of the Committee.** — A Committee shall be created by the Local Health Board to ensure the quality and effectiveness of the peer support group program in strengthening psychosocial and mental well-being of the [city/municipality], with the following specific duties and responsibilities, but not limited to:

- a. Aiding in the implementation, enforcement, and monitoring of this Ordinance;
- b. Facilitating registration and accreditation of peer facilitators;
- c. Ensuring access to capacity building programs in training qualified and accredited peer facilitators;
- d. Conducting educational awareness campaigns and information dissemination programs that will inform the constituents.
- e. Coordinating with all concerned government agencies and private sector for the implementation of the program

**Section 6. Composition of the Committee.** — The Committee shall be created and composed of the following members:

- a. Chairperson: Health Officer;
- b. Vice-Chairperson: SK Chairperson;
- c. Members:
  - i. Health Education and Promotion Officer/or equivalent designate;
  - ii. Social Welfare and Development Officer;
  - iii. Representative/s from Department of Education (DepED), Commission on Higher Education (CHED) and/or academic institution;



- iv. SB Committee on Health Chairperson;
- v. Local President of the Liga ng mga Barangay ng Pilipinas;
- vi. Representative/s from licensed and accredited guidance counselor Non Governmental Organizations (NGOs) / People's Organizations (POs);
- vii. Representative/s from local youth NGOs / POs implementing community-based health or health-related programs in the municipality/city;
- viii. Representative from local community-based parent NGOs / POs;
- ix. Representative from peer support group facilitators;
- x. Representative from local Persons with Disability office / NGOs / POs;
- xi. *[Other members identified by the chair (whose specific function in the local government unit and role may serve to effectively implement this Ordinance)];*

**Section 7. Quorum of the Committee.** — A quorum of the Committee shall be composed of a simple majority of all voting members. The Chairperson shall vote only in case of a tie.

**Section 8. Meetings of the Committee.** — The Committee shall agree to meet on a **[quarterly]** basis to discuss matters with regards to the implementation, enforcement, and monitoring of this Ordinance, on a per needed basis as called by the Chairperson, and on a written request of simple majority among the committee members.

**Section 9. Duties and Responsibilities of the Members of the Committee.** — Other than enforcing the provisions of this Ordinance, the Committee, headed by the Health Officer, shall have the following respective duties and responsibilities:

- a. The Health Officer shall:
  - 1) Establish baseline annual data on the burden of mental health conditions among the youth and other related studies, and recommend further action on the findings of such data;
  - 2) Monitor and evaluate health outcomes in relation to the institutionalization of support groups;
  - 3) Monitor capacity development program of SK and accredited peer facilitators;
  - 4) Provide health clearance certification, including mental health assessment, for peer facilitator applicants and accredited peer facilitators;
  - 5) Develop, promote, and implement essential health services inclusive of basic community mental health services; and
  - 6) Include the data as provided under Section 17 of RA No. 11036 which may be gathered through the program herein in its quarterly report to the Philippine Council for Mental Health through DOH.
- b. The SK Chairman shall:
  - 1) Monitor, together with the Committee members, the compliance of this Ordinance and quality and functionality of peer support groups in the [city/municipality];
  - 2) Facilitate the formation of a community-based organization of peer support facilitators who shall elect among themselves a point person who will coordinate with concerned offices
  - 3) Ensure continuous capacity development of accredited peer facilitators;
  - 4) Recruit youth constituents to become members of the support group and provide linkages to an accredited peer facilitators;
  - 5) Supervise members' access to services not provided by the support group, in coordination with the accredited peer facilitators;

- 6) Establish a hotline or other mechanism through which youth seeking psychosocial support may reach out, and designate a person-in-charge to operate the line, record requests and provide linkage to a functional peer support group;
  - 7) Facilitate regular planning, feedback and monitoring sessions with accredited peer facilitators on functionality of support group;
  - 8) Provide support for advocacies and raised concerns among peer support groups through ensuring the implementation of policies, programs and projects addressing such;
  - 9) Review peer support group feedback and oversee necessary adjustments and improvement to the local peer support group program, with approval from the Peer Support Group Oversight Committee; and
  - 10) Consolidate and report on the progress of the peer facilitators to the Peer Support Group Oversight Committee.
- c. The Health Education and Promotion Officer shall:
- 1) Develop and produce information, education, and communication materials and conduct activities on Mental Health, such as ways to promote mental health and wellbeing, when to seek professional mental health advice, and where to access professional mental health services, as well as on the provisions of this Ordinance;
  - 2) Implement education and promotion activities in various settings and sub-sectors in the community especially parents and teachers among others;
  - 3) Assist the Health Officer in developing, promoting, and implementing essential health services inclusive of basic community mental health services; and
  - 4) Recruit members of the youth to become members of the support group and provide linkages to accredited peer facilitators.
- d. The Social Welfare and Development Officer shall:
- 1) Assist identified youth on financial/social/legal support identified or referred through peer support programs;
  - 2) Provide the necessary interventions for the youth referred from community peer support programs; and
  - 3) Assist in the recruitment of the youth to become members of the support group and provide linkages to accredited peer facilitators;
- e. The Representative/s from DepED, CHED and/or academic institution:
- 1) Facilitate pooling and initial screening of qualified students from high schools and universities who will be trained to become Peer Facilitators;
  - 2) Facilitate the formation of school peer support groups and its linkage to community peer support groups;
  - 3) Ensure seamless complementation of school and community-based supports and services;
  - 4) Develop a school-based mental health program and policy with specific provisions regarding interventions to address the whole spectrum of mental health, rights of students with mental health concerns, and managing suicide/self-harm;
  - 5) Ensure adequate staffing for guidance and counseling services following the recommended registered guidance counselor to student ratio;
  - 6) Implement the Department/Commission Orders on the integration of mental health education into the school curricula;
  - 7) Ensure strict compliance of schools in enforcing 100% bully-free campuses and school facilities including the schools' vehicles;
  - 8) Provide continuous supervision and support for school peer support organizations;

- 9) Integrate age-appropriate content pertaining to mental health into curriculum at all educational levels both in public and private institutions;
  - 10) Develop guidelines and standards on age-appropriate and evidence-based mental health programs both in public and private institutions;
  - 11) Pursue strategies that promote the realization of mental health and well-being in educational institutions; and
  - 12) Ensure that mental health promotions in public and private educational institutions shall be adequately complemented with qualified mental health professionals.
- f. The SB Committee on Health Chairperson shall:
- 1) Enact legislation in support of psychosocial and mental well-being advocacies and activities of peer support groups; and
  - 2) Oversee appropriation of benefits and remuneration for accredited peer facilitators.
- g. The Local President of the Liga ng mga Barangay:
- 1) Assist in promoting awareness of this Ordinance in encouraging public support and participation among the youth in its implementation and enforcement within the barangay;
  - 2) Assist in the facilitation of and referrals to essential health services and basic community mental health services at the Barangay Level, if applicable; and
  - 3) Disseminate and inform all barangay officials of qualified and accredited peer facilitators in their respective barangays.
- h. The representative from licensed and accredited guidance counselor NGOs/POs shall:
- 1) Assist in promoting awareness of this Ordinance and in encouraging public support and participation among the youth for its implementation and enforcement;
  - 2) Assist in developing and conducting orientation, training seminars, and continuing development sessions for peer facilitators
  - 3) Assist in evaluating the performance of the Oversight Committee, the peer facilitators, and the effectiveness of the implementation and enforcement of this Ordinance.
  - 4) Coordinate with the Local Health Office regarding identified members of peer support groups who meet the criteria for referral to health care services;
  - 5) Function as a consultant for peer facilitators in all peer group activities, peer facilitator training development programs, module approvals, and all other activities not otherwise specified;
  - 6) Assist in monitoring capacity development program of SK and accredited peer facilitators
- i. The representative from local youth NGOs/POs implementing community-based health or health-related programs in the [city/municipality] shall:
- 1) Assist in promoting awareness of this Ordinance and in encouraging public support and participation among the youth for its implementation and enforcement;
  - 2) Assist in developing and conducting orientation and training seminars for Peer Facilitators;
  - 3) Assist in evaluating the performance of the Oversight Committee and the effectiveness of the implementation and enforcement of this Ordinance.
  - 4) Recruit members of the youth to become members of the support group and provide linkages to accredited Peer Facilitators.
- j. The representative from local community-based parent NGOs / POs shall:
- 1) Assist in promoting awareness of this Ordinance and in encouraging public support and participation among the youth for its implementation and enforcement;

- 2) Assist in evaluating the performance of the Oversight Committee and the effectiveness of the implementation and enforcement of this Ordinance.
  - 3) Recruit members of the youth to become members of the support group and provide linkages to accredited peer facilitators.
- k. The representative from peer support group facilitators shall:
- 1) Assist in promoting awareness of this Ordinance and in encouraging public support and participation among the youth for its implementation and enforcement;
  - 2) Assist in evaluating the performance of the Oversight Committee and the effectiveness of the implementation and enforcement of this Ordinance.
  - 3) Recruit members of the youth to become members of the support group and provide linkages to accredited peer facilitators.
- l. The representative from the Persons with Disability office / NGOs / POs shall:
- 1) Assist in promoting awareness of this Ordinance to youth with disabilities and in encouraging public support and participation among the youth for its implementation and enforcement;
  - 2) Assist in evaluating the performance of the Oversight Committee and the effectiveness of the implementation and enforcement of this Ordinance.
  - 3) Represent PWDs in meetings of Local Development Council and other special bodies

### **CHAPTER III. PEER SUPPORT GROUP FACILITATORS**

**Section 10. Number of Peer Facilitators.** The Peer Support Group Oversight Committee shall determine the ideal number of peer facilitators, provided that the number does not exceed the ideal ratio of 1 accredited peer facilitator for every 5 members in a support group.

In the transitory period where the number of accredited peer facilitators does not meet the demand of the number of members in peer support groups, qualified volunteer peer facilitators shall be guided by the designated Guidance Counselor, any member of the Peer Support Group Oversight Committee, or by accredited peer facilitators.

**Section 11. Qualifications of a Peer Facilitator.** The following minimum qualifications shall be observed in the selection of peer facilitators:

- a. Must be of legal age, at least eighteen (18) years of age, and a member of the youth (up to 30 years of age) as of the date of the filing of the application;
- b. Able to read and write;
- c. Must be willing to voluntarily facilitate peer support group sessions in the community;
- d. Must be willing to voluntarily perform other related functions as may be mandated by higher authorities;
- e. Be physically and mentally fit as certified by a licensed physician;
- f. Must not have been convicted with any case involving moral turpitude

In no instance shall any physical disability, mental health condition, sexual orientation, gender identity and expression (SOGIE), economic status, race, color, language, religion or nationality, ethnic or social origin be made a qualification for peer facilitators.

**Section 12. Accreditation of Peer Facilitators** - In order for a Peer Facilitator to be entitled to benefits and incentives, he/she shall register with the Peer Support Group Oversight Committee which shall furnish a copy of such registry to the Local Youth Development Council and Local Health

Board. Only accredited peer facilitators by the LHB and LYDC as recommended by the Peer Support Group Oversight Committee shall be recognized by the LGU.

Accreditation of peer facilitators shall be granted if the following minimum requirements are met:

- a) Has met all qualifications for selection as a peer facilitator;
- b) Has passed the minimum training requirement as established by the local health board;
- c) Has provided voluntary service in their community for a minimum of [number of months/years] certified by any member of the Peer Support Group Oversight Committee or by a duly authorized representative of an NGO operating in the city/municipality who has personal knowledge about the peer facilitator's performance;
- d) Has been given satisfactory performance rating in the year preceding application for accreditation; and
- e) Be physically and mentally fit as certified by the Health Officer.

In no instance shall any physical disability, mental health condition, sexual orientation, gender identity and expression (SOGIE), economic status, race, color, language, religion or nationality, ethnic or social origin be made a qualification for accreditation of peer facilitators.

**Section 13. Procedure for Accreditation. -**

- a. Filing of Application. The peer facilitator applicant shall submit to the Peer Support Group Oversight Committee the following documents:
  - 1) A duly accomplished application form;
  - 2) Birth certificate or any official document in support of declared age;
  - 3) A certificate of completion of the basic training for peer facilitators conducted by accredited government agency or NGO;
  - 4) A certificate from the Peer Support Group Oversight Committee or from a duly authorized representative of an NGO about the applicant's voluntary service record stating that he/she has personal knowledge about the applicant having rendered voluntary services in his/her barangay for at least [number of **months/year**] immediately preceding the date of the filing of the application for accreditation;
  - 5) Barangay clearance; and
  - 6) A medical certificate duly signed by the Health Officer.
- b. Evaluation of Application. Upon submission of application to the Peer Support Group Oversight Committee of all required documents, the Committee on its own shall:
  - 1) Evaluate the application and its supporting documents; and
  - 2) Interview the applicant peer facilitator when deemed necessary.
- c. Committee Decision on the Application for Accreditation: The Peer Support Group Oversight Committee shall deliberate and decide on the application and its supporting documents within thirty (30) calendar days from receipt thereof. However, the application shall be deemed approved, should the Board fail to act within the said period.
- d. Posting of Committee Decision. The Committee's action on the application for accreditation shall be posted and submitted to the local officials, within thirty (30) calendar days from the date of the decision, in a conspicuous place at the **[Municipal/City]** and Barangay Hall.
- e. Issuance of Certificate of Accreditation. Within ten (10) calendar days after the approval of the application, the Peer Support Group Oversight Committee shall issue to the peer facilitator the corresponding certificate of accreditation and identification card, signed by the Chair of his/her designated representative.

- f. Notice of Disapproval. A notice of disapproval stating the reasons for the decision shall be issued by the Committee to the peer facilitator concerned.

**Section 14. Annual Registration.** - The peer facilitator must register annually with the Peer Support Group Oversight Committee. Accreditation for the first year of implementation shall immediately start after the effectivity thereof. For the renewal of accreditation, the following documents must be submitted.

- a. A duly accomplished form for renewal of accreditation;
- b. A certificate of service record for the year prior to the renewal of accreditation as certified by any member of the Peer Support Group Oversight Committee or NGO Representative;
- c. A proof of satisfactory performance rating in the year preceding renewal of Accreditation; and
- d. A medical certificate duly signed by the Health Officer

**Section 15. Roles and Responsibilities of Peer Facilitators** - The peer facilitator is expected to take on the following tasks:

- a. Ensure overall quality and functionality of peer support group sessions, specifically but not limited to:
  - i. Establish overall peer support group session composition and structure (whether the peer group is an open, closed, or alternatively, initially open then becomes closed, etc.);
  - ii. Co-develop a list of house rules with the members of the support groups for all to adhere to;
  - iii. Set the frequency of sessions (e.g., weekly, monthly) and the time (morning or afternoon) according to the agreement of the group members and ensuring regularity of meetings;
  - iv. Ensure privacy and confidentiality of all information discussed and notes taken in support group sessions;
  - v. Establish communication channel for all members;
  - vi. **[If support group sessions shall be conducted in-person]** Prepare the logistics for the session such as the venue, refreshments, etc;
  - vii. **[If support group sessions shall be conducted remotely]** Ensure that the remote group sessions shall abide by the following standards as specified in Section 22.
- b. Recruit members for the peer support groups
- c. Develop mechanisms to ensure continuous participation of members in support group sessions;
- d. Provide feedback on common topics and issues discussed and coordinate with SK Chairman for necessary action points and community interventions following confidentiality and ethical standards detailed in Section 24;
- e. Refer and monitor identified members needing other services not provided by the peer support Group.

**Section 16. Benefits and Incentives for Accredited Peer Facilitators.** Subject to the provision of this Ordinance, accredited peer facilitators who are actively and regularly performing their duties shall be entitled to the following benefits and incentives:

- a. Honorarium - All accredited peer facilitators shall receive a monthly honorarium of **[insert amount here]**.

- b. Subsistence allowance - All accredited peer facilitators shall be entitled to subsistence allowance equivalent to the meals they take in the performance of the duties and responsibilities in the amount of [insert amount here]. The amount of allowance may be increased every [insert frequency: two years / year / etc], subject to the recommendation of the Peer Support Group Oversight Committee and approval by the Sangguniang Bayan.
- c. Mobile and internet allowance - All accredited peer facilitators shall be entitled to receive regular allowance to shoulder expenses incurred in facilitating online peer support group sessions.
- d. Education and Training - the Municipal Health Officer, in coordination with the Department of Health and other agencies and institutions, shall provide continuing education for the peer facilitators, at least on an annual basis, to ensure that they remain current in their knowledge of providing psychosocial support. The Municipal Health Officer may also initiate special trainings such as, but not limited to [refer to capacity building outline detailing prerequisite vs. supplementary skills] that shall enhance the overall performance of functions of peer facilitators.
- e. Scholarship benefits - All accredited peer facilitators shall be entitled to receive continuing education, study and exposure tours, grants, and scholarship benefits in the form of tuition fees to state colleges offering courses prerequisite to careers in guidance counseling.

**Section 17. Reportorial Requirement.** – After each session, the peer facilitator is expected to accomplish the standard report form detailing the activities, significant discussions, and other notable events that took place following confidentiality and ethical standards detailed in Section 24. These reports will then be summarized into the [monthly] report form and submitted [monthly] to the SK Chairman.

#### **CHAPTER IV. PEER SUPPORT GROUP SESSIONS**

**Section 18. Mechanics of Peer Support Group Sessions.** — Peer support group sessions, with close supervision of the designated Guidance Counselor or any member of the Peer Support Group Oversight Committee, shall be overseen and moderated by qualified and accredited Peer Facilitators who shall clearly distinguish themselves from members by wearing badges/identification cards in face to face programs, and icons/colors/names in online spaces, and shall abide by the standards and principles of peer facilitation as prescribed in any DOH or NGO-accredited capacity development course for peer facilitators.

Peer facilitators who have not met the minimum requirements of accreditation may facilitate support group sessions upon approval by the Peer Support Group Oversight Committee.

**Section 19. Composition of Peer Support Groups.** — To promote positive group dynamics and facilitate ease in sharing of common experiences among members and peer facilitators, each Peer Support Group may be uniformly composed of members and a peer facilitator within the following demographic:

- a. Youth students; and
- b. Youth professionals
- c. Out-of-school youth

Peer facilitators may create special support groups composed of diverse youth ages to cater to specific homogeneous demographic groups, upon approval of the Peer Support Group Oversight Committee.



**Section 20. Activities of Peer Support Group Sessions.** — Peer support groups managed by a trained and qualified peer facilitator may engage in the following group activities, but shall not be limited to:

- a. Planned group sessions or structured series of sessions over a predetermined period of time;
- b. Drop-in centers for youth not needing continuous peer support but desiring to talk with a peer once in a while;
- c. Online support session;
- d. Opportunistic interactions, such as conversations with friends or acquaintances, avenues of peer exchange and can be relatively informal or more formal forms of outreach;
- e. Team building sessions / camps to implement several activities within a condensed period of time;
- f. Mental health and psychosocial support (MHPSS) activities among the youth during local health emergencies and disasters;
- g. Information, education, and advocacy activities in the community promoting psychosocial and mental wellbeing among the youth; and
- h. One-to-one sessions which shall not serve as counseling sessions, however an opportunity to access emotional and practical support and be referred to other support services within the community and externally.

**Section 21. Environmental Specifications for Peer Support Group Sessions<sup>1</sup>** — In order to facilitate a conducive and supportive physical environment for peer support groups, a Teen/Youth Hub may be designated within **[city/municipality]** wherein the following standards shall be maintained by the peer facilitator and approved by the Peer Support Oversight Committee, or with every change in venue.

- a. Physical and logistical accessibility of the venue
- b. Appropriate size of the location to the number of members attending
- c. Comfortable and private enough space that maintains confidentiality but also facilitates engaging conversations among members
- d. Available and properly sanitized washrooms or toilets
- e. Minimal to no cost for venue use and reservation

Possible locations may be **[insert name of local community center, school, places of worship, coffee shops, libraries or mental health and related services]**. Minimum public health standards must also be considered when selecting a physical venue to hold peer group sessions.

**Section 22. Specifications for Conducting Remote Peer Support Group Sessions.** — In the event that peer support group facilitators opt to facilitate remote peer support group sessions, the following standards shall be maintained in order to facilitate a conducive and safe environment for peer support groups and facilitators:

- a. Separate designated devices and accounts for peer support group sessions to maintain work-home boundaries;
- b. Availability of camera, microphone and speaker;
- c. Utilization of headphones during group sessions to maintain confidentiality;
- d. Preparation of back-up technology option in case device fails;
- e. Adequate amount of credit, minutes and data to be able to complete the remote session;

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<sup>1</sup>It is encouraged to use the same place so support group members may feel safe and familiar in that particular space (WHO, 2017).



- f. Utilization of secure online conferencing software;
- g. Configuring settings of video sessions so that participants have to request for access to join the session;
- h. Video conference software and the device running the software are updated, when updates are shown as available.

**Section 23. Recruitment of Peer Support Group Members.** — Members must provide informed consent in writing prior to engaging in activities of peer support groups. An informed consent shall respect the following principles:

- a. Voluntarism, indicating that consent is given without threat or coercion, undue influence or manipulation;
- b. Competency, indicating that the member can understand information about a decision, understand the benefits, risks, and alternatives of the decision, and communicate the decision;
- c. Disclosure, indicating that the peer facilitator has adequately disclosed information on the extent of the support provided by the support group session, the possible benefits and risks of engaging in activities with the peer support group;
- d. Understanding, indicating that the member possesses the capacity to understand information relevant to the specific circumstances and appreciate the foreseeable consequences of making (or failing to make) a decision.

In the case of minors aged less than 18 years old, parental consent and child assent must be provided guided by the same principles.

**Section 24. Confidentiality and Ethical Standards.** — Confidentiality of all information, communications, and records, in whatever form or medium stored, regarding the member of the support group, any aspect of the member’s mental health, or any treatment or care received by the member, which information, communications, and records shall not be disclosed to third parties without the written consent of the service user concerned or the service user’s legal representative, except in the following circumstances:

- a. Disclosure is required by law or pursuant to an order issued by a court of competent jurisdiction;
- b. The member has expressed consent to the disclosure;
- c. A life-threatening emergency exists and such disclosure is necessary to prevent harm or injury to the member or to other persons;
- d. The member is a minor and the peer facilitator reasonably believes that the member is a victim of child abuse; or
- e. Disclosure is required in connection with an administrative, civil, or criminal case against a mental health professional or worker for negligence or a breach of professional ethics, to the extent necessary to completely adjudicate, settle, or resolve any issue or controversy involved therein.

**Section 25. Referral of Members.** — Members needing services not provided by the peer support group shall be coordinated by the peer facilitator with the SK Chairperson for assistance and supervision. Peer facilitators shall continuously monitor the access of the member to the necessary services.

Referrals shall immediately be made and coordinated with the designated Guidance Counselor, SK Chairman, or any member of the Peer Support Group Oversight Committee by accomplishing the

standard referral form to monitor the status of the referral of the identified member and if their concern has been resolved.

**Section 26. Evaluation of Peer Support Sessions.** — After each session, peer support group members shall evaluate both their peer facilitator and the session proper. This will be accomplished through a standard evaluation form and submitted, compiled and analyzed by the peer facilitator for the continuous development of the peer support group program.

**Section 27. Monitoring of Peer Support Sessions.** — The standard monitoring form shall be utilized by the designated Guidance Counselor and/or any member of the Peer Support Group Oversight Committee, or its designated committee in the [monthly / quarterly / semi-annual / annual] assessment of the support program and shall be evaluated based on the program's capacity to foster the following parameters:

- a. Fostering safe environments;
- b. Psychological and emotional safety/refuge;
- c. Boundary management;
- d. Ethical practice;
- e. Behavioral management processes;
- f. Participant feedback;
- g. Peer facilitator / staff / volunteer skills and capacity; and
- h. Program strategy

## CHAPTER V. FINANCING

**Section 28. Appropriation.** — Initial funding to defray the expenses necessary for or incidental to the implementation of this Ordinance in the amount of [insert amount here] shall be sourced from the fund of the City/Municipal Government and is hereby allocated. Every year thereafter, at least [insert amount here] shall automatically be included in the Annual Budget of the city/municipality for the implementation and enforcement of this Ordinance.

The above expenses may include, but are not limited to:

- a. Cost of printing copies of this Ordinance, information, education, and communication materials on promoting psychosocial and mental wellbeing;
- b. Cost of regular or periodic meetings of the Oversight Committee;
- c. Cost of inspection and enforcement by the Oversight Committee, including allowances for meals and transportation which shall be set by the Office of the Mayor;
- d. Logistical support for peer facilitators and peer support group sessions;
- e. Benefits and incentives of peer facilitators;
- f. Other expenses associated with the implementation and enforcement of this Ordinance

## CHAPTER VI. MISCELLANEOUS AND FINAL PROVISIONS

**Section 29. Penalty Clause.** — As specified in the Mental Health Act of 2018 (Republic Act No. 11036), any person who commits any of the following acts shall, upon conviction by final judgment, be punished by imprisonment of not less than six (6) months, but no more than two (2) years, or a fine of not less than Ten thousand pesos (P10,000.00), but not more than Two hundred thousand pesos (P200,000.00), or both, at the discretion of the court:

- a. Failure to secure informed consent of the service user, unless it falls under the exceptions provided under Section 24 of this ordinance;
- b. Violation of confidentiality of information, as defined under Section 24 of this Ordinance;

If the violation is committed by a juridical person, the penalty provided for in this template ordinance shall be imposed on the directors, officers, employees or other officials or persons therein responsible for the offense.

These penalties shall be without prejudice to the administrative or civil liability of the offender, or the facility where such violation occurred.

**Section 30. Repealing Clause.** — All ordinances, rules and regulations, or parts thereof, found to be in conflict with or inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

**Section 31. Effectivity Clause.** — This Ordinance shall take effect three (3) consecutive weeks after its publication in a newspaper of local or general circulation or posting in at least two (2) conspicuous places within the city/municipality.

**CARRIED [UNANIMOUSLY OR ON A MAJORITY VOTE].**

(If on a majority vote:

In favor:

Abstention:

Against:)

CERTIFIED TRUE AND CORRECT:

[NAME]

Secretary

ATTESTED:

[NAME]

Vice Mayor, Presiding Officer

[NAME]

Mayor

Date of Approval : \_\_\_\_\_

Date of Posting : \_\_\_\_\_

Date of Publication : \_\_\_\_\_

Date of Effectivity : \_\_\_\_\_

## Annex B. Template Resolution

For an editable version of this template, please visit <https://bit.ly/PeerSupportTemplateOrdinance>

### RESOLUTION NO. 2020-XX

#### **A RESOLUTION STRENGTHENING HEALTH PROMOTION INTERVENTIONS IN BUILDING INDIVIDUAL PSYCHOSOCIAL AND MENTAL WELL BEING TO DECREASE THE BURDEN OF MENTAL HEALTH PROBLEMS IN THE COMMUNITY**

**WHEREAS**, the 1987 Constitution of the Republic of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them;

**WHEREAS**, the Local Government Code of 1991 (Republic Act No. 7160) accords every local government unit power and authority to promote the general welfare within its territorial jurisdiction, including the promotion of health and safety of its constituents;

**WHEREAS**, the global burden of mental health diseases have been increasing over the years, with the World Health Organization noting the rise in suicide mortality rate to 5.4 deaths per 100,000 population in the Philippines in 2017;

**WHEREAS**, the COVID-19 pandemic has brought about an increase in suicide-related calls to the National Center for Mental Health Crisis Hotline and mental health consultations among primary care providers in the different cities and municipalities all over the country;

**WHEREAS**, the majority of mental healthcare is provided in hospital settings based in urban centers with community mental health services being largely underdeveloped;

**WHEREAS**, the Mental Health Act of 2017 (Republic Act No. 11036) utilizes a rights-based approach to the provision of mental health services, mandating for basic mental health services in community settings that encompass wellness promotion, prevention, treatment and rehabilitation;

**WHEREAS**, the Implementing Rules and Regulations of the Mental Health Act of 2017 (Republic Act No. 11036 Section 17) emphasizes the establishment of mental health care facilities in barangays, cities, and municipalities nationwide, wherein each clinic, room, or facility is composed of trained barangay health workers (BHWs), allied mental health professionals, volunteer family members, and an adequate supply of resources and medicines suited to the respective local government unit level;

**WHEREAS**, the Universal Health Care Act of 2018 (Republic Act No. 11223) embodies the principle of an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health, whereby directing local government units to issue and implement effective health promotion policies and programs that promote health literacy and healthy lifestyle among their constituents, prioritizing programs that address key risk factors to prevent and control disease as well as to advance population health and individual wellbeing, inclusive of interventions addressing mental health problems;

**WHEREAS**, the DOH Health Promotion strategy is anchored on the socio-ecological model of health, taking into account social and community networks, living and working conditions, and other societal, cultural, economic, political, and environmental conditions that affect individual and community health, emphasizing that individual lifestyle and constitutional factors are not the only factors affecting health;

**WHEREAS**, the life course approach takes into account how chronological age, relationships, common life transitions, and social change shape people's lives from birth to death and that preventive measures taken early at each stage can reduce health challenges and prolong life.

**NOW, THEREFORE, BE IT RESOLVED**, that the League of Municipalities of the Philippines approves the following actions in response:

Municipalities shall work to foster Healthy Individuals, with a focus on early stages of the life course, ensuring that individuals are literate on health issues, health rights and the health system, as well to develop individual competency in adopting healthy habits and behaviors in promoting mental health and well-being.

Municipalities shall work to foster Healthy Governance, wherein enacted local policies shall address the various determinants of health in addressing mental health concerns, as government agencies are aware of the health impacts of their policies in ensuring equitable provision of mental health services to individuals with mental health issues and disabilities, especially those at risk, and the creation of suicide prevention, intervention, and response strategies, most importantly for the youth, such as but not limited to:

1. Training of first responders, professionals, and volunteers to identify warning signs;
2. Provision of preventive measures, counseling and appropriate interventions;
3. Extension of support for those bereaved by suicide;
4. Submission of quarterly reports to the Philippine Council for Mental Health through the DOH, subject to the Data Privacy Act, such as but not limited to the number of individuals to receive mental health services and which was provided them, up-to-date statistics on demographics and frequency of each mental disability without breaching confidentiality;

Municipalities shall work to foster Healthy Society, wherein mental health and well-being shall be seen as a shared responsibility of all constituents, government agencies and civil sectors of society.

**RESOLVED FINALLY**, that copies of this resolution be furnished to members of the League of Municipalities to assist the Local Chief Executives in this delicate matter for their immediate action;

**CARRIED UNANIMOUSLY.**

## Annex C. Template IEC Materials

Topic	Type	Originator	Link
Youth and Mental Health	Poster/ SMC	DOH	Materials with PSD Files: <a href="https://bit.ly/PeerSupportPosters">bit.ly/PeerSupportPosters</a>
Peer Facilitator ID	Template	DOH	Materials with PSD Files: <a href="https://bit.ly/PeerSupportID">bit.ly/PeerSupportID</a>
Frequently Asked Questions	Poster/ SMC	DOH	Materials with PSD Files: <a href="https://bit.ly/PeerSupportFAQs">bit.ly/PeerSupportFAQs</a>
Peer Facilitator Handbook	Booklet	DOH	Material: <a href="https://bit.ly/PeerSupportBooklets">bit.ly/PeerSupportBooklets</a> Release: June 2022
Toolkit for Developing a Competent and Empowering Peer Facilitator	Booklet	PGCA	Material: <a href="https://bit.ly/PeerSupportBooklets">bit.ly/PeerSupportBooklets</a>
		Unilab Foundation Inc.	
		PGCA-POP	

## Annex D. Referral Form For External Services

For an editable version of this template, please visit

<https://bit.ly/PeerSupportReferral>

PERSON REFERRED	
Full Name:	
Home Address:	
Contact Number & Email	
Parent's / Guardian's Name:	
Parent's / Guardian's Contact Details:	
REFERRAL DETAILS	
Date:	
Time:	
Nature of Referral:	<input type="radio"/> Legal <input type="radio"/> Psychological / Psychiatric <input type="radio"/> Medical <input type="radio"/> Others (specify): _____
Reason for Referral: <i>Describe the events that took place</i>	
What actions were taken?	<input type="radio"/> Brought to health facility <input type="radio"/> Provided physical first-aid on-site <input type="radio"/> Provided psychological first aid <input type="radio"/> Provided counseling services <input type="radio"/> Provided psychological / psychiatric services <input type="radio"/> Others (specify): _____
REPORTER INFORMATION	
Name of Peer Facilitator:	
Date completed:	
Signature:	
FOR OFFICIAL USE ONLY	
Report received by:	
Date received:	

## Annex E. Support Group Session Summary

For an editable version of this template, please visit

<https://bit.ly/PSGSessionSummary>

*[insert header and logo of LGU]*

Name of Peer Facilitator:		Date:	
<b>SUPPORT GROUP SESSION</b>			
Session Structure:		Session Type:	
<i>Check as applicable</i> <input type="radio"/> <b>Open</b> <i>(Members can join and participate in any session)</i>  <input type="radio"/> <b>Closed</b> <i>(Only people accepted into the group may attend sessions)</i>	<i>Check as applicable</i> <input type="radio"/> Drop - in Session	<i>Check as applicable</i> <input type="radio"/> Planned Group Session	<i>Check as applicable</i> <input type="radio"/> Online support
	<input type="radio"/> Outreach	<input type="radio"/> One-to-one session	<input type="radio"/> Team building / camp
	<input type="radio"/> Others (specify): _____		
<b>MEMBER DEMOGRAPHICS</b>			
Number of old members <i>(Attended at least 1 previous session)</i>		Number of members with confirmed attendance <i>(Pre-registered / confirmed attendance prior to session)</i>	
Number of new members		Total number of present members <i>(Physically present / attended session)</i>	
<i>Number of members within age ranges:</i>			
15 - 22		23 - 30	Others (specify): _____
Youth students:		Youth professionals:	Out of school youth:
<i>Number of members based on composition:</i> <i>Record number of support group members based on composition, only if applicable</i>			
Youth assuming adult responsibilities		Youth with disabilities	
Youth with gender-related concern/s		Youth with mental health concern/s	
Others (please specify): _____			





## Definition of Terms

### Support Group Session Type

**Drop-in centres:** Young people may visit a drop-in centre to speak to someone because they are in distress, need some problem solving, want support around symptom management, are seeking social interaction, or are looking for a referral to another agency. Drop-in spaces however, can also provide a setting for more structured programs.

**Team building / camps:** Team building or camps provide an opportunity to implement several activities within a condensed period of time. A team building or camp occurs outside other formal settings such as school which may create a more open and engaging atmosphere. Prevention and early intervention utilizing the team building / camp approach enhances the problem-solving, decision-making and efficacy skills of young people so that they are better able to constructively manage their own issues.

**Planned group sessions:** Groups may provide a structured series of workshops or sessions over a predetermined period of time. The content will be tailored to meet the needs of the target group. A group context can enhance peer support by providing a supportive, safe environment to practice new behaviours and skills and to receive feedback. The delivery of such group sessions may differ in terms of formality, structure and flexibility. They may be didactic, or interactive and practical. Content may be set early, during planning, or may be driven by the needs and interests of the group participants during individual sessions.

**One-to-one sessions:** Through one-to-one sessions, young people can access emotional and practical support and be referred to other support services both within the organisation and externally. Sessions are designed to provide an opportunity to share experiences and information, to enable informed choice and promote self-help.

**Online support:** Online services have the ability to access a wide cross section of the target group in a safe, confidential and potentially anonymous way. It is ideal for discussing sensitive or embarrassing issues and appeals to young people's interest in the Internet. Online support services can also be useful for those young people who are uncomfortable in more traditional social spaces; for rural/remote young people who cannot access limited session times easily; and those who rely on others for transport to and from services.

**Opportunistic interactions (outreach):** Opportunistic interactions, such as conversations with friends or acquaintances, are powerful forms of peer exchange and can be relatively informal or more formal forms of outreach. This peer support approach may have the ability to access hidden populations including at risk and marginalised young people. This program type can impact both group and individual behaviour through 'social contagion' where knowledge, attitudes and behaviours diffuse throughout social networks of young people. Peers pass on the information they learn through training and then model desired behaviours to their friends and other peers, who then pass this acquired information on to others

## Demographic Composition

### **Youth assuming adult responsibilities:**

Inclusive of youth who are parentified, young caregivers, children of parents with a mental illness, siblings of children with cancer or disability, teenage parents, etc.

**Youth with mental health concern/s:** Inclusive of youth at risk of depression, self-harm, or suicide, youth involved in substance abuse, etc.

**Youth with gender-related concern/s:** Inclusive of young women in crisis, youth with diverse sexuality and gender concerns, youth with SOGIE concern/s, youth experiencing gender based violence, etc.

**Youth with disabilities:** Inclusive of youth who have the following conditions: psychosocial, chronic illness, learning, mental, visual, orthopedic, speech and hearing conditions

## Session Topics

**Emotional / mental:** Topics that relate to understanding feelings and coping effectively with stress. Also including topics related to self-care, relaxation, stress reduction and the development of inner resources so you can learn and grow from experiences.

**Occupational:** topics that are about your occupational endeavors. This also includes topics related to personal satisfaction and enrichment in one's life through work.

**Intellectual:** topics that involve encountering new ideas and expanding knowledge. It also includes related topics on scholastic, cultural and community activities.

**Environmental:** topics that cover living a lifestyle that is respectful of our surroundings. Environmental topics also cover interaction with nature and your personal environment.

**Financial:** topics that involve the process of learning how to successfully manage financial expenses. This also covers financial stress which is a common source of stress, anxiety and fear for students.

**Social:** topics related to performing social and gender roles effectively and comfortably, and support networks. This also covers issues with relationships with peers, intimate relationships with romantic partners.

**Spiritual:** topics related to values that help an individual seek meaning and purpose. Spirituality can be represented in many ways, for example, through relaxation or religion.

**Physical:** refers to topics about maintaining a healthy body and seeking care when needed. This also covers topics on exercise, eating well, sleep and paying attention to the signs of illness and getting help when needed.

## Annex F. Monthly Reporting Form

For an editable version of this template, please visit

<https://bit.ly/PSGMonthlyReporting>

*[insert header and logo of LGU]*

Name of Peer Facilitator:			
Report Period:			
<b>SUPPORT GROUP SESSION</b>			
Number of sessions based on structure: <small>Indicate total number of sessions</small>		Number of sessions based on type: <small>Indicate total number of sessions</small>	
Open		Drop-in Center	
Closed		Team building / camp	
		Planned Group Session	
		One-to-one session	
		Online Support	
		Outreach	
		Others	
<b>MEMBER DEMOGRAPHICS</b>			
Number of old members <small>(Attended at least 1 previous session)</small>		Number of members with confirmed attendance <small>(Pre-registered / confirmed attendance prior to session)</small>	
Number of new members		Total Number of present members <small>(Physically present / attended session)</small>	
<i>Number of members within age ranges:</i>			
15 - 22		23 - 30	Others (specify): _____
Youth students:		Youth professionals:	Out of school youth:
<i>Number of members based on composition:</i> <small>Record number of support group members based on composition, only if applicable</small>			
Youth assuming adult responsibilities		Youth with disabilities	

Youth with gender-related concern/s		Youth with mental health concern/s	
Others (please specify): _____			

SESSION DETAILS	REFERRALS	
Rank Top 5 topics / issues discussed:		
1.	Number of members needing services outside support group	
2.	Number of members with warning signs for mental health concerns	
3.	Number of members referred to health officer	
4.	Number of members referred to social welfare officer	
5.		

### AVERAGE RATINGS

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
<b>Peer Support</b>											<b>/ 4</b> <small>Sum of Peer Support Ratings / # of sessions</small>
<b>Safe Space</b>											<b>/ 4</b> <small>Sum of Safe Space Ratings / # of sessions</small>
<b>Overall</b>											<b>/ 10</b> <small>Sum of Overall Ratings / # of sessions</small>

REPORTER INFORMATION		FOR OFFICIAL USE ONLY	
Accomplished by:		Report received by:	
Date:		Date:	

## Annex G. Peer Support Group Evaluation Form (English)

For an editable version of this template, please visit

<https://bit.ly/PSGEvaluation>

*Instructions for Peer Facilitator: Each support group member must accomplish the evaluation form after every session*

### INSTRUCTIONS

The purpose of this questionnaire is to collect some feedback from participants involved in the peer support group about their perception of the program's environment. Your answers are confidential and anonymous. Please read every item and then select the response that best describes the way you feel about each statement.

The comment box at the end allows you to make any kind of remarks, for example if you need to give more detailed information to explain your answer, or if a question is unclear, unfeasible, unrealistic, inappropriate, annoying or problematic to you in any way and why, so that we can improve the survey.

### INFORMATION ABOUT YOU

1. How old are you?	
2. What is your sex?	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> Prefer to not disclose
3. Is this your first session?	<input type="radio"/> Yes <input type="radio"/> No, this is my second session <input type="radio"/> No, this is my third session <input type="radio"/> No, this is my fourth (or more) session

### GOALS

1. To what extent did you reach the goals you set for yourself in this session?				
	(3) Completely	(2) Partially	(1) Not at all	N/A
Self esteem				
Make friends				
Learn coping strategies				
Practice coping strategies				
To get support from others				
Learn about me				

Learn about others				
Others (specify): _____				
2. If you did not reach your goals, what was the reason?	<input type="radio"/> Not enough support from peer facilitators <input type="radio"/> I forgot them <input type="radio"/> I didn't have a chance to try them <input type="radio"/> I didn't want to try them <input type="radio"/> Others (please specify): _____			
3. Comments on goals for the session				

### PEER SUPPORT

1. For each statement, please select the response which best describes your experience during the session				
	(4) Strongly agree	(3) Agree	(2) Disagree	(1) Strongly disagree
a. It was easy to make friends				
b. Young people were supportive and friendly				
c. I will maintain friendships with people I met in the session				
d. I feel more confident after the session				
e. I developed social skills in the session				
f. I felt that I could trust others				
g. Staff were supportive				
h. Group sessions were relevant to me				
i. I felt respected by support group staff and volunteers				
<b>SUB-TOTAL</b>	a	b	c	d
<b>TOTAL (a + b + c + d)</b>	e			

<b>AVERAGE RATING (e / 9)</b>	
2. How many friends did you make while in the session?	<input type="radio"/> None <input type="radio"/> 1 - 2 <input type="radio"/> 3 - 4 <input type="radio"/> 5+
3. Comments about peer support	

**KNOWLEDGE OF SELF**

1. How has the session changed the way you feel about yourself and your future goals? <small>Please select all statements that apply</small>	<input type="radio"/> I understand myself better <input type="radio"/> I feel more positive <input type="radio"/> I feel more able to cope with my issues <input type="radio"/> I can see I am not the only one with issues <input type="radio"/> I don't feel any different about myself and my goals <input type="radio"/> I'm not sure
Please comment or explain your answer above:	

**HANDLING PROBLEMS**

*A problem is something important to you that bothers you a lot and that is difficult to resolve. The following questions will ask you how you typically handle problems.*

1. Since attending the session, do you feel more or less confident about handling problems you may face?	<input type="radio"/> More confident <input type="radio"/> Less confident <input type="radio"/> It would depend on the problem <input type="radio"/> I'm not sure
Please comment or explain your answer above:	



## SAFE SPACE

1. For each statement, please select the response which best describes your experience during the session











	(4) Always	(3) Usually	(2) Seldom	(1) Never
The support group space has a positive vibe that makes me feel welcomed.				
I feel included in support group activities by other participants.				
I feel respected by the other participants in the group				
I feel that I can express my opinions and be who I am without being judged by others.				
I feel that I am able to disclose personal information to other peers and to the peer facilitators				
I feel that I am able to provide feedback on support group services freely.				
I feel that I am able to ask the peer facilitators for help and support.				
I feel that all peer facilitators are non-judgmental and make me feel welcomed and respected.				
I am aware of the support group guidelines/rules and norms.				
I actively contribute to promote group norms.				
My relationship to the peer facilitators stays within the program boundaries.				
I feel that the support group setting is physically safe.				
I feel that I am able to access and leave the support group facilities without fear of being harassed.				
<b>SUB-TOTAL</b>	a	b	c	d
<b>TOTAL (a + b + c + d)</b>	e			
<b>AVERAGE RATING (e / 13)</b>				

Please comment:

[Empty box for overall rating]

**OVERALL**

1. On a scale of 1 to 10, 1 being very low and 10 being very high, how would you rate your overall experience of the session?

1	2	3	4	5	6	7	8	9	10
									

2. What are your overall comments?	
3. What was the best thing about the session?	
4. What did you least enjoy about the session?	
5. Is there anything you would change about the session?	
6. Please state one way in which you think your experience will influence you going forward? (eg. your attitudes, feelings, confidence, coping skills, etc.)	

## Annex H. Peer Support Group Evaluation Form (Tagalog)

For an editable version of this template, please visit

<https://bit.ly/PSGEvaluation>

*Instructions for Peer Facilitator: Kailangan sagutin ng bawat miyembro ng support group ang evaluation form pagkatapos ng bawat sesyon.*

### PANUTO

Gagamitin itong questionnaire para makakuha ng puna mula sa mga miyembro ng peer support grupo tungkol sa pananaw ng programa. Mananatiling kumpidensyal ang iyong mga kasagutan. Basahin ang bawat pahayag at piliin ang sagot na angkop sayo.

Sa dulo, may comment box kung saan pwedeng maglagay ng kahit anong puna kung kailangan ng mas detalyadong impormasyon para sa iyong sagot, o kung may malabo, nakakalito o problemadong tanong para pabutihin itong survey.

### IMPORMASYON TUNGKOL SAYO

1. Ilang taon ka na?	
2. Ano ang iyong kasarian?	<input type="radio"/> B <input type="radio"/> L <input type="radio"/> Mas gustong hindi ibahagi
3. Unang sesyon mo ba ito?	<input type="radio"/> Oo <input type="radio"/> Hindi, pangalawang sesyon ko ito <input type="radio"/> Hindi, pangatlong sesyon ko ito <input type="radio"/> Hindi, pang apat (o higit pa) na sesyon ko ito

### LAYUNIN

1. Hanggang saan mo masasabi na nakamit ang mga layunin na inilahad mo sa sarili sa sesyon na ito?				
	(3) Lubos	(2) Bahagyang	(1) Hindi nakamit	N/A
Sariling Pagpapahalga o <i>Self esteem</i>				
Makipagkaibigan				
Matuto ng <i>coping strategies</i>				
Magsagawa ng <i>coping strategies</i>				

Magtanggap ng suporta mula sa iba				
Karagdagang kaalaman tungkol sa sarili				
Karagdagang kaalaman tungkol sa iba				
Iba pa (tukuyin): _____				
2. Kung hindi mo nakamit ang iyong mga layunin, ano ang dahilan?	<input type="radio"/> Di sapat ang suporta mula sa mga <i>peer facilitator</i> <input type="radio"/> Nakalimutan ko <input type="radio"/> Wala akong pagkakataon na subukan sila <input type="radio"/> Ayaw kong gawin <input type="radio"/> Iba pa (tukuyin): _____			
3. Mga komento sa layunin nitong sesyon				

**PEER SUPPORT**

1. Piliin ang sagot para sa bawat pahayag na angkop sa iyong karanasan para sa sesyon.				
	(4) Lubos na sumasang-ayon	(3) Sumasang-ayon	(2) Hindi sumasang-ayon	(1) Lubos na hindi sumasang-ayon
j. Madali makipagkaibigan				
k. Mababait at sinusupportahan ako ng mga kasama kong kabataan				
l. Makikipagkaibigan ako sa mga tao ng sesyon na ito				
m. Mas may kumpiyansya ako sa sarili pagkatapos nitong sesyon				
n. Mas marunong na ako makitungo sa iba pagkatapos nitong sesyon				
o. Naramdaman ko na kayang magtiwala sa iba				
p. Sinisuporta ako ng mga support group staff				

q. Mahalaga at may kaugnayan ang mga sesyon				
r. Nirerespeto ako ng mga support group staff at boluntaryo				
<b>SUB-TOTAL</b>	a	b	c	d
<b>TOTAL (a + b + c + d)</b>	e			
<b>AVERAGE RATING (e / 9)</b>				
2. Ilang tao nakipagkaibigan sayo sa sesyon na ito?	<input type="radio"/> Wala <input type="radio"/> 1 - 2 <input type="radio"/> 3 - 4 <input type="radio"/> 5+			
3. Komento sa peer support				

### KAALAMAN SA SARILI

1. Paano tumulong itong sesyon baguhin ang nararamdaman mo para sa sarili at sa iyong mga layunin?  <i>Piliin ang mga sagot na angkop.</i>	<input type="radio"/> Mas naiintindihan ko ang sarili ko <input type="radio"/> Mas positibo ang nararamdaman ko <input type="radio"/> Mas kaya kong agapan ang stress <input type="radio"/> Nakikita ko na may pinagdadaanan din ang iba <input type="radio"/> Wala akong ibang nararamdaman sa sarili o mga layunin ko <input type="radio"/> Hindi ako sigurado
Ipaliwanag ang sagot:	

### PAHARAP SA MGA PROBLEMA

*Ang problema ay bagay na mahalaga sa iyo na abala dahil mahirap lutasin. Ang mga susunod na tanong ay tungkol sa ginagawang paraan na harapin ang mga problema.*

1. Dahil sa pagpunta sa sesyon, naramdaman mo ba na mas kayang harapin ang mga problema?	<input type="radio"/> Mas kayang harapin <input type="radio"/> Mas nahihirapan harapin <input type="radio"/> Depende sa problema <input type="radio"/> Hindi ako sigurado
--	--

Ipaliwanag ang sagot:

### SAFE SPACE











1. Piliin ang sagot para sa bawat pahayag na angkop sa iyong karanasan para sa sesyon.

	(4) Always	(3) Usually	(2) Seldom	(1) Never
Nararamdaman ko na tanggap ako sa support group				
Nararamdaman ko na kasama ako sa mga pangkatang gawain				
Nararamdaman ko na nirerespeto ako ng mga kasama ko				
Nararamdaman ko na pwedeng mag bahagi ng aking mga opinyon na hindi hinuhusga ng iba				
Nararamdaman ko na pwedeng maglahad ng personal na impormasyon sa mga kasama ko at sa peer facilitator				
Nararamdaman ko na kayang magbigay ng komento				
Nararamdaman ko na makak hingi ako ng tulong at suporta sa mga peer facilitator				
Nararamdaman ko na nirerespeto at tinatanggap ako ng mga peer facilitator				
Alam ko ang mga patakaran sa pagsasali ng support group				
Tulumutulong ako sa pagtaguyod ng mga patakaran ng support group				
Ang pakikipagugnayan ko sa mga peer facilitator ay nananatili sa hanganan ng programa				
Nararamdaman ko na ligtas ako sa lugar kung saan nagaganap ang support group sesyon				
Nararamdaman ko na pwedeng pumasok at umalis sa bawat support group sesyon na hindi ako nalalagay sa panganib				
<b>SUB-TOTAL</b>	a	b	c	d
<b>TOTAL (a + b + c + d)</b>	e			
<b>AVERAGE RATING (e / 13)</b>				

Mga komento:

### OVERALL

1. Mula 1 hanggang 10, 1 na pinakamababa at 10 bilang pinakamataas, kamusta ang karanasan mo sa sesyon na ito?

1	2	3	4	5	6	7	8	9	10
									

2. Ano ang iyong mga komento?

3. Ano ang pinaka nagustuhan mo sa sesyon na ito?

4. Ano naman ang pinaka ayaw mo sa sesyon na ito?

5. May gusto ka bang baguhin sa sesyon na ito?

6. Magbahagi ng isang paraan kung paano maiipluwensiya ka nitong karanasan sa hinaharap?

## Annex I. Peer Support Group Monitoring Form

For an editable version of this template, please visit

<https://bit.ly/PSGMonitoringForm>

<b>Monitoring Period:</b> _____		
<b>1. Physically Safe Environment (N/A for Online Programs)</b>	<b>YES</b>	<b>NO</b>
The neighborhood of the session is safe for participants to access and leave the facilities at any time of the day without risk		
The support group / session develops and manages effective arrival and departure procedures and plans for safe travel to and from the support group / session		
The support group / session provides adequate security and surveillance to ensure building remains secure during and outside support group / session hours		
Appropriate measures are taken to protect the individual's privacy. For example, the support group / session is sensitive to potential stigma associated with the participants and ensures that participants are not exposed to any discrimination or harassment eg. from other groups using the same space.		
The support group / session implements policies on maintaining physical safety within the program limits for all participants		
The support group / session implements policies on the minimum public health standards		
<b>2. Physically Safe Environment (for Online Programs)</b>	<b>YES</b>	<b>NO</b>
The peer facilitator / staff / volunteer has separate designated devices and accounts while managing peer support group sessions to maintain work-home boundaries		
The peer facilitator's device has a functional camera, microphone and speaker		
The peer facilitator / staff / volunteer utilizes headphones during group sessions to maintain confidentiality		
The peer facilitator / staff / volunteer has prepared a back-up technology option in case device fails		
The peer facilitator / staff / volunteer has adequate amount of credit, minutes and data to be able to complete the remote session		
The peer facilitator / staff / volunteer utilizes a secure online conferencing software		



The support group / session settings are configured so that participants have to request for access to join the session		
Video conference software of peer facilitator / staff / volunteer and the device running the software are updated, when updates are shown as available.		
<b>3. Psychological and Emotional Safety/Refuge</b>	YES	NO
The support group / session implements policies on maintaining psychological safety within the program limits for all participants, eg. zero tolerance of harassment/bullying		
The support group / session ensures safe peer group interaction and prevents unsafe or confrontational peer interactions (eg. harassment, bullying, violence) in order to maintain safety for other service users (eg. moderation/monitoring of group discussions/online chat on the appropriateness of their content)		
<b>4. Boundary Management</b>	YES	NO
Roles, responsibilities and expectations of staff/volunteers inside and outside the support group / session are clearly communicated to all participants		
Guidelines are in place on the management of emotional, physical and professional boundaries:		
<ul style="list-style-type: none"> <li>• Between peers</li> </ul>		
<ul style="list-style-type: none"> <li>• Between staff/volunteers</li> </ul>		
<ul style="list-style-type: none"> <li>• Between peers and staff/volunteers</li> </ul>		
Volunteers/peer facilitators are clearly distinguished from their peers eg. wearing shirt/badges in face to face programs, icons/colors/names in online spaces		
Support is available to provide staff/volunteers with advice and assist them in difficult boundary management situations		
The support group / session provides training for staff/volunteers to assist in boundary management (eg. recognizing signs of boundary conflicts).		
<b>5. Ethical Practice</b>	YES	NO
Duty of care policies exist and are enforced		
The support group / session establishes, maintains and communicates code of conduct to participants, staff, and their families		
The peer facilitator is aware of, records, and informs staff of special health needs and ensures participants are aware of support services if needed		
Confidentiality of personal data is assured		

The support group / session has guidelines and specified procedures in place that outline the management and secure storage of confidential information		
The support group / session provides clear instructions on managing confidential information for staff/volunteers		
The support group / session has standard procedures in place of how members are informed about the program's confidentiality commitments (eg. through signage, handouts, discussion).		
<b>6. Behavioral Management Processes</b>	YES	NO
Expectations of behavior are communicated and reinforced eg. through signage, handouts, discussion		
Group rules/norms for behavior are established and communicated. They include respect for others, being non-judgmental and inclusive, constructive feedback, etc.		
Program applies rewards and consequences for participant behavior appropriately and consistently		
At least one facilitator exists who represents an authoritative figure and participants respect		
The support group / session encourages participants to interact with one another in positive ways		
<b>7. Participants</b>	YES	NO
The support group / session /virtual space is continuously monitored/moderated to ensure the space remains positive and safe		
Participants comment they feel safe in the space		
Participants report to feel comfortable talking about sensitive or embarrassing topics, experimenting with their image to elicit feedback from peers, etc.		
The support group / session culture allows participants to take initiative and explore their interests without judgment		
The support group / session encourages a youth participation approach that supports youth autonomy and increases youth empowerment		
Constructive feedback from participants is actively sought		
<b>8. Peer Facilitator/Staff/Volunteers</b>	YES	NO
The peer facilitator / staff / volunteer ensures overall quality and functionality of the peer support group session		
The peer facilitator / staff / volunteer actively recruits and encourages members to attend support group sessions		

The peer facilitator / staff / volunteer develops mechanisms to ensure continuous participation of members in support sessions		
The program provides appropriate training for all staff, facilitators, moderators, and/or volunteers		
Opportunities for supervision and feedback are available at all levels		
All peer facilitator/staff/volunteers are selected based on stringent screening procedures		
The peer facilitator / staff / volunteer are non-judgmental and make participants feel welcome and respected		
The peer facilitator / staff / volunteer submits timely reports		
<b>9. Program Strategy</b>	<b>YES</b>	<b>NO</b>
The support group / session has staff/volunteers that respect one another and represent role models of positive youth relationships		
The support group / session treats participants with respect and takes action to address participant issues/concerns		
The support group / session teaches participants to make responsible choices and encourages positive outcomes		
The support group / session is sensitive to the culture and language of participants and is modified as necessary		
The support group / session encourages former participants to contribute as volunteers or staff		

REPORTER INFORMATION		FOR OFFICIAL USE ONLY	
Accomplished by:		Report received by:	
Date:		Date:	

## Annex J. Informed Consent / Parental Consent Form (English)

For an editable version of this template, please visit

<https://bit.ly/PSGConsentForms>

*[insert header and logo of LGU]*

### PEER SUPPORT GROUP PARTICIPATION CONSENT FORM

I, \_\_\_\_\_, [a support group member / parent/guardian of minor child(ren) \_\_\_\_\_], hereby consent [for my child(ren)] to participate in the Peer Support Group Sessions for youth.

**Description of Services:** The purpose of the program is to build personal skills (goal setting, knowledge of self, handling problems) and offer support to help youth address potential mental health concerns. I understand that this program does not provide counseling, but is an educational and support program designed to teach skills, facilitate self-awareness and confidence, promote new behaviors, and demonstrate how to effectively deal with some of the issues life presents. The group facilitators have found that when working in groups, youth gain support from others who are experiencing similar situations or who have adjusted well after experiencing a similar situation in the past. I am also aware that despite the fact that the group facilitators may be trained, this group will not provide group counseling.

**Confidentiality:** I understand that in order to encourage children to participate actively, parents and outside observers will not be allowed to attend. I understand that participation in the group is completely voluntary and confidentiality is addressed and respected. I understand the exception to this is the group facilitator's legal and ethical responsibility to take appropriate action in the case of an individual intending to do harm to self or others, if abuse or neglect is suspected, or if illegal activity is reported. I understand that the program may be described in written publications but that no information will be provided that could identify any individual participants in the program. I give my consent for the Peer Support Group Oversight Committee to use artwork, images or quotations made by [myself / my child] in support group brochures, literature, or other public relations activities. [I / My child] will not be identified by [my / his or her] real name.

**I have signed below that I have read, understand, and agree to the above:**

_____	_____	_____
Parent/Guardian's Signature	Parent/Guardian's Name (Print)	Date
_____	_____	_____
Participant's Signature	Participant's Name (Print)	Date

*\*This form must be received prior to the date of the session\**

*[insert contact information of Peer Support Group Oversight Committee and Peer Facilitator]*

## Annex K. Informed Consent / Parental Consent Form (Filipino)

For an editable version of this template, please visit

<https://bit.ly/PSGConsentForms>

### PEER SUPPORT GROUP PARTICIPATION CONSENT FORM

Ako, \_\_\_\_\_, [isang *support group* miyembro / *magulang/guardian ng mga menor de edad na bata na si(na)* \_\_\_\_\_], ay nagbibigay pahintulot [para sa *aking mga anak*] na sumali sa Peer Support Group Session para sa mga kabataan.

**Paglalarawan ng Mga Serbisyo:** Ang layunin ng programang ito ay palakasin ang mga personal na kasanayan (*goal setting*, kaalaman sa sarili, pagtugon sa mga problema) at magbigay ng suporta upang matulungan ang mga kabataan sa pagtugon ng mga potensyal na alalahanin sa *mental health*. Naiintindihan ko na ang programang ito ay hindi nagbibigay ng pagpapayo o *counseling*, ngunit isang pang-edukasyon at suporta na programa na idinisenyo upang magturo ng mga kasanayan, mapadali ang kamalayan sa sarili at kumpiyansa, magsulong ng mga bagong pag-uugali, at ipakita kung paano mabisa ang pakikitungo sa ilang mga isyu na napagdadaanan sa buhay. Natuklasan ng mga tagapamahala ng mga grupo na kapag nagtatrabaho kasama ang iba, nakakakuha ng suporta ang kabataan mula sa iba nang nakakaranas ng mga katulad na sitwasyon. May kamalayan din ako na sa kabila ng katotohanang ang mga tagapamahala ng grupo ay maaaring sanayin, ang grupong ito ay hindi magbibigay ng pagpapayo o *counseling*.

**Confidentiality:** Nauunawaan ko na upang hikayatin ang mga kabataan na lumahok nang aktibo, hindi papayagang dumalo ang mga magulang at mga tagamasid sa labas. Naiintindihan ko na ang pakikilahok sa pangkat ay ganap na kusang-loob at ang pagiging kompidensiyal ay bibigyan at igtalang. Naiintindihan ko na ang pagbubukod dito ay ang ligal at etikal na responsibilidad ng *peer facilitator* na gumawa ng naaangkop na aksyon sa kaso ng isang indibidwal na posibleng may balak saktan ang sarili o iba, kung pinaghihinalaan ang pang-aabuso o kapabayaang, o kung naiulat ang iligal na aktibidad. Naiintindihan ko na ang programa ay maaaring inilarawan sa mga nakasulat na publikasyon ngunit walang impormasyon na ibibigay na maaaring makilala ang anumang mga indibidwal na kalahok sa programa. Nagbibigay ako ng pahintulot sa *Peer Support Group Oversight Committee* na gumamit ng likhang sining, mga imahe o sipi na [*aking ginawa / ginawa ng aking anak*] sa mga brochure ng support group, o iba pang mga aktibidad sa pakikipag-ugnay sa publiko. [*Ako / Ang aking anak*] ay hindi makikilala sa [*aking / kanyang*] tunay na pangalan.

**Nag-sign ako sa ibaba na nabasa ko, naintindihan, at sumasang-ayon sa nabanggit:**

_____	_____	_____
Lagda ng Magulang/Guardian	Pangalan ng Magulang/Guardian (Print)	Petsa
_____	_____	_____
Lagda ng Kalahok	Pangalan ng Magulang/Guardian (Print)	Petsa

*\*Ang form na ito ay dapat matanggap bago ang petsa ng session\**

[insert contact information of Peer Support Group Oversight Committee and Peer Facilitator]

## Annex L. Summary Matrix of Proposed Monitoring and Evaluation Plan

For an editable version of this template, please visit <https://bit.ly/PSGReportingTemplate>

ORDINANCE OBJECTIVE	INDICATOR	OVERALL TARGET / GOAL <i>To be filled up by the LGU</i>	SUGGESTED METHODO-LOGY	DATA SOURCE	FREQUENCY OF COLLECTION <i>First year of implementation for collection of baseline data</i>	FREQUENCY OF REPORTING	PERSON RESPONSIBLE <i>To be filled up by the LGU</i>
<b>PRIORITY INDICATORS FOR IMPLEMENTATION</b>							
Establish peer support groups managed by a trained peer facilitator from the community as an early intervention for mental health promotion among the youth.	Policy providing benefits and incentives for accredited peer facilitators		Document / Report Review	SB Secretary	Once	Once	
	Number of youth peer facilitators registered		Document / Report Review	Peer Support Group Oversight Committee	Semi - annual / Quarterly	Semi - annual / Quarterly	
	Number of youth peer facilitators accredited		Document / Report Review	Peer Support Group Oversight Committee	Annual	Once a year	
	Number of support group sessions that meet environmental specifications for safe spaces		Survey / Ocular Visit / Report Review	Peer Support Group Oversight Committee	Annual	Once	
	Number of peer facilitators completed core capacity development programs		Document / Report Review	Peer Support Group Oversight Committee	Annual	Once a year	
	Ratio of peer facilitators to support group members		Document / Report Review	Peer Support Group Oversight Committee	Semi - annual / Quarterly	Semi - annual / Quarterly	

				Document / Report Review	Peer Support Group Oversight Committee	Annual	Once a year	
Foster positive youth development in the community by strengthening skills of the youth in providing basic psychosocial support to their peers	Number of partnership / agreements between support group program and referral institutions			Document / Report Review	Peer Facilitator Summary Form	Once a month	Monthly	
	Number of support group sessions facilitated			Document / Report Review	Peer Facilitator Summary Form	Once a month	Monthly	
	Increase in overall rating of support group sessions			Document / Report Review	Peer Support Group Oversight Committee	Semi - annual / Quarterly	Semi - annual / Quarterly	
	Increase in performance rating of peer facilitators			Document / Report Review	Peer Facilitator Summary Form	Once a month	Monthly	
	Number of youth needing services referred			Document / Report Review	Peer Facilitator Summary Form	Once a month	Monthly	
Increase youth and youth organizations' participation in mental health advocacy.	Increase positive perception of peer support received in sessions			Document / Report Review	Peer Facilitator Summary Form	Once a month	Monthly	
	Increase positive perception of safe spaces in sessions			Document / Report Review	Peer Facilitator Summary Form	Once a month	Monthly	
	Number of new/active members recruited in support group			Document / Report Review	Peer Facilitator Summary Form	Once a month	Monthly	
	Number of diverse groups within target population accessing program			Document / Report Review	Peer Facilitator Summary Form	Once a month	Monthly	
	Number of information, education and advocacy activities initiated by youth peer support groups			Document / Report Review	Peer Support Group Oversight Committee	Semi - annual / Quarterly	Semi - annual / Quarterly	

Percentage of youth with awareness of local peer support group program		Survey	Prevalence Survey	Once a year	Once a year	
<b>LONG TERM OUTCOME INDICATORS</b>						
Percentage of youth who feel lonely		Survey	Prevalence Survey	Start of pilot, then once a year	Once a year	
Percentage of youth who feel worried about something that they cannot sleep at night						
Percentage of youth who have seriously considered attempting suicide						
Percentage of youth who have made plans on attempted suicide						
Percentage of youth who have attempted suicide						
Percentage of youth with at least 1 close friend						
Increase awareness and practice of self care behaviors for mental health promotion		Survey	KAP Survey	Once a year	Once a year	
Percentage of youth with awareness of local peer support group program						
Knowledge of health and support services						



Academic achievement			Document / Report Review	School Assessment Report	Start of pilot, then once a year	Once a year	
Rate of school graduates / dropouts							
Measurement of health risk taking behavior <ul style="list-style-type: none"> <li>• Rate of teenage pregnancies</li> <li>• Rate of youth testing positive for sexually transmitted diseases</li> <li>• Rates of drug abuse</li> </ul>			Document / Report Review	Health Office Report	Start of pilot, then once a year	Once a year	
Percentage of youth seeking mental health consultation			Document / Report Review	Health Office Report	Start of pilot, then once a year	Once a year	
Prevalence of out of school youth			Document / Report Review	Social Welfare Report	Start of pilot, then once a year	Once a year	
Reduction in violent behavior / damage to property among youth			Document / Report Review	PNP Report	Start of pilot, then once a year	Once a year	

## Annex M. Reporting Template

For an editable version of this template, please visit

<https://bit.ly/PSGReportingTemplate>

# REPORTING TEMPLATE

Table X. Summary of Implementation Monitoring for Period \_\_\_\_\_ (e.g. January 2020 to December 2020)

ORDINANCE OBJECTIVE	INDICATOR	BASELINE <i>Data from previous monitoring period</i>	INTERMEDIATE TARGET / GOAL <i>Target milestone for current period</i>	INTERMEDIATE ACHIEVEMENT <i>Actual data for current period</i>	PERCENTAGE OF TARGET ACHIEVED		REMARKS
					INTERMEDIATE	OVERALL	
	<i>(Insert items from monitoring and evaluation plan as indicated)</i>						

## References

1. Center for Disease Control and Prevention. 2020. The Social-Ecological Model. Retrieved from <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>
2. Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry* (Edgmont (Pa. : Township)), 4(5), 35–40.
3. Southwick SM, Vythilingam M, Charney DS. The psychobiology of depression and resilience to stress: Implications for prevention and treatment. *Annu Rev Clin Psychol.* 2005;1:255–91.
4. Charney DS. Psychobiological mechanism of resilience and vulnerability: Implications for successful adaptation to extreme stress. *Am J Psychiatr.* 2004;161:195–216.
5. World Health Organization. 28 September 2020. Adolescent mental health. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
6. Branje, S., Laninga-Wijnen, L., Yu, R., & Meeus, W. (2014). Associations among school and friendship identity in adolescence and romantic relationships and work in emerging adulthood. *Emerging Adulthood*, 2(1), 6–16. <https://doi.org/10.1177/2167696813515851>
7. Montgomery, Marilyn. (2005). Psychosocial Intimacy and Identity From Early Adolescence to Emerging Adulthood. *Journal of Adolescent Research - J ADOLESCENT RES.* 20. 346-374. 10.1177/0743558404273118.
8. World Health Organization. 2015. Global School-based Student Health Survey. Retrieved from <https://extranet.who.int/ncdsmicrodata/index.php/catalog/660/related-materials>
9. National Center for Mental Health. 31 May 2020. 24/7 NCMH Crisis Hotline Statistics.
10. United Nations. 13 May 2020. Policy Brief: COVID-19 and the Need for Action on Mental Health. Retrieved from <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>
11. World Health Organization. 3 December 2020. Peer support groups. Retrieved from <https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools>
12. Graber, R., Pichon, F., & Carabine, E. (2015) *Psychological resilience: state of knowledge and future research agendas.* London: Overseas Development Institute.
13. Frydenberg, E. (1997) *Adolescent coping: Theoretical and research perspectives.* London: Routledge.
14. Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C. and Shaughan, B. (2007) 'Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample', *Child Abuse & Neglect*, 31(3) : 211-229 (DOI:10.1016/j.chiabu.2007.02.004).
15. Drapeau, S., Saint-Jacques, M-C., Lépine, R., Bégin, G. and Bernard, M. (2007) 'Processes that contribute to resilience among youth in foster care', *Journal of Adolescence* 30(6) :977-999.
16. Alvarez-Jimenez, M., Gleeson, J.F., Bendall, S., Lederman, R., Killackey, E., & McGorry, P.D. (2012). Internet-based interventions for psychosis: A sneak-peek into the future. *Psychiatric Clinics of North America*, 35, 735-747.
17. Christiani, A., Hudson, A. L., Nyamathi, A., Mutere, M., & Sweat, J. (2008). Attitudes of homeless and drug-using youth regarding barriers and facilitators in delivery of quality and culturally sensitive health care. *Journal of Child and Adolescent Psychiatric Nursing*, 21(3), 154–163
18. Sunderland, K, Mishkin, W (2013) *Guidelines for the Practice and Training of Peer Support Mental Health Commission of Canada.* Calgary: AB: Mental Health Commission of Canada.
19. BC First Responders' Mental Health. Supporting Mental Health in First Responders: Overview of Peer Support Programs. 2017. Available from <https://bcfirstrespondersmentalhealth.com/wp-content/uploads/2017/06/Overview-of-Peer-Support-Programs-170619.pdf>

