

Self-assessment / Survey Tool for the Outpatient Benefits Package for General Mental Health Services

Name of HF: _____ Level: _____

Date of Survey:	Time started:	Time ended:
(MM/DD/YY)	(hrs:mm)	(hrs:mm)
(For PhilHealth Survey Team use only)		

Directions for the HF:

- Put a check (✓) in the “Yes” column if the service is available or an (X) in the “No” column if the same is not available in the HF.
- For outsourced services, put an (X) in the “No” column and indicate the name of the outsourced service provider in the remarks.

REQUIREMENT		HF		PHIC		Remarks
		YES	NO	YES	NO	
1.	HF License and Accreditation					
	a. The HF has updated PhilHealth Accreditation					
2.	Mandatory Ancillary Services					
	a. Clean consultation and examination area					
	b. Designated room or area for consultation with minimal sound transmission					
	c. Handwashing sink with water and soap available (liquid soap preferred) and with materials for drying hands (clean towels OR paper towels)					
	d. Alcohol hand rub					
	e. Adult Stethoscope					
	f. Pediatric Stethoscope					
	g. Pen light					
	h. Non-mercury sphygmomanometer with pediatric and adult cuff					
	i. Non-mercury thermometer					
	j. Medical weighing scale					
	k. Emergency medicines and supplies l. kept in a secured area with the following:					
	i. Epinephrine					
	ii. Hydrocortisone					
	iii. Diphenhydramine					
	iv. Haloperidol (amp)					
	v. Risperidone OR olanzapine					
	vi. IV fluids					
	vii. 3cc or 5cc syringes					

	viii. Cotton balls					
	ix. Micropore tape					
	x. IV line (adult and pediatric)					
	xi. IV cannula (gauges 22 and 26)					
	l. O2 tank/source with O2 mask/cannula for pediatric and adult					
3.	Medications					
	a. Carbamazepine 200 mg tablet					
	b. Divalproex Sodium 500 mg tablet					
	c. Biperiden HCl 2 mg tablet					
	d. Chlorpromazine 200 mg tablet					
	e. Clozapine 100 mg tablet					
	f. Olanzapine 10 mg tablet					
	g. Risperidone 2 mg tablet					
	h. Escitalopram 10 mg tablet					
	i. Sertraline 50 mg tablet					
4.	Human Resources					
	a. Primary Care Physician					
	i. Valid PRC license					
	ii. Valid PhilHealth accreditation					
	iii. Certificate of Training on Mental Health Gap Action Programme (mhGAP)					
	b. Mental Health Nurse					
	i. Valid PRC License					
	ii. Certificate of Training on Mental Health Gap Action Programme (mhGAP)					
	(Shall be required during renewal)					
	iii. Certificate of Training on Mental Health and Psychosocial Support (MHPSS)					
	c. Mental Health Navigator					
	i. Administrative Staff					
	ii. With working knowledge on operation /process flow for Mental Health who will be in-charge of record keeping and accomplishment of PhilHealth documents/forms					
5.	Laboratory					
	a. Complete Blood Count (CBC) w/ platelet					
	b. Urinalysis					
	c. Fasting Blood Glucose					
	d. Lipid Profile					
	e. Renal Function Test (Creatinine)					
6.	Radiology Diagnostic					
	a. Chest X-ray (PA or AP)					
7.	Psychotherapy					
	a. Provisions for psychoeducation and psychosocial support					
	b. Primary care screening tool based on mhGAP					

8.	Available Forms/ Recordings					
	Registry forms					
	Assessment form					
	Referral forms					

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HF Management Team

Names of Management Team	Designation	Signature