



Republic of the Philippines
 NATIONAL POLICE COMMISSION
NATIONAL HEADQUARTERS PHILIPPINE NATIONAL POLICE
OFFICE OF THE CHIEF, PNP
 Camp BGen Rafael T Crame, Quezon City

MAR 27 2026

DPRM(M)-251205-0032

MEMORANDUM CIRCULAR

NO.: 2026-054

PHILIPPINE NATIONAL POLICE (PNP) PEER SUPPORT PROGRAM

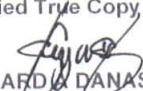
1. REFERENCES:

- a. Republic Act (RA) No. 11036 dated February 12, 2018, entitled, "Mental Health Act of 2018";
- b. RA No. 10173 dated July 25, 2012, entitled, "Data Privacy Act of 2012";
- c. RA No. 10029 dated July 27, 2009 entitled, "An Act to Regulate the Practice of Psychology Creating for this Purpose a Professional Regulatory Board of Psychology, Appropriating Funds Therefor and for Other Purposes";
- d. Civil Service Commission (CSC) Resolution No. 2501292 dated November 13, 2025, entitled, "Wellness Leave Policy";
- e. PNP Memorandum Circular (MC) No. 2022-003 dated January 22, 2022, entitled, "PNP Ugnayan ng Simbahan at Pulisya";
- f. PNP MC No. 2022-121 dated November 02, 2022, entitled "Policy on Financial Education (FinEd) Program for PNP Uniformed and Non-Uniformed Personnel";
- g. PNP MC No. 2021-115 dated September 7, 2021, entitled, PNP Mental Health Program "Bantay Kaisipan";
- h. PNP MC No. 2020-20 dated October 8, 2020, entitled, "PNP Internal Disciplinary Mechanism";
- i. PNP Command Memorandum Circular (CMC) No. 03-13 dated January 28, 2013, entitled, "CHS Pastoral and Family Counseling Initiatives (PAGGABAY)";
- j. Letter of Instruction (LOI) 32/10 dated July 13, 2010, entitled, "Lusog Kaisipan";
- k. LOI 17/10 "Spiritual Upliftment and Growth of the Organization (SUGO)"
- l. PNP Health Service (HS) IMPLAN on Anger Management Program for PNP Personnel dated February 9, 2021; and
- m. Squadding Concept Manual, series of 2022.

2. RATIONALE:

This Memorandum Circular (MC) prescribes the guidelines and policies in the implementation of Peer Support Program, a holistic approach to ensure that all PNP personnel will remain physically fit, mentally sound, morally upright, and spiritually strong to be resilient peacemakers of the country.

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3. SITUATION:

The PNP personnel are expected to be God-centered, family-based and service-oriented to fulfill the mandate of the organization and the demands and expectation of the general public. The PNP had several guidelines and policies in ensuring the overall well-being of its workforce to sustain their morale and commitment to service. These several PNP programs include Physical Fitness Test (PFT), PNP Mental Health Program “Bantay Kaisipan,” Squad Weekly Interactive Meeting (SWIM), Spiritual Enhancement Programs, and other related programs. However, certain challenges are inevitable and require professional assistance.

On mental health concerns, as of December 31, 2025, a total of 61,906 PNP personnel have undergone psychiatric and psychological examinations under the “Bantay Kaisipan” Program. Of these, 128 were referred for counseling or psychotherapy, while seven required further intervention by a psychiatrist. For 2024 alone, the PNP Health Service recorded seven suicide deaths. Likewise, per coordination with PNP Finance Service, almost 6,400 personnel with loans from accredited financial and lending institutions are now at the borderline of the allowable net take-home pay, reflecting the strain of debt obligations on their monthly income. Additionally, there are a total of 110,478 PNP personnel being monitored of their Body Mass Index (BMI).

Given these data, there is a need to institutionalize a Peer Support Program which combine all the existing policies of the PNP to effectively manage the various police work related stress and fostering resilience. It is expected that when personnel receive proper motivation and appropriate support to manage work related stressors, it can enhance their performance on duty, cope with the emotional toll of their work, promote stability and expertise, increase job satisfaction and retention, and improve community relations and cooperation between law enforcement and the public.

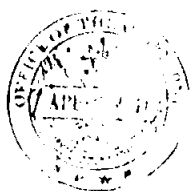
4. PURPOSE:

This MC aims to provide guidelines and policies for all PNP personnel to be: physically fit, mentally sound, morally upright, and spiritually strong.

5. DEFINITION OF TERMS:

For purposes of this MC, the following terms or words and phrases shall mean and be understood as follows:

- a. Behavioral – relating to behavior or concerned with the social, psychological, and emotional factors that affect the overall well-being of personnel.
- b. Clinicians – a healthcare professional who is qualified in the clinical practice of medicine, psychology, or psychiatry. They are typically involved in direct patient care, such as diagnosing illnesses, treating patients, and monitoring their progress.

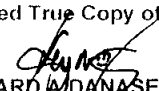


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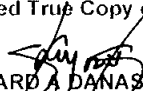
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- c. Diet Counseling – a process by which a health professional with special training in nutrition helps PNP personnel make healthy food choices and form healthy eating habits.
- d. Family Wellness Programs – designed to help families adapt to the challenges posed by police work, such as long working hours, the stress of deployments, and the dangers associated with law enforcement. They often include stress management workshops, family bonding activities, and support networks.
- e. Interfaith – the coming together of personnel or participants having different religions.
- f. Life Counselor – an individual with respectable reputation and/or professional qualification to help, lead, and guide the PNP personnel and their dependents under the PNP Wellness Program.
- g. Mentally Sound – possession of a balanced mind, confidence, and self-esteem.
- h. Morally upright – state of having the quality of being virtuous and following ethical principles.
- i. Peer Support Group – PNP personnel who voluntarily signified and are vetted to assist our peers suffering from any stressors affecting their well-being. They are the core of the program, offering a safe and confidential space for members to discuss their challenges and seek assistance.
- j. Peer Support Volunteer – civilian volunteers (clinicians, pastors, and life coaches) who provide assistance to the Peer Support Group.
- k. Peer Support Coordinator – PNP personnel with knowledge of triaging and processing referrals of reported personnel issues.
- l. Physically fit – the ability to carry out daily tasks (work and play) with vigor and alertness without fatigue and with energy to enjoy leisure-time pursuits and to meet unforeseen emergencies.
- m. Physical Wellness Programs – structured initiatives designed to improve individuals' overall physical health, fitness, and well-being.
- n. Psychologist – a licensed mental health professional delivering psychological services as defined by the Philippine Psychology Act of 2009.
- o. Psychiatrist – a medical doctor who specializes in the diagnosis, management, treatment, and prevention of mental, emotional, behavioral, and personality disorders.

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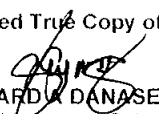
- p. Psychological Debriefing – the intervention immediately following a traumatic event (e.g., a disaster) that aims to mitigate long-term distress and prevent the emergence of post-traumatic stress disorder in those exposed to the event.
- q. Resilience – the ability to bounce back from adversity, trauma, tragedy, threats, or significant sources of stress.
- r. Spiritual Health – a dimension of human wellness that integrates all dimensions of health: physical, emotional, mental, and social. It creates meaning in life, cultivates altruism and ethics, and is based on individual perceptions, convincing us of our ability to survive.
- s. Spiritually strong – capacity to dig deeper and find the greater meaning in life, to align ourselves with a purpose that extends beyond oneself, to find relationship and unity with something greater such as nature, God, or the transcendent.
- t. Social Wellness Programs – activities that are focused on improving individuals' social well-being by promoting positive relationships, community engagement, and effective communication.
- u. Stigma – the negative attitudes, beliefs, and behaviors towards individuals with mental health conditions.
- v. Stress-related conditions – the physical or mental health issues that arise due to prolonged or chronic stress. These conditions can manifest in various ways and may affect both the body and the mind.
- w. High-Risk Police Operation – a dangerous mission carried out by law enforcement that involves significant danger to officers, civilians, or suspects.
- x. Stressors – the sources of strain and challenges to PNP personnel.

6. GUIDELINES:

a. General Guidelines

- 1) All PNP personnel are responsible for their own overall wellness, as well as their peers. Every personnel observed to have sudden changes in behavior, physical appearance, difficulty in sleeping and other signs of wellness crisis that may affect his/her performance, may seek support.
- 2) Similarly, other personnel who have observed their peers should report or should be reported immediately to his/her immediate superiors.

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- 3) The following ongoing Programs, Activities, and Projects shall continue to be implemented, conducted, and further revise the policy, if needed:
- a) Improved physical health
 - a.1 Annual Physical Examination;
 - a.2 Physical Fitness Test;
 - a.3 Conduct of regular workout through fitness facility;
 - a.4 Organize sports or recreational activities; and
 - a.5 Regular conduct of diet counseling.
 - b) Enhanced mental well-being
 - b.1 PNP Mental Health Program "Bantay Kaisipan";
 - b.2 Team building activities;
 - b.3 Counselling services; and
 - b.4 Conduct of Legal and Administrative Assistance.
 - c) Morally upright
 - c.1 To reinforce ethical standards, moral principles and virtues by incorporating to the Program of Instructions of all trainings; and
 - c.2 Constant reminders regarding the strict adherence to core values and ethical standards, moral principles and virtues during daily PICE.
 - d) Spiritually strong
 - d.1 Conduct of Values Formation Program;
 - d.2 Conduct of regular religious worship;
 - d.3 Regular conduct of Recollection;
 - d.4 SWIM; and
 - d.5 Conduct of other Spiritual Enhancement Program.
- 4) The Peer Support Group shall be organized in all PNP Offices/Units to assist peers suffering in any stressors affecting their well-being and to foster resilience to all PNP personnel. They shall undergo vetting process and be subjected for deliberation and approval of the Wellness Program Committee of respective PNP Office/Unit.
- 5) The Peer Support Group members shall undergo Wellness Counseling and Crisis Intervention training and shall receive a certification from the DET, HS, CHS, FS, and LS once they successfully completed the prescribed seminars and trainings. A specialized training for the purpose shall be conducted focusing on the wellness of PNP personnel to recognize signs that police work-related stress/stressor is adversely impacting and that steps should be undertaken to mitigate said stressors.
- 6) The Peer Support Group members, while monitoring for signs of wellness crisis, can explain how they managed the stress associated with their similar experience and can offer resources and support to the affected personnel.

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- 7) Deselection process will be implemented to remove a Peer Support Group member who violates confidentiality and if he/she is no longer effective.
- 8) There will be Support Volunteers to be created who will provide comprehensive assistance, comprised of licensed health workers, certified wellness coaches, and accredited religious personnel. A certification shall be issued to the said volunteers and to be renewed annually.
- 9) A PNP Wellness Committee shall be created, which shall be replicated in the Regional and Provincial/City level to ensure implementation of this MC. Also, PNP Wellness Committee (Oversight, National, Regional, and Provincial/City) shall convene quarterly to deliberate a personnel case(s) and recommend appropriate interventions. The said Committee is also responsible for the Peer Support Group members' selection and deselection process. A favorable endorsement of most of the members of the Committee shall constitute its recommendation. The recommendation of the Committee shall be indicated in a resolution for the approval of the Chief, PNP.

b. Specific Guidelines

- 1) The Peer Support Group members are personnel who are trained in wellness counseling and crisis intervention, which will serve as force multipliers to clinicians to effectively address potential stress-related conditions at an early stage. As a minimum standard qualification to be a member of the Peer Support Group, the vetting process involves the following:
 - a) The personnel must possess a good reputation and standing within their Office/Unit;
 - b) They must be recommended by their supervisor or peers and demonstrates a genuine desire to volunteer their time and support to fellow PNP personnel;
 - c) Individuals who have successfully resolved their own traumatic experiences are highly valued;
 - d) Desirable personal qualities include maturity, sound judgment, strong personal and professional ethics, and high credibility; and
 - e) They must be volunteers and pass the board deliberation.
- 2) The PNP Peer Support Program Committee shall be composed of an Oversight, National, Regional, and Provincial/City level and shall have the following membership:

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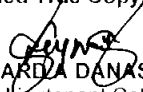
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Composition of PNP Peer Support Program Committee

Oversight	
TCDS	Chairperson
TDPRM	Vice Chairperson
D-Staff	Members
D, HS	Member
D, CHS	Member
D, LS	Member
CESPO	Member
C, NUPAD, DPRM	Member
C, MWD, DPRM	Head Secretariat
C, PID, DPCR	Co-Head Secretariat
C, DOP, HS	Secretariat
C, POD, CHS	Secretariat
C, SMD, ITMS	Secretariat

NHQ Level	
DDPRM	Chairperson
DDPCR	Vice Chairperson
DDA, HS	Member
DD, CHS	Member
Ex-Os of Directorates	Members
DD, LS	Member
CESPO	Member
C, NUPAD, DPRM	Member
C, MWD, DPRM	Head Secretariat
C, PID, DPCR	Co-Head Secretariat
C, DOP, HS	Secretariat
C, POD, CHS	Secretariat
C, SMD, ITMS	Secretariat

NSUs Level	
Deputy Director	Chairperson
C, ARMD	Vice Chairperson
C, PCRD	Co-Vice Chairperson
C, RMDU	Member
C, Regional Chaplain	Member
All Division Chief	Members
SLO	Member
GESPO	Member
NUP Supervisor	Member
C, MWS	Head Secretariat
C, PIS	Co-Head Secretariat

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PROs/RMFB/NSU Field Office/Unit Level	
DRDA	Chairperson
C, RPRMD	Vice Chairperson
C, RCADD	Co-Vice Chairperson
C, RMDU	Member
C, Regional Chaplain	Member
All R-Staff	Member
C, NSU Field Office/Unit	Member
RLO	Member
RESPO	Member
C, NUPAS	Member
C, MWS	Head Secretariat
C, PIS	Co-Head Secretariat

District Level	
DDDA	Chairperson
C, DPRMD	Vice Chairperson
C, DCADD	Co-Vice Chairperson
C, DMDU	Member
C, District Chaplain	Member
All District-Staff	Members
DLO	Member
DESPO	Member
C, NUPAS	Member
C, MWS	Head Secretariat
C, PIS	Co-Head Secretariat

PPO/CPO/PMFC Level	
DPDA/Equivalent Position/Designation	Chairperson
C, PARMU/Equivalent Position/Designation	Vice Chairperson
C, PCADDU/Equivalent Position/Designation	Co-Vice Chairperson
C, PMDU/Equivalent Position/Designation	Member
C, Provincial Chaplain/Equivalent Position/Designation	Member
All Provincial Staff Equivalent Position/Designation	Members
PLO Equivalent Position/Designation	Member
PESPO Equivalent Position/Designation	Member
Chief of Police/Station Commander	Member
C, MWS	Head Secretariat
C, PIS	Co-Head Secretariat

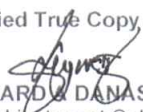


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- 3) Squad Leaders will be assigned based on the religious affiliation of the majority of their squad members (Priest or Pastor for predominantly Christian squads and Imam for predominantly Muslim squads).
- 4) Incoming and Outgoing Unit Commanders shall not bring the squad leaders to their new unit assignments.
- 5) All records pertaining to the PNP Peer Support Program shall be treated with utmost confidentiality and with strict adherence to the Data Privacy Act of 2012, and further be used as reference and for monitoring purposes. In addition:
 - a) Mandatory Data Privacy Impact Assessments (DPIA) shall be conducted for the PNP Wellness mobile application prior to deployment;
 - b) End User License Agreement shall be accomplished prior registration to the mobile application;
 - c) Reports shall adopt anonymization or aggregation protocols (use of case numbers) to minimize risks of disclosure;
 - d) The PNP Peer Support Program Committee shall conduct periodic compliance audits to ensure adherence to the Data Privacy Act of 2012 and prevent unauthorized disclosure of sensitive personal information; and
 - e) Communications made in the course of medical, psychological, wellness, counseling, or spiritual consultations under this Program shall be confidential and privileged, consistent with Rule 130 of the Rules of Court (physician-patient and priest-penitent privileges). Such communications shall not be admissible or used as evidence in administrative or disciplinary proceedings, unless expressly waived in writing by the personnel concerned or otherwise required by law to prevent miscarriage of justice.
- 6) For police operations, it is mandatory that all PNP personnel concerned shall undergo the following:
 - a) Conduct of psychological debriefing by PNP HS or trained peer support group on debriefing to personnel involved in high-risk police operations/critical incidents within 24 to 48 hours after the post incident; and



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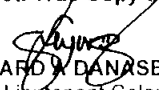


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- b) Constant communication and follow-up at least three times with personnel concerned and those personnel who have symptoms of high-stress to be conducted by any PNP HS or trained Peer Support Member.
- 7) In addition to regular diet counseling, the PNP shall authorize a dedicated team or accredited service provider to offer or facilitate access to ready-to-eat, nutritionally balanced meals for PNP personnel, particularly those who are overweight or obese. Meals shall be scientifically designed, properly tested, and compliant with PNP policies and relevant health and procurement regulations. Implementation may be through accredited caterers, controlled in-camp food outlets, or other feasible arrangements, subject to availability of funds, policy guidelines, and oversight by the PNP HS.
- 8) The Peer Support Group shall be supervised by the Morale and Welfare Section of RPRMDs/ARMDs of every PNP Office/Unit, and will be primarily responsible for implementing the PNP Wellness Program.
- 9) The Deputy Regional Director for Administration/Deputy Director for Administration or its equivalent to each Offices/Units shall supervise and monitor the conduct of the PNP Wellness Program.
- 10) Conduct periodic assessment and evaluation of the implementation of the PNP Wellness Program and submit report to the National Headquarters.
- 11) All MOAs/MOUs with external institutions shall comply with minimum standards and guiding principles prescribed in this MC, these include delineation of responsibility and liability-sharing arrangements, explicit provisions on data sharing protocols consistent with Data Privacy Act of 2012, compliance with government procurement laws, and review and approval by the PNP Legal Service prior to execution.
- 12) To ensure fiscal discipline and sustainability:
- a) All Offices/Units implementing the PNP Wellness Program shall prepare explicit budget guidelines;
- b) Funding prioritization shall balance wellness initiatives with operational/logistical requirements;
- c) Resource-heavy projects (e.g., therapy centers, mobile application) shall follow phased implementation schedules aligned with annual appropriations;



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- d) MOAs/MOUs with external institutions shall include clear provisions for shared funding arrangements; and
- e) Costs associated with Peer Support Volunteers, including certifications, shall be charged against the regular fund of the Office/Unit concerned.
- 13) As part of the interventions under this Program, units concerned may grant appropriate wellness leave, temporary relief from duty, or flexible work arrangements to personnel, as determined by the Peer Support Program Committee, in accordance with existing rules and this MC. The avilment or grant thereof shall not give rise to administrative liability nor be considered evidence of neglect, misconduct, or inefficiency.
- 14) PNP Peer Support Mobile Application shall be made available 24/7 to provide a listening ear, empathetic support, and practical guidance to the following different aspects:
- a) Family problems
- a.1 Relationships;
 - a.2 Financial concerns;
 - a.3 Health issues;
 - a.4 Retirement concerns;
 - a.5 Education concerns; and
 - a.6 Other related concerns.
- b) Social problems
- b.1 Vices;
 - b.2 Public mistrust;
 - b.3 Judgmental perception of the public; and
 - b.4 Other related concerns.
- c) Behavioral problems
- c.1 Post Traumatic Stress Disorder (PTSD);
 - c.2 Inherent work danger;
 - c.3 Organizational stress;
 - c.4 Overcoming the stigma;
 - c.5 Experiencing burnout;
 - c.6 Depression; and
 - c.7 Other related concerns.
- d) Spiritual problems
- d.1 Conflicts that generate distressing emotions and one's spiritual journey in life;
 - d.2 Divine spiritual struggles in various aspects such as marital; and
 - d.3 Other related concerns.



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7. PROCEDURES:

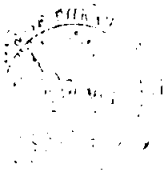
The PNP Peer Support Program will be implemented accordingly, following the phases as follows:

a. Phase I – Preparation Phase

- 1) Selection of members of Peer Support Group - All PNP Offices/Units shall create their respective Peer Support Group according to the different aspects mentioned under para 6.a.3) (a) to (d) of this MC. PNP personnel shall select among themselves who will be the members of the said Peer Support Group. Peer Support Volunteers can also be selected depending on their field of expertise. The selection shall undergo a vetting process based on the provisions stated under para 6.a.4) of this MC. A Certification as member of the Peer Support Group shall be issued by the C, RPRMDs/ARMDs of PNP Offices/Units to the selected PNP personnel or volunteer and shall be renewed annually.
- 2) Trainings for members of Peer Support Group - The selected Peer Support Group member shall undergo a 4-day seminar on the Psychosocial Skills Program followed by a 15-day Advanced Psychosocial Skills Training offered by the PNP, International Criminal Investigative Training Assistance Program (ICITAP), and other recognized institutions by the PNP TS. Standardized training shall emphasize ethics, boundaries, and avoidance of personal bias in providing peer support.
- 3) Supervision of Peer Support Group - The Peer Support Group shall be supervised by their respective Morale and Welfare Section of C, RPRMDs/ARMDs of PNP Offices/Units, and will be the primary responsible for implementing the PNP Peer Support Program. A Peer Support Coordinator shall be designated and will be responsible in assigning the concern/s of the personnel seeking assistance from the members of the Peer Support Group.
- 4) The Peer Support Group Structure is attached as **Annex “A”**.
- 5) The Chief of Office/Unit Commander concerned shall submit a report to the Morale and Welfare Section of RPRMD/ARMD for subsequent submission to TDPRM (Attn: C, MWD) and TDPCR (Attn: C, PID) the list of the Peer Support Group and members details (Names, contact number and field of expertise).

b. Phase II – Execution Phase

The step-by-step Peer Support Program Flow Chart (**Annex “B”**), of the herein Peer Support Program Framework (**Annex “C”**), shall be implemented through the following execution phase:



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- Step 1** – The subject personnel can communicate with any of the Peer Support Group members based on the peer support member's expertise. Likewise, PNP personnel can utilize the Peer Support Group app for immediate intervention;
- Step 2** – Peer Support Group member shall assess possible interventions or referrals;
- Step 3** – Members of the Peer Support Group shall implement appropriate support programs and interventions based on the assessed needs of the personnel.

For Medical/Mental Health Issues, the Peer Support Members from PNP Health Service shall provide proper medical counseling;

For Family Problem, Peer Support Members from PNP Chaplain Service and certified life coaches shall provide proper personal counseling;

For Financial Problem, members of Peer Support Group shall provide advice and persuade the troubled personnel to attend financial literacy seminars conducted by the PNP FS;

For Behavioral Problem, members of Peer Support Group shall communicate with the distressed personnel and refer them to PNP Health Service or clinicians who will attend to their specific issues.

All other problems, proper assistance by the concerned members of the Peer Support Group shall be provided.

For police operations, it is mandatory that all PNP personnel concerned shall undergo the following:

- Conduct of Psychological Debriefing by PNP Health Service to personnel involved in high-risk police operations/critical incidents; and
- Constant communication with personnel requesting peer support intervention and those personnel who have symptoms of high-stress by any Peer Support Member.



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Step 4 – Peer Support Group shall encourage the personnel to incorporate the lessons learned from interventions into their daily routines;

Step 5 – The Peer Support Group member concerned shall evaluate the personnel and determine if there are progress or needs further interventions. If there is a need for further intervention, it shall be reported to the PNP Peer Support Program Committee and refer the personnel to appropriate professionals following the report template (**Annex “D”**);

Step 6 – If the issue is outside the expertise of the peer support member, the support coordinator will facilitate referral to appropriate wellness support program for intervention through the Morale and Welfare Section of RPRMD/ARMD concerned.


Step 7 – Personnel shall be subject for re-evaluation if the issue/concern persists.

- 1) The PNP Office/Unit concerned will act upon the reported issues and concerns, and convene the appropriate Committee, if necessary;
- 2) The Committee shall deliberate and evaluate properly and objectively the recommendations; and
- 3) The Committee shall strictly adhere to the established guidelines in the execution of the program.

c. Phase III – Feedback Mechanism through Monitoring and Evaluation Phase

- 1) The Peer Support Group members shall report all assistance provided to the Peer Support Coordinator of PNP Offices/Units who subsequently submit report to the Morale and Welfare Section concerned. The report should outline name of the personnel, personnel issues, concerns, and needs, along with the recommended solutions/interventions provided and other requirements, if necessary;
- 2) The Peer Support Program Committee of the Office/Unit concerned, through the endorsement of the C, RPRMD/ARMD as recommended by the Chief of Morale and Welfare Section, will evaluate, classify, and assess the issues and concerns identified in the reports submitted;

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- 3) The Peer Support Program Committee concerned issues approved interventions through a Resolution;
- 4) Structured feedback mechanisms from personnel who have undergone wellness interventions to inform program effectiveness and continuous improvement;
- 5) Cases that require interventions of clinicians shall be closely monitored by the HS and shall render report to the Wellness Committee; and
- 6) The Morale and Welfare Division of DPRM and Public Information Division of DPCR shall monitor and evaluate the implementation of the program.

8. RESPONSIBILITIES:

a. DPRM

- 1) Oversee the implementation of this MC;
- 2) Ensure the full cooperation of all Offices/Units in the implementation of this MC through the issuance of memorandum directive to all PNP personnel;
- 3) Issue orders to personnel who will be part of the PNP Peer Support Group;
- 4) Identify personnel who are registered Psychologists, Psychometricians, Social Workers, and Guidance Counselors to be assigned at the Department of Psychiatry, PNPGH, and/or R/FMDUs;
- 5) Require all Heads of Office/Unit Commanders to submit a monthly list of participants who will undergo proactive Peer Support activities to be submitted to concerned PNP Office/Units;
- 6) Require all Heads of Office/Unit Commanders to submit list of personnel who have been deployed for police operations within 24 to 72 hours after the post incident for the immediate conduct of psychological debriefing;
- 7) Design a monitoring and evaluation framework;
- 8) Conduct monitoring and evaluation; and
- 9) Perform other tasks as directed.



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b. **DPCR**

- 1) Support this MC in terms of community relations policies and activities;
- 2) Recommend policies with regard to conducting dialogues, counseling, and peer related activities with the help of different faith-based groups; and
- 3) Perform other tasks as directed.

c. **DI**

- 1) Ensure that the vetting criteria for the PNP Peer Support Group and Support Volunteer shall be observed;
- 2) Conduct background investigation to those who will be vetted as Support Volunteer; and
- 3) Perform other tasks as directed.

d. **DL**

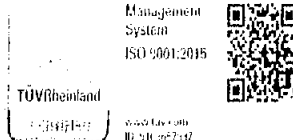
- 1) Provide appropriate logistical requirements for this program and ensure phased implementation of resource-intensive initiatives in line with budgetary provisions; and
- 2) Perform other tasks as directed.

e. **DC**

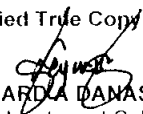
- 1) Provide appropriate funding support for the implementation of this MC, ensuring fiscal discipline, prioritization, and phased implementation schedules; and
- 2) Perform other tasks as directed.

f. **DET**

- 1) Ensure the development of PNP Wellness Program through Informative Audio-Visual Recording that shall be incorporated in POA, in collaboration with unit/office proponent;
- 2) Ensure strict adherence to PNP MC No. 2020-029: "Revised PNP Comprehensive Health and Physical Fitness Program";
- 3) Provide list of PNP personnel with expertise on physical conditioning and fitness development matters to be a member of the Peer Support Group on physical and fitness concern; and
- 4) Perform other tasks as directed.



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g. **DICTM**

- 1) Act as OPR in the Peer Support Group mobile application;
- 2) Provide necessary ICT support to all PNP Offices/Units in the implementation of this MC;
- 3) Supervise and monitor the Peer Support Group app; and
- 4) Perform other tasks as directed.

h. **HS**

- 1) Act as OPR in the implementation of the PNP Mental Health Program (Bantay Kaisipan)/Peer Support Program;
- 2) Coordinate with different PNP units through the Unit Commanders for the recipients of the PNP Mental Health Program;
- 3) Maintain and consolidate reports for reference and submission as needed in compliance with the Data Privacy Act of 2012;
- 4) Establish Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) with other mental health institutions consistent with guiding principles outlined in this MC;
- 5) Oversight of nutritionally balanced meal initiative for PNP personnel;
- 6) Conduct regular trainings on mental health to PNP Mental Health professionals, SHU personnel, squad leaders, and unit commanders/supervisors;
- 7) Direct R/FMDUs to conduct proactive measures or campaigns on promotion of mental well-being and promote wellness programs to reduce stigma around mental health and prevention of mental health problems. Success stories and testimonials from personnel who have benefited from the program can foster openness and trust;
- 8) Systematically promote the PNP core values and mental health awareness to eradicate stigma, in coordination with PCADG through their social media platforms;
- 9) Invite and avail the services of other mental health professionals to provide periodic counseling services and psychosocial processing to PNP Mental Health professionals and SHUs who are potentially at risk of developing Secondary Traumatic Stress, Vicarious Trauma, Compassion Fatigue, and Burnout; and
- 10) Perform other tasks as directed.

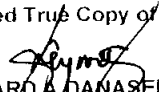


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i. **CHS**

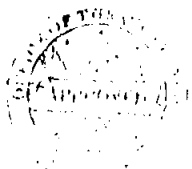
- 1) Act as OPR in the implementation of the Spiritual Wellness Program through Pastoral and Religious Services;
- 2) Evaluate and issue certification/accreditation to Peer Support volunteers;
- 3) Delist the Peer Support volunteers found to be violating the provisions of this MC;
- 4) Identify squad leaders based on the religious affiliations of different squad groups.
- 5) Conduct periodic pastoral visitation and seminar on resilience training to Police Regional Offices (PROs), National Support Units (NSUs), Provincial Police Offices (PPOs), City Police Offices (CPOs), and Municipal Police Stations (MPS);
- 6) Establish MOA or MOU with other major religious bodies, if deemed necessary consistent with guiding principles outlined in this MC;
- 7) Systematically promote the PNP core values and psycho-spiritual activities to eradicate stigma;
- 8) Shall reinforce the psycho-spiritual interventions, values formation, and religious activities through simple and adaptable programs; and
- 9) Perform other tasks as directed.

j. **ITMS**

- 1) Create a mobile application integrating all the Peer Support activities and Bantay Kaisipan or Wellness Program;
- 2) Create a system with data analytics of all PNP personnel who have inquired in the Peer Support Mobile App;
- 3) Ensure mobile application undergoes DPIA and complies with data privacy safeguards; and
- 4) Perform other tasks as directed.

k. **FS**

- 1) Provide list of PNP personnel with expertise on financial matters to be a member of the Peer Support Group on financial concerns;



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- 2) Conduct a monthly financial management activities/seminar to all PNP personnel; and
- 3) Perform other tasks as directed.

i. TS

- 1) Act as OPR in the conduct of trainings for members of Peer Support Group and other related trainings in line with the provisions of this MC; and
- 2) Perform other tasks as directed.

m. LS

- 1) Provide a list of PNP personnel with expertise on legal matters to be a member of the Peer Support Group on legal concerns; and
- 2) Perform other tasks as directed.

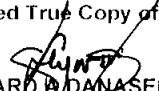
n. PRBS

- 1) Provide a list of PNP personnel with expertise on retirement matters to be a member of the Peer Support Group on retirement concerns; and
- 2) Perform other tasks as directed.

o. PROs and NSUs

- 1) Provide overall supervision in the implementation of this MC in their respective Offices/Units;
- 2) Ensure the compliance of all PNP Offices/Units under their jurisdiction to all programs and activities under this MC;
- 3) Designate the Deputy Regional Director for Administration/Deputy Director for Administration/Deputy Director or its equivalent to each Offices/Units as supervisor in the conduct of Peer Support Activities;
- 4) Report and coordinate with the PNP Peer Support Group, RMDUs, and Pastoral Officers those who are identified with mental health concerns;
- 5) Establish a therapy/counseling center within its headquarters in order to attend to the PNP mental health program in coordination with the HS;
- 6) Establish a pastoral and family counseling center within its headquarters in order to attend to the behavioral and spiritual needs of PNP personnel in coordination with the CHS; and
- 7) Perform other tasks as directed.

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8. PENAL CLAUSE:

Any PNP personnel who violates the provisions of this MC shall be dealt with accordingly.

9. REPEALING CLAUSE:

All existing PNP directives and other issuances, which are contrary to or inconsistent with the provisions of this MC are hereby rescinded or modified accordingly.

10. EFFECTIVITY:

This MC shall take effect after confirmation by the National Police Commission and 15 days from publication of the copy thereof at the University of the Philippines Law Center in consonance with Section 3, Chapter 2, Book VII of Executive Order 292, otherwise known as the "Revised Administrative Code of 1987," as amended.



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Police General
Chief, PNB

- Distribution:
- Command Group
 - IG, IAS
 - D-Staff
 - P-Staff
 - Ds, NSUs
 - RDs, PROs
 - DDs, NCRPO
 - SPA to the SILG



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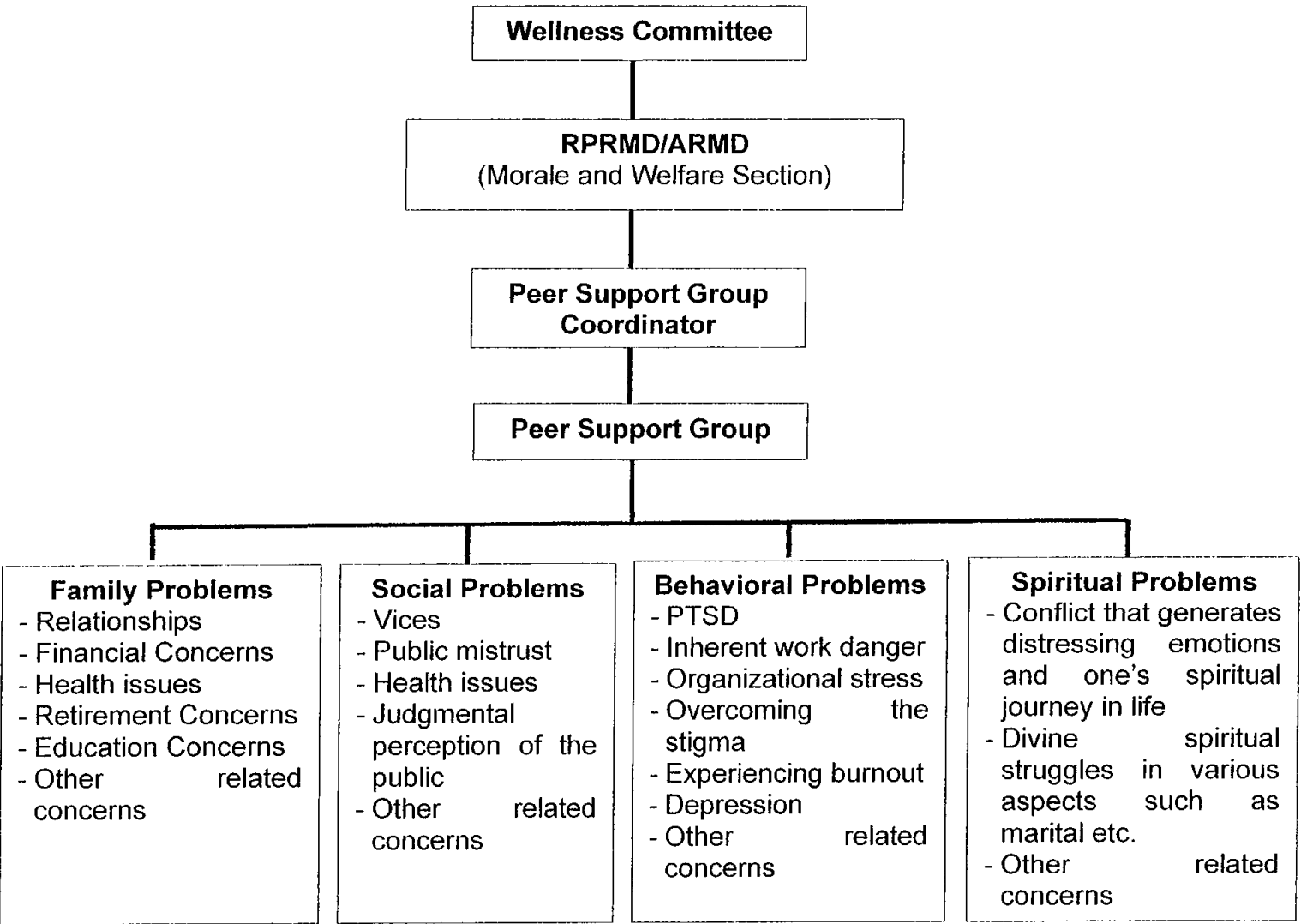
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Annex "A"

Peer Support Group Structure in All PNP Offices/Units



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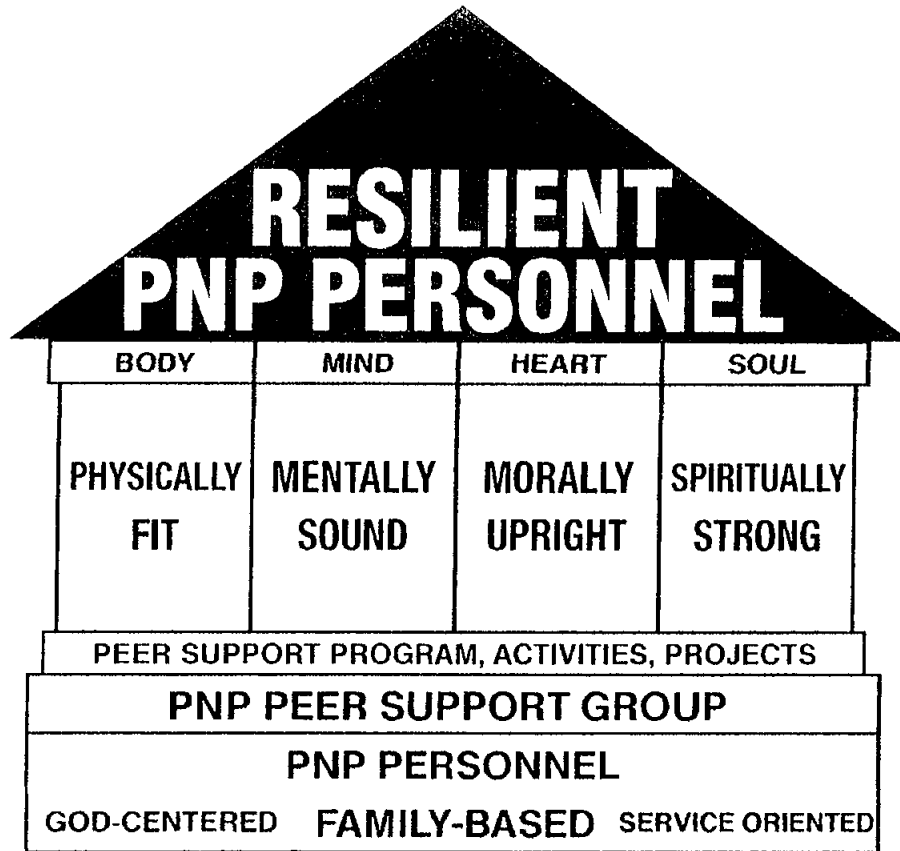


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Annex “C”

Framework of PNP Peer Support Program



This visual framework embodies the **Resilient PNP Personnel** as a steadfast “*Tagapagtanggol*”— a protector rooted in both service and *pagkatao* (humanity). The figure is grounded in balance, where the **Body, Mind, Heart, and Soul** are not just anatomical or abstract concepts, but sacred pillars of wholeness. These domains reflect the deep Filipino value of *pagkakaisa* — the unity of self in service to others.

- The **Body** signifies *lakas ng loob at katawan*—the physical and moral courage to respond to the call of duty.
- The **Mind** represents *talino at kakayahan*—wisdom, discernment, and the mental grit to make ethical decisions under pressure.
- The **Heart** reflects *loob at malasakit*—the inner compass of compassion and care for community and comrades.
- The **Soul** stands for *pananampalataya at dangal*—the spiritual resilience that anchors one’s purpose and honor.

Together, these pillars tell the story of *isang alagad ng batas* (a public servant) who is not just trained, but transformed—empowered not only to protect, but to nurture peace, guided by the values of being God-centered, family-based, and service oriented.

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Annex "D"

Wellness Report Template

Peer Support Coordinator: _____

Peer Volunteer who reported: _____

Designation/Unit: _____

Date of Report: _____

Subject Personnel Rank & Name (with consent): _____

Unit/Assignment: _____

Date of Initial Referral/Concern: _____

1 BACKGROUND INFORMATION

- **Detailed Reason for Referral or Monitoring:** (e.g., observed behavioral changes, peer concern, performance decline)

- **Initial Observations or Reports Received:** (Include source of report and nature of concern)

2 WELLNESS INTERVENTIONS INITIATED

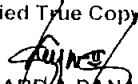
- **Type of Intervention Conducted:** (e.g., peer support session, counseling referral, wellness activity)

- **Date(s) of Intervention:**

- **Personnel Involved (e.g., peer support volunteer, counselor):**

- **Summary of Engagement:** (Brief description of interaction, participation, and responsiveness)

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3) CURRENT STATUS OF SUBJECT PERSONNEL

- **Behavioral/Emotional Indicators:** (e.g., mood, interpersonal relations, coping mechanisms)
- **Work Performance and Attendance:**
- **Peer and Supervisor Feedback:**

4) ASSESSMENT

- **General Assessment of Wellness Status:** (Include strengths, areas of concern, and progress made)
- **Risk Level with brief justification:** Low Moderate High

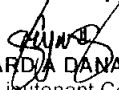
5) RECOMMENDATIONS

- **Suggested Follow-Up Actions:** (e.g., continued monitoring, referral to professional services, reintegration support)

6) ATTACHMENTS

- Referral Form
- Session Notes (if applicable)
- Feedback Forms
- Other Supporting Documents

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