



TREATMENT REFERRAL PROGRAM (TRP) FOR GAMING/GAMBLING RELATED HEALTH CONCERNS

I. Background and Rationale

The Philippine Charity Sweepstakes Office (PCSO), through its **Responsible Gaming Program and the Medical Services Department (MSD)**, recognizes its vital role in promoting responsible gaming and mitigating the adverse effects of gaming and gambling-related disorders on individuals, families, and communities. In line with the agency's mandate to uphold social responsibility and provide medical assistance to those in need, the MSD hereby adopts and implements the **Treatment Referral Program (TRP)** as a structured mechanism for the proper management, referral, and support of clients experiencing health concerns related to excessive gaming and gambling.

The TRP is designed as a triage and coordination platform, ensuring that patients exhibiting signs and symptoms of gaming and gambling-related addiction – such as anxiety, depression, sleep problems, somatic complaints, agitation, or psychosis – are appropriately screened, referred, and monitored in partnership with accredited government and private institutions. This program underscores PCSO's commitment to:

1. **Accessibility of Services** – Guaranteeing that affected individuals and their families have equitable access to appropriate treatment facilities, professional consultations, medication, counselling, and rehabilitation, as available.
2. **Institutional Linkages** – Maintaining strong and active coordination with external partners such as the Department of Health (DOH), the National Center for Mental Health (NCMH), and other DOH- accredited institutions thereby ensuring timely and effective patient referral and management.
3. **Financial Assistance** – Providing medical assistance under the PCSO's Medical Assistance Program (MAP), consistent with existing rules and regulations, to alleviate the financial burden of patients requiring consultations, therapies, and medications.
4. **Monitoring and Accountability** – Utilizing the PCSO's Customer Relationship Management (CRM) system to ensure accurate tracking of patient referrals, timely follow-ups, compliance with treatment plans, and transparent reporting of program outcomes.
5. **Capacity Building and Preventive Action** – Conducting pre-treatment orientation sessions, responsible gaming awareness campaigns, seminars, and family support activities aimed at preventing relapse, strengthening





resilience, and reducing stigma surrounding mental health and gambling/gaming disorders.

Through the TRP, PCSO reaffirms its social commitment not only to provide financial and medical support but also to safeguard public health, promote responsible gaming practices, and contribute to national efforts in addressing behavioral addictions. This policy shall serve as the guiding framework for all TRP activities and partnerships, ensuring that the program is implemented with integrity, compassion, and accountability.

II. Objectives

The **Treatment Referral Program (TRP)** seeks to address the growing concerns related to gambling and gaming addiction by providing an organized system of referral, financial support, and monitoring for affected individuals.

Specifically, the objectives of the TRP are:

1. **Provide Timely Access to Care** – Ensure that patients manifesting symptoms of gaming and gambling-related addiction receive immediate and appropriate medical attention through PCSO's referral and coordination system.
2. **Facilitate Effective Treatment Referrals** – Establish a structured triage mechanism where PCSO acts as the first point of contact, directing patients to appropriate government and private health institutions for consultation, medication, or therapy.
3. **Alleviate Financial Burden** – Extend financial assistance to qualified patients through the PCSO Medical Assistance Program (MAP) to cover treatment costs, medication, diagnostic procedures, and related health services.
4. **Promote Responsible Gaming** – Implement preventive and educational activities, including pre-treatment orientations, seminars, and family support programs, to reduce the risk of relapse and encourage healthy lifestyle practices.
5. **Strengthen Institutional Partnerships** – Foster collaboration with the Department of Health (DOH), National Center for Mental Health (NCMH), and DOH-accredited hospitals, and medical facilities to ensure seamless patient care.
6. **Ensure Accountability and Transparency** – Institutionalize proper documentation, monitoring, and reporting mechanisms to evaluate the effectiveness of the program, support evidence-based policymaking, and uphold PCSO's social responsibility mandate.





III. Definition of Terms

- **Responsible Gaming:** Practices and policies designed to promote safe and controlled gaming behavior, prevent problem gaming, and provide support for individuals affected by gaming disorders.
- **Gaming/Gambling-related Disorders:** A set of behavioral health conditions characterized by persistent, recurrent, and maladaptive patterns of gambling or gaming that lead to significant distress, impairment, or harm in personal, social, occupational, or financial functioning.
- **Treatment Referral Program (TRP):** A structured initiative of the Philippine Charity Sweepstakes Office (PCSO) that provides triage, referral, and follow-up support for individuals presenting with gaming or gambling-related health concerns.
- **Triage:** The systematic assessment of individuals using standardized criteria (e.g., DSM-5 cues), which categorizes clients into low, moderate, or high-risk bands to determine the appropriate intervention or referral pathway.
- **Partner Institutions:** Government hospitals and other accredited facilities designated to provide specialized consultations, therapies, and medications.

IV. Scope

The TRP shall apply to all employees, stakeholders, including players, retailers, and service providers of PCSO.

V. Program Management

The TRP shall be managed under the following structure:

- **Responsible Gaming Committee (RGC):** Provides overall policy direction, oversight, and evaluation of the program.
- **Medical Services Department (MSD):** Serves as the program's primary implementing arm, responsible for patient intake, referral processing, CRM system documentation, and monitoring of cases.
- **PCSO Branch Offices:** Act as extension units to facilitate referrals and assistance outside NCR.
- **External Partners:** DOH, NCMH, and accredited hospitals that serve as receiving treatment institutions.





VI. Referral Pathways

The referral system shall function as follows:

Initial Contact and Screening:

- MSD conducts an initial assessment on the patient to determine eligibility and severity of the case using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
- Using DSM-5 cues, patients are assessed and categorized into risk bands (Mild, Moderate, or Severe), with corresponding referral pathways. (Please refer to Annex - B).

A. Mild-Risk Cases

- Individuals showing early signs of gambling/gambling-related concerns but are still functioning in daily life (e.g. mild stress, occasional overspending, no severe impairment)
- Interventions focus on responsible gaming education and risks of excessive play, and peer-support referrals.

B. Moderate-Risk Cases

- Individuals showing clinical symptoms of gaming/gambling disorder such as repeated failed attempts to stop, financial strain, or family/work conflict
- These require physician consultation and intervention via an accredited receiving hospital.

C. Severe-Risk Cases

- Individuals in acute distress or danger, such as suicidal ideation, severe debt leading to harm, aggressive behavior, or co-occurring psychiatric crisis.
- They are directly referred to the NCMH Crisis Hotline or the nearest partner hospital.

Referral/ Endorsement:

- MSD issues a referral endorsement to the appropriate institution, depending on the patient's condition and available services.

For the list of DOH-accredited partner institutions, please refer to Annex-A.



Acceptance by Partner Institution:

- Patient undergoes evaluation by the receiving institution's physician or psychiatrist. Treatment plan is established (medication, therapy, or combination).

Follow-Up and Monitoring:

- Patients are monitored through scheduled follow-ups, with updates recorded in the CRM system.
- After formal medical and therapeutic interventions, the patient may join a community-based support group to complement clinical treatment.

For the list of suggested partner institution for community-based support through face-to-face and/or virtual meetings, please refer to Annex-A.

VII. Monitoring and Evaluation

Monitoring and evaluation (M&E) mechanisms shall be institutionalized to ensure program accountability and continuous improvement:

1. Weekly Monitoring:

- MSD tracks referrals, patient progress, and financial assistance releases using the CRM system.

2. Documentation:

- All referrals and case details are recorded in standardized forms and encoded into the CRM database.
- Case studies (anonymized) may be developed to highlight best practices and identify system gaps.

3. Evaluation:

- Program outcomes shall be assessed using indicators such as:
 - Number of patients screened and referred
 - Type of services accessed (consultation, medication, therapy)
 - Financial assistance provided
 - Patient compliance and treatment success rate
 - Satisfaction feedback from patients and families
- Evaluation will also consider operational challenges, coordination effectiveness, and resource utilization.



4. Capacity for Adjustment:

- Findings from M&E will guide policy refinements, expansion of coverage, and allocation of additional resources where necessary.

VIII. Reporting

MSD shall submit weekly progress updates to the Responsible Gaming Committee (RGC) while monthly summaries shall be prepared for internal review.

A quarterly comprehensive report shall be prepared by MSD and submitted to RGC, covering program framework and guidelines implemented, statistical data on patients served, financial assistance disbursed, coordination activities with partner institutions, and identified issues and recommended actions.

A consolidated annual report shall be submitted to PCSO leadership summarizing program performance, impact, and recommendations for the next cycle.

IX. Financial Assistance Application

Patients referred through the TRP may be granted financial assistance, through the PCSO Medical Assistance Program (MAP) of the Charity Assistance Department to support the cost of prescribed services, subject to eligibility, evaluation, and approval under existing PCSO policies.

X. Effectivity

This Treatment Referral Program shall take effect immediately upon approval and shall remain in force until amended or repealed. All PCSO offices, in partnership with DOH and accredited institutions, are enjoined to comply.

Approved by:


MELQUIADES A. ROBLES
General Manager

References:

1. DSM-5-TR Update Supplement to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision
2. Revised Implementing Rules and Regulations of the Institutional Partnership Program (Resolution No. 099, Series 2025)
3. Policy on Treatment Referral for Game-Related Harms





ANNEX - A

List of Partner Institutions:

			Contact Numbers
Metro Manila	1	National Center for Mental Health (NCMH) -Mandaluyong City	Trunk Line (02) 85319001 Local 301/304 (PACD) ER Direct Line (02) 8531-5275 Crisis Hotline 1553 or 1800-1888-1553 SMART/TNT 09190571553 GLOBE/TM 09178998727 09663514518
	2	Philippine Mental Health Association, Inc.	(02) 8921 4958
	3	Dr. Jose N. Rodriguez Memorial Hospital	+632 294-2571, +632 294-2572, +632 294-2573, +632 962-9877
	4	Jose R. Reyes Memorial Hospital	+632 711-9491, +632 711-9493 to 95, +632 732-1077, +632 732-1629
	5	Las Pinas General Hospital and Satellite Trauma Center	+632 873-0556, +632 873-0557
	6	Philippine General Hospital	85548400
	7	Rizal Medical Center	+632 865-8400
	8	East Avenue Medical Center	+632 928-0611 to 23, +632 426-4405 (Telefax)
Ilocos	9	Region 1 Medical Center	+6375 515-7296, +6375 523-4080, +6375 523-6077
	10	Ilocos Training and Regional Medical Center	+6372 607-6418, +63672 607-6422





	11	Mariano Marcos Memorial Hospital and Medical Center	+6377 617-1517, +6377 792-2652, +6377 792-3133
Cagayan	12	Cagayan Valley Medical Center	+6378 302-0000, +6378 304-3789
Central Luzon	13	Mariveles Mental Wellness and General Hospital	+6345 935-4138, +6347 935-4617
	14	Jose B. Lingad Memorial General Hospital, Pampanga	+6345 961-3363, +6345 961-3544, +6345 961-3921
	15	Dr. Paulino J. Garcia Memorial Research and Medical Center, Nueva Ecija	(044) 4638888
CALABARZON	16	Batangas Medical Center	+6343 723-0911 +6343 740-8303 to 07, +6343 980-1743 +63 917-712-8745, +63 919-913-3102
MIMAROPA	17	Culion Sanitarium and General Hospital, Palawan	+6348 433-7743, 759-3956 to 12
Bicol	18	Bicol Regional Training and Teaching Hospital	+6352 483-0014, +6352 483-0017, +6352 483-1089
Western Visayas	19	Western Visayas Medical Center, Iloilo	+6333 321-2841 to 50, +6333 330-7700, +6333 321-1797 (Fax)
	20	Corazon Locsin Montelibano Memorial Regional Hospital	+6334 433-2697, +6334 435-1591
Central Visayas	21	Vicente Sotto Memorial Medical Center	+6332 253-9891 to 98
Eastern Visayas	22	Eastern Visayas Regional Medical Center	+6353 321-3129, +6353 321-3363 , +6353 321-8724, +6353 832-0308
Zamboanga	23	Zamboanga City Medical Center	+6362 991-0573, +6362 991-2934
	24	Dr. Jose Rizal Memorial Hospital	+6365 213-6421, +6365 908-8038
Davao	25	Southern Philippine Medical Center	+6382 221-7029, +6382 227-2731
	26	Cotabato Regional and Medical Center	+6364 421-2340, +6364 421-2192
CAR	27	Baguio General Hospital Medical Center	(+63)74 442-5241 (ER) (+632) 442-3809
	28	Luis Hora Memorial Regional Center	+6384 217-3347, +6384 217-3671,



			+63 908-348-3158 (ER)
CARAGA	29	Caraga Regional Hospital	+6386 826-2459
	30	Adela Serra Ty Memorial Medical Center	+6386 211-5511, +6386 211-4308

List of Partner Institution for Community-based Support Mechanism

			Contact Numbers
Quezon City Makati City Laguna Cebu	1	Gamblers Anonymous Philippines (GAP)	+639159382808



ANNEX - B

Non-Substance-Related Disorders

Gambling Disorder

Diagnostic Criteria

- A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
 2. Is restless or irritable when attempting to cut down or stop gambling.
 3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
 4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
 6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
 7. Lies to conceal the extent of involvement with gambling.
 8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

Specify current severity:

Mild: 4–5 criteria met.

Moderate: 6–7 criteria met.

Severe: 8–9 criteria met.