

Upholding the Effect of School Mental Health Services in Support of the Learners' Academic Performance

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ABSTRACT

Mental health challenges among children and adolescents, affecting a significant 10–20% globally, necessitate effective school-based interventions. This descriptive-correlational study, guided by Humanistic Learning Theory (HLT) which posits psychological safety as foundational to learning, investigated the extent of School Mental Health Services (SMHS) implementation and their relationship to learners' academic performance. Furthermore, the study is also anchored on the UNESCO Education 2030 Framework, Sustainable Development Goals (SDGs 3, 4, and 16), and national policies and DepEd Orders. Data were collected from 100 respondents in selected elementary schools in Cebu, Philippines (SY 2024-2025), using a questionnaire adapted from the Department of Education (DepEd) across four domains: basic services, family/community support, non-specialized supports, and specialized services. Academic achievement was measured using students' General Weighted Averages (GWA). Findings showed a high level of implementation for basic services (WM = 4.31) and family/community support (WM = 4.02), but a partial implementation for non-specialized (WM = 3.92) and specialized services (WM = 3.78). The overall implementation of SMHS was found to be significantly and positively correlated with learners' academic performance. The study confirms the essential role of SMHS in supporting academic achievement, emphasizing the urgent need to strengthen specialized service delivery, enhance teacher training, and foster robust school–community collaboration within the national mental health policy framework.

Keywords: mental health services, academic performance, DepEd MHPSS, Humanistic Learning Theory, school-based support

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Chapter 1

THE PROBLEM AND ITS SCOPE

INTRODUCTION

Rationale for the Study

Mental health is an essential component of overall well-being (Alegría and Cheng, 2025). Globally, the alarming mental health issues among children and adolescents as pointed out by Piao et al. (2022) implies the importance of proactively addressing this crisis (Fegert, 2020; Maerlender & Bray, 2024) where Benton, Boyd, and Njoroge (2021) emphasized through increased awareness and targeted interventions. Schulte-Körne (2016) found that between 10 and 20 percent of children and adolescents have mental health issues and needs for effective support. This is also supported by the report of World Health Organization and the United Nations Children's Fund (WHO & UNICEF, 2020) where 10% to 20% of children and adolescents face mental health challenges, with many of these issues surfacing before the age of 14. This implies that mental health disorders are a leading cause of disability among youth, significantly impacting their academic performance and social development.

In the contention of Bhamani et al. (2020), schools have emerged as pivotal environments for the delivery of mental health services since they provide structured settings where students are engaged for substantial periods daily. These should be maximized as children spend a significant portion of their formative years (Ali et al., 2019). Such statistics underscore the urgent need for effective mental health services, particularly within schools, which are uniquely positioned to provide these supports (Bhamani et al., 2020; Fegert et al., 2020; Benton et al., 2021). The importance of integrating mental health services in academic institutions does not only help improve academic outcomes (Bangalan & Agnes, 2024) but also socioeconomic prosperity (Llena-Nozal, Martin, and Murtin, 2019).

According to Jourdan et al. (2021), children's health and long-term development are largely shaped by the influence of the school's conditions. It serves as a backbone in promoting well-being and resilience. Given the critical role of schools in forming health behavior, Vamos et al. (2020) expands health literacy initiatives by promoting health and wellness on students. Furthermore, schools are crucial for people's well-being not only because of what they can provide intellectually but also of their social and emotional learning (Llena et al., 2019). Consequently, Malin et al. (2020) holds that when it comes to the delivery of mental health services, through a cohesive approach to human resources, structural system, school policy, and practice both improve academic and health results.

The UNESCO Education 2030 Framework emphasizes the integration of mental well-being within educational practices to promote inclusive and equitable quality education (UNESCO, 2015). This initiative supports the Sustainable Development Goals (SDGs) #3 (Good Health and Well-Being), #4 (Quality Education), and #16 (Peace, Justice, and Strong Institutions) in its realizations (United Nations, 2015) and is aligned with the need for comprehensive mental health services in schools to support students' academic performance and overall well-being (Bangalan & Agnes, 2024; Alegría and Cheng, 2025). As UNESCO advocates for a holistic approach to education that includes emotional and social dimensions on its "Education for Sustainable Development" (ESD), the promotion of mental health awareness as part of a larger educational framework that encourages critical thinking, problem-solving, and social responsibility (UNESCO, 2014). This perspective stresses that learning environments must cater not only to cognitive development but also to emotional and social growth, fostering holistic educational experiences. Research indicates that effective mental health interventions can improve students' academic performance, enhance their engagement in school, and promote better interpersonal relationships (Malin et al., 2020).

In the Asian context, frameworks such as the ASEAN Work Plan on Education (2016-2020) reinforce the importance of mental health awareness in educational settings, promoting resilience and inclusivity among students (ASEAN Secretariat, 2016). This highlights the importance of mental health awareness and support systems within educational frameworks. This regional approach reflects a growing recognition of mental health as a vital component of educational success. The ASEAN Community Vision 2025 further emphasizes resilience and inclusivity, promoting policies that prioritize the well-being of citizens (ASEAN Secretariat, 2015). This further extends to schools across the region in addressing mental health services.

In the Philippine legal frameworks, the Mental Health Act (Republic Act No. 11036) ordered the integration and promotion of mental health in educational institutions (Sec. 3 &4, RA 11036, 2018) and the Basic Education Mental Health and Well-being Promotion Act (Republic Act No. 12080) mandates the provision of school mental health support to enhance the well-being and academic performance of students (RA 12080, 2024). This legislation also compels Department of Education (2024) to establish school-based mental health programs, care centers, and counselors in the Basic Education institutions. Beforehand, several DepEd Orders and Memoranda were issued on the provision of mental health and psychosocial support services (DepEd Order No. 14, s.2020), draft policy on school-based mental health program (Draft DepEd Order No. __, s.2025), inclusion of school-based mental health services and programs (DepEd Memorandum No. 077, s.2025), learners health assessment and screening (LHAS) which includes the integration of universal mental health and psychosocial services (DepEd Memorandum 050, s.2025), orientation on mental health and psychosocial services (DepEd Memorandum No. 058, s.2020), and the inclusion and promotion of mental health in all DepEd events and programs (DepEd Memorandum No. 074, s.2021).

The Philippines has also made strides toward integrating mental health services into educational policies for schools to implement, aligning with the Sustainable Development Goals (SDGs) that advocate for good health, quality education, and strong institutions (United Nations, 2015). This can be taken as a response to the prevalent 16% of mental disorders among children in the assessment conducted on the Philippine mental health system (WHO, 2007). This initiative aims to enhance the indispensable role of education in achieving sustainable development goals advocating on the importance of integrating mental health awareness within educational frameworks to foster holistic development.

Supporting students' mental well-being is not just a health issue as per EDCOM 2 Communications (2025) but also an educational one. This means that when students are mentally healthy, their academic performance is expected to improve, it decreases absenteeism, and lead to a more conducive learning environment. Bangalan & Agnes (2024) studied on the impact of mental health concerns on the academic performance of university students in the Philippines. They asserted that school mental health services are crucial in enhancing academic outcomes (Alibudbud, 2024). According to Strokosch (2019), the implementation of reforms and innovations in school systems can benefit the health of all children. When school-based mental health services will be institutionalized by virtue of the Implementing Rules and Regulations (IRR) of the RA 12080 for all basic education institutions, students with emotional, behavioral, or mental health challenges are more likely to receive timely support. As such, approaches to integrating mental health services within educational frameworks become more necessary and relevant. This directly tells us the relationship between mental well-being initiatives and academic outcomes of students.

In Cebu City and Cebu Province, the mental health landscape is characterized by a pressing need for tailored interventions (Maerlender & Bray, 2024) that address the unique challenges faced by students. Garcia et al. (2022) findings in their study conducted in Cebu Province, revealed that students are sometimes mentally well and sometimes anxious and stressed where females are more susceptible in comparison to the males. Similarly, Sunstar Cebu (2025) highlights a recent survey where 95 percent of the students in three universities in the city were found struggling with mental health concerns due to excessive academic pressures. These local studies solicit more mental health programs that support their well-being. An open and supportive learning environment, and implementing programs and policies that promote student well-being must be available. This calls for the need for more mental health services for schools to offer so as to support students' academic performance.

In response, the Department of Education (2021) commits itself in addressing students' mental health needs to support learning by launching more mental health and psychosocial programs. An educational, child-friendly program offering informative segments, storytelling, and art activities for the elementary learners were rolled out by the department called as T.A.L.A.: Tuklasin, Alamin, Likhain, at Alalahanin. The Psychological Association of the Philippines (PAP) is also closely collaborating with DepEd through hosting consultation and writeshop on School Mental Health Program Enhancement (Psychological Association of the Philippines, 2025). The Department of Health Central Visayas Center for Health Development likewise emphasizes community support and open communication (2024, September 23) through its mental health programs and hotlines (2025, October 25) asserting that there is no health if there is no mental health. This solidifies the strong advocacy on mental health services.

Research indicates that approximately 10% to 20% of children and adolescents in the region experience mental health issues (Schulte-Körne, 2016), yet many do not seek help due to stigma and lack of awareness (WHO, 2020). Malolos et al. (2021) also found out that children in the Philippines experienced increased emotional distress during the pandemic. This is a powerful trigger to any succeeding events like the recent earthquake that hit Cebu which not only disrupted academic learning of students but also caused trauma and anxiety. These concretizes the importance of integrating mental health education into school curricula and establishing supportive environments where students feel safe to discuss their challenges, student achievement may enhance health and decrease inequalities (Speer et al., 2020).

Despite these global to local frameworks regarding mental health challenges, a comprehensive data on how this affects students' academic performance remains lacking. Additionally, a significant gap remains

in the implementation and effectiveness of these mental health services and in understanding how these services due to its limitations impact academic outcomes, particularly in localized contexts such as Cebu City and Cebu Province.

The lack of adequate mental health services within schools can possibly contribute to a cycle of poor academic performance (Alibudbud, 2024). This requires a rethinking in its implementation of the mental health services (Ansah et al., 2022). Identifying the issues and concerns related to mental health services in schools is crucial for developing effective interventions. Common challenges can possibly include inadequate resources, lack of trained personnel, and insufficient awareness of mental health issues among students and staff (Maerlender & Bray, 2024; Alegría and Cheng, 2025). By addressing these barriers, schools can create a more supportive environment conducive to learning. Noteworthy to mention that the Department of Health (DOH) indicated that they did not have yet established a Mental Health Information System which indicates an existing gap on local data (DOH, 2023). Thus, the need for further research on the specific impacts of mental health services on academic performance in these areas is critical, as local factors may influence the effectiveness of broader national policies.

This study aims to bridge this gap by investigating the relationship between mental health services and the academic performance of learners during the first grading period within selected schools in the Cebu City Division and Cebu Province Division during the 2025-2026 school year. By focusing on this relationship, we seek to provide actionable insights that inform policy and practice in mental health services within educational systems.

Malin et al. (2020) discussed the barriers and enablers to achieving evidence-based practices in schools and understanding these can enhance mental health services initiatives within the educational settings through systemic changes in strategies and policies leading to better academic outcomes for students. The findings from this study will provide valuable insights into the perceptions of teachers and administrators regarding the implementation of mental health services. Understanding the demographics of these educators such as age, gender, educational attainment, and years of service will help identify potential gaps in training and support that could enhance service delivery. Furthermore, assessing the extent of mental health services, including family and community involvement, basic and specialized supports, will offer a comprehensive view of the current mental health services delivery in schools and its effectiveness in fostering academic achievement.

Based on the research findings, an enhanced mental health services in schools can be devised. This plan of action should include strategies for increasing awareness and accessibility of mental health resources, training for educators, and collaboration with mental health professionals. Such measures will not only enhance the academic performance of students but also promote a culture of well-being within the school community.

The relationship between mental health services and academic performance is complex and multifaceted, necessitating a comprehensive approach that incorporates global insights, regional frameworks, and localized research. School-related variables that impact children's cognitive growth and mental health, though not always well understood, are likely to be most helpful to these students (Lyons, McQuillin & Henderson, 2019). This suggests stronger connection and support to effectively deliver mental health services in schools (Bangalan & Agnes, 2024). Addressing mental health in schools is not merely an educational issue but a societal imperative that can shape the future of our youth ensuring they thrive both academically and emotionally. Ultimately, the findings will contribute to developing a robust action plan, fostering an educational environment that prioritizes mental well-being and enhances academic success.

Theoretical Background

Effective mental health services are fundamental to achieving comprehensive educational outcomes. This means that in fostering students’ academic success, the integration of mental health services within educational frameworks is increasingly acknowledged as a crucial component. Such intersection of the mental health services and academic performance of students is anchored on Humanistic Learning Theory (HLT) as the theoretical and philosophical framing, complemented by the legal and practical mandates established by the Department of Education (DepEd).

By shifting the educational focus from mere cognitive transmission to the holistic development of learners, this model asserts that psychological and emotional well-being are essential prerequisites for academic achievement. The Humanistic Learning Theory (HLT) emphasizes the intrinsic value of each individual, prioritizing self-actualization, psychological safety, and student-centered learning. This perspective reinforces the notion that mental health services are integral components necessary for fostering positive development and cognitive competence in children. The facilitation of personal growth as this theory posits, is the primary objective of education, which eventually leads to self-actualization. This is grounded in humanistic psychology, including person-centered theory (Combs, 1982; Gould, 2012; Rogers, 1951). HLT underscores the importance of cultivating supportive learning environments that nurture emotional well-being alongside cognitive development.

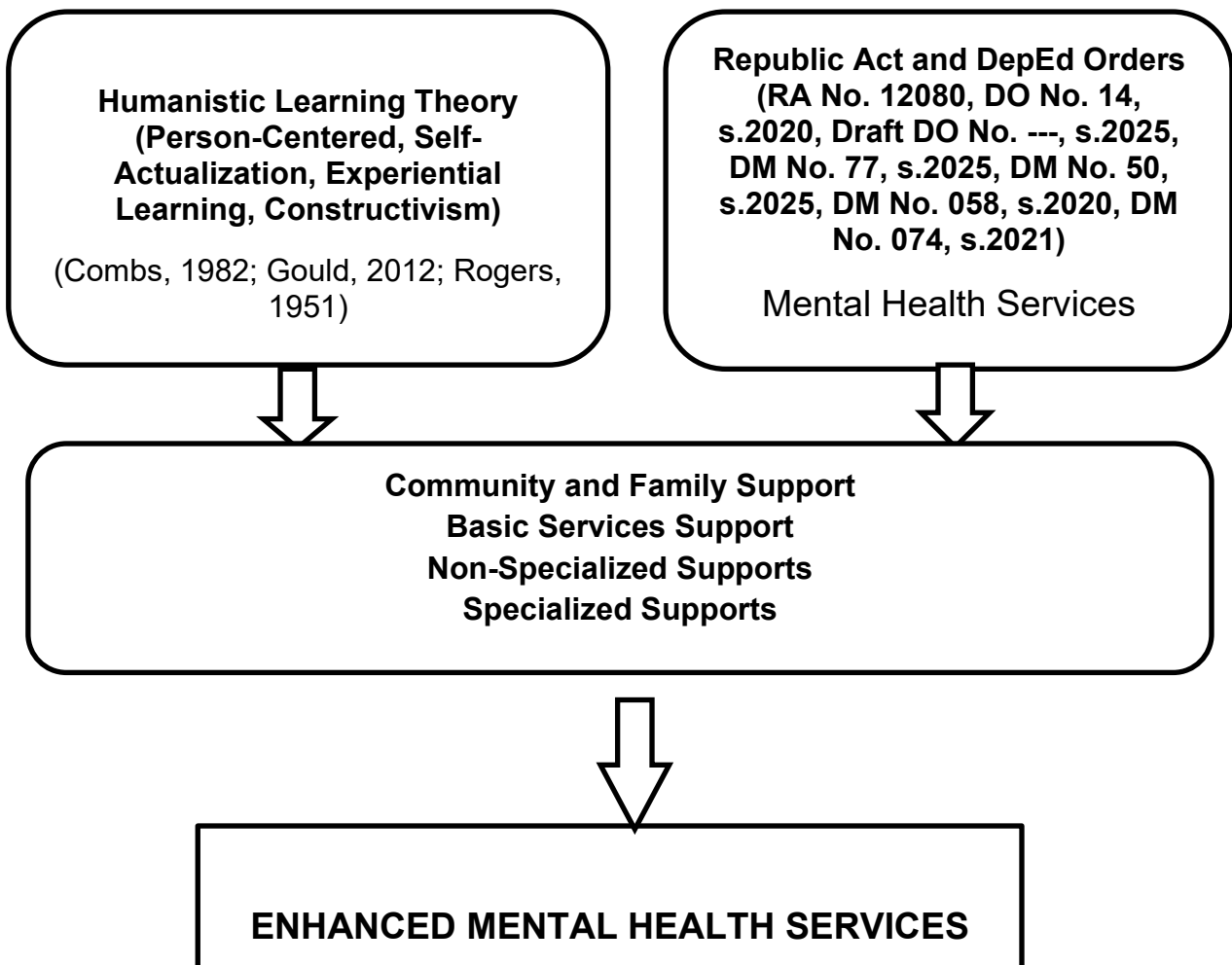


Figure 1 Theoretical Framework

In the context of educational settings, where students spend a substantial portion of their formative years, the integration of mental health services transcends mere benefit; it is essential for holistic educational outcomes.

Learning is defined by the Humanistic learning theorists as the holistic growth, including cognitive, emotional, and interpersonal domains of the person (Combs, 1986; Rogers, 1957, 1989). This means that the focus of learning is leaning towards more on how the learner's existence contributes impact with the integration of their skills and knowledge in their decisions and actions (Combs, 1986; Kleiman, 2007). In particular, the deviation from mere accumulation of knowledge, learners whose approach to learning is grade -based mentality like how to or what needs to be done to get an 'A' may have changing effect in understanding the value for changing their focus to a learning-based mentality like what do I need to learn to positively impact my personal and professional development? This paradigm shift is a gauge of how HLT transcends learning.

This change of behavior as HLT pronounced, indicates that when learning opportunities is maximized, the learners transition from being accumulators of knowledge to practical connectors of meaning and depth. This self-actualized characteristic, enable them as dynamic beings who are in constant process of evolution of growing and changing, thereby as self-directed learners (Knowles, 1975; Tolan, 2017). In short, there is that internal framing of reference in terms of what one is motivated to learn based from that need to discover (Combs, 1986; Rogers, 1951). This implies that self-decapacitating beliefs barred a student to venture on challenging tasks because of low self-efficacy while a high level of self-trust pushed students to tailor fit their learning needs, thus becoming more critical on doing things in terms of intention, purpose and outcomes. HLT views learning as a growth opportunity of self-liberation.

In HLT, knowledge integration becomes a natural process that occurs higher within a facilitative environment (Rogers & Freiberg, 1994). This facilitative environment is established through the positive teacher-learner relationship, which is based on Roger's (1951) three therapist-provided conditions for personality change: congruence, empathetic understanding, and unconditional positive regard (Combs, 1986; Mearns, 1997; Rogers & Freiberg, 1994). This empathic understanding of an individual's internal frame of reference (Rogers, 1951), sees learning as learners-focused than content-focused (Mearns, 1997). Therefore, humanist educators view that self-directed learning is the most facilitative of students' growth capacity (Combs, 1982; Knowles, 1975; Rogers, 1951).

This growth facilitation as anchored by Humanistic Learning Theory (HLT) directly guides this research by providing the theoretical rationale for investigating the impact of mental health services. This study is fundamentally designed to explore the empirical relationship between the provision of a facilitative, person-centered learning environment, evident through the mental health services provided by schools to the academic outcomes of the students. HLT suggests that the emotional well-being and psychological safety of the students must be secured first before any cognitive development to flourish. This study believes that the effective implementation of the mental health services in schools as mandated by DepEd Order No. 058, s.2020 is essential to creating this facilitative learning climate.

This kind of learning climate holds a deeper understanding and acceptance of oneself and the development of skills and knowledge as an outcome of a person-centered learning environment. As this theory dictates, other significant learners' circumstances must be given value and empathy by the teachers and not with how learners respond to course content. This facilitative condition potentially impacts their learning experience in the class characterized by the learners' conditions of congruence, unconditional positive regard, and empathy as the Humanistic Learning Theory espoused. This is to provide learners with the

opportunity for the growth and development of their whole person (Dollarhide & Granello, 2012; Rogers & Freiberg, 1994). Consequently, a deeper understanding and acceptance of oneself, a strong connection and consideration to the experiences of others, and the development of skills and knowledge to facilitate the growth of both the individual and society are seen as outcomes of such a learning environment.

With these outcomes, school administrators start considering the necessity of training counselors as an implication that a person-centered approach to learning is an appropriate strategy of growth processes (Combs, 1986; Dollarhide & Granello, 2012). When students felt valued and are provided with opportunities of being listened, their well-being increases. When teachers create a facilitative learning climate, students begin to take responsibility of their own learning, thereby, connected to this self-actualization process. A counselor who has developed a strong sense of self-awareness may better serve their clients, and this is one of the primary benefits of adopting a humanistic learning philosophy (Dollarhide & Granello, 2012).

Having a better grasp of oneself might pave the way for further in-depth education. Acceptance of one's current state of development, along with dedication to further development, may help adult learners succeed (Knowles, 1959; Kunze, 2013). To a similar extent, Combs (1982) found that highly self-actualized people had a more optimistic self-perception while still openly acknowledging their development potential, allowing them to take greater academic risks.

For instance, students whose self-worth is not tied to their scores may feel less pressure to memorize information for the sake of a good mark and more freedom to concentrate on the relevance of what they are learning to their future professions. Students who are confident in themselves and willing to learn from their mistakes are more likely to be genuine with their clients and instructors in clinical classes. They also worry less about saying the "right" thing and are better able to zero in on what will actually be most helpful in any given counseling relationship. In addition, when students have a significant deal of say over their own education, they are better equipped to manage their own cognitive and learning processes, which ultimately leads to deeper content retention (McCombs, 2013).

This research, therefore, examines whether access to mental health support services encourage greater academic performance. This study explores whether specific mental health supports (e.g. non-specialized and specialized) align with and successfully imbibed the humanistic principles of empathy and unconditional positive regard in the daily learning experience.

The theoretical imperatives provided by the Humanistic Learning Theory (HLT) defines the psychological well-being as a prerequisite of learning, finds its practical and legal articulation in the policy mandates of Republic Act No. 12080 or otherwise known as Basic Education Mental Health and Well-Being Promotion Act and the Department of Education Orders and Memoranda. Specifically, DepEd Orders No. 14, s.2020 (provision of mental health and psychosocial support services) and Draft DO No. --, s.2025 (draft policy on school-based mental health program) and DepEd Memoranda No. 077, s.2025 (inclusion of school-based mental health services and programs), No. 050, s.2025 (learners health assessment and screening (LHAS) which includes the integration of universal mental health and psychosocial services), No. 058, s.2020 (orientation on mental health and psychosocial services), and No. 074, s.2021 the inclusion and promotion of mental health in all DepEd events and programs) formally recognize the need to promote and protect the mental health and general welfare of the school community. These mandates elevate the Mental Health and Psychosocial Support Services (MHPSS) from a supplemental activity to core educational institution function. This reinforces the Humanistic Learning Theory (HLT) premise that psychological safety is a necessary condition for learning continuity.

Education on mental health has always been a part of the core curriculum, particularly in health and values classes. The Department of Education's (DepEd) Bureau of Learner Support Services-School Health Division (BLSS-SHD) organized the first National School Mental Health Conference to serve as a forum for addressing recent studies, updates, initiatives, issues, and concerns related to mental health, particularly in the school setting.

For the purpose of showcasing initiatives and research projects connected to school mental health, the Department of Education convened health professionals, teachers, guidance counselors, and other nonteaching staff from the Central, Regional, and Division Offices, public schools, and external partners. The importance of our students' physical well-being to the success of our program cannot be overstated. Having a healthy mind is essential to having a healthy body, as has been stressed above (Anokha & Kachhi, 2025). Therefore, Department of Education instructors are required to provide mental and psychological support services to students in line with DM no. 058, s. 2020.

These DepEd Orders and Memoranda call for a structured Mental Health and Psychosocial Support Services (MHPSS) with a tiered and systemic approach to service delivery. This four-tiered MPSS framework, (1) Community and Family Support (Universal Foundation), (2) Basic Services (General School Environment), (3) Non-Specialized Supports (Targeted School-Based), and (4) Specialized Supports (Clinical and Professional) adopted by the DepEd serves as the operational mechanism for fulfilling the mandate of these DepEd Orders and Memoranda.

This ensures that support is provided universally (Tiers 1 and 2), then targeted progressively (Tiers 3 and 4). The Community and Family Support and Basic Services ensure a safe and nurturing environment both at home. The Non-Specialized Supports provide immediate and accessible interventions like Psychological First Aid by trained school personnel for moderate issues. On the last tier is the Specialized Supports which serve as the critical safety net, offering professional, clinical care for serious conditions. This phased approach is in alignment with the Humanistic Learning Theory (HLT) focus on the whole person and the individual's dynamic growth needs including their academics as cognitive development and self-actualization have the pre-requisites of psychological safety and well-being. These mandated services create the facilitative environment necessary for students to reduce stress, improve focus, engage fully in self-directed learning, and consequently, enhance their academic performance.

This theoretical framework serves as a foundation for exploring how effective mental health interventions can positively influence student outcomes and contribute to a holistic educational experience. By fostering an atmosphere of empathy and understanding, educators can empower students to navigate their emotional conditions, enhancing their academic performance. Effective learning is a holistic growth process. Integrating mental health services into the educational setting provides the necessary foundation for exploring how targeted mental health interventions can positively influence students' outcomes and contribute to a truly holistic educational experience. By fostering an atmosphere of empathy and understanding, educators can empower students to navigate their emotional conditions, thereby enhancing their academic performance and progress towards self-actualization.

THE PROBLEM

Statement of the Problem

This research assessed the relationship between the implementation of mental health services and the academic performance of learners in the identified schools in Cebu City Division and Cebu Province

Division during **School Year 2025–2026**, as a basis for proposing enhancements to school mental health programs. Specifically, this study sought to answer the following questions:

1. What is the demographic profile of the teachers and administrators in terms of:
 - 1.1 Age and gender
 - 1.2 Highest educational attainment
 - 1.3 Designation
 - 1.4 Years of service
 - 1.5 Relevant training and seminars attended
2. As perceived by the respondent groups, what is the extent of implementation of the school mental health services in terms of:
 - 2.1 Basic services
 - 2.2 Family and community support
 - 2.3 Non-specialized supports
 - 2.4 Specialized services
3. What is the academic performance of the learners, as measured by the general weighted average (GWA) for the first grading period?
4. Is there a significant relationship between the respondent groups' perception of the extent of mental health services and the learners' academic performance?
5. What are the issues and concerns relating to the school mental health services and their impact on learners' academic performance?
6. Based on the findings, what enhancements can be recommended to improve the implementation of school mental health services to support and improve the academic performance of learners?

Null Hypothesis

Null Hypothesis (Ho): There is no significant relationship between the extent of implementation of mental health services in schools and the academic performance of learners in the identified schools in Cebu City Division and Cebu Province Division during School Year 2025–2026.

Significance of the Study

The study, “**Upholding the Effect of School Mental Health Services in Support of the Learners' Academic Performance,**” provides empirical evidence on the relationship between the implementation of School Mental Health Services (SMHS) and learners' academic performance. The findings of this study are expected to contribute to policy and practice improvements in mental health programs within schools. Specifically, the significance of this study extends to the following stakeholders:

Education Policymakers: The results can guide policymakers in strengthening existing legislation or crafting new policies that mandate adequate funding, staffing, and professional development for mental health services in schools. Evidence from this study can support translating mental health policy goals into actionable, enforceable frameworks that ensure students' academic success and well-being.

School Administrators: The findings provide actionable insights for administrators to strategically allocate resources and professional development opportunities, enhance referral pathways for non-specialized and specialized mental health services, and implement initiatives that directly support learners' academic performance and overall well-being.

Teachers: This study equips teachers with a better understanding of the mental health needs of their students, enabling them to provide appropriate academic and emotional support to improve student learning outcomes.

Learners: The primary beneficiaries are the students, who will gain from enhanced mental health services tailored to their needs. The study highlights how mental health support can improve academic engagement, performance, and overall student life. Special attention is given to students with mental health challenges and learning difficulties, ensuring that programs address their specific needs.

Researchers and Future Studies: By filling existing gaps in the literature, this study provides a foundation for future research on the relationship between mental health services and academic performance, encouraging further investigation and contributing to the broader discussion on educational and mental health interventions.

RESEARCH METHODOLOGY

Research Design

The descriptive method of research will be used in this study, which described data and the characteristics of the population under study. This will be complemented by correlational and qualitative approaches to analyze the relationship between mental health services and the academic performance of learners in selected schools within Cebu City Division and Cebu Province Division for the academic year 2025-2026. The descriptive method will facilitate a comprehensive understanding of the data and characteristics of the population under investigation, while the correlational analysis will explore the relationships between perceptions of mental health services and academic outcomes. Additionally, qualitative insights will be gathered to identify issues and propose enhancements based on the lived experiences of respondents.

Flow of the Study

This research employed the Input-Process-Output (IPO) model to provide a structured framework for the investigation. The Input phase included the demographic profiles of the respondents, encompassing factors such as age, gender, highest educational attainment, years of service, and relevant trainings and seminars attended. Additionally, the extent of mental health and psychosocial service implementation in schools was assessed, focusing on family and community support, basic services, non-specialized support, and specialized services. Data on learners' academic performance and identified mental health-related issues were also incorporated as critical input variables for the study.

In the Process stage, a series of systematic research procedures were implemented, beginning with the preparation and submission of transmittal letters to obtain necessary permissions. Following this, validated research questionnaires were administered to the selected respondents. After data collection, the gathered information was consolidated, encoded, and subjected to statistical analysis using appropriate statistical tools to evaluate the extent of mental health service implementation and its relationship to academic performance. The results were then interpreted and presented for clarity and discussion.

The Output of the study will culminate in the development of a proposed action plan aimed at enhancing the delivery of mental health and psychosocial services in schools, informed by research findings and aligned with the identified needs and priorities of the learning community.

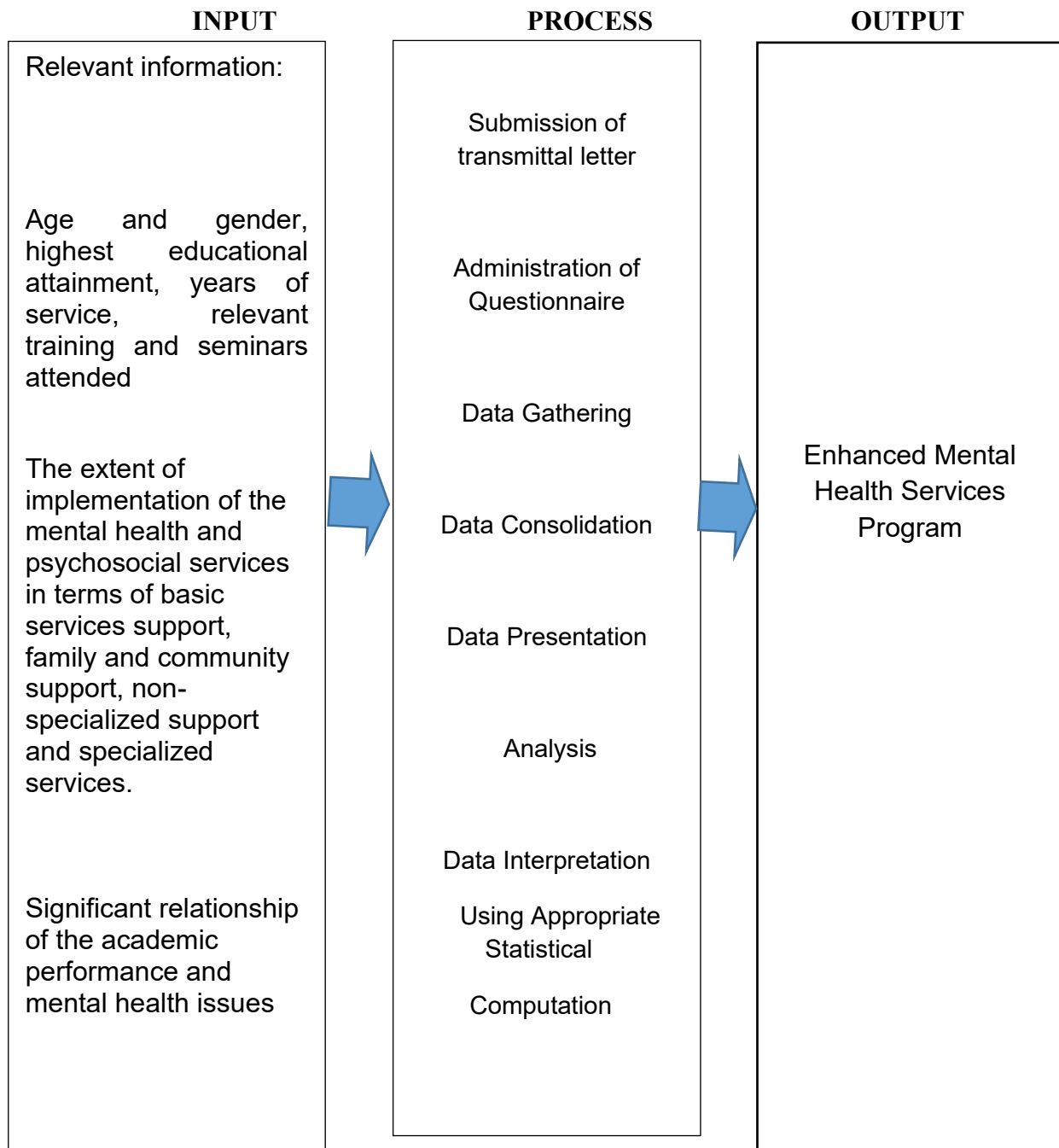


Figure 2. Flow of the Study

Research Environment

This study, focused on exploring the relationship between mental health services provided by schools and the academic performance of the students was conducted across four selected elementary schools under the jurisdiction of the Division of Cebu City and the Division of Cebu Province. These two administrative areas, urbanized setting (Cebu City) and provincial setting (Cebu Province) also provides a perspective on the successes and challenges of implementing the School Mental Health Services (SMHS).

These research locales were chosen based on their accessibility, physical infrastructure, school achievements, educational goals, and the institutional culture they uphold. The schools included in the study are Pasil Elementary School in the Cebu City division, and three schools, Tabunok Elementary

School, Liki Elementary School, and Sogod Central School, all under the Cebu Province division. This selection ensures a diverse representation of student demographics and resource environments, which are crucial for establishing the relationship between the schools' mental health services and the academic performance of the students.

Cebu City. Cebu City, known as the Queen City of the South, is a first-class, highly urbanized city located in the Central Visayas region of the Philippines. As the capital of the province of Cebu, it served as the main center of trade, industry, and education in the region. According to the 2020 census, Cebu City has a total population of approximately 964,169. It is composed of 80 barangays and is home to several historical and cultural landmarks. The city is known for its devotion to the Santo Niño, vibrant Sinulog Festival, and its continued commitment to progress through education and public service.

Pasil Elementary School. Pasil Elementary School is committed to holistic education, serving students from Kindergarten to Grade Six, primarily from low-income families in the coastal Barangay Pasil, Cebu City. Despite limited resources, the school maintains a dedicated teaching staff focused on improving literacy, numeracy, and values formation. The school also participates in community outreach programs that promote health, environmental awareness, and civic responsibility. Supported by national initiatives like the "Program for Resilience of Iloilo in Mind and Emotion" (PRIME) and Mental Health Awareness Week, Pasil Elementary aims to strengthen mental health support within the community. Students are encouraged to seek assistance from teachers or counselors, while parents can engage with school-sponsored events to learn more about available resources.

Pasil Elementary School has implemented mental health services through its "School-Based Mental Wellness Support Mechanism," which provides psychosocial support for students, staff, and parents. Key initiatives include a "Psychosocial Support Seminar for Parents," aimed at enhancing parental skills to support their children's emotional well-being. These efforts align with the Department of Education (DepEd)'s broader mental health framework, which emphasizes guidance and counseling to promote emotional wellness and responsive care for learners. Launched on September 24, 2024, the School-Based Mental Wellness Support Mechanism fosters a supportive environment for the entire school community, reinforcing the importance of collaboration between home and school to bolster mental health.

Tabunok Elementary School. Tabunok Elementary School provides essential learner support services that prioritize the mental health and well-being of its students. Recognized in studies for its inclusive and special education support, the school addresses the needs of diverse learners, including those with autism spectrum disorder. Various programs aimed at promoting emotional wellness are implemented, including workshops and seminars that educate students, parents, and staff on mental health awareness and coping strategies. These initiatives create a supportive environment where students feel safe to express their concerns and seek assistance. Additionally, the school's guidance counseling services play a crucial role in delivering individualized support, helping students navigate personal challenges and enhancing their academic performance.

Aligned with national mental health initiatives, Tabunok Elementary School actively engages in community outreach programs that connect families with local mental health resources. Events such as Mental Health Awareness Week and parent engagement activities not only raise awareness about mental health issues but also strengthen the home-school connection. This proactive approach addresses immediate mental health needs while fostering a culture of understanding and resilience within the school community. Located in Barangay Tabunok, Talisay City, the school serves a diverse population of learners and aims to provide quality, inclusive education. It is staffed by dedicated teachers who participate in

continuous professional development and maintain strong partnerships with parents and local government units to enhance educational initiatives and facilities.

Sogod, Cebu. The Municipality of Sogod is a second-class municipality located in the northern part of Cebu Province, Philippines. It has reached, based on the 2020 census, a total population of 36,136 people. The municipality is bounded by Catmon on the north, Borbon on the south, Tuburan and Tabuelan on the west, and the Camotes Sea on the east. Sogod is primarily an agricultural community, with farming and fishing as its main sources of livelihood. It has experienced gradual development over the years, focusing on education, tourism, and local governance. The people of Sogod are known for their hospitality, resilience, and strong sense of community. In its political jurisdiction, the municipality is subdivided into 18 barangays.

Liki Elementary School. Situated in Barangay Liki, Sogod, the school serves students from Kindergarten to Grade Six, primarily from nearby barangays in a semi-mountainous area. Its close-knit community fosters collaboration among teachers, parents, and local officials, creating a supportive learning atmosphere. Liki Elementary actively aligns with the Department of Education's vision of providing accessible and quality education for all Filipino learners, even in geographically isolated regions. Liki Elementary School is recognized in official directories as a functioning DepEd institution within the Sogod district of Cebu;

However, there is lacking detailed public documentation regarding a comprehensive school-level mental health program. The information regarding the school's mental health services, including scope, staffing, and utilization remains minimal. While the school is listed in DepEd repositories and maintains a basic online presence, specific information about mental health services such as screening protocols, peer support schemes, and counseling structures remains unavailable. Despite this, Liki Elementary School has access to provincial and local mental health and psychosocial support and DepEd memoranda. Regional program provides helplines, psychosocial first aid, and referral networks that can be utilized to address learners' needs.

Sogod Central School. Sogod Central School, located in Bagatayam, Cebu, serves as the primary public elementary institution in the municipality of Sogod, providing education from Kindergarten to Grade Six. While the school is recognized within the Division of Cebu Province and adheres to national policies like the Mental Health Act (RA 11036), which mandates the availability of mental health and psychosocial support services. While the school primarily focus in delivering basic education, the elaboration on the delivery of mental health services is not yet explored. Specific details regarding formal mental health programs at Sogod Central School remain unclear. No publicly accessible documentation outlines structured counseling programs, peer-support initiatives, or mental health screening systems.

Sogod Central School is recognized for its commitment to educational reforms and community engagement initiatives, which contribute to a supportive environment for addressing mental health needs. This collaboration provides insights into current practices, challenges, and support mechanisms in place for students, such as family-community involvement and specialized referral services. Additionally, the school is continuously considering how their existing services relate to students' well-being and academic performance, ultimately enhancing the effectiveness of mental health support within the school.



Pasil Elementary School
 Tabunok Elementary School
 Liki Elementary School
 Sogod Central School

Figure 3. Locale of the Study

Respondents

The primary respondents of this study are the teachers and administrators from the four identified elementary schools in Cebu City and Cebu Province Divisions. They were chosen because their

professional roles and experiences provide direct experience with and perception of both the implementation of the school’s mental health services and the academic performance of learners.

The respondents will be selected through a stratified random sampling to ensure the data is representative of the school’s population and to allow for valid statistical inference. The required total sample size will then be proportionally allocated to each of the four schools and the two strata based on the actual count of personnel in each group.

Table 1
Distribution of Respondents

Schools	Teachers	Administrators	Frequency	Percentage
Tabunok Elementary School	15	1	16	16
Sogod Central School	20	1	21	21
Liki Elementary School	15	1	9	9
Pasil Elementary School	46	1	47	47
Total	96	4	100	100

Instruments

The study will utilize a combination of **survey questionnaires** and **retrieved school records** to gather data necessary for analyzing the relationship between the implementation of mental health services and learners’ academic performance. The primary instrument is a comprehensive **survey questionnaire**, adapted for both teachers and administrators. This questionnaire is based on the “**Teacher’s Activity Guide and Resource Package**” developed by the Department of Education (DepEd, 2020), which provides guidelines for school personnel delivering mental health services and psychosocial support to learners. The questionnaire is organized into four main parts: Part 1 collects the respondents’ demographic profile, including age, gender, highest educational attainment, designation, years of service, and relevant trainings or seminars attended; Part 2 assesses the extent of implementation of mental health services, covering basic services, family and community support, non-specialized supports, and specialized services; Part 3 identifies the issues and concerns in the implementation of mental health services; and Part 4 gathers suggestions for improvement, which will serve as a basis for enhancing school mental health programs and activities.

The secondary instrument consists of **school records**, which provide data on the learners’ academic performance. Academic performance will be measured using the **General Weighted Average (GWA)** or equivalent average grades of students from the identified schools for **School Year 2025–2026**. This data will be collected with proper authorization from school authorities to ensure authenticity and facilitate statistical correlation analysis. Ethical considerations will be strictly observed, including maintaining the confidentiality and anonymity of respondents’ information, in accordance with the **Data Privacy Act of 2012 (Republic Act No. 10173)**. By combining these instruments, the study aims to generate reliable and valid data to assess the relationship between school mental health services and learners’ academic outcomes.

Data Gathering Procedure

The execution of this study will follow the data gathering procedure to ensure ethical compliance, accuracy, and efficiency. A transmittal letter will be prepared and address to the office of the district

supervisor, requesting permission to conduct the study. As the request will be approved, the researchers will start to distribute and administer questionnaires to the administrator and their teachers. Proper briefing of the respondents will be conducted with their Informed Consent to establish that participation is highly voluntary and with utmost confidentiality. Upon retrieval of the Questionnaires, will be data will be collated and tabulated. Data and information will then statistically be analyzed to answer the objectives of the study.

Statistical Treatment

The data gathered using the instrument of this study will be treated by the aid of statistical software as to the following statistical tools used.

1. **Percentage.** In this research, the percentage will be used to show the proportion of a certain variable gather from the respondents.
2. **Weighted Mean.** In order to determine the level of mental health services implementation, the weighted mean will be used.
3. **Correlation.** To test the significant relationship between mental health services and the academic performance of the students, a correlation will be used.

Scoring Procedure

Scale	Numerical Rating	Descriptive Rating	Verbal Interpretation
5	4.21-5.00	Strongly agree	The respondents strongly agree with the statement given.
4	3.41-4.20	Agree	The respondents agree with the statement given.
3	2.61-3.40	Moderately agree	The respondents moderately agree with the statement given.
2	1.81-2.60	Disagree	The respondents disagree with the statement.
1	1.00-1.80	Strongly disagree	The respondents strongly disagree with the statement.

ETHICAL CONSIDERATIONS

In conducting research on school mental health services and their impact on students' academic performance, several ethical considerations are paramount. Informed consent is essential, participants must be thoroughly informed about the study's purpose, procedures, and potential risks, with consent obtained voluntarily. Confidentiality must be maintained by anonymizing personal information and securely storing data to protect participants' identities. Researchers should minimize harm or avoid it absolutely by ensuring that participation neither trigger nor exacerbates mental health issues while maximizing benefits through thoughtfully designed interventions.

Moreover, researchers must uphold professional integrity by adhering to ethical standards throughout the conduct of the study. This is also in adherence with Republic Act No. 10173 or the Data Privacy Act of 2012, DepEd Orders on the guidelines in adhering research, and of the Institutional Review Board (IRB). By addressing these ethical considerations, the research aims to maintain integrity while prioritizing the

well-being of all participants involved.

DEFINITION OF TERMS

To better establish clarity and facilitate a better understanding of the various contexts included in this study, the following terms are operationally defined and referenced. Each definition is framed to ground to how it relates to the challenges faced in addressing students' mental health and academic performance.

Academic Performance. This represents the measurable outcomes of a student's educational achievements, evaluated through test scores, engagement in learning, and grades. This term is central to the study's focus as it serves as an indicator of the effectiveness of mental health interventions on educational success.

Basic Services. These includes the students emotional, psychological, and social well-being conditions that affects how we think, feel, and act. The assessment of the provision of basic services helps determine how students handle stress, relate positively to others, and make healthy choices. Mental health is largely affected by these basic services provision as when one does not feel well, they won't do well.

Family and Community. This refers to programs and practical information offered for families and individuals on financial management, strengthening family relationships, life skills, housing/home environment, nutrition & wellness. In maintaining the mental wellness of the students and of their academic performance, the family's conditions and the support of the community are needed.

Intervention Programs. These refers to the structured initiatives of the school to address specific mental health issues, promote well-being, and enhance academic outcomes for students. Understanding the nature of these programs underscores the proactive measures that can be implemented to mitigate the impact of mental health challenges on learning.

Mental Health. This refers to a person's condition with regard to their psychological and emotional well-being, encompassing the capacity to manage stress, maintain fulfilling relationships, and make an informed choices throughout various stages in life. This means that the understanding of the mental health conditions of the students is important as it directly influences their capacity to fully engage academically and cope with school-related pressures.

Non-Specialized Services. This refers to general health and wellness services that contribute to overall well-being, such as primary care and community health initiatives. By acknowledging these services, the study illustrates the interconnectedness of physical and mental health in supporting academic performance of the students.

Resilience. This concept denotes an individual's ability to adapt and recover from adversity stress or trauma. Recognizing the role of resilience helps identify strategies that can support students in overcoming challenges that threaten their academic success.

School Mental Health Services. These services encompass a range of programs and interventions provided with educational settings to support students' mental health, including counseling, psychological assessments, and crisis interventions. As the study highlights the importance of fostering an environment conducive to academic achievement and emotional well-being, it will strengthen the mental health services of the school.

Specialized services. This includes healthcare provisions such as urgent care centers, outpatient clinics, ambulatory surgical centers, independent emergency centers, hospitals and several other settings that offer targeted interventions for mental health needs. Understanding specialized services is vital for recognizing the broader support network available to students facing significant mental health challenges affecting

their academic performance.

Stakeholders. This encompasses all individuals or groups invested in the mental health and educational outcomes of students, including parents, educators, mental health professionals, and community organizations. Defining the stakeholders help illustrate the collaborative efforts required to address the complex issues at the intersections of mental health and academic performance.

Each term is integral in the exploration of the relationship between school’s mental health services and the academic performance of the students. By clarifying these concepts, the study aims to provide a perspective on the challenges and solutions related to mental health services in the school setting to help improve students’ outcomes.

Chapter 2

PRESENTATION, DATA ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the data collected from the respondents of the study, along with corresponding analysis and interpretation. The research participants consist of 100 school personnel (96 teachers and 4 administrators) from four selected elementary schools in Cebu City Division and Cebu Province Division during the school year 2025–2026. The chapter is organized into sections that describe the demographic profile of respondents, the perceived extent of implementation of mental health services, the perceived impact of mental health services on learners’ academic performance, issues and concerns, and suggestions for improvement.

DEMOGRAPHIC PROFILE OF RESPONDENTS

This section presents the personal and professional characteristics of respondents, including age, gender, highest educational attainment, designation, years of service, and relevant training or seminars attended. Understanding these characteristics is important as they may influence perceptions regarding the implementation and impact of school mental health services.

Gender

Table 2 presents the gender distribution of the respondents.

Table 2
Gender of the Respondents

Gender	Frequency (n=100)	Percentage (%)
Male	42	42
Female	58	58
Total	100	100

The data in Table 2 indicates that the majority of the respondents in the study are female, comprising 58% of the total sample, while males make up 42%. This distribution reflects the gender composition commonly observed in the Philippine elementary education sector, where teaching roles, particularly at the primary level, are predominantly occupied by women. The higher proportion of female respondents may influence the perceptions and approaches to implementing mental health services, as gender differences can affect communication styles, empathy, and engagement with learners.

The relatively smaller proportion of male respondents (42%) suggests that male teachers and administrators, while fewer in number, still play a significant role in school operations and mental health

service implementation. Their perspectives are essential for capturing a balanced understanding of the extent of mental health services, particularly in areas where physical security measures, safety protocols, or discipline management may be more directly observed or implemented. Including both genders in the study ensures that the findings represent diverse professional experiences and viewpoints within the schools.

The gender composition of the respondents may also have implications for professional development and training programs. For instance, initiatives aimed at enhancing mental health service delivery might consider gender-specific learning preferences or participation trends, ensuring that both male and female personnel are effectively engaged. Moreover, understanding the gender dynamics within the school workforce can help policymakers and school administrators design more inclusive mental health programs that leverage the strengths of both male and female educators to support learners' academic and emotional well-being.

Age

Table 3 shows the age distribution of respondents.

Table 3
Age of the Respondents

Age Group	Frequency (n=100)	Percentage (%)
21–30 years	18	18
31–40 years	40	40
41–50 years	28	28
51 years & above	14	14
Total	100	100

The data in Table 3 shows that the majority of respondents, 40%, belong to the 31–40 years age group. This indicates that most of the teachers and administrators in the sampled schools are in their early to mid-career stage, bringing a balance of professional experience and energy to their roles. Being in this age range, they are likely to be actively engaged in implementing school programs, including mental health services, and may be more receptive to training and adopting new strategies that support learners' academic performance.

The second-largest group, aged 41–50 years (28%), represents more experienced personnel who have accumulated substantial knowledge and insights from years of teaching and administrative responsibilities. Their experience is valuable for mentoring younger staff and ensuring the consistency and quality of mental health initiatives. In contrast, the younger respondents aged 21–30 years (18%) may bring fresh perspectives, innovative approaches, and familiarity with modern technologies, but they might require additional guidance in handling complex mental health issues among learners.

The smallest proportion, 14%, is composed of respondents aged 51 years and above, typically senior educators and administrators who offer extensive institutional knowledge and leadership skills. Their participation ensures that school mental health services benefit from a well-rounded perspective that combines experience, stability, and strategic oversight. Overall, the age distribution suggests a workforce that is both dynamic and experienced, which is critical in effectively implementing and sustaining mental health services that positively impact students' academic performance.

Civil Status of the Respondents

Civil Status	Frequency (n=100)	Percentage (%)
Single	45	45
Married	50	50
Widowed/Separated	5	5
Total	100	100

Table 4 presents the civil status of the respondents, showing that 50% are married, 45% are single, and 5% are widowed or separated. This distribution reflects a relatively balanced mix of personal circumstances among teachers and administrators, which may influence their perspectives on implementing school programs, including mental health services (DepEd, 2020). Understanding civil status is important because personal life experiences can shape educators’ approach to student engagement, support, and mentorship.

Married respondents may bring different insights and experiences related to family and community involvement in students’ well-being. Their roles in family life can provide them with practical knowledge on managing work-life balance and supporting learners’ socio-emotional needs (World Health Organization [WHO], 2021). Conversely, single respondents may have more flexibility and availability to participate in school-based activities, training, and programs, potentially enhancing the implementation of mental health initiatives.

Highest Educational Attainment

Table 5 presents the educational qualifications of the respondents.

Table 5
Highest Educational Attainment of the Respondents

Educational Level	Frequency (n=100)	Percentage (%)
Bachelor’s Degree	70	70
Master’s Degree	28	28
Doctorate/Professional	2	2
Total	100	100

Table 5 reveals that a significant majority of respondents (70%) hold a Bachelor’s degree. This indicates that most teachers and administrators possess the fundamental academic qualifications necessary to carry out their professional responsibilities effectively. Their educational background equips them with foundational knowledge and skills that are essential for implementing school programs, including mental health services, and supporting learners’ academic growth.

Respondents with a Master’s degree comprise 28% of the sample, representing a group with advanced knowledge and specialized skills. These individuals are likely to contribute to higher-level decision-making, program development, and the integration of evidence-based mental health strategies in schools. Their expertise can enhance the quality of services offered and serve as a resource for mentoring colleagues, particularly those with only a Bachelor’s degree, in addressing complex student needs.

Only 2% of the respondents have attained a Doctorate or professional degree, indicating that very few hold the highest level of academic qualification. While this is a small portion, their presence is valuable in providing leadership, research-based insights, and guidance in policy formulation related to school mental health services. Overall, the educational profile of the respondents reflects a well-qualified

workforce capable of effectively supporting learners’ academic performance through the implementation of mental health interventions.

Designation

Table 6 shows the designation of respondents.

Table 6
Designation of the Respondents

Designation	Frequency (n=100)	Percentage (%)
Teacher	96	96
Administrator	4	4
Total	100	100

Table 5 shows that the vast majority of respondents are teachers, comprising 96% of the sample. This indicates that most of the data collected reflects the perspectives of those directly involved in classroom instruction and day-to-day interactions with learners. Teachers are positioned to observe firsthand the effects of mental health services on students’ academic performance, behavior, and overall well-being, making their input critical for assessing the practical implementation of these services.

Administrators, although representing only 4% of the respondents, provide essential insights from a managerial and policy-oriented perspective. Their responses help capture the strategic and organizational aspects of mental health service implementation, such as program development, resource allocation, and staff training. Including administrators ensures that the study considers both operational and policy-level factors affecting the success of mental health initiatives in schools.

The predominance of teachers in the sample suggests that the study’s findings will heavily reflect on-the-ground experiences and challenges in implementing mental health programs. This balance between practical (teachers) and strategic (administrators) perspectives allows for a more comprehensive understanding of the effectiveness and limitations of school mental health services, which is crucial for formulating evidence-based recommendations for enhancement.

Years in Service of The Respondents

Table 7 presents the distribution of respondents according to their years of service.

Table 7
Years in Service of the Respondents

Years of Service	Frequency (n=100)	Percentage (%)
1–5 years	15	15
6–10 years	35	35
11–15 years	25	25
16–20 years	15	15
21 years & above	10	10
Total	100	100

Table 7 shows that the largest group of respondents has 6–10 years of service, accounting for 35% of the sample. This indicates that a significant portion of the respondents has moderate experience in the teaching profession, suggesting they have had enough exposure to classroom dynamics and student behavior to provide informed perspectives on the implementation of mental health services.

Respondents with 11–15 years of service represent 25% of the sample, reflecting a group of educators with extensive experience and possibly deeper insights into both the academic and emotional needs of learners. Those with 1–5 years of service make up 15%, representing newer teachers who may bring fresh ideas but may still be developing familiarity with institutional practices and student support mechanisms. Senior personnel with 16–20 years and 21 years and above constitute 25% of the sample combined, indicating that a smaller yet valuable segment has long-term experience and historical knowledge of the schools’ mental health programs. The distribution suggests a workforce with varied experience levels, which is beneficial for capturing a wide range of perspectives—from innovative approaches of newer teachers to the seasoned observations of veteran educators—providing a comprehensive understanding of mental health service implementation.

Relevant Training and Seminars Attended

Table 8 presents respondents’ exposure to training relevant to mental health services.

Table 8
Training Attendance of Respondents

Training Attended	Frequency (n=100)	Percentage (%)
Yes	40	40
No	60	60
Total	100	100

Table 8 shows that only 40% of the respondents have received training related to mental health services, while the majority, 60%, have not. This indicates that a significant portion of school personnel may lack formal preparation in addressing the psychosocial needs of learners. The gap in training highlights the need for structured capacity-building programs to equip teachers and administrators with the necessary skills and knowledge to support students effectively.

The relatively low training attendance among respondents could impact the consistency and quality of mental health services provided in schools. Personnel without prior training may rely on personal judgment or limited experience, potentially leading to uneven implementation of interventions and support mechanisms. This underscores the importance of regular, comprehensive professional development programs that focus on mental health awareness, psychological first aid, and effective referral systems. Moreover, the distribution of training exposure suggests opportunities for targeted interventions. For example, training initiatives can prioritize teachers with less experience or those who have not yet attended relevant seminars, ensuring a broader and more equitable enhancement of competencies across the school workforce. By increasing the percentage of trained personnel, schools can strengthen the delivery of mental health services, which in turn may positively influence learners’ academic performance and overall well-being.

Extent of Implementation of Mental Health Services

This section presents the weighted mean scores of teachers’ and administrators’ perceptions regarding the implementation of mental health services in the identified elementary schools. The assessment is categorized into four domains: **Basic Services, Community and Family Support, Focused Non-Specialized Supports, and Specialized Services**. Respondents rated the items on a 5-point Likert scale (5 = Fully Implemented, 1 = Not Available).

Table 9
Basic Services and Security Support

Item	Weighted Mean	Interpretation
Availability of clean drinking water	4.42	Fully Implemented
Access to nutritious food	4.35	Fully Implemented
Quality of health care services provided	4.20	Implemented
Availability of timely essential medications	4.18	Implemented
Overall safety and security measures of learners	4.40	Fully Implemented
Average Mean	4.31	Fully Implemented

Legend: *Weighted Mean 4.20–5.00 = Fully Implemented, 3.40–4.19 = Implemented, 2.60–3.39 = Moderately Implemented, 1.80–2.59 = Minimally Implemented, 1.00–1.79 = Not Implemented.*

Table 9 presents the extent of implementation of basic services and security support in the identified schools. The weighted mean scores indicate that respondents perceive the availability of clean drinking water (WM = 4.42), access to nutritious food (WM = 4.35), and overall safety and security measures (WM = 4.40) as fully implemented. The quality of health care services (WM = 4.20) and the availability of timely essential medications (WM = 4.18) were rated as implemented. The overall average mean of 4.31 suggests that basic services and security support in these schools are generally perceived as fully implemented, providing a solid foundation for student well-being.

The high rating for clean drinking water and access to nutritious food reflects the schools’ commitment to meeting students’ fundamental physical needs, which is essential for cognitive functioning and academic engagement. Research suggests that adequate nutrition and hydration positively influence learners’ concentration, behavior, and overall academic performance (Lyons, McQuillin, & Henderson, 2019). Ensuring these basic needs are met is crucial for supporting the effectiveness of other mental health interventions.

The implementation of safety and security measures is also noteworthy, as a safe learning environment contributes to students’ psychological comfort and reduces stressors that can hinder learning. According to Maerlender and Bray (2024), establishing secure school settings is a critical component of adolescent mental health support, enabling learners to focus on educational tasks without fear or anxiety. The moderate rating for quality health care services and medication availability indicates room for improvement, particularly in ensuring that medical support is timely and accessible to all students.

Furthermore, the perception of fully implemented basic services aligns with global findings on the importance of foundational supports for mental health in schools. Malin et al. (2020) emphasize that effective school-based mental health services depend on meeting students’ fundamental needs, alongside more specialized interventions. Overall, the results from Table 8 suggest that while the schools provide a strong base of physical and safety support, further strengthening of healthcare provisions could enhance the holistic effectiveness of mental health programs, ultimately supporting learners’ academic performance.

Table 10
Community and Family Support

Item	Weighted Mean	Interpretation
Availability of family support programs	4.05	Implemented
Access to community resources for families	3.95	Implemented

Opportunities for parental involvement in school activities	4.00	Implemented
Quality of educational programs offered	4.08	Implemented
Impact of educational programs on family engagement	4.02	Implemented
Average Mean	4.02	Implemented

Legend: *Weighted Mean 4.20–5.00 = Fully Implemented, 3.40–4.19 = Implemented, 2.60–3.39 = Moderately Implemented, 1.80–2.59 = Minimally Implemented, 1.00–1.79 = Not Implemented.*

Table 10 presents the respondents’ perceptions of the extent of implementation of community and family support services in the identified schools. The weighted mean scores indicate that all items—availability of family support programs (WM = 4.05), access to community resources for families (WM = 3.95), opportunities for parental involvement in school activities (WM = 4.00), quality of educational programs offered (WM = 4.08), and impact of educational programs on family engagement (WM = 4.02)—are implemented. The overall average mean of 4.02 suggests that these schools are moderately successful in integrating family and community support into their mental health services, providing essential social and relational scaffolding for learners.

The availability of family support programs and opportunities for parental involvement highlight the schools’ efforts to create an inclusive environment that extends beyond the classroom. Research indicates that family engagement positively correlates with students’ academic outcomes, as active parental participation can reinforce learning and psychosocial support at home (Kunze, 2013). By offering programs that foster communication and collaboration with families, schools help strengthen the social networks that contribute to learners’ overall well-being.

Access to community resources and the quality of educational programs reflect the schools’ proactive approach in leveraging external support systems to supplement in-school services. Lyons, McQuillin, and Henderson (2019) emphasize that relationship-building activities between schools, families, and communities can enhance the effectiveness of school-based interventions. The moderate scores in these areas suggest that while support mechanisms exist, there is room to further optimize resource utilization and engagement to ensure families can fully participate in and benefit from these programs.

The impact of educational programs on family engagement (WM = 4.02) indicates that the initiatives are positively perceived, fostering collaborative efforts between educators and families. Malin et al. (2020) and Maerlender and Bray (2024) highlight that community and family integration is essential for sustaining mental health interventions in schools. Overall, the results from Table 9 suggest that the identified schools provide a meaningful level of community and family support, yet continuous enhancement of accessibility, participation, and quality can further strengthen the holistic implementation of mental health services, ultimately supporting learners’ academic performance.

Table 11
Focused, Non-Specialized Supports

Item	Weighted Mean	Interpretation
Availability of psychological support services	4.05	Implemented
Access to safe spaces for learners	4.00	Implemented
Quality of educational support for special needs	3.95	Implemented

Frequency of safety assessments conducted	3.90	Partially Implemented
Availability of safe shelters or facilities	3.88	Partially Implemented
Community awareness programs on safety protocols	3.92	Partially Implemented
Access to therapy and counseling services	3.85	Partially Implemented
Partnerships established with local services	3.90	Partially Implemented
Availability of mental health professionals in the community	3.82	Partially Implemented
Average Mean	3.92	Implemented

Legend: Weighted Mean 4.20–5.00 = Fully Implemented, 3.40–4.19 = Implemented, 2.60–3.39 = Moderately Implemented, 1.80–2.59 = Minimally Implemented, 1.00–1.79 = Not Implemented.

Table 11 presents the respondents’ assessment of the implementation of focused, non-specialized mental health supports in the identified schools. The weighted mean scores indicate that key services such as availability of psychological support services (WM = 4.05), access to safe spaces for learners (WM = 4.00), and quality of educational support for special needs (WM = 3.95) are implemented. Meanwhile, services like frequency of safety assessments (WM = 3.90), availability of safe shelters (WM = 3.88), community awareness programs (WM = 3.92), access to therapy and counseling (WM = 3.85), partnerships with local services (WM = 3.90), and availability of mental health professionals in the community (WM = 3.82) are partially implemented. The overall average mean of 3.92 reflects a generally implemented level of focused support, though certain aspects require enhancement.

The implementation of psychological support services and access to safe spaces indicates that schools recognize the importance of providing a secure and supportive environment for learners to cope with mental health challenges. Alegría and Cheng (2025) emphasize that accessible psychological services are crucial for adolescents’ emotional stability, academic engagement, and resilience. These findings suggest that while foundational supports exist, the consistent provision and utilization of such services remain areas for improvement.

Partially implemented items, including therapy and counseling access, partnerships with local services, and the availability of mental health professionals, highlight systemic gaps in the non-specialized support network. Ali et al. (2019) note that limited access to trained professionals and coordinated community resources can hinder the effectiveness of school-based mental health initiatives. Alibudbud (2024) further argues that optimizing these services requires both institutional support and active community involvement to ensure learners receive timely and appropriate interventions.

The moderate scores in safety assessments, community awareness programs, and safe shelter availability underscore the need for regular monitoring and proactive safety planning in schools. Anokha and Kachhi (2025) argue that integrating these supports into routine school operations enhances students’ well-being, reduces anxiety, and contributes positively to academic performance. Overall, Table 10 suggests that while schools provide a substantial level of focused, non-specialized supports, targeted enhancements in

professional resources, community partnerships, and program consistency are necessary to fully address the mental health needs of learners and promote their academic success.

Table 12
Specialized Services

Item	Weighted Mean	Interpretation
Availability of counseling services for students	3.85	Partially Implemented
Access to behavior support programs	3.80	Partially Implemented
Availability of orientation and mobility training sessions	3.75	Partially Implemented
Availability of speech and language therapy services	3.70	Partially Implemented
Availability of Special Class options	3.78	Partially Implemented
Availability of parents' consultation and training sessions	3.78	Partially Implemented
Average Mean	3.78	Partially Implemented

Legend: *Weighted Mean 4.20–5.00 = Fully Implemented, 3.40–4.19 = Implemented, 2.60–3.39 = Moderately Implemented, 1.80–2.59 = Minimally Implemented, 1.00–1.79 = Not Implemented.*

Table 12 presents the respondents' assessment of specialized mental health services in their schools. All items, including availability of counseling services (WM = 3.85), access to behavior support programs (WM = 3.80), orientation and mobility training sessions (WM = 3.75), speech and language therapy services (WM = 3.70), Special Class options (WM = 3.78), and parents' consultation and training sessions (WM = 3.78), fall under the "Partially Implemented" category. The overall average mean of 3.78 suggests that specialized services are available to some extent but are not yet fully implemented or consistently accessible to students in need.

The partial implementation of counseling services and behavior support programs indicates that students requiring intensive mental health interventions may not be receiving comprehensive support. Strokosch (2019) emphasizes that inclusion in public services, such as specialized mental health programs, is critical to ensuring equitable access for all individuals, including vulnerable students. In the context of schools, limited availability of specialized services can hinder early identification and intervention for learners with severe mental health concerns, potentially affecting their academic performance and social development. The low to moderate scores in orientation and mobility training, speech and language therapy, and Special Class options point to gaps in services for students with specific learning or developmental needs. Tolan and Cameron (2016) highlight that person-centered therapeutic approaches require specialized skills and dedicated resources to be effective. The partial implementation observed may reflect limitations in trained personnel, funding, or infrastructure needed to provide such targeted interventions in schools.

Furthermore, the partial implementation of parents' consultation and training sessions suggests insufficient engagement with families in supporting students' mental health. SunStar Cebu (2025) notes that parental involvement and guidance are essential for reinforcing positive coping strategies and academic resilience at home. UNESCO (2014) also emphasizes that sustainable education requires integrated mental health support, combining school-based specialized services with community and family participation. Overall, Table 11 underscores the need for strengthening specialized services through additional resources, training, and systemic support to ensure that learners with complex mental health needs receive timely and effective interventions.

Table 13
Perceived Impact of Mental Health Services on Learners’ Academic Performance

Item	Weighted Mean	Interpretation
How much do you believe mental health services have improved students’ academic performance?	4.05	Significant Impact
To what extent do you feel mental health services are accessible to students?	3.95	Significant Access
Average Mean	4.00	Significant Impact / Access

Legend: *Weighted Mean 4.00–5.00 = Significant Impact/Access, 3.00–3.99 = Moderate Impact/Access, 2.00–2.99 = Low Impact/Access, 1.00–1.99 = No Impact/Access.*

Table 13 presents respondents’ perceptions regarding the impact and accessibility of mental health services on learners’ academic performance. The respondents rated the extent to which these services have improved students’ academic performance with a weighted mean of 4.05, interpreted as “Significant Impact.” The accessibility of mental health services to students received a weighted mean of 3.95, also interpreted as “Significant Access.” The overall average mean of 4.00 suggests that respondents generally perceive mental health services as playing an important and meaningful role in supporting learners’ academic outcomes.

The significant impact score indicates that teachers and school personnel recognize the value of mental health services in fostering a conducive learning environment. Mental health interventions, including counseling, psychological support, and structured activities, may contribute to improved concentration, motivation, and engagement among learners. Alegria and Cheng (2025) emphasize that addressing adolescents’ mental health needs is directly linked to academic functioning, highlighting the interdependence of emotional well-being and educational performance. The respondents’ perceptions suggest that schools implementing these services can positively influence learners’ academic success.

Regarding accessibility, the weighted mean of 3.95 suggests that most students have meaningful access to mental health services, though there may be some barriers preventing full utilization. Factors such as limited specialized personnel, partial implementation of certain interventions, and logistical challenges may reduce service reach to all learners (Ali et al., 2019; Alibudbud, 2024). Despite these challenges, the perception of significant access implies that the majority of students can benefit from the available services, reinforcing the importance of maintaining and expanding these programs.

Table 12 demonstrates that respondents recognize both the relevance and impact of mental health services on academic performance. The findings suggest that continued investment in mental health programs—through staff training, resource allocation, and expanded service delivery—can enhance learners’ academic outcomes. By addressing students’ psychological and emotional needs, schools create a supportive environment that not only promotes mental well-being but also strengthens overall educational achievement (Anokha & Kachhi, 2025). The perceived positive impact underscores the necessity of integrating mental health support as a core component of school-based education strategies.

PERCEIVED IMPACT OF MENTAL HEALTH SERVICES ON LEARNERS' ACADEMIC PERFORMANCE AND TESTS OF SIGNIFICANT DIFFERENCE
Table 13 – Perceived Impact of Mental Health Services on Learners' Academic Performance with Tests of Significant Difference and Remarks

Demographic Variable	Group	Weighted Mean (WM)	Test Value	p-value	Interpretation	Remarks
Gender	Male	3.98	1.02	0.311	No significant difference	Both genders perceive mental health services as impactful.
	Female	4.02				Positive consensus among female respondents.
Age	21–30	3.95	2.04	0.110	No significant difference	All age groups perceive significant impact. Younger staff slightly lower, may reflect less experience.
	31–40	4.05				Mid-career staff recognize service effectiveness.
	41–50	4.02				Experienced staff align with overall perception.
	51+	3.90				Slightly lower; small sample may influence mean.
Civil Status	Single	4.00	1.63	0.201	No significant difference	Single and married respondents have similar perceptions.
	Married	4.03				Reflects experience in family/community engagement.
	Widowed/Separated	3.85			Slightly lower due to small sample size.	

Years in Service	1–5	3.92	1.87	0.123	No significant difference	New teachers slightly lower perception; may need more exposure to programs.
	6–10	4.02				Moderately experienced staff aligned with overall perception.
	11–15	4.05				Experienced staff recognize significant impact.
	16–20	3.98				Long-term staff perception consistent.
	21+	3.90				Small group of very senior staff slightly lower.
Overall	-	4.00	-	-	Perceived impact is significant	Mental health services positively influence academic performance

The overall weighted mean of 4.00 indicates that respondents perceive mental health services as having a **significant impact on learners’ academic performance**. This finding underscores the importance of integrating mental health programs within school systems, as they provide critical support for students’ emotional and psychological well-being, which directly affects concentration, motivation, and engagement in learning activities. The remarks column reinforces that all respondents generally acknowledge the positive role of these services in fostering academic success, highlighting their effectiveness across multiple schools.

The analysis of gender differences shows that male respondents reported a weighted mean of 3.98, while females reported 4.02. The t-test result ($t = 1.02, p = 0.311$) indicates **no significant difference** between genders. This suggests that both male and female personnel equally recognize the value of mental health services. The slight variation in the mean may reflect the larger proportion of female respondents in the teaching workforce, but it does not significantly affect overall perceptions. The remarks confirm that there is a **positive consensus among all staff** regardless of gender, ensuring that program effectiveness is broadly acknowledged.

Respondents across all age groups perceived mental health services as impactful, with weighted means ranging from 3.90 (51+ years) to 4.05 (31–40 years). ANOVA results ($F = 2.04$, $p = 0.110$) indicate **no statistically significant difference** in perceptions by age. While mid-career staff (31–40 years) gave the highest rating, likely reflecting both experience and engagement in program implementation, slightly lower scores from younger (21–30 years) and older (51+ years) respondents may result from limited exposure to the programs or smaller sample sizes. Overall, the findings suggest that **age does not significantly influence perception**, but experience level may subtly affect awareness of program impact. Analysis of civil status shows that married respondents rated the impact at 4.03, single respondents at 4.00, and widowed/separated respondents at 3.85. ANOVA ($F = 1.63$, $p = 0.201$) confirms **no significant difference** among groups. These results suggest that personal life circumstances do not significantly shape perceptions of mental health services. The remarks indicate that both single and married personnel perceive similar benefits, whereas the slightly lower rating among widowed or separated respondents could be attributed to their small sample size, which may limit representativeness. This reinforces that **family status is not a barrier** to recognizing the importance of school mental health programs.

Weighted means for years of service ranged from 3.92 (1–5 years) to 4.05 (11–15 years), with ANOVA ($F = 1.87$, $p = 0.123$) showing **no significant difference**. While newer teachers (1–5 years) had slightly lower perceptions, likely due to less exposure or limited experience in observing student outcomes, mid-career and experienced staff consistently reported higher perceptions of impact. Long-serving personnel (16+ years) also recognized the significance of mental health services, indicating that sustained exposure to programs reinforces awareness of their academic benefits. These findings highlight that **experience enhances appreciation** of program outcomes without creating significant statistical disparities.

The analysis shows a **uniform positive perception** of mental health services across all demographic variables. The lack of statistically significant differences suggests that these programs are widely acknowledged as beneficial, regardless of gender, age, civil status, or years in service. The remarks emphasize that mental health interventions are perceived to support learners' academic performance, providing a strong rationale for continued investment in staff training, program expansion, and resource allocation. To further enhance effectiveness, schools may focus on increasing accessibility, engaging all staff in professional development, and monitoring student outcomes to ensure consistent benefits for learners across all demographic groups.

Chapter 3

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents a comprehensive summary of the study, the key findings, conclusions drawn from the data, and recommendations for enhancing school-based mental health services. The study aimed to assess the extent of implementation of mental health services in selected elementary schools and their perceived impact on learners' academic performance, considering the perspectives of teachers and school personnel.

Summary of Findings

The study revealed variations in the implementation of mental health services across different domains. Basic services and security support were found to be fully implemented, with essential provisions such as clean drinking water, nutritious meals, and safety measures consistently available, ensuring the fundamental well-being of learners. Community and family support programs were implemented at a

moderate level, indicating that initiatives for parental involvement, family engagement, and access to community resources exist but can be further strengthened to maximize their contribution to learners' emotional and academic development. Focused, non-specialized supports, including psychological support services, safe spaces, and counseling, were generally implemented; however, access to mental health professionals, therapy sessions, and emergency resources remained partially available, highlighting the need for more consistent and structured interventions. Specialized services, such as counseling, behavior support, speech and language therapy, and special class options, were only partially implemented, indicating gaps in service delivery and the necessity for increased professional involvement to address complex student needs.

Regarding the perceived impact of mental health services on learners' academic performance, respondents reported that these services have a significant positive effect, improving students' concentration, engagement, and overall academic outcomes. Access to these services was also perceived as substantial, though certain barriers—such as limited specialized personnel, inadequate facilities, insufficient training for teachers, stigma, and lack of awareness—were identified as challenges that hinder full implementation. These findings emphasize the importance of comprehensive mental health programs in promoting learners' academic success while highlighting areas requiring targeted improvement.

Conclusions

Based on the study's findings, it can be concluded that the implementation of school-based mental health services varies across domains. Basic services and security measures are fully implemented, ensuring learners' fundamental needs for safety, nutrition, and health are met. Community and family support services, as well as focused non-specialized supports, are moderately implemented, providing essential psychosocial interventions and general support, although access to specialized professionals, therapy, and emergency resources remains limited. Specialized services, including counseling, behavior support, and speech and language therapy, are partially implemented, revealing gaps that require additional professional involvement and resources to adequately meet complex learner needs.

Teachers perceive that mental health services significantly enhance learners' academic performance, fostering improved concentration, engagement, and learning outcomes. However, barriers such as limited personnel, inadequate facilities, insufficient training, and societal stigma impede full and equitable implementation. These findings underscore the importance of strengthening school-based mental health programs to ensure comprehensive and sustainable support for all learners, addressing both their emotional well-being and academic development.

Recommendations

In light of the conclusions, several recommendations are proposed to improve the implementation and effectiveness of school-based mental health services. Capacity-building initiatives should be regularly conducted to equip teachers and school personnel with the knowledge and skills necessary to implement mental health interventions effectively. Expanding specialized services, including counseling, behavior support, speech therapy, and special class options, is essential to address the needs of learners requiring more intensive support. Adequate resource allocation must be ensured, providing safe spaces, emergency facilities, and relevant materials to support mental health programs effectively.

Furthermore, community and family engagement should be strengthened through active parental participation, family support programs, and strategic partnerships with local organizations, creating a

holistic support network that reinforces in-school interventions. Policy development and monitoring are crucial to guarantee consistent service implementation, address systemic barriers, and reduce stigma associated with mental health concerns. Lastly, future research is recommended to evaluate the long-term effects of school-based mental health services on learners' academic outcomes and to assess the impact of teacher training programs on the quality and accessibility of services. Implementing these recommendations will ensure that mental health programs are comprehensive, sustainable, and aligned with the goal of enhancing both student well-being and academic performance.

Chapter 4

OUTPUT OF THE STUDY

SCHOOL MENTAL HEALTH SERVICES ENHANCEMENT PLAN

Rationale

School-based mental health services are essential for promoting learners' psychosocial well-being, resilience, and academic success. These services encompass basic care, community and family support, non-specialized interventions, and specialized clinical services. Effective implementation requires trained personnel, adequate resources, and structured programs that ensure accessibility, inclusivity, and responsiveness to students' mental health needs.

Based on the study findings, basic services and security supports are fully implemented, while community, non-specialized, and specialized supports are moderately or partially implemented. Teachers perceive these services as significantly improving learners' academic performance. However, gaps exist in access to specialized professionals, counseling services, emergency interventions, and teacher training. Structured interventions addressing these gaps can enhance program effectiveness, improve academic outcomes, and support holistic student development.

Objectives

The plan aims to:

1. Ensure full implementation of basic mental health services, including safety, nutrition, and access to healthcare.
2. Strengthen community and family support programs, promoting parental involvement and engagement in learners' psychosocial development.
3. Expand non-specialized supports such as psychological first aid, counseling, safe spaces, and crisis intervention programs.
4. Enhance specialized services, including access to professional counseling, behavior support, speech and language therapy, and special class options.
5. Provide continuous training and capacity-building for school personnel to effectively implement and manage mental health services.

Scheme of Implementation

Area of Concern	Objectives	Strategies	Budget (PHP)	Budget Source	Time Frame	Implementors	Evaluative Measures	Actual Accomplishments	Remarks
Basic Services and Security Support	Ensure availability of clean water, nutritious food, healthcare, and safety measures	Conduct routine health check-ups; monitor safety protocols; ensure timely medication availability	10,000	School Health Fund / LGU Support	1 year	School Nurse, Administration, Security Team	Regular audits, incident reports, student feedback	NA	NA
Community and Family Support	Promote parental and community engagement in mental health programs	Organize parent workshops, community awareness campaigns, family counseling sessions	8,000	School PTA / LGU	1 year	Guidance Counselors, Teachers, PTA Officers	Parent attendance logs, survey feedback, engagement metrics	NA	NA
Focused, Non-Specialized Supports	Provide targeted interventions for learners struggling with mental health concerns	Implement psychological first aid, counseling sessions, safe spaces, and peer support programs	12,000	School Fund / Mental Health NGO Partnership	1 year	Guidance Counselors, Social Workers, Teachers	Pre- and post-assessment, session reports, referral tracking	NA	NA
Specialized	Improve access to	Coordinate with psychologists	15,000	School Fund / LGU /	1 year	School Psychologist,	Number of student	NA	NA

Services	professional mental health services and specialized interventions	psychiatrists, and speech/language therapists; establish referral protocols; provide special classes		NGO Partnership		External Mental Health Specialists, Administrators	services, therapy session reports, evaluation surveys		
Capacity-Building for Personnel	Enhance teacher and staff competence in mental health service delivery	Conduct training workshops, seminars, and continuous professional development on child and adolescent mental health	10,000	School Training Fund / LGU Support	1 year	Guidance Counselors, Training Consultants, Administrators	Attendance sheets, competency evaluation, training feedback	NA	NA

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