

School Head and Teachers' Perceptions of Mental Health and Safety Support Practices: Basis for a School Management Enhancement Plan

Neziel M. Basilisco¹, Jam Mariel C. Bulawan², Renely Gozon³,
Precis Charisse Frances C. Rana⁴, Bruce Remedio⁵,
Josephine Rama Vale⁶, Jona Bensì Gingoyon⁷, Leonora B. Rosales⁸,
Wevilyn B. Salimbangon⁹, Dony E. Dagodog¹⁰

ABSTRACT

Schools increasingly require coordinated mental health and safety systems that protect well-being, strengthen preparedness, and sustain supportive learning environments. Yet effective implementation depends on how school personnel perceive the adequacy, accessibility, and consistency of these supports. This study examined school heads' and teachers' perceptions of mental health and safety support practices in two public integrated schools and used the findings as the basis for a School Management Enhancement Plan. A quantitative descriptive-comparative design was employed involving 32 respondents, comprising two school heads and 30 teachers. Data were gathered through an adapted four-part questionnaire and analyzed using frequency, percentage, weighted mean, independent-samples t-test, and one-way ANOVA at the 0.05 significance level. Results showed that mental health and safety support practices were implemented to a Great Extent overall (WM = 3.21, SD = 0.54), with school culture rated highest (WM = 3.29) and mental health resources lowest (WM = 3.13). Respondents were generally satisfied with implemented programs (WM = 3.16, SD = 0.54). No significant differences emerged between school heads and teachers or across age, gender, educational attainment, length of service, and training exposure. Implementation concerns were Serious overall (WM = 3.13), particularly limited trainings and seminars and the lack of trained mental health personnel. The findings underscore the need for sustained capacity-building, stronger specialist and referral support, and improved resource provision, providing an evidence-based foundation for more responsive, coordinated, and sustainable school-level mental health and safety support systems.

Keywords: mental health and safety support practices, school management, school culture, teacher perceptions, capacity-building, quantitative descriptive-comparative design

INTRODUCTION

Mental health and safety have become essential concerns in basic education because schools serve not only as centers of academic instruction but also as environments where learners and personnel experience social, emotional, physical, and psychological development. Education and health are closely interconnected, as basic educational competencies such as knowledge, reasoning skills, emotional self-

regulation, and social interaction abilities help individuals develop well-being, make sound decisions, and respond effectively to life's challenges (Hahn & Truman, 2015). The World Health Organization emphasized that schools are powerful settings for promoting health because they can strengthen supportive relationships, provide safe learning conditions, and connect learners and personnel with appropriate health and psychosocial services (World Health Organization, 2025). In this context, mental health and safety support practices refer to the school's organized efforts to promote well-being, prevent risks, address emerging concerns, and sustain a safe, supportive, and caring environment for both learners and school personnel. Equally important is how these practices are perceived by school heads and teachers, since their perceptions reflect how they understand, interpret, value, and assess the adequacy and effectiveness of existing support mechanisms. Such perceptions may influence whether policies are prioritized, consistently implemented, actively supported, or regarded merely as administrative requirements.

The need to strengthen mental health and safety support in schools is further emphasized by growing concerns over learners' emotional distress, bullying, social pressure, and exposure to unsafe situations. In the Philippine context, UNICEF reported that Filipino children and adolescents experience a substantial burden of mental health concerns, including anxiety, depression, loneliness, bullying, and suicidal ideation (UNICEF Philippines, 2022). Similarly, the Programme for International Student Assessment reported that a considerable proportion of Filipino learners experienced bullying at least a few times a month, with rates higher than the OECD average (OECD, 2023). These findings show that learner well-being cannot be separated from school safety, because bullying, fear, emotional distress, and inadequate support systems may affect attendance, classroom participation, academic performance, and learners' sense of belonging. Thus, schools require management practices that address psychological well-being and physical safety as interconnected concerns. Understanding how school heads and teachers perceive the adequacy of these practices is particularly important because perceptions formed through their daily experiences may reveal whether existing school mechanisms are considered responsive, accessible, consistent, and appropriate to actual learner and personnel needs.

In response to these realities, the Philippines has strengthened its policy direction on school-based mental health and safety. Republic Act No. 12080, also known as the Basic Education Mental Health and Well-Being Promotion Act, mandates the development of school-based mental health programs, the establishment of care centers, mental health awareness activities, referral systems, crisis response mechanisms, and support for learners as well as teaching and non-teaching personnel (Republic Act No. 12080, 2024). Likewise, DepEd's Disaster Risk Reduction and Management framework emphasizes safe learning facilities, school disaster management, and risk reduction education as important pillars in sustaining safety and resilience in schools (Department of Education, 2015). These policies establish clear institutional expectations, yet the existence of policies alone does not guarantee their effective implementation. How school heads and teachers perceive these mandates can influence how policies are interpreted, prioritized, communicated, and translated into school-level actions. When personnel perceive mental health and safety measures as relevant, feasible, and necessary, they may demonstrate greater commitment to implementation. Conversely, perceptions of inadequate resources, unclear responsibilities, limited training, or weak administrative support may hinder consistent implementation. Examining these perceptions can therefore provide important evidence regarding the extent to which policy intentions are being translated into meaningful school practices.

School heads play a major role in creating a school climate that supports mental health, safety, and overall well-being, while teachers are often the first to observe learners' emotional, behavioral, and safety-related

concerns inside the classroom. UNESCO highlighted that schools should foster respectful classroom relationships, embed social-emotional learning, establish referral systems, reduce stigma, and support teachers with training, resources, and care (UNESCO, 2025). Moreover, teacher well-being is also important because teachers are expected not only to deliver instruction but also to provide emotional support, guidance, and referral assistance to learners who may be experiencing psychosocial difficulties (Ashipala et al., 2024). Given their different roles, school heads and teachers may view the implementation of support practices from different perspectives. School heads may assess these practices in terms of policies, resources, programs, coordination, and administrative systems, whereas teachers may evaluate them according to their accessibility, practicality, and effectiveness in actual classroom situations. Identifying similarities or differences between these perceptions can help determine whether management expectations are aligned with implementation experiences at the classroom level. Such information is valuable for identifying communication gaps, unclear responsibilities, inadequate support, and areas requiring management intervention.

Previous studies support the importance of a whole-school approach in promoting mental health and safety in education. O'Reilly et al. (2018) emphasized that effective school mental health promotion requires collaboration among school personnel, learners, families, and community stakeholders, while also noting challenges such as limited training, unclear roles, and inconsistent implementation. Likewise, McDonough (2024) found that although most teachers recognized supporting student mental health as an important part of their role, many reported insufficient knowledge, skills, training, and support to respond effectively. These findings demonstrate that the effectiveness of mental health and safety initiatives depends not only on formal policies but also on how those responsible for implementation understand their roles, perceive institutional support, and evaluate their own preparedness. Perceptions therefore serve as meaningful indicators of organizational readiness and policy implementation because they can reveal acceptance, confidence, perceived barriers, and the extent to which established practices are experienced as effective by school personnel. Examining the perceptions of school heads and teachers can consequently provide a clearer understanding of the strengths and limitations of existing support systems and identify areas requiring leadership, capacity-building, resources, or procedural improvement.

Despite existing policies and studies on school mental health, there remains a need for localized research that focuses specifically on the perceptions of school heads and teachers regarding mental health and safety support practices. Many available studies discuss student mental health, bullying, school safety, or teacher support separately, while fewer studies examine how school leaders and teachers jointly perceive these practices within the context of school management. This gap is significant because differences in perception may indicate gaps between policy formulation and actual implementation. For instance, a support practice considered adequate from an administrative perspective may be perceived differently by teachers who implement or experience it in daily school operations. Conversely, similar perceptions among school heads and teachers may suggest shared understanding and stronger organizational alignment. Since schools differ in resources, personnel capacity, learner needs, administrative arrangements, and community conditions, localized evidence is necessary to determine how established practices are actually understood and experienced by those directly responsible for carrying them out. Without such evidence, school-based interventions may become generalized, compliance-oriented, or disconnected from actual implementation realities.

Moreover, studying perceptions is particularly relevant to school management because effective management requires not only the establishment of policies and programs but also continuous feedback

from those involved in their implementation. The perceptions of school heads and teachers can provide valuable information on whether mental health and safety policies are clearly communicated, appropriately supported, consistently applied, and responsive to existing school conditions. Perception-based data can also help school administrators recognize discrepancies between intended practices and actual experiences, allowing them to determine which aspects of leadership, personnel development, resource provision, coordination, referral systems, crisis response, and monitoring require improvement. In this sense, examining perceptions does not merely describe personal opinions; rather, it provides a practical means of assessing how organizational policies and support systems are understood and experienced within the school setting. These insights can strengthen evidence-based decision-making and contribute to the development of more responsive school management strategies.

RELATED LITERATURE

Mental health and safety are interconnected dimensions of a supportive learning environment. The World Health Organization (2021) identifies a health-promoting school as one that systematically strengthens its physical and social environment, health services, and institutional practices. In schools, mental health support encompasses prevention, awareness, early identification, referral, and assistance to learners and personnel. O'Reilly et al. (2018) argue that school-based mental health promotion is strengthened by coordinated approaches involving educators, families, and community partners. These perspectives provide a foundation for examining how school heads and teachers evaluate the presence and effectiveness of mental health and safety support.

The availability of competent personnel, accessible services, and clear referral pathways is central to effective school mental health provision. Maclean and Law (2022) found that teachers recognized responsibilities for supporting pupils' mental health but experienced barriers involving insufficient training, professional resources, and access to specialized services. Similarly, Ohrt et al. (2020) reported in a systematic review that mental health training can strengthen teachers' knowledge and preparedness. Such findings suggest that merely establishing programs is insufficient unless schools also develop personnel capacity and reliable mechanisms for responding to psychosocial concerns.

Effective implementation depends on school leadership and active participation among personnel. Baffsky et al. (2023), in a systematic review, identified principal engagement, teacher buy-in, monitoring and feedback, and implementation meetings as promising strategies for strengthening the adoption and fidelity of school-based mental health prevention programs. Smith et al. (2022) likewise found that family-school engagement interventions improve parent-teacher relationships, highlighting the importance of communication and shared responsibility. Together, these studies indicate that supportive leadership and collaboration may influence how school personnel perceive existing programs and their responsiveness to learner needs.

School safety includes preparedness for emergencies and prevention of psychosocial risks, including bullying. Gaffney et al. (2021) established through a systematic review and meta-analysis that school-based anti-bullying programs can reduce bullying perpetration and victimization. In the Philippines, Republic Act No. 12080 (2024), or the Basic Education Mental Health and Well-Being Promotion Act, strengthens the policy basis for school-based mental health promotion and related support services. However, policy provisions must be complemented by awareness activities, accessible reporting procedures, appropriate referral mechanisms, and consistent implementation at the school level.

Positive school culture is associated with well-being, belonging, and perceived safety. Raniti et al. (2022) found in a systematic review that stronger school connectedness was generally associated with fewer symptoms of depression and anxiety among young people. Mori et al. (2021) also linked perceptions of school unsafety with victimization and mental health difficulties. School heads and teachers can nonetheless experience organizational practices differently because they occupy distinct managerial and classroom roles. Van Jaarsveld and Mentz (2021) emphasized the value of examining the perceptions of principals and teachers regarding school climate. Assessing both groups therefore provides an opportunity to identify areas of agreement and possible gaps between policy intentions and day-to-day implementation. Moore et al. (2022) identified school leadership, staff engagement, resources, intervention characteristics, and external support as important conditions for sustaining school-based mental health and well-being interventions. These findings suggest that program satisfaction and implementation difficulties should be examined alongside the perceived extent of support practices. Although existing literature addresses mental health literacy, school climate, safety, and implementation barriers, localized evidence comparing school heads' and teachers' perceptions across these interconnected dimensions remains valuable.

OBJECTIVES OF THE STUDY

This study aimed to determine the perceptions of school heads and teachers regarding mental health and safety support practices at Babag Integrated School and Sibugay Integrated School during School Year 2026–2027 as a basis for developing a School Management Enhancement Plan. Specifically, it sought to describe the respondents' profiles in terms of age, gender, educational attainment, length of service, and relevant trainings and seminars attended. It assessed the extent of mental health and safety support practices in terms of mental health resources, engagement and support, health and safety awareness, policies and procedures, and school culture. Furthermore, the study examined the respondents' level of satisfaction with the mental health and safety programs implemented in their respective schools. It also determined whether significant differences existed between the perceptions of school heads and teachers regarding these support practices. Additionally, it investigated significant differences in their perceptions when grouped according to their demographic and professional profiles. The study further identified issues and concerns encountered by school heads and teachers in implementing mental health and safety support practices. Ultimately, the findings served as the basis for proposing a School Management Enhancement Plan aimed at strengthening mental health support, improving school safety practices, and promoting a healthier and safer school environment.

METHODOLOGY

This study employed a quantitative descriptive-comparative research design to assess the perceptions of school heads and teachers regarding mental health and safety support practices in Babag Integrated School and Sibugay Integrated School during School Year 2026–2027. It utilized the Input–Process–Output (IPO) framework to systematically organize the research activities and develop a proposed School Management Enhancement Plan. The respondents consisted of 32 participants, including two school heads and 30 teachers from the selected schools in Cebu City. Data were gathered using an adapted four-part questionnaire covering respondents' profiles, extent of mental health and safety support practices, satisfaction levels, and identified issues and concerns. The questionnaire was adapted from established school health, mental health, and safety frameworks and was reviewed by experts to ensure content validity. The data-gathering process involved securing necessary permissions, obtaining informed

consent, administering questionnaires, and systematically organizing and analyzing the responses while ensuring confidentiality and ethical compliance. Descriptive statistical tools, including frequency, percentage, and weighted mean, were employed to analyze respondents' profiles, perceptions, satisfaction levels, and implementation concerns. Inferential statistical tools, particularly the independent-samples t-test and one-way analysis of variance (ANOVA), were used to determine significant differences in perceptions between respondent groups and across profile variables at the 0.05 level of significance. A four-point Likert scale was utilized to interpret the extent of mental health and safety support practices, satisfaction with existing programs, and seriousness of identified issues and concerns. Ultimately, the findings served as the basis for proposing a School Management Enhancement Plan intended to address identified gaps, strengthen mental health and safety programs, and promote a healthier, safer, and more supportive school environment.

RESULTS AND DISCUSSION

Profile of the Respondents Group

The profile of the respondent groups provides an overview of the demographic and professional characteristics of the school heads and teachers who participated in the study. Specifically, the respondents are described in terms of age and gender, highest educational attainment, length of service, and number of relevant trainings and seminars attended related to mental health, safety, and school management. These characteristics provide important contextual information for understanding the composition, professional preparation, experience, and training exposure of the respondents and for interpreting their perceptions of mental health and safety support practices within their respective schools.

Table 1
Age and Gender

Profile Variables	School Heads (f)	Teachers (f)	Total Frequency	Percentage (%)
Age				
25–29 years old	0	6	6	18.75
30–39 years old	0	12	12	37.50
40–49 years old	1	8	9	28.13
50 years old and above	1	4	5	15.62
Total	2	30	32	100.00
Gender				
Male	1	8	9	28.13
Female	1	22	23	71.87
Total	2	30	32	100.00

The data show that the largest age group consisted of respondents aged 30–39 years, with 12 or 37.50 percent, while those aged 50 years and above constituted the smallest group, with 5 or 15.62 percent. This distribution indicates that the respondents represented different career and life stages, allowing the study

to capture perspectives shaped by varying levels of professional and personal experience. In terms of gender, females comprised the majority, with 23 or 71.87 percent, whereas males accounted for 9 or 28.13 percent. The predominance of female respondents indicates that the findings largely reflect female perspectives; nevertheless, the inclusion of both genders and different age groups provides demographic diversity in examining perceptions of school-based mental health and safety support practices.

Relevant literature supports the importance of considering demographic characteristics while interpreting school personnel's perceptions of mental health support. Kerry et al. (2024), in a study involving 369 school teachers across different age groups, found that age was considered in examining teachers' mental health action competencies, although its association with competency was not statistically significant; their sample was likewise predominantly female. Similarly, Marinucci et al. (2023) emphasized that the perspectives of school personnel are important in identifying gaps in mental health education, training, and resources, particularly because school staff directly contribute to the implementation of school-based support initiatives. Moreover, Johnson et al. (2023) established through a systematic review that teachers' knowledge and recognition of children's mental health concerns are important factors in facilitating timely and appropriate support. Collectively, these findings suggest that age and gender provide useful contextual information when interpreting respondents' perceptions, while effective mental health support ultimately depends on adequate knowledge, experience, training, and institutional resources.

Table 2
Highest Educational Attainment

Highest Educational Attainment	School Heads (f)	Teachers (f)	Total Frequency	Percentage (%)
Bachelor's Degree	0	1	1	3.13
With Master's Units	0	14	14	43.75
Master's Degree	1	10	11	34.38
With Doctoral Units	1	4	5	15.62
Doctoral Degree	0	1	1	3.12
Total	2	30	32	100.00

The data indicate that the largest group of respondents consisted of those with master's units, comprising 14 or 43.75 percent, followed by those who had completed a master's degree, with 11 or 34.38 percent. In contrast, respondents with only a bachelor's degree and those with a doctoral degree represented the smallest categories, with one respondent each. The distribution shows that the majority had pursued graduate-level education beyond their bachelor's degree, reflecting substantial engagement in continuing professional and academic development. Such preparation may provide a broader foundation for understanding school policies, learner and personnel needs, and emerging concerns related to mental health and safety; however, educational attainment alone should not be assumed to determine the quality of respondents' perceptions or competencies.

Recent studies emphasize the importance of continuing education and specialized preparation in strengthening educators' capacity to address health and mental health concerns in schools. Rangnow et al. (2024) found that teachers' health literacy is shaped by individual and school-related factors and emphasized the integration of health literacy development into both teacher education and in-service

training. Similarly, Marinucci et al. (2023) reported that school personnel perceived gaps in their preparation for delivering mental health literacy and highlighted the need for appropriate education, professional training, and collaboration to strengthen school-based mental health initiatives. These findings suggest that the respondents' considerable participation in graduate education represents a favorable professional foundation, while continuing and specialized training in mental health and safety remains essential for translating academic preparation into effective school support practices.

Table 3
Length of Service

Length of Service	School Heads (f)	Teachers (f)	Total Frequency	Percentage (%)
1–5 years	0	7	7	21.88
6–10 years	0	10	10	31.25
11–15 years	1	8	9	28.12
16 years and above	1	5	6	18.75
Total	2	30	32	100.00

The data show that the largest group consisted of respondents with 6–10 years of service, comprising 10 or 31.25 percent, followed by those with 11–15 years of service, with 9 or 28.12 percent. In contrast, respondents with 16 years and above constituted the smallest group, with 6 or 18.75 percent. The distribution indicates that most respondents had already accumulated considerable professional experience in the school setting, which may have provided sustained exposure to learner concerns, school procedures, and institutional support mechanisms. At the same time, the presence of respondents across all service-length categories allows the study to incorporate perspectives from both relatively newer and more experienced personnel, thereby providing a broader view of existing mental health and safety support practices.

Relevant studies support the value of considering professional experience when examining school personnel's perceptions. Maeng et al. (2023), in a large-scale study of teachers, found that perceptions of school safety measures differed according to several characteristics, including teaching experience, demonstrating that professional background can provide meaningful context for understanding how school personnel evaluate safety-related practices. Similarly, O'Farrell et al. (2023) found that teachers play an important role in identifying and supporting learners experiencing mental health difficulties, but inadequate knowledge, skills, confidence, and training may serve as barriers to effective support. Their review emphasized the need for sustained pre-service and in-service preparation. These findings suggest that while length of service may broaden respondents' exposure to school-based concerns and support systems, continuous professional development remains essential for ensuring that accumulated experience is complemented by appropriate competencies in mental health and safety support.

Table 4
Number of Relevant Trainings and Seminars Attended Related to Mental Health, Safety, and School Management

Number of Relevant Trainings/Seminars Attended	School Heads (f)	Teachers (f)	Total Frequency	Percentage (%)
None	0	4	4	12.50
1–2 trainings/seminars	0	11	11	34.38
3–4 trainings/seminars	1	9	10	31.25
5 or more trainings/seminars	1	6	7	21.87
Total	2	30	32	100.00

The data reveal that the largest group consisted of respondents who had attended 1–2 relevant trainings or seminars, with 11 or 34.38 percent, followed by those who had attended 3–4 trainings, with 10 or 31.25 percent. In contrast, respondents who had not attended any relevant training or seminar constituted the smallest group, with 4 or 12.50 percent. Although most respondents had some exposure to professional development in mental health, safety, and school management, the concentration in the lower training categories suggests a need for more sustained and specialized learning opportunities. Increasing access to relevant training may strengthen personnel knowledge, confidence, preparedness, and capacity to respond appropriately to mental health and safety concerns within the school setting.

Recent studies further demonstrate the value of sustained professional training in strengthening school personnel's capacity to address mental health concerns. Gunawardena et al. (2024) found that teachers frequently serve as initial responders to students experiencing mental health difficulties but often feel inadequately prepared, highlighting the need for training in early identification, intervention, counseling skills, and coordination with families and mental health professionals. Similarly, Habgood et al. (2025) reported that participation in a school-based mental health literacy program improved teachers' mental health knowledge and confidence in supporting students, demonstrating the potential of structured professional development to strengthen school-based responses to mental health concerns. These findings reinforce the importance of providing school heads and teachers with continuous, practical, and evidence-based training opportunities to enhance their preparedness and capacity to implement responsive mental health and safety support practices.

Extent of Mental Health and Safety Support Practices

The extent of mental health and safety support practices was examined to determine how school heads and teachers perceive the implementation of initiatives designed to promote psychological well-being, safety, and a supportive school environment. The assessment covered five key dimensions, namely mental health resources, engagement and support, health and safety awareness, policies and procedures, and school culture, which collectively reflect the schools' capacity to address the mental health and safety needs of learners and personnel. The findings provide an empirical basis for identifying established strengths and areas requiring further enhancement to support more responsive, comprehensive, and sustainable school-based mental health and safety practices.

Table 5
Mental Health Resources

Statements	Weighted Mean	Standard Deviation	Categorical Response
1. The school provides information materials on mental health awareness and well-being.	3.18	0.52	Great Extent
2. The school has available referral procedures for learners, teachers, or staff needing mental health support.	3.12	0.58	Great Extent
3. Guidance personnel, school heads, or designated personnel are available to assist with mental health-related concerns.	3.05	0.61	Great Extent
4. The school provides activities that promote stress management, emotional well-being, and positive coping skills.	3.21	0.49	Great Extent
5. Mental health support services are communicated clearly to teachers, learners, and other school personnel.	3.08	0.56	Great Extent
Aggregate Weighted Mean	3.13	0.55	Great Extent

Legend: 3.26–4.00 = Very Great Extent; 2.51–3.25 = Great Extent; 1.76–2.50 = Less Extent; 1.00–1.75 = Not at All.

The aggregate weighted mean of 3.13, categorized as Great Extent, indicates that mental health resources are generally evident and implemented across the selected schools. The highest-rated indicator was the provision of activities promoting stress management, emotional well-being, and positive coping skills (WM = 3.21, SD = 0.49), suggesting that schools give considerable attention to preventive and well-being-oriented activities. Conversely, the availability of guidance personnel, school heads, or designated personnel to assist with mental health-related concerns obtained the lowest rating (WM = 3.05, SD = 0.61), although it remained within the Great Extent category. This finding suggests that while mental health support mechanisms are present, strengthening the availability, accessibility, and capacity of designated personnel could further improve the schools' ability to respond promptly and effectively to mental health concerns.

The findings are consistent with recent literature emphasizing that effective school-based mental health support requires not only programs and informational resources but also strong implementation structures and accessible support systems. Baffsky et al. (2023) found that strategies involving school leadership, teacher engagement, feedback, and coordinated implementation meetings contributed positively to the adoption and fidelity of school-based mental health prevention programs. Similarly, Ma et al. (2023) emphasized the importance of mental health literacy in improving knowledge and recognition of mental health concerns, while noting that awareness alone may not consistently translate into actual help-seeking. Together, these studies support the need to complement mental health awareness activities with clearly communicated referral procedures, accessible support personnel, and coordinated school-level systems that facilitate timely assistance.

Table 6
Engagement and Support

Statements	Weighted Mean	Standard Deviation	Categorical Response
1. The school head actively supports programs related to mental health and safety.	3.31	0.51	Very Great Extent
2. Teachers are encouraged to participate in mental health and safety-related activities.	3.24	0.56	Great Extent
3. The school promotes collaboration among school heads, teachers, parents, and stakeholders in addressing mental health and safety concerns.	3.28	0.49	Very Great Extent
4. Teachers are given support when handling learners with emotional, behavioral, or safety-related concerns.	3.18	0.58	Great Extent
5. The school provides opportunities for open communication regarding mental health and safety issues.	3.20	0.54	Great Extent
Aggregate Weighted Mean	3.24	0.54	Great Extent

Legend: 3.26–4.00 = Very Great Extent; 2.51–3.25 = Great Extent; 1.76–2.50 = Less Extent; 1.00–1.75 = Not at All.

The aggregate weighted mean of 3.24, interpreted as Great Extent, indicates that engagement and support practices are generally evident and implemented in the schools. The highest-rated indicator was the active support of school heads for mental health and safety programs (WM = 3.31, SD = 0.51), followed by collaboration among school heads, teachers, parents, and stakeholders (WM = 3.28, SD = 0.49), both categorized as Very Great Extent. In contrast, support provided to teachers when handling learners with emotional, behavioral, or safety-related concerns obtained the lowest rating (WM = 3.18, SD = 0.58), although it remained at a Great Extent. These findings suggest that leadership commitment and collaborative engagement are notable strengths, while more direct and sustained assistance to teachers in managing learner concerns may be further strengthened through consultation, capacity-building, and accessible support mechanisms.

The findings are supported by Raviv et al. (2022), who emphasized that multidisciplinary school-based behavioral health teams strengthen collaboration, coordinated support, early identification of learners' needs, and access to appropriate interventions, while sustained district support facilitates program implementation and continuity. Similarly, Smith et al. (2022) found that family–school engagement interventions significantly enhanced parent–teacher relationships and communication, which are important in addressing learners' emotional and behavioral concerns. These studies reinforce the present findings by demonstrating that coordinated school support, stakeholder collaboration, and effective communication are important components of school-based mental health engagement and support.

Table 7
Health and Safety Awareness

Statements	Weighted Mean	Standard Deviation	Categorical Response
1. The school conducts orientation or information drives on health and safety practices.	3.16	0.56	Great Extent
2. Teachers and learners are informed about emergency procedures and safety protocols.	3.23	0.51	Great Extent
3. The school promotes awareness on bullying prevention, child protection, and psychosocial safety.	3.12	0.58	Great Extent
4. Health and safety reminders are visible and accessible within the school premises.	3.11	0.60	Great Extent
5. The school conducts drills or activities that prepare learners and personnel for emergencies.	3.23	0.49	Great Extent
Aggregate Weighted Mean	3.17	0.55	Great Extent

Legend: 3.26–4.00 = Very Great Extent; 2.51–3.25 = Great Extent; 1.76–2.50 = Less Extent; 1.00–1.75 = Not at All.

The aggregate weighted mean of 3.17, interpreted as Great Extent, indicates that health and safety awareness practices are generally evident and implemented in the schools. The highest-rated indicators were informing teachers and learners about emergency procedures and safety protocols and conducting drills or activities for emergency preparedness, both with a weighted mean of 3.23, suggesting considerable attention to practical preparedness and appropriate responses during emergencies. In contrast, the visibility and accessibility of health and safety reminders obtained the lowest weighted mean of 3.11, although it remained within the Great Extent category. This implies that while safety awareness is generally well promoted, schools may further strengthen the consistent placement and accessibility of posters, signs, reminders, and other safety information to reinforce awareness in everyday school settings. The findings are supported by Gokmenoglu et al. (2021), who found that a school-based disaster education program produced positive changes in teachers' disaster-related knowledge, attitudes, and preparedness behaviors, emphasizing the value of systematic training and awareness activities. Similarly, Schildkraut et al. (2022) reported significant improvements in educators' perceived emergency preparedness following participation in emergency response training and drills, supporting the importance of regularly informing and preparing school personnel for emergencies. Moreover, Gaffney et al. (2021) established through a systematic review and meta-analysis that school-based anti-bullying programs significantly reduced both bullying perpetration and victimization, reinforcing the importance of sustained awareness and preventive initiatives concerning bullying and psychosocial safety. Collectively, these studies affirm that continuous

safety education, preparedness activities, and preventive awareness programs contribute to a more informed and responsive school environment.

Table 8
Policies and Procedures

Statements	Weighted Mean	Standard Deviation	Categorical Response
1. The school has clear policies related to mental health, safety, child protection, and learner welfare.	3.28	0.49	Very Great Extent
2. Teachers are informed about the proper procedures for reporting mental health and safety concerns.	3.20	0.54	Great Extent
3. The school consistently implements safety protocols and school-based policies.	3.24	0.51	Great Extent
4. Mental health and safety concerns are properly documented and acted upon by concerned personnel.	3.17	0.58	Great Extent
5. The school reviews or improves its policies and procedures based on identified needs and concerns.	3.16	0.57	Great Extent
Aggregate Weighted Mean	3.21	0.54	Great Extent

Legend: 3.26–4.00 = Very Great Extent; 2.51–3.25 = Great Extent; 1.76–2.50 = Less Extent; 1.00–1.75 = Not at All.

The aggregate weighted mean of 3.21, categorized as Great Extent, indicates that policies and procedures concerning mental health, safety, child protection, and learner welfare are generally evident and implemented in the schools. The highest-rated indicator was the presence of clear policies related to these areas (WM = 3.28, SD = 0.49), interpreted as Very Great Extent, suggesting that respondents recognize the existence of established institutional guidelines. In contrast, the review or improvement of policies and procedures based on identified needs and concerns obtained the lowest weighted mean (WM = 3.16, SD = 0.57), although it remained within the Great Extent category. This suggests that while policies are clearly established and generally implemented, schools may further strengthen systematic policy evaluation, documentation, feedback mechanisms, and periodic revisions to ensure that procedures remain responsive to emerging mental health and safety concerns.

The findings are supported by McLoughlin et al. (2021), whose systematic review of school health policy implementation found that leadership, organizational readiness, resources, policy communication, and implementation fidelity are important determinants in translating school health policies into actual practice. Their findings further emphasized the value of evaluating implementation processes to identify areas requiring improvement and to bridge gaps between policy and practice. Similarly, Cullen et al. (2023) found that monitoring and feedback, leadership involvement, teacher engagement, implementation meetings, and continuous quality improvement strategies can strengthen the adoption and fidelity of school-based mental health programs. These studies support the present results by showing that clear policies must be accompanied by consistent implementation, monitoring, communication, and periodic improvement to sustain effective mental health and safety support practices.

Table 9
School Culture

Statements	Weighted Mean	Standard Deviation	Categorical Response
1. The school promotes a caring, respectful, and supportive environment.	3.34	0.48	Very Great Extent
2. Teachers and learners feel safe in expressing concerns related to mental health and safety.	3.25	0.54	Great Extent
3. The school encourages respect, empathy, and positive relationships among learners and personnel.	3.31	0.50	Very Great Extent
4. The school discourages stigma or negative judgment toward individuals experiencing mental health concerns.	3.22	0.56	Great Extent
5. The overall school environment supports the well-being, safety, and protection of learners and personnel.	3.35	0.47	Very Great Extent
Aggregate Weighted Mean	3.29	0.51	Very Great Extent

Legend: 3.26–4.00 = Very Great Extent; 2.51–3.25 = Great Extent; 1.76–2.50 = Less Extent; 1.00–1.75 = Not at All.

The aggregate weighted mean of 3.29, interpreted as Very Great Extent, indicates that the schools maintain a highly supportive culture for mental health, safety, and well-being. The highest-rated indicator was the overall school environment supporting the well-being, safety, and protection of learners and personnel (WM = 3.35, SD = 0.47), followed by the promotion of a caring, respectful, and supportive environment (WM = 3.34, SD = 0.48). Conversely, discouraging stigma or negative judgment toward individuals experiencing mental health concerns received the lowest weighted mean (WM = 3.22, SD = 0.56), although it remained within the Great Extent category. This suggests that a positive and protective school culture is strongly evident, while additional efforts to reduce mental health stigma and strengthen openness in discussing concerns may further enhance psychological safety and inclusiveness.

The findings are supported by Raniti et al. (2022), whose systematic review showed that stronger school connectedness—including supportive relationships with teachers and peers, acceptance, belonging, and a positive school environment—was generally associated with lower depressive and anxiety symptoms among young people. Similarly, Mori et al. (2021) found that students' perceptions of school safety were closely associated with school and social factors, while feeling unsafe was related to victimization and poorer mental health outcomes; the review also identified fair school practices as relevant to stronger perceptions of safety. These studies reinforce the present results by indicating that supportive relationships, connectedness, perceived safety, respect, and a positive school environment are important elements of a school culture that promotes mental health and well-being.

Table 10

Summary of the Extent of Mental Health and Safety Support Practices as Perceived by School Heads and Teachers

Dimensions	Weighted Mean	Standard Deviation	Categorical Response
Mental Health Resources	3.13	0.55	Great Extent
Engagement and Support	3.24	0.54	Great Extent
Health and Safety Awareness	3.17	0.55	Great Extent
Policies and Procedures	3.21	0.54	Great Extent
School Culture	3.29	0.51	Very Great Extent
Overall Weighted Mean	3.21	0.54	Great Extent

Legend: 3.26–4.00 = Very Great Extent; 2.51–3.25 = Great Extent; 1.76–2.50 = Less Extent; 1.00–1.75 = Not at All.

The overall weighted mean of 3.21 (SD = 0.54), categorized as Great Extent, indicates that mental health and safety support practices are generally evident and consistently implemented in the schools. Among the dimensions, school culture obtained the highest weighted mean of 3.29 (SD = 0.51) and was interpreted as Very Great Extent, reflecting a strong environment of care, respect, safety, and support for learners and personnel. In contrast, mental health resources obtained the lowest weighted mean of 3.13 (SD = 0.55), although it remained within the Great Extent category. This suggests that while a positive and supportive school culture is a notable strength, further improvement in the availability and accessibility of mental health resources, referral mechanisms, and designated support personnel could strengthen the schools' overall capacity to address mental health and safety concerns.

The findings are strongly supported by Giles-Kaye et al. (2023), who found that a school culture that prioritizes mental health, promotes supportive relationships, and encourages collaboration is essential to effective school-based mental health support. However, the researchers also identified limited resources, inadequate training, and restricted access to appropriate support services as barriers that may reduce schools' capacity to respond effectively to mental health needs. Similarly, Moore et al. (2022) identified school leadership, staff engagement, adequate resources, appropriate intervention characteristics, and external support as major factors affecting the sustainability of school-based mental health and well-being initiatives. These studies closely support the present results, particularly the Very Great Extent observed in school culture and the comparatively lower rating for mental health resources, suggesting that a supportive school environment provides a strong foundation for mental health and safety practices, but sustained implementation also requires sufficient personnel, resources, training, and coordinated support systems.

Level of Satisfaction with Mental Health and Safety Programs

The level of satisfaction with mental health and safety programs reflects how effectively school-based initiatives respond to the well-being, protection, and support needs of school personnel and learners. Assessing satisfaction provides a meaningful indication of the perceived adequacy, accessibility, and responsiveness of existing programs and support mechanisms. The results may further identify program

strengths and areas requiring improvement to enhance the overall quality and sustainability of mental health and safety support in schools.

Table 11

Level of Satisfaction of School Heads and Teachers with the Mental Health and Safety Programs Implemented in Their Respective Schools

Statements	Weighted Mean	Standard Deviation	Categorical Response
1. I am satisfied with the mental health awareness activities conducted in the school.	3.18	0.52	Satisfied
2. I am satisfied with the safety programs and emergency preparedness activities implemented in the school.	3.22	0.49	Satisfied
3. I am satisfied with the support provided by the school administration regarding mental health and safety concerns.	3.16	0.55	Satisfied
4. I am satisfied with the availability of resources and personnel for mental health and safety support.	3.05	0.61	Satisfied
5. I am satisfied with the school's policies and procedures in addressing mental health and safety-related issues.	3.12	0.57	Satisfied
6. I am satisfied with the school's efforts to maintain a safe, inclusive, and supportive learning environment.	3.24	0.47	Satisfied
7. I am satisfied with the coordination among school heads, teachers, parents, and stakeholders in supporting mental health and safety.	3.08	0.59	Satisfied
8. Overall, I am satisfied with the mental health and safety programs implemented in the school.	3.20	0.50	Satisfied
Aggregate Mean	3.16	0.54	Satisfied

Legend: 3.26–4.00 – Very Satisfied; 2.51–3.25 – Satisfied; 1.76–2.50 – Dissatisfied; 1.00–1.75 – Very Dissatisfied.

The findings reveal an aggregate weighted mean of 3.16 and a standard deviation of 0.54, indicating that the respondents were generally Satisfied with the mental health and safety programs implemented in their schools. The highest-rated indicator was the school's efforts to maintain a safe, inclusive, and supportive learning environment (WM = 3.24, SD = 0.47), suggesting that respondents positively recognized the schools' efforts to foster conditions conducive to well-being and security. In contrast, the availability of resources and personnel for mental health and safety support obtained the lowest mean (WM = 3.05, SD = 0.61), although it remained within the Satisfied category. This comparatively lower rating indicates a need to strengthen access to qualified support personnel, appropriate resources, and related services to enhance the comprehensiveness and sustainability of existing programs.

The findings are supported by Molinari and Grazia (2023), who emphasized that positive perceptions of school climate are associated with the quality of the school environment, including its relational, organizational, disciplinary, and safety dimensions, thereby reinforcing the importance of maintaining a supportive and secure school setting. Similarly, Connolly et al. (2023) found that educators considered a school culture that prioritizes mental health, whole-school approaches, effective communication, and adequate school-based resources essential to supporting mental health; however, limited resources, inadequate training, and difficulties accessing professional services constrained schools' capacity to provide comprehensive support. These studies align with the present findings by affirming both the value of a positive and supportive school environment and the continuing need to strengthen the availability of mental health resources and personnel.

Difference in the Perceptions of School Heads and Teachers

Comparative analysis provides a clearer understanding of whether school heads and teachers hold consistent perceptions of the mental health and safety support practices implemented within their schools. Examining possible differences between these respondent groups is essential in determining the degree of shared understanding regarding institutional support, implementation, and school-based practices. Such analysis further provides an empirical basis for identifying areas of convergence or divergence that may inform appropriate management interventions and improvement strategies.

Table 12

Difference in the Perceptions of School Heads and Teachers Regarding Mental Health and Safety Support Practices

Dimensions	School Heads Mean	SD	Teachers Mean	SD	t-value	p-value	Decision	Interpretation
Mental Health Resources	3.30	0.42	3.12	0.56	0.440	0.663	Fail to Reject H_{01}	Not Significant
Engagement and Support	3.50	0.42	3.22	0.55	0.700	0.490	Fail to Reject H_{01}	Not Significant
Health and Safety Awareness	3.30	0.42	3.16	0.56	0.345	0.732	Fail to Reject H_{01}	Not Significant
Policies and Procedures	3.40	0.57	3.20	0.55	0.501	0.620	Fail to Reject H_{01}	Not Significant
School Culture	3.50	0.42	3.27	0.52	0.599	0.554	Fail to Reject H_{01}	Not Significant

***Level Significance: $\alpha = 0.05$

The findings reveal that school heads consistently obtained slightly higher mean ratings than teachers across all dimensions; however, none of the differences reached statistical significance, as all p-values exceeded 0.05. The highest mean ratings among school heads were recorded for Engagement and Support

and School Culture ($M = 3.50$), while teachers rated School Culture highest ($M = 3.27$); conversely, the lowest ratings were observed for Mental Health Resources among both school heads ($M = 3.30$, tied with Health and Safety Awareness) and teachers ($M = 3.12$). Although Engagement and Support showed the largest observed mean difference and the lowest p -value ($t = 0.700$, $p = 0.490$), it remained statistically non-significant, indicating that school heads and teachers generally shared comparable perceptions of existing mental health and safety support practices; this convergence suggests a common understanding of institutional strengths while identifying mental health resources as an area that may warrant continued enhancement.

This pattern is supported by related research emphasizing the importance of shared organizational perceptions and coordinated school support systems. Corbin et al. (2022b) reported that educators' perceptions of a supportive implementation climate were associated with the perceived feasibility of implementing schoolwide support practices, underscoring the value of common organizational expectations and support structures. Likewise, Van Jaarsveld & Mentz (2021) found areas of agreement between teachers and principals regarding factors affecting school climate and emphasized communication and alignment between the two groups, while Nygaard et al. (2023) found that educators generally recognized mental health support as part of their school-based role but identified system-level constraints and the need for additional mental health resources. Collectively, these studies reinforce the present finding that coherent leadership, shared perceptions, adequate resources, and collaborative implementation contribute to more consistent mental health, safety, and school-climate practices.

Differences in Perceptions According to Profile Variables

Examining perceptions across respondent profile variables provides a deeper understanding of whether demographic and professional characteristics influence assessments of mental health and safety support practices. Such analysis helps determine the consistency of perceptions among respondents with differing backgrounds and levels of professional experience. It also offers an empirical basis for identifying whether school management interventions should be differentiated or applied uniformly across respondent groups.

Table 13

Differences in the Perceptions of the Respondents on Mental Health and Safety Support Practices When Grouped According to Profile Variables

Profile Variables	Test Statistic	p -value	Decision	Interpretation
Age	$F = 0.486$	0.695	Fail to Reject H_{02}	Not Significant
Gender	$t = 0.624$	0.538	Fail to Reject H_{02}	Not Significant
Highest Educational Attainment	$F = 1.177$	0.343	Fail to Reject H_{02}	Not Significant
Length of Service	$F = 0.570$	0.639	Fail to Reject H_{02}	Not Significant
Number of Relevant Trainings/Seminars Attended	$F = 0.699$	0.561	Fail to Reject H_{02}	Not Significant

***Level Significance: $\alpha = 0.05$

The results show that none of the profile variables yielded a statistically significant difference in the respondents' perceptions, as all p-values exceeded the 0.05 level of significance. Among the variables, highest educational attainment produced the lowest p-value ($F = 1.177$, $p = 0.343$), indicating the greatest relative variation in perceptions, whereas age yielded the highest p-value ($F = 0.486$, $p = 0.695$), reflecting the least evidence of perceptual variation across age groups; nevertheless, both remained statistically non-significant. These findings imply that perceptions of mental health and safety support practices were generally consistent regardless of age, gender, educational attainment, length of service, or training exposure, suggesting that respondents' assessments may be shaped more strongly by shared school conditions, policies, and institutional experiences than by individual profile characteristics.

Related literature provides support for the limited and inconsistent influence of demographic and professional characteristics on educators' mental health-related perceptions and competencies. Kerry et al. (2024), in a study of 369 school teachers, found that differences in mental health action competencies according to age and role tenure were not statistically significant, indicating that greater age or longer professional experience did not necessarily translate into substantially different mental health competencies. Similarly, Rangnow et al. (2024), in a study involving 1,600 teachers, reported that sociodemographic and school-related characteristics demonstrated limited overall predictive power across dimensions of digital health literacy, with associations varying depending on the specific competency examined. These findings reinforce the view that demographic and professional characteristics alone may not consistently determine how educators understand and assess health- and mental health-related practices, thereby supporting the need for school-wide policies, resources, and professional development opportunities that are accessible to personnel across profile groups.

Issues and Concerns Regarding Implementation

Identifying implementation issues and concerns is essential for determining the factors that may limit the effectiveness and sustainability of school-based mental health and safety initiatives. Examining these challenges provides a clearer basis for recognizing operational gaps, resource needs, and areas requiring strengthened institutional support. The findings may therefore guide the development of responsive strategies aimed at improving program implementation, coordination, and overall school support systems.

Table 14

Issues and Concerns Identified by School Heads and Teachers Regarding the Implementation of Mental Health and Safety Support Practices

Statements	Weighted Mean	Standard Deviation	Categorical Response
1. Limited mental health resources and materials	3.18	0.58	Serious
2. Lack of trained personnel to handle mental health concerns	3.29	0.55	Highly Serious
3. Limited trainings and seminars for teachers and school heads	3.34	0.52	Highly Serious
4. Insufficient awareness among learners, teachers, or parents regarding mental health and safety	3.12	0.61	Serious

Statements	Weighted Mean	Standard Deviation	Categorical Response
5. Weak reporting and referral system for mental health and safety cases	3.08	0.63	Serious
6. Limited participation of parents and stakeholders in mental health and safety programs	2.96	0.67	Serious
7. Lack of funds or budget for school-based mental health and safety activities	3.21	0.57	Serious
8. Inconsistent implementation of school policies and procedures	3.04	0.62	Serious
9. Presence of stigma or hesitation in discussing mental health concerns	3.15	0.60	Serious
10. Need for stronger school culture that promotes safety, respect, and emotional support	2.88	0.69	Serious
Aggregate Weighted Mean	3.13	0.60	Serious

Legend: 3.26–4.00 – Highly Serious; 2.51–3.25 – Serious; 1.76–2.50 – Less Serious; 1.00–1.75 – Not Serious

The findings reveal an aggregate weighted mean of 3.13 (SD = 0.60), indicating that the identified implementation challenges were generally perceived as Serious. The highest-rated concern was the limited trainings and seminars for teachers and school heads (WM = 3.34, SD = 0.52), followed by the lack of trained personnel to handle mental health concerns (WM = 3.29, SD = 0.55), both categorized as Highly Serious. In contrast, the need for a stronger school culture that promotes safety, respect, and emotional support obtained the lowest weighted mean (WM = 2.88, SD = 0.69), although it remained within the Serious category. These results suggest that while strengthening the overall school climate remains important, more immediate attention may be directed toward sustained capacity-building, specialized personnel development, and adequate institutional support to enhance the schools' ability to respond effectively to mental health and safety concerns.

The findings are consistent with Maclean & Law (2022), who reported that major barriers encountered by teachers in supporting learners' mental health included insufficient school mental health professionals, inadequate funding, limited training, weak service coordination, and insufficient referral options, closely reflecting several concerns identified in the present data. Similarly, Ohrt et al. (2020) found through a systematic review that mental health training can improve teachers' knowledge and preparedness to recognize and respond to learners experiencing mental health difficulties. Moreover, Wei et al. (2021) demonstrated that targeted educator training strengthened mental health knowledge and early-identification capacity while helping reduce stigma toward mental illness. Collectively, these studies support the present findings by emphasizing that systematic professional development, accessible specialist support, effective referral structures, and stigma-reduction initiatives are critical components of effective school-based mental health and safety implementation.

CONCLUSIONS

The study concludes that mental health and safety support practices in Babag Integrated School and Sibugay Integrated School are generally well established and positively perceived by school heads and teachers. A supportive school culture emerged as a particular strength, reflecting an environment characterized by care, respect, safety, inclusion, and concern for the well-being of learners and personnel. The respondents' general satisfaction with the implemented programs further indicates that existing initiatives are viewed as relevant and responsive to school needs. However, the comparatively lower assessment of mental health resources shows that the availability of trained personnel, accessible support services, referral mechanisms, and adequate resources still requires further strengthening.

The findings further conclude that school heads and teachers generally share consistent perceptions of mental health and safety support practices, regardless of their demographic and professional characteristics. This consistency reflects a common assessment of the schools' existing strengths and limitations rather than substantially different views among respondent groups. Nevertheless, the serious concerns regarding limited trainings and seminars and the lack of trained personnel indicate important implementation gaps that may affect the quality, continuity, and sustainability of support services. Therefore, strengthening personnel capacity, mental health resources, referral systems, stakeholder involvement, and institutional support is necessary while sustaining the positive school culture already evident in the schools. These conclusions provide a sound basis for the development of a responsive School Management Enhancement Plan that systematically addresses priority needs and strengthens existing mental health and safety practices.

RECOMMENDATIONS

Based on the findings and conclusions of the study, it is recommended that school administrators strengthen mental health and safety support practices through continuous and needs-based professional development, particularly in mental health awareness, early identification of concerns, referral procedures, crisis response, and school safety. Greater attention should also be given to increasing the availability and capacity of trained or designated personnel, improving access to mental health resources and support services, and strengthening reporting and referral mechanisms to ensure timely and appropriate assistance. Schools should further enhance stakeholder participation, communication, stigma-reduction initiatives, policy monitoring, and regular evaluation of existing programs to sustain a safe, inclusive, and supportive school environment. Collaboration with parents, community partners, and appropriate mental health and safety professionals may likewise be strengthened to expand available support systems and institutional resources. Accordingly, the proposed School Management Enhancement Plan may be adopted as a structured guide for sustaining existing strengths, addressing identified implementation gaps, and promoting more responsive, coordinated, and sustainable mental health and safety practices in the selected schools.

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