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Mental health program delivery in Kamora National High School: Existing initiatives, challenges, and proposed recommendations

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ABSTRACT

Mental health is a critical component of student development, yet school-based implementation often faces significant challenges. This study identified the existing mental health programs, projects, and activities at Kamora National High School from the school year 2022-2023 to the present. It further explored the challenges encountered by school administrators, teachers, and non-teaching staff, and gathered their recommendations to improve service delivery. The study utilized a qualitative research design. Data were gathered from school administrators, teachers, and non-teaching personnel through interviews, and thematic analysis was employed in treating the data. The findings revealed that the school employs four primary themes in its mental health approach: Formal Mental Health Intervention Systems (School-Based Counseling and Psychological First Aid), Preventive Mental Health Practices (Classroom Integration), Integrated Mental Health Support Approach, and Limited Wellness Promotion Activities (Zumba and Hiking). Despite these efforts, several challenges were identified, categorized into Resource and Staffing Constraints (Lack of permanent Registered Guidance counselor and insufficient funding), Workload and Administrative Burden on teachers, and Socio-Cultural Barriers, specifically the stigma and fear of judgement among students and parents. To address the challenges, participants recommended enhancing the Mental Health Programs and Services (Mental health seminars and Awareness campaign), Human resources and Capability Building (hiring Guidance Counselor, Training and Peer support), Policy, Systems and Program Institutionalization (Mandatory Assessment, Referral System, Monitoring and Evaluation) and lastly Resources, Funding, facilities and Stakeholder Support (Budget allocation, Counseling Spaces and Community Partnerships). The study concludes that while Kamora NHS has established foundational mental health frameworks, the absence of a permanent specialist and private counseling facilities hinders the depth of confidentiality of support. To address this gap, the study recommends institutionalizing mandatory mental health assessments, appointing a permanent mental health specialist, providing dedicated and private counseling spaces, and strengthening partnerships among stakeholders.

Keywords: Mental health, school, program, Benguet.

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INTRODUCTION

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In the traditional school environment, face to face interaction and structured routines provided learners with stability, safety, and opportunities for growth, thereby supporting SDG 4 on Quality Education. However, the COVID 19 pandemic disrupted these foundations and intensified psychological difficulties among students, as isolation, academic disturbance, anxiety, depression, and suicide related concerns became more visible. This crisis underscored the urgent need for strong school mental health support systems aligned with SDG 3 on Good Health and Well-being, because quality education cannot be fully achieved without protecting learners' psychological welfare.

Mental health care has historically shifted from institutional and hospital centered approaches toward community based, recovery oriented, and socially integrated services. The work of Gerald N. Grob helped establish the historical understanding of psychiatry and mental health policy by examining institutional and societal responses to mental illness (Mechanics et al., 2016). Earlier models emphasized clinician directed stabilization and symptom containment within structured institutions (Mechanic, 2007), while contemporary approaches prioritize empowerment, social inclusion, and everyday functioning within the individual's natural community setting (Davidson et al., 2001). Community based interventions such as GROW demonstrate the value of peer support in reducing psychiatric medication use and hospitalization among members, showing that social connection can strengthen recovery outcomes (Finn et al., 2007).

Public education is central to mental health promotion because schools can normalize conversations about psychological distress, strengthen prevention, and connect learners to appropriate support. Programs such as the Gatekeepers Program improve mental health literacy by helping individuals recognize warning signs, offer basic support, and refer persons in distress to proper services. At the global level, Collines et al. (2011) emphasized the importance of multisectoral collaboration in research, policy, and practice, especially in low income and middle-income countries where mental health resources are limited. In this context, public administration becomes essential because effective mental health service delivery requires policy direction, financing, multidisciplinary personnel, and sensitivity to the personal nature of mental health care. Mental health integration in schools also supports naturalistic resources and improved outcomes for students (Atkins et al., 2010), while partnerships between public administration and community organizations can expand access to care and respond to the increasing burden of mental disorders (Thrushchelev, 2010). Contemporary public mental health policy therefore emphasizes promotion, prevention, reduction of inequality, primary care integration, and evidence-based research to practice translation (Wahlbeck, 2015).

This policy evolution is closely connected to SDG Target 3.4, which emphasizes prevention and treatment as pathways to reducing premature mortality, and to SDG 4, which recognizes that inclusive and quality education depends partly on learners' psychological stability. Mental health is therefore no longer merely a medical concern but a core component of sustainable social and educational development. Although many schools have strengthened their mental health support systems, implementation remains limited by unclear administrative policies, inadequate resources, institutional constraints, and difficulty translating national mandates into local practice.

The experiences of Kamora National High School illustrate how the shift from institutional care to community and school centered support is tested within Philippine public education. While Grob and Goffman documented broader historical movements from isolation toward community care (Mechanic et al., 2016; Goffman, 1961), Philippine schools now serve as frontline spaces where the Mental Health Act, Republic Act No. 11036 of 2018, and Civil Service Commission mandates on wellness must be implemented despite limited budgets and personnel. Kamora National High School is therefore a critical case because its mental health programs operate within systemic pressures involving personnel shortages, high academic

demands, limited funds, and insufficient access to licensed professionals (Cureg et al., 2023; Santiago, 2020). At present, mental health activities are handled by a designated Guidance Counselor, a teacher who assumes the role in the absence of a contractual Guidance Associate funded by the Province of Benguet through the Provincial School Board Fund. Although a newly hired school nurse provides assistance, the nurse's effectiveness is constrained by duties across multiple cluster schools. Even when a Guidance Associate is available, mental health advocacy may be displaced by administrative duties such as issuing admission slips or covering classes for absent teachers (Bacolod, 2022; David, 2021).

These personnel and administrative concerns are intensified by stigma, as learners may avoid seeking help because of fear of judgment (Toquero, 2020; Redfern et al., 2024). As a result, those assigned to mental health programs require specialized training to bridge the gap between administrative responsibility and clinical support (DepEd, 2023). Despite these constraints, Kamora National High School has attempted to strengthen support by collaborating with the local community, an approach associated with learner resilience and safer help seeking environments (DepEd, 2026; Yabut et al., 2021). These efforts are consistent with national goals of making schools inclusive spaces where learners experience belonging and support (DepEd, 2025). The Civil Service Commission, through Memorandum Circular No. 4, s. 2020, further requires schools to implement concrete mental health programs for staff and students, affirming mental health as a basic right rather than an optional service (Civil Service Commission, 2020; Republic Act No. 11036, 2018).

Despite increasing research on school mental health, gaps remain in the literature. Many studies focus on learners, counselors, or mental health professionals, while fewer examine the administrative perspective of school leaders (Weist et al., 2014). Scholars also continue to debate the appropriate role of schools in mental health service delivery (Adelman & Taylor, 2010; Fazel et al., 2014), the integration of mental health education into the curriculum (Bruhn et al., 2014), and the applicability of findings from Western contexts to developing countries (Gopalan et al., 2010). This study addresses these gaps by examining mental health program delivery from the administrative perspective within the specific context of Kamora National High School.

The mental health related cases recorded at Kamora National High School after the pandemic reveal both crisis and recovery. The school recorded a peak of 13 cases during the 2022 to 2023 school year, including students experiencing depression, severe anxiety, clinical referrals, and incidents of self-harm. This pattern reflects the wider national experience in which the return to face-to-face classes created adjustment difficulties and affected learner well-being (Clores et al., 2023). The number of reported cases later decreased to five in the 2023 to 2024 academic year and to two in the 2024 to 2025 academic year (Kamora National High School Annual Guidance Report, 2025). Although this decline may suggest that school interventions are becoming effective, it may also be influenced by the graduation of senior cohorts, student transfers, and what Miller and Chen (2025) describe as a recovery by attrition effect. This study therefore seeks to determine whether the decrease reflects stronger service delivery or merely fewer recorded cases caused by demographic movement.

The conceptual foundation of the study integrates public administration theories and school mental health service models to explain how policy, resources, personnel, and stakeholder relationships shape program delivery. Public administration provides the basis for policy formulation, resource allocation, and program oversight (Denhardt & Denhardt, 2015), while governance frameworks ensure alignment with national education and health priorities (Osborne, 2010). Schools function as complex systems in which policies, resources, personnel, students, teachers, parents, and the community interact to influence service outcomes (Senge

et al., 2012; Rones & Hoagwood, 2000). Institutional Theory explains how schools respond to regulatory requirements and social expectations in order to gain legitimacy (Scott, 2014). The Social Ecological Model emphasizes that mental health service delivery is shaped by multiple levels of influence, from individual learner needs to school policies and community systems (Bronfenbrenner & Morris, 20026). Public Value Theory further highlights the responsibility of public administrators to create policies and allocate resources that produce measurable benefits for student mental health and community well-being (Alford & O'Flynn, 2012).

In the Philippines, mental health service delivery in public secondary schools is guided by Republic Act No. 11036, or the Mental Health Act of 2018, and by DepEd policies that recognize mental health and psychosocial well-being as essential to holistic learner development. DepEd Memorandum No. 14, s. 2020 directs schools to implement Mental Health and Psychosocial Support programs, including psychological first aid, psychosocial support activities, and referral mechanisms. DepEd Order No. 40, s. 2012 established the Child Protection Policy and required Child Protection Committees to protect learners from abuse, bullying, and other threats to mental health. DepEd Order No. 21, s. 2021 supports learners with disabilities, including those with psychosocial conditions, through psychological assessments and intervention plans within inclusive education services. DepEd Memorandum No. 50, s. 2025, titled Learners' Health Assessment and Screening for School Year 2025 to 2026 onwards, requires public schools to conduct non diagnostic health evaluations for learners from Kindergarten to Grade 12 and the Alternative Learning System. These screenings include physical, mental, nutritional, vision, hearing, oral health, and psychosocial assessments using tools such as the Child and Adolescent Risk Screener and the Rapid HEEADSSS tool. DepEd Order No. 49, s. 2022 further promotes supportive school environments for employee and learner well-being, while Joint Memorandum Circular No. 1, s. 2021 supports the National Suicide Prevention Strategy through peer support systems and crisis intervention teams.

The implementation of school mental health programs is shaped by several interrelated challenges. Limited time within crowded curricula can cause mental health initiatives to be treated as secondary to academic instruction (Goodwin et al., 2021). Many educators also lack adequate training to recognize and respond to mental health concerns, resulting in under detection or ineffective support. Logistical barriers such as lack of private counseling spaces and rigid schedules further restrict confidentiality and service stability (Cummings et al., 2021). Collaboration between teachers and mental health professionals may also be weakened by differences in language, expectations, and understanding of treatment, diagnosis, and school realities (Cummings et al., 2021; Massey et al., 2005). Parental concerns about stigma and labeling may limit participation, while varied family contexts involving culture, parenting practices, poverty, domestic violence, or trauma complicate the design of targeted interventions (Rodriguez et al., 2014).

Best practices in mental health service delivery emphasize accessibility, consumer-oriented care, system integration, and culturally responsive support. Consumer delivered services allow individuals with lived experience to participate in planning, delivering, and evaluating programs, thereby promoting empowerment, reducing stigma, and strengthening recovery (Salzer, 2002). The World Health Organization Framework for an Optimal Mix of Services suggests that schools should serve as a broad base for self-care, informal community support, and early intervention rather than relying only on referral to psychiatrists (WHO, 2003). Integrating mental health into daily instruction and teacher training helps address common stressors before they become clinical crises (WHO, 2016). Whole system community mental health models also emphasize a continuum of care, from emergency intervention to long term rehabilitation, and require collaboration among schools, justice agencies, housing services, and other sectors (Flannery et al., 2011). Telemental health expands access for underserved and remote populations and may improve satisfaction, treatment compliance,

provider coordination, and stigma reduction (Shore et al., 2018). For specific populations such as older adults, shared care and collaborative models involving primary care providers, mental health professionals, community education, and respectful program planning are recommended (Sullivan et al., 2004). In schools, on campus services reduce barriers related to transportation and scheduling while strengthening coordination between teachers and mental health specialists (Cummings et al., 2021). These practices support the broader argument that mental health must become part of school culture and policy rather than a peripheral activity (Goodwin et al., 2021).

Mental health advocacy depends strongly on policy because policies can transform awareness into rights-based services, sustained programs, and institutional accountability. Advocacy seeks to raise awareness of the rights and needs of individuals with mental disorders, reduce stigma, influence public policy, and create supportive environments. Consumer and family associations are central because they provide lived experience, strengthen policy development, advance social inclusion, and ensure that affected persons are represented in service design and legal protection (Funk et al., 2006). Governments also have dual responsibilities: they must support civil society advocacy while carrying out their own institutional advocacy through legislation, national campaigns, and integration of mental health into health and social welfare systems (Funk et al., 2006). Among adolescents, mental health advocacy is especially urgent because emotional and conduct disorders have increased among youth and young adults (Goncalves et al., 2014). Tools such as the American Academy of Child and Adolescent Psychiatry Advocacy Toolkit provide strategies for message framing, coalition building, and policy communication to keep children's mental health within the public agenda (Dorr et al., 2023). In education, mental health advocacy must be connected to school reform because mental health support can improve academic performance, reduce dropout, and promote equity (Adelman & Taylor, 2003).

The Input Process Output paradigm of the study organizes the inquiry by linking the major research concerns, the analytical procedure, and the intended contribution. The input consists of the challenges experienced by school personnel and stakeholders, existing best practices in mental health service delivery, and the role of administrative policy and funding in shaping mental health programs. These inputs provide the foundation for examining how Kamora National High School responds to student mental health concerns within policy and resource constraints. The process involves individual interviews and thematic analysis to identify recurring patterns, experiences, and meanings from participants' accounts. The output consists of a comprehensive report describing the issues, effective strategies, and policy related concerns affecting program implementation, together with a proposed action plan for improving mental health service delivery. Taken together, the framework positions the study as an administrative and practice-oriented inquiry that seeks to determine whether Kamora National High School's mental health program delivery is sufficiently responsive, sustainable, and aligned with the needs of learners, personnel, and the wider school community.

Statement of the problem

This study explores the public administration of mental health services at Kamora National High School, investigating key challenges.

Specifically, this research addresses the following questions:

1. What are the existing mental health programs, projects, and activities at Kamora National High School from school year 2022-2023 to present?

2. What challenges do administrators, teachers, and non-teaching staff encounter when implementing mental health programs?
3. What are the recommendations of the participants to address the identified challenges?

METHODOLOGY

This study used a qualitative case study design to investigate the mental health programs, projects, and activities at Kamora National High School. It also explored the challenges encountered in administering services and the participants' recommendations for improvement. A case study design was appropriate because it allowed an in-depth examination of real-life issues within a specific context (Yin, 2018). By focusing on Kamora NHS as a single case, the study aimed to generate comprehensive descriptions of the administrative processes, challenges, and practices associated with mental health service delivery. Consistent with Creswell and Poth (2018), qualitative research was suitable for this study because it sought to understand participants' experiences, behaviors, and perspectives in their natural environment. Accordingly, interviews and document analysis were used to gather data from school administrators, teachers, and non-teaching staff involved in the delivery of mental health services.

The study was conducted at Kamora National High School (KNHS), located in Diboong, Gusaran, Kabayan, Benguet. It employed a Single Case Embedded Design, which allowed an in depth and contextualized analysis of the school's mental health landscape over the 2023 to 2026 period. The school is situated in the heart of the municipality of Kabayan, which enhances its accessibility for learners and community members. The researcher used purposive sampling to obtain rich and relevant data from participants who had direct knowledge and experience of the school's mental health programs. Participation was limited to individuals who had been employed at the school since the school year 2022 to 2023, ensuring that they had sufficient exposure to the programs and could provide meaningful insights. The participants were 30 employees of Kamora National High School, composed of 20 teaching staff, including 12 from Junior High and 8 from Senior High, 1 school administrator, and 9 non-teaching staff, consisting of 1 guidance associate, 1 school librarian, 1 School Property Custodian, 1 School Registrar, 4 from the finance section, and 1 security guard.

The primary data gathering instrument was a content validated self-made interview guide questionnaire. This instrument provided flexibility and allowed participants to share detailed insights while addressing the key research questions effectively (Creswell & Poth, 2018). The guide questionnaire contained open ended questions designed to generate relevant information on three major areas: the existing mental health practices at Kamora National High School, the challenges faced by administrators and staff, and the participants' recommendations for addressing these challenges. To ensure the accuracy and reliability of the instrument, the questionnaire underwent formal validation by three experts before it was administered.

The data collection procedure followed an orderly process to ensure the accuracy, credibility, and reliability of the gathered information. Formal permission was first secured from the administration of Kamora National High School. Ethical considerations were observed throughout the process, including confidentiality, informed consent, and voluntary participation. Purposive sampling was then used to select participants from among the school administrators, teachers, guidance associates, and other non-teaching staff. The researcher conducted individual interviews with the school administrator, teachers, guidance associates, and other non-teaching staff. Each interview was held in a quiet and private setting within the school premises and lasted approximately 30 to 45 minutes. With the consent of the participants, the conversations were audio recorded to ensure accuracy. The interview

questions focused on current policies, challenges, and practices related to mental health service delivery.

The data collected underwent thematic analysis to identify patterns and recurring themes from the participants' responses. To ensure a rigorous and organized analysis, the study applied Braun and Clarke's Six Phase Framework for Thematic Analysis. All recorded interviews were transcribed exactly to preserve accuracy and authentically reflect the participants' perspectives. To protect confidentiality, personal identifiers were removed, and each participant was assigned a code. After transcription, the data were reviewed multiple times to allow the researcher to become familiar with the content. Open coding was used to categorize responses into emerging themes and sub themes related to mental health service administration, including policy implementation, resource allocation, challenges, and best practices. Thematic patterns were then compared across interviews, document analysis, and observational notes to ensure data triangulation and validity.

The findings from document analysis complemented the interview results by identifying gaps in existing policies and practices. Observational data were also reviewed together with participant responses to validate the actual implementation of mental health services in the school. To enhance credibility, member checking was conducted by involving selected participants in the review of preliminary findings to confirm the accurate representation of their views. The key themes and insights were then systematically organized and presented in narrative form, supported by direct quotations from participants. These findings served as the basis for developing recommendations to improve mental health service administration at Kamora National High School. This structured treatment of data ensured consistency, credibility, and grounding in the participants' real experiences.

Ethical safeguards were carefully observed throughout the study. With regard to conflict of interest, the researcher is currently a student taking Master in Public Administration at the Benguet State University (BSU) Bokod Campus. For this reason, the researcher was excluded from the pool of possible respondents to reduce bias and maintain the validity of the study. Furthermore, the researcher did not obtain any personal benefit from the conduct of the study that could have affected the coherence of the data, findings, and results. In terms of confidentiality and data protection, the study observed the principles of the Data Privacy Act by collecting only the necessary information or data. Before the conduct of the research, a letter of information was secured, and the data retrieved from documents were kept by the researcher solely for the purposes they served. Participants were not identified by their real names but by codes, and only the researcher could identify them.

The information provided by the respondents through personal interviews and other data sources was transferred into spreadsheets using a numbered format. Related files were permanently deleted after the study was completed and bound. In terms of vulnerability management, no vulnerable populations were identified among the professional staff and administrators, both teaching and non-teaching, of Kamora National High School. The informed consent process clearly stated that participation was entirely voluntary and not mandatory. It was also emphasized that the decision to participate or decline had no bearing on the respondents' professional standing or future endeavors.

The risk and benefit ratio of the study was also considered. There was no known risk in the participation of administrators, teachers, and non-teaching staff from Kamora National High School, as the study involved no psychological or social interventions beyond standard professional reflection. Conversely, the participants' contributions were instrumental in generating new localized knowledge on school based mental health and administrative efficiency. The study was considered highly beneficial to the school's leadership and personnel

because it provided a data driven basis for improving institutional support frameworks and professional development programs. Ultimately, the findings served as a valuable resource for the institution, the university, and future researchers focusing on mental health service delivery.

Informed consent was obtained from the administrator, teaching personnel, and non-teaching personnel of Kamora National High School. Each respondent received a clear explanation of the study's objectives, the nature of their participation, and the measures taken to ensure data confidentiality. It was explicitly stated that participation was strictly voluntary and that respondents could withdraw at any stage without discrimination. The consent process was transparent, and information was delivered in a language and manner appropriate to the local community. The data collected were anonymized, and access to personal information was restricted to authorized personnel only. Any publication or sharing of the results does not disclose the identities of the participants or sensitive information about the participants or the school.

RESULTS AND DISCUSSION

This chapter presents the results, discussion, analysis, and interpretation of the data gathered through qualitative inquiry involving administrators, teachers, and non-teaching staff of Kamora National High School, whose responses are identified throughout this discussion by their respective participant codes (TP for teaching personnel, NTP for non-teaching personnel, and SA for school administrators). The study employed a qualitative thematic approach to identify the existing mental health programs, projects, and activities implemented at the school since the 2022 to 2023 school year up to the present, to examine the challenges encountered by school personnel during program implementation, and to gather recommendations offered by participants to address these challenges. Data were collected through interviews and were analyzed using thematic coding, from which categories and overarching themes were derived. The discussion that follows is grounded entirely in the data gathered from these participants, and the results are interpreted in direct relation to the three objectives of the study, namely identifying existing mental health initiatives, examining implementation challenges, and synthesizing participant recommendations.

The findings revealed that the existing programs, projects, and activities at Kamora National High School from school year 2022 to 2023 to the present were grouped into four themes, namely Formal Mental Health Intervention Systems, Preventive Mental Health Practices, Integrated Mental Health Support Approach, and Limited Wellness Promotion Activities. These themes reflect the school's efforts to respond to the mental health needs of learners through counseling, psychosocial support, classroom-based strategies, and wellness activities, which are recognized as effective school-based approaches in promoting students' well-being and emotional resilience (van Loon et al., 2020; Gimba et al., 2020).

Under Formal Mental Health Intervention Systems, the most frequently cited pillars were School Based Counseling, Referral, and Psychological First Aid. Participants described these interventions as providing a safe space where students could express their feelings, manage stress, and develop self-confidence, as articulated in the statement "Say usual ja wared school ket School-Based Counseling tas nu egkaya emay refer shi RHU anu shi Baguio nu egsha kaya" (The usual thing we do in school is School-Based Counselling; if the school cannot solve the problem, they refer it to RHU [MHSO] or to higher facilities in Baguio). Every school year, on the first day of classes, the school conducts a mental health advocacy program to help learners prepare emotionally and psychologically as they transition from vacation to academic life, with the school administration collaborating with stakeholders such as religious ministers, the Municipal Health and Services Office, and the Kabayan Municipal Police Station to provide support and guidance to students. In addition, the Guidance Associate and School Nurse

facilitate Psychological First Aid activities, including games, group processing, and debriefing sessions, as noted by participant 1-SA: "Before ja manshuki e klase, eman conduct e school ni mental health advocacy program, kito ka man invite ni resource speakers tayo ja medepod ARM-K, MHSO tan Kabayan MPS" (Before the start of formal class, the school conducts mental health advocacy programs; we invite resource speakers from ARM-K [Association of Religious Ministers-Kabayan], MHSO [Municipal Health and Services Office], and Kabayan Municipal Police Station). These findings align with recent studies supporting the importance of school based mental health and psychosocial support programs in promoting students' well-being and academic engagement. Zorolla (2024) found that school based mental health programs significantly improved students' classroom behavior, socio emotional skills, and academic engagement through activities such as mindful exercises, peer sharing sessions, and emotional support interventions, while Hechanova (2015) found that Psychological First Aid helped promote calmness, hope, and self-efficacy among individuals experiencing distress. Similarly, a 2020 study on the impact of Psychological First Aid training showed that PFA interventions improved emotional support and coping skills among participants, and Embalsado (2024) emphasized that school mental health interventions that foster hope, emotional support, and resilience help students cope better with stress and school transitions. A 2024 Philippine study on students' psychosocial adjustment during the return of face-to-face classes further revealed that psychosocial activities, debriefing sessions, and supportive school environments play an important role in helping learners adapt emotionally and socially to the demands of school life. Documentary verification of these activities, particularly the conduct of Psychological First Aid during the first day of classes every school year, was also obtained, illustrating an activity in which each student says their name and shakes hands, repeating the process until the last learner in the circle.

Under Preventive Mental Health Practices, there was a strong emphasis on classroom integration, where teachers use wellness breaks, daily check ins, and relatable activities such as arts, music, and dance to normalize mental health within the academic environment. This was supported by the statements of participants 5 and 6-T: "Simple but relatable for all types of students and teachers, for example; simple arts, music, and dance classroom activities and schools' programs that divert purely written and recitation interaction between students and teachers to enjoyable and friendly competitions and activities." This was further supported by participant 8-T: "May-mayat nu chakel e activities eg unekdas shagus e skuyda, mas era pays ka man enjoy tan participate" (It's better to have a lot of activities for our learners so they will not get bored. They enjoy and participate more actively). Research shows that practices such as wellness breaks and brief classroom behavior and learning activities improve students' affect, reduce stress, and enhance classroom behavior and learning engagement (Springer, 2020), and systematic reviews on classroom-based wellbeing interventions highlight that integrating short breaks and structured activities into lessons contributes to a positive classroom climate and supports students' emotional wellbeing. Durlak et al. (2011), in their meta-analysis on socio emotional learning programs, support this idea, particularly programs that incorporate creative and participatory activities, finding that these significantly improve students' social skills, emotional regulation, attitudes, and peer relationships, aligning with the view that arts based approaches such as music, dance, and creative expression in classroom activities help normalize discussion on mental health, strengthen emotional resilience, and foster peer connection among learners. Berger (2019) further emphasizes that trauma informed and whole school wellbeing frameworks support the use of daily check ins and creative activities as part of routine instruction to promote psychological safety and student wellbeing, with these practices helping create predictable, supportive classroom environments where learners feel

emotionally secure, connected, and able to engage in learning. These findings corroborate the participants' view that classroom integration of wellness breaks, check ins, and creative activities normalizes mental health within the academic environment.

Under the Integrated Mental Health Support Approach, the theme, drawing on the framework of Abraham Maslow, represents the combination of School Based Counseling, Psychological First Aid, and Classroom Integration practices that reflect the holistic strategy in addressing students' mental health and psychological needs within the school setting. Participant 1-NT emphasized that integrating these approaches allows schools to provide emotional support, early intervention, and inclusive learning environments that help learners feel safe, understood, and supported both academically and emotionally, stating: "In our school, we do school-based counseling, psychological first aid and classroom integration, sa counseling usually teacher ang nagrerefer kung sino, doon sa psychological first aid is usually done by group yan, sa classroom naman si teacher na ang bahala kung paanu nya isasabit sa lesson at activity niya" (In our school, we conduct school-based counseling, psychological first aid and classroom integration. For counseling, teachers are usually responsible for referrals. For psychological first aid it is conducted in groups, while in classroom integration, teachers are responsible for integrating into their lessons). According to Bessel van der Kolk (2015), school-based counseling and psychosocial support are essential in helping learners cope with emotional and psychological challenges within educational settings. In practice, school based counseling is usually conducted by the school's Guidance Associate based on referrals made by classroom teachers and advisers at any time during the school year, depending on the students' needs, with counseling sessions first conducted with the student, followed by meetings involving the student, adviser, school administrators, and parents when necessary; psychological first aid is commonly conducted in groups depending on the students' cases, while classroom integration is implemented daily as part of regular teaching and learning practices. According to the World Health Organization (2021), comprehensive school mental health programs, combining psychosocial support, counseling services, and inclusive educational practices, contribute significantly to students' emotional well-being, with schools playing a critical role in early mental health intervention by creating supportive and learner centered environments. Studies on school-based counseling similarly show that counseling services within the school help students manage stress, emotional difficulties, and behavioral concerns while improving coping skills and school adjustment, and Carey and Dimmitt (2021) emphasized that school counseling programs are more effective when integrated with broader mental health and well-being initiatives within the school community. In addition, Everly and Lating (2017) found that Psychological First Aid strategies such as active listening, emotional reassurance, group activities, and supportive communication help reduce distress and promote emotional stability among learners, especially during transitions, crises, or stressful experiences. Furthermore, the Inclusive Classroom approach supports the idea that emotionally safe and participatory classrooms promote positive mental health outcomes, with research by Cefai et al. (2021) finding that inclusive and well-being-oriented classroom practices, such as daily emotional check ins, collaborative activities, and supportive teacher student relationships, enhance students' sense of belonging, emotional security, and resilience. In summary, these studies corroborate the participants' experiences that combined school-based counseling, psychological first aid, and classroom integration strategies help stabilize mental health support and foster a supportive learning environment for all students.

Under Limited Wellness Promotion Activities, the data points to non-traditional programs such as Zumba sessions, hiking, and socialization activities, suggesting that the school views physical health and community belonging as integral to psychosocial wellbeing. This was stated by participant 3-NTP: "Say sakey metlang ja wared Kamora NHS ket hiking tan socialization every after school programs, nu waray may promote, man atan nis school

assignments anu man retire" (Kamora NHS also conducts hiking and socialization activities after school programs or during send-off and salamat-mabuhay program for retirees), and supported by participant 5-TP: "Every week wara metlng e Zumba sessions every after dismissal ni aanak nu wednesday tan friday, invited e eskuyda tan community ja meki join" (Every week, the school conducts Zumba sessions after dismissal every Wednesday and Friday. Students and community members are invited to join). The conduct of weekly Zumba sessions, hiking, and socialization activities among employees of Kamora National High School significantly improves both physical health and mental well-being. Studies by Mindy E. Lachman (2019) show that dance-based exercises such as Zumba enhance psychological well-being by reducing stress, improving mood, and increasing energy levels, and Zumba is associated with improved well-being, reduced anxiety, and higher life satisfaction due to its enjoyable and social nature (Luettgen et al., 2015). In addition, as part of the school's Biggest Loser program, research highlights that workplace wellness programs involving physical challenges, such as weight loss or fitness competitions, promote healthier behavior and improve psychological outcomes, with the systematic review by Poper et al. (2016) finding that workplace physical activity interventions not only improve physical fitness but also enhance employees' mental well-being through increased motivation, self-efficacy, and social support. Furthermore, outdoor physical activities such as hiking have been widely recognized for their mental health benefits, with studies showing that exposure to natural environments during physical activity significantly reduces stress, anxiety, and depressive symptoms while improving mood and cognitive functioning (Bowler et al., 2010; Bratman et al., 2015), supporting the inclusion of hiking activities as part of employee wellness programs, as it provides restorative psychological effects beyond regular exercise. Moreover, socialization activities in workplace settings contribute to stronger interpersonal relationships, improved morale, and reduced occupational stress, with Haslam et al. (2018) highlighting that workplace social engagement fosters a sense of belonging and collective identity, both of which are critical to sustaining employees' psychological well-being. Overall, these studies corroborate the participants' statements that a combination of weekly Zumba sessions, hiking activities, and socialization events at Kamora National High School enhances employees' mental well-being by promoting physical health, emotional resilience, stress reduction, and stronger social connections, a finding further substantiated by photographic verification of the weekly Zumba session conducted for Kamora National High School employees.

Three themes were identified concerning the challenges encountered by administrators, teachers, and non-teaching staff of Kamora National High School in implementing mental health programs, namely Resource and Staffing Constraints, Workload and Administrative Burden, and Socio-Cultural Barriers and Stigma. Regarding Resource and Staffing Constraints, Kamora National High School is one of the Implementing Units in the province of Benguet, allowing it to manage its own accounts with funds directly downloaded to the school account; however, its Maintenance and Other Operating Expenses Fund remains insufficient to support the school's various programs, projects, and activities. As a result, program implementors often solicit support from alumni, municipal officials, private individuals, and private organizations to fund their initiatives, as stated by participants 1 and 4-NTP: "Lack of funding limits the implementation of school programs and activities related to mental health," and corroborated by participant 9-TP: "Implementation of some programs were made possible through solicitation from known alumni." Mark Weist (2018) states that insufficient financial resources in schools often result in gaps in the delivery of comprehensive mental health services, particularly in public education systems, and Sharon Hoover (2020) emphasized that schools with limited operational funding frequently depend on external stakeholders such as local

government units, alumni, and private organizations to support mental health initiatives. These studies collectively highlight that financial constraints remain a persistent challenge to the effective and sustained implementation of school based mental health programs. The school has no regular guidance counselor position filled, although its Plantilla includes an unfilled Guidance Counselor item; due to the qualification standard and salary rates, no one applied for the position when it was posted and published. At present, the guidance office is managed by a Guidance Associate hired by the Provincial School Board of Benguet on a contractual basis from June 2025 to March 2026. Contractual employees have limited functions and limited training opportunities, which is why the school needs a permanent guidance counselor to oversee its mental health programs, and in the absence of the guidance associate, a teacher is designated to assume guidance related duties, although this arrangement provides limited skills and training support, as supported by participant 13-TP: "Enough funds and trained staff allow regular activities and proper counseling, while limited resources and designations make programs basic, irregular, and reactive." Studies document that many public schools in the Philippines face a significant lack of Registered Guidance Counselors; Harrison, King, and Hocson (2023) found that school counseling services in the Philippines are constrained by a shortage of qualified counselors, role overload, and limited institutional support, which affects the quality and consistency of mental health services in schools. Equally, Cervantes et al. (2018) found that the shortage of registered guidance counselors has compelled schools to rely on guidance facilitators or teachers assuming counseling roles even without full professional qualifications, reflecting systemic gaps that affect the delivery of comprehensive student support services. In addition, recent literature by Harrison et al. (2023) emphasizes that while contractual or associate level guidance personnel can provide basic psychosocial support, they often have limited training opportunities, restricted functions, and lack long term professional development, which reduces their capacity to fully implement comprehensive mental health programs in schools. The guidance office at Kamora National High School is located between faculty rooms, and the lack of a private space for counseling sessions was noted as one of the challenges to student comfort and confidentiality, as supported by participant 1-NTP: "Common challenges experienced are limited resources and no private space for counselling," and by participants 11 and 12-TP: "Guidance office shall be separated from the faculty office, para mas secured and mas confident ang bata na magkwento kung ano talaga ang problema" (The Guidance office should be separated from the faculty office, to allow students to be more confident in confiding their problems). This finding is corroborated by Luz (2023), who emphasized that accessibility and confidentiality are important factors influencing students' willingness to seek guidance and counseling services in schools, while Sensoy and Ikiz (2022) highlighted confidentiality and privacy among the common ethical concerns encountered in school counseling settings, suggesting that students are less likely to openly share personal concerns when counseling spaces do not ensure privacy and confidentiality. Overall, these studies corroborate the participants' observations that limited funds, the absence of a permanent guidance counselor due to unfilled Plantilla items, inadequate physical infrastructure, and staffing challenges that lead to reliance on contractual staff and teachers assigned with guidance roles ultimately limit the depth and sustainability of school based mental health programs.

Regarding Workload and Administrative Burden, implementing health initiatives is often viewed as an additional responsibility added to the heavy workload of school personnel. This finding is supported by Gunawardena et al. (2014), who revealed that teachers are frequently expected to act as first responders to students' mental health concerns, increasing the burden placed on educators alongside their existing responsibilities, and by Beames et al. (2023), who emphasized that many school based mental health programs require significant time, effort, and resources, making implementation difficult for teachers who already have poor time and are experiencing professional burnout. This was supported by the statements of

participants 9, 11, and 14-TP: "Some of the challenges in conducting these mental health-related programs includes school personnel who will initiate the activities despite of their own tasks to do because we do not have a permanent Guidance Counselor to implement these," and complemented by participant 6-TP: "In the absence of a registered guidance counselor within the school and district, the burden usually falls to the classroom teacher or class adviser." Furthermore, Christopher M. Fleming, Hannah G. Calvert, and Linsey Turner (2023) found that increased responsibilities, psychological demands, and limited organizational support contribute to burnout among school staff, affecting their ability to effectively carry out additional programs and interventions. These studies collectively suggest that while schools recognize the importance of mental health initiatives, excessive workload and insufficient support systems remain major barriers to effective implementation.

Regarding Socio Cultural Barriers and Stigma, even when programs are made available, socio cultural barriers and stigma prevent them from being fully effective, highlighting friction between school efforts and community perceptions. Students are afraid of being labeled as crazy and misunderstood by their peers, and this fear often prevents them from seeking help at the Guidance Office, as supported by statements from participants 17 and 18-TP: "Some students avoid counseling for the fear of being labeled by their peers, while some parents hesitate to give consent, believing it reflects poorly on their child or the whole family circle." This finding is consistent with Hawke et al. (2023), who found that stigma remains one of the major barriers preventing youth from accessing mental health services, particularly due to fear of judgment, discrimination, and negative labeling from peers and society, and with Nicola A. Cogan et al. (2024), who emphasized that stigma and fear of disclosure continue to discourage students from seeking professional psychological support, especially within school settings where concerns about confidentiality and peer perception are prevalent. Moreover, the study of Karen A. Patte et al. (2024) revealed that many secondary school students are reluctant to seek help because of embarrassment, fear of being judged, and negative social perceptions associated with counseling services.

The participants provided several suggestions to address the identified challenges, which were grouped into four themes, namely Enhancement of Mental Health Programs and Services, Human Resources and Capacity Building, Policy and System Institutionalization, and Resources, Funding, Facilities, and Stakeholder Support. Regarding the Enhancement of Mental Health Programs and Services, participants emphasized the need for more structured, consistent, and engaging mental health activities that can effectively address the emotional and psychological needs of learners, stressing that mental health programs should not only be conducted occasionally but should also be integrated regularly into school activities to ensure support and awareness. They further stressed that engaging activities such as seminars, workshops, psychosocial activities, and awareness campaigns can encourage greater student participation, reduce stigma, and promote a more supportive and mentally healthy school environment, as shared by participant 5-TP: "The school shall organize engaging and innovative activities for mental health," and by participant 1-NTP: "Conduct more mental health-related seminars and free mental assessments to all students if possible." The study of Meilsmeidth et al. (2024) found that regular mental health literacy programs in schools significantly improve students' knowledge and reduce stigma towards mental health concerns, and Abhirami S. Manjari and N.T. Sudhesh (2024) emphasized that awareness campaigns, workshops, and destigmatization programs positively influence students' attitudes and willingness to seek help. Furthermore, Peng Wang et al. (2024) highlighted that consistent school based mental health interventions promote emotional well-being and strengthen support systems for learners within the school environment.

Regarding Human Resources and Capacity Building, participants highlighted the importance of strengthening human resources and capacity building in schools through the hiring of qualified mental health professionals, such as guidance counselors and psychologists, emphasizing the need for schools to have trained personnel who can immediately address students' mental health concerns and provide appropriate interventions. This was stated by participants 5, 7, and 13-TP: "A trained professional like guidance counselor or psychologist should be in all school to address this concern as soon as possible," and further supported by participants 9-TP and 4-NTP: "DepEd should hire a specialist in mental health. This will be bringing a better chance of overseeing the learners undergoing these issues." These responses are supported by recent studies emphasizing the critical role of school based mental health professionals in promoting student well-being and academic success, as a systematic review by SAGE Publications found that school psychologists, counselors, and guidance officers play significant roles in prevention programs, crisis intervention, psychoeducational assessment, and student support systems.

Regarding Policy, Systems and Program Institutionalization, participants recommended the implementation of mandatory health assessments, clear referral pathways, and structured follow up mechanisms, with regular monitoring and collaborative planning also identified as essential in ensuring mental health initiatives are effectively implemented, as supported by the statements of participants 1, 2, and 5-TP: "Mandatory assessment of all students so that staff of school will be aware of the student's wellbeing." Studies have highlighted that schools are increasingly encouraged to implement systematic or mandatory mental health screening to ensure early identification of students' psychological needs, with Frontiers in Psychiatry (2023) underscoring the growing role of school based mental health screening as a proactive approach in identifying at risk students before the condition worsens. Similarly, a 2022 Delphi study found strong consensus among educators and mental health stakeholders on the need for a structured identification process within schools to support early intervention, and the establishment of clear referral pathways has been consistently identified as a critical component of effective school mental health systems. Policy guidance, such as the 2021 joint directive of the Department of Education and the Department of Health in the Philippines, also reinforces the need for formalized referral mechanisms linking schools to appropriate health services. Kern et al. (2022), in a scoping review of school mental health services, found that ongoing monitoring and systematic follow up are critical for continuity of care, and Weist et al. (2023) highlighted the need for coordinated tracking systems within schools to ensure that referred students receive appropriate and continuous support. Likewise, collaborative planning among school personnel, parents, and health professionals has been consistently identified as vital in successful school mental health programs, with Greenstein, Robinson-Link (2026) and colleagues highlighting that access to qualified mental health professionals and consistent follow up mechanisms are essential in addressing gaps in student mental health care, emphasizing the importance of coordinated services, structured referral systems, and collaborative intervention programs within schools to ensure continuous, effective mental health support for learners, as supported by participant 11-TP: "Constant monitoring and evaluation of the activities conducted should be done and that supporting scheme from all staff is recommended." Moreover, studies conducted by Emily Goodman-Scott, Peg Donohue, and Jennifer Betters-Bubon (2023) found that universal mental health screening becomes more effective when school counselors, teachers, and mental health professionals collaborate, with their research showing that multidisciplinary teamwork improves the early identification of students at risk and strengthens referral and intervention processes within the school. In the Philippine context, local studies by Arellano et al. (2025) further emphasized the importance of referral and consultancy programs in promoting students' mental health and well-being, with their findings revealing that stronger institutional support,

systematic referral pathways, and hiring of mental health specialists are necessary to effectively respond to the psychological needs of learners in schools. Collectively, these findings support the need for mandatory assessments, clear referral systems, structured follow up, and collaborative planning in strengthening school based mental health programs.

Regarding Resources, Funding, Facilities and Stakeholder Support, participants underscored the importance of adequate financial and material resources, including increased MOOE allocation, LGU support, and partnerships with stakeholders, with the need for dedicated and private counseling spaces also identified as necessary to ensure confidentiality and comfort during counseling sessions. Furthermore, collaboration with parents, alumni, and community partners was identified as essential in sustaining mental health initiatives, as supported by the statement of participants 16, 17, and 20-TP: "Kailangan ng school ang separate guidance office, sana malayo sa faculty room, para mas maging confident yong bata na magopen up" (The school should have a separate guidance office away from the faculty room, for the learner to be confident in sharing his problems). According to Fazel et al. (2014), effective school mental health services depend not only on trained personnel but also on adequate physical spaces and institutional support systems that ensure confidentiality, safety, and accessibility for learners, supporting the participants' suggestion for a dedicated and private counseling space, as privacy has been identified as a key factor that encourages students to seek help and openly share concerns. Similarly, Wei, McGrath, Hayden, and Kutcher (2015) emphasize that successful implementation of school mental health programs requires strong collaboration between schools, families, and community stakeholders, including local government units and external partners, with their findings highlighting that multi sectoral partnerships are essential in sustaining mental health initiatives, especially in resource limited educational settings, as supported by the statement of participant 7-NTP: "We could tap our LGU for additional funding if our MOOE cannot handle all our trainings, activities and other initiatives." In addition, Patel et al. (2018) stress that school mental health systems in low- and middle-income countries are strengthened through increased funding, community engagement, and integration of services within existing school structures, reinforcing the need for budget allocation to support mental health facilities and programs. Overall, these studies corroborate the participants' statements that improving mental health support in schools requires not only personnel but also adequate funding, private counseling spaces, and strong collaboration with parents, alumni, LGUs, and community partners to ensure confidentiality, sustainability, and effectiveness of school based mental health initiatives.

Taken together, the findings derived from administrators, teachers, and non-teaching staff of Kamora National High School demonstrate that the school has sustained a multifaceted, though uneven, response to student mental health since school year 2022 to 2023, anchored in formal counseling and referral systems, classroom integrated preventive practices, an integrated holistic support approach combining counseling, psychological first aid, and classroom integration, and supplementary wellness promotion activities such as Zumba, hiking, and socialization events. These programs directly address the first objective of the study by establishing that mental health support at Kamora National High School, while present and varied, remains constrained in depth and consistency. The second objective, concerning implementation challenges, was substantiated through the identification of resource and staffing constraints, particularly insufficient MOOE funding, the absence of a permanent guidance counselor, and the lack of a private counseling space, as well as workload and administrative burden placed on teachers acting as de facto guidance personnel, and socio-cultural barriers and stigma that discourage students and parents from engaging with available services. These challenges collectively illustrate that the effectiveness of existing mental health

programs is not solely a function of their design but is significantly shaped by systemic, structural, and cultural conditions within the school and community. In response, participants articulated a coherent set of recommendations addressing the third objective, calling for the enhancement of mental health programs through regular, engaging activities, the strengthening of human resources through the hiring of qualified mental health professionals, the institutionalization of policies and systems such as mandatory assessment and structured referral pathways, and the mobilization of resources, funding, facilities, and stakeholder partnerships to sustain these efforts. Collectively, these findings contribute to the field by demonstrating, within a specific rural Philippine secondary school context, how formal and informal mental health support structures interact with resource scarcity, role overload, and community stigma, while also affirming, consistent with the broader literature on school based mental health services, that sustainable improvement requires the simultaneous strengthening of programmatic, human resource, policy, and infrastructural dimensions. These results provide the empirical foundation for the recommendations and proposed interventions to be elaborated in the succeeding chapter, which translates the identified gaps and participant suggestions into a coherent framework for strengthening mental health programs, projects, and activities at Kamora National High School.

CONCLUSION

Kamora National High School has established a foundational framework for mental health through formal interventions and classroom integration. However, the findings indicate that the current system remains largely reactive rather than proactive. While Psychological First Aid (PFA) and counseling provide immediate support during crises, the limited scope of wellness promotion suggests that mental health has not yet been fully embedded as a sustained lifestyle within the school culture. Instead, it is still primarily treated as a response to specific stressors, crises, or school transitions. This condition highlights the need for the school to move toward a more proactive, preventive, and school-wide mental wellness system in which mental health initiatives are integrated into daily school activities to promote consistency, awareness, and the normalization of well-being practices.

The study further concludes that systemic deficiencies significantly constrain the effectiveness of existing mental health initiatives. The absence of a permanent Registered Guidance Counselor creates challenges in both competency and continuity of service delivery, often requiring teachers to assume mental health support roles for which they are not fully trained. This situation increases the risk of role strain and professional burnout among school personnel. In addition, the lack of a private and accessible counseling space, together with the persistence of stigma, creates barriers that discourage students from using available services. These conditions limit the accessibility and effectiveness of programs for learners who need support the most. In response, the school may strengthen its human resources, facilities, and service accessibility by advocating for the hiring of a permanent Registered Guidance Counselor, providing Mental Health First Aid training for teachers and non-teaching staff, establishing a private counseling space separate from faculty or high-traffic areas, and implementing proactive screening systems for early identification of student concerns.

The findings also show that stakeholders strongly recognize the need to strengthen and expand the mental health initiatives of Kamora National High School. Their proposed directions reflect a shared commitment to building a more structured, sustainable, and holistic mental health system. This indicates a clear shift from basic intervention efforts toward a more comprehensive framework that integrates programs, personnel, policies, partnerships, and resources to support student well-being. Thus, the school may institutionalize structured mental health literacy and wellness activities in homeroom programs, conduct regular mental health

seminars, awareness campaigns, and IEC activities, expand services beyond Psychological First Aid (PFA) and counseling to include early screening, resilience-building, and life skills development, and promote peer support and student-led wellness initiatives as part of the school culture.

To ensure sustainability and long-term impact, Kamora National High School is encouraged to institutionalize policies, systems, and partnerships that strengthen mental health program delivery. This may include formalizing a mandatory mental health assessment and referral system for students, institutionalizing monitoring and evaluation mechanisms for all mental health PPAs, and strengthening partnerships with the LGU, Municipal Health Office, alumni, and NGOs for funding and technical support. The school may also diversify funding sources through MOOE allocation and external stakeholder support, launch a mental health literacy campaign for parents and the community to reduce stigma, standardize wellness breaks, and integrate creative, physical, and expressive activities into the school calendar. These actions may help transform mental health support from a limited crisis-response mechanism into a sustained and inclusive system embedded within the school's everyday culture.

Overall, the study affirms that while Kamora National High School has already initiated meaningful mental health programs, further improvement is necessary to make these programs more preventive, accessible, sustainable, and responsive to learner needs. The conclusions point to the importance of strengthening personnel capacity, improving facilities, reducing stigma, institutionalizing policies, and expanding partnerships to ensure that mental health support becomes an integral part of school governance and student development. Future researchers may conduct a follow-up study on the long-term effect of classroom-integrated wellness breaks on the academic performance of learners in rural high school settings.

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