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Mental Health Program Delivery in Kamora National High School: Existing Initiatives, Challenges, and Proposed Recommendations

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Abstract

This study examined mental health program delivery at Kamora National High School, focusing on existing initiatives, implementation challenges, and proposed recommendations. Anchored on public administration, systems thinking, Institutional Theory, the Social Ecological Model, and Public Value Theory, the study used a qualitative case study design. Data were gathered from 30 school personnel composed of teachers, one administrator, and non-teaching staff through a content-validated interview guide, document analysis, and thematic analysis. Findings showed that the school implements mental health initiatives through school-based counseling, referral, Psychological First Aid, classroom integration, wellness breaks, Zumba, hiking, and socialization activities. However, implementation is limited by insufficient funding, absence of a permanent Registered Guidance Counselor, lack of private counseling space, additional workload for teachers, and socio-cultural stigma among learners and parents. Participants recommended strengthening mental health programs through regular seminars, awareness campaigns, IEC activities, early screening, peer support, staff training, formal referral systems, monitoring and evaluation, improved funding, dedicated counseling facilities, and stronger partnerships with local government, health offices, alumni, parents, and community stakeholders. The study concludes that while Kamora National High School has established foundational mental health services, these must be strengthened into a more preventive, structured, and sustainable school-wide support system. The study aligns with SDG 3 on Good Health and Well-Being, SDG 4 on Quality Education, SDG 16 on Strong Institutions, and SDG 17 on Partnerships for the Goals. Its sustainability impact lies in improving institutional, educational, public health, governance, and community support systems for learner well-being.

Keywords: Community Partnerships, Guidance Counselor, Mental Health, Program Delivery, Psychological First Aid, School-Based Counseling, Thematic Analysis, Wellness Activities

1. Introduction

This study examines the public administration of mental health program delivery at Kamora National High School, focusing on existing initiatives, implementation challenges, and proposed recommendations. The COVID-19 pandemic disrupted traditional school routines and intensified learners' psychological distress, emphasizing the need for school-based mental health services that support both well-being and learning. Within this context, the study positions mental health as a public administration concern involving policy implementation, staffing, funding, referral systems, stakeholder collaboration, and sustainable school governance.

Mental health care has evolved from institutional, hospital-centered treatment toward community-based and recovery-oriented support systems. Historical scholarship on psychiatry and mental health policy explains how institutional and societal responses to mental illness developed over time (Mechanics et al., 2016). Earlier institutional models were clinician-directed and focused on symptom stabilization within controlled settings (Mechanic, 2007), while contemporary community-based care emphasizes empowerment, social inclusion, and daily functioning within natural social environments (Davidson et al., 2001). Community participation and peer support have become important components of recovery. Programs such as GROW show that peer-based involvement can reduce psychiatric medication use and hospitalization rates among members (Finn et al., 2007). Public education programs such as gatekeeper training also strengthen mental health literacy by helping people recognize distress, provide initial support, and refer individuals to appropriate services. Collines et al. (2011) emphasize the need for multisector collaboration in research, policy, and practice, especially in low- and middle-income countries where mental health resources may be limited. Schools are important settings for mental health service delivery because they provide direct access to learners and can integrate support into daily educational routines. Mental health integration in schools improves access to naturalistic resources and strengthens outcomes for students (Atkins et al., 2010). Partnerships between public administration and community organizations can expand service provision and respond to the increasing burden of mental disorders (Thrushchelev, 2010).

Public mental health policy increasingly emphasizes promotion, prevention, inequality reduction, and primary care-based delivery (Wahlbeck, 2015).

Related literature identifies implementation barriers that affect school-based mental health programs. These include limited time within the curriculum, insufficient educator training, and the perception that mental health initiatives are secondary to academic instruction (Goodwin et al., 2021). Logistical limitations, such as lack of private counseling spaces and rigid school schedules, also reduce the confidentiality and consistency of service delivery (Cummings et al., 2021). Collaboration between school staff and mental health professionals may be weakened when teachers lack knowledge of diagnostic and treatment processes and mental health professionals lack familiarity with school contexts (Cummings et al., 2021; Massey et al., 2005). Family diversity, poverty, trauma, cultural beliefs, and parental concerns about stigma further complicate support provision (Rodriguez et al., 2014). Effective practices include consumer-delivered services, where people with lived experience contribute to planning, delivering, and evaluating mental health programs; this approach promotes empowerment, reduces stigma, and supports recovery (Salzer, 2002). The World Health Organization's optimal mix of services suggests that schools should function as accessible community-based settings for self-care, informal support, and early intervention (WHO, 2003). Integrating mental health into lessons and teacher training can prevent minor concerns from escalating into clinical crises (WHO, 2016). Flannery et al. (2011) stress the importance of integrated community mental health systems that connect acute care, rehabilitation, continuing support, and interagency collaboration. Shore et al. (2018) show that telemental health can expand access to underserved populations and improve collaboration, consultation, and treatment compliance. For specialized populations, shared care models and community planning are necessary to provide respectful and appropriate services (Sullivan et al., 2004). School-based services reduce barriers such as transportation and scheduling problems while improving communication between educators and mental health specialists (Cummings et al., 2021). However, mental health must be treated as part of school culture rather than as an add-on to academic work (Goodwin et al., 2021). Advocacy also plays a critical role in stigma reduction, rights protection, and inclusive policy development. Consumer and family associations contribute credibility and lived experience to policy discussions (Funk et al., 2006), while governments support advocacy through funding, legislation, public campaigns, and integration of mental health into wider health and social welfare systems (Funk et al., 2006). Youth mental health advocacy highlights early intervention and supportive school cultures amid increasing emotional and conduct disorders among adolescents (Goncalves et al., 2014). Practice tools such as advocacy toolkits help clinicians, educators, and families influence policy and keep children's mental health visible in public agendas (Dorr et al., 2023). Adelman and Taylor (2003) argue that mental health advocacy should be connected to academic achievement, dropout reduction, and educational equity.

Globally, the transition from isolated institutional care to community-based mental health care has shaped current expectations for schools as frontline service sites (Mechanic et al., 2016; Goffman, 1961). In the Philippines, these expectations are reinforced by Republic Act No. 11036 or the Mental Health Act, which recognizes mental health as a right and requires service systems to become more accessible (Republic Act No. 11036, 2018). The Civil Service Commission's wellness mandate also requires schools to establish concrete mental health support systems (CSC MC No. 4, s. 2020). These mandates connect policy ideals with the practical realities of schools that must implement programs despite limited budgets, staffing gaps, and high academic demands. Kamora National High School reflects these local implementation challenges. Like many Philippine public schools, it faces insufficient funds and a shortage of licensed mental health professionals (Cureg et al., 2023; Santiago, 2020). Mental health activities are managed by a designated guidance teacher or a contractual Guidance Associate, while the school nurse supports multiple cluster schools. Even when a Guidance Associate is present, administrative duties such as admission slips and substitute coverage may reduce time for advocacy and counseling (Bacolod, 2022; David, 2021). Students may also avoid help-seeking because of fear of judgment and stigma (Toquero, 2020; Redfern et al., 2024). These conditions indicate the need for specialized training that can bridge administrative responsibilities and clinical support (DepEd, 2023). Community partnerships remain important in helping students feel safer, more supported, and more willing to speak up (DepEd, 2026; Yabut et al., 2021), while national education goals emphasize schools where every learner feels a sense of belonging (DepEd, 2025). The Civil Service Commission requires mental health to be treated as a basic right rather than an optional service, encouraging counseling systems and proactive stress management (Civil Service Commission, 202). This aligns with the Mental Health Act's goal of closing the gap between policy and classroom realities (Republic Act No. 11036, 2018). At Kamora National High School, mental health-related cases peaked at 13 during school year 2022–2023, then decreased to five in 2023–2024 and two in 2024–2025 (Kamora National High School Annual Guidance Report, 2025). The initial rise reflected post-pandemic adjustment difficulties, including depression, anxiety, referral to higher facilities, and self-harm. This local pattern mirrors broader concerns during the return to face-to-face classes, when Filipino learners experienced adjustment challenges and reduced well-being (Clores et al., 2023). However, the decline in reported cases may reflect either improved interventions or demographic changes such as graduation and transfers, described as recovery by attrition (Miller & Chen, 2025).

The study is grounded in public administration and systems thinking. Public administration frames mental health service delivery through policy formulation, resource allocation, program supervision, and alignment with national education and

health policies (Denhardt & Denhardt, 2015; Osborne, 2010). Schools are viewed as complex systems where policies, resources, personnel, learners, parents, and communities interact to shape service delivery (Senge et al., 2012; Rones & Hoagwood, 2000). Institutional Theory explains how schools adopt policies in response to regulatory and social expectations (Scott, 2014). The Social Ecological Model emphasizes that mental health delivery is influenced by multiple levels, from individual student needs to school policy and community support (Bronfenbrenner & Morris, 20026). Public Value Theory highlights the responsibility of administrators to create social value through effective policy, resource allocation, and measurable improvements in student and community well-being (Alford & O'Flynn, 2012). The Philippine policy framework is anchored in Republic Act No. 11036 and supported by DepEd issuances. DepEd Memorandum No.14, s. 2020 guides Mental Health and Psychosocial Support programs, psychological first aid, psychosocial activities, and referral mechanisms. DepEd Order No. 40, s. in 2012 establishes Child Protection Committees to protect learners from abuse, bullying, and other threats to mental health. DepEd Order No. 21, s. in 2021 supports inclusive education for learners with disabilities, including psychosocial conditions. DepEd Memorandum No. 50, s. 2025 introduces Learners' Health Assessment and Screening, including mental health and psychosocial screening through CARS or Rapid HEEADSSS. DepEd Order No. 49, s. 2022 promotes supportive environments for employee and learner well-being, while Joint Memorandum Circular No. 1, s. 2021 supports suicide prevention through peer support and crisis intervention. Conceptually, the study examines how existing programs, implementation challenges, participant recommendations, and post-pandemic mental health case data inform an action plan for Kamora National High School. Data collection relies on purposive sampling, individual interviews, document analysis, and thematic analysis to generate grounded recommendations for improving school-based mental health service delivery.

Despite extensive research on school mental health, important gaps remain. Many studies focus on learners and counselors, while fewer examine the administrative perspective in mental health implementation (Weist et al., 2014). There are continuing debates about the role of schools in providing mental health services (Adelman & Taylor, 2010; Fazel et al., 2014), the integration of mental health education into the curriculum (Bruhn et al., 2014), and the applicability of Western-based findings to developing country contexts (Gopalan et al., 2010). This study addresses these gaps by focusing on Kamora National High School as a local case of public administration in mental health service delivery. It investigates the existing mental health programs, projects, and activities from school year 2022–2023 to the present; the challenges encountered by administrators, teachers, and non-teaching staff; and the participants' recommendations for addressing those challenges. The rationale is to determine whether the school's current framework is genuinely becoming more resilient or whether the apparent decline in cases is partly explained by external demographic changes.

The study most directly aligns with SDG 3 – Good Health and Well-Being because it focuses on mental health promotion, early support, counseling, psychosocial intervention, referral systems, and stigma reduction. It supports SDG Target 3.4 by emphasizing prevention, treatment, and mental health promotion within the school setting. The study also aligns with SDG 4 – Quality Education because learner well-being is treated as a condition for inclusive, safe, and effective learning. Mental health support helps students remain engaged, emotionally stable, and able to participate meaningfully in school life. The study has additional relevance to SDG 16 – Peace, Justice, and Strong Institutions because it examines how public policies, administrative mandates, institutional systems, and school governance shape mental health service delivery. It also connects with SDG 17 – Partnerships for the Goals through its emphasis on collaboration among schools, local government, health offices, police, religious groups, families, and community stakeholders.

This study contributes to public health sustainability by strengthening school-based systems for prevention, early identification, psychosocial support, and referral. It contributes to educational sustainability by framing mental health as essential to learner participation, retention, classroom engagement, and school belonging. It supports socio-economic sustainability by addressing barriers that can affect student development, future productivity, and community well-being. The study also advances policy and governance sustainability by examining how national mandates are translated into local school practice through staffing, funding, accountability, and coordination. It contributes to community sustainability by recognizing that mental health support cannot depend on schools alone but requires partnerships with families, local agencies, and community organizations. Finally, it supports cultural sustainability by addressing stigma, help-seeking behavior, and community perceptions that shape whether learners and parents accept mental health services.

2. Material and methods

2.1 Research Design

The study employed a qualitative case study design to investigate the mental health programs, projects, and activities at Kamora National High School, including the challenges in administering these services and the participants' recommendations for improvement. A case study was appropriate because it allows 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 generated detailed descriptions of administrative processes, implementation challenges, and practices related to school-based mental health

service delivery. Qualitative research was also suitable because it helps explain participants' experiences, behaviors, and perspectives in their natural environment (Creswell & Poth, 2018).

2.2 Locale of the Study

The study was conducted at Kamora National High School, located in Diboong, Gusaran, Kabayan, Benguet. The school is situated in the municipality of Kabayan, making it accessible to learners and community members. The research used a single-case embedded design to provide an in-depth and contextualized analysis of the school's mental health landscape during the 2023–2026 period.

2.3 Respondents of the Study

The respondents were 30 employees of Kamora National High School. They consisted of 20 teaching staff, composed of 12 Junior High School teachers and 8 Senior High School teachers, one school administrator, and nine non-teaching staff. The non-teaching personnel included one guidance associate, one school librarian, one school property custodian, one school registrar, four finance staff, and one security guard.

2.4 Sample and Sampling Procedure

Purposive sampling was used to select participants who could provide relevant and meaningful information about the school's mental health programs. Participation was limited to personnel who had been employed at Kamora National High School since school year 2022–2023. This criterion ensured that the respondents had sufficient experience with the school's mental health-related programs, practices, and implementation concerns.

2.5 Research Instrument

The primary data-gathering tool was a content-validated, self-made interview guide questionnaire. The instrument allowed flexibility for participants to provide detailed responses while addressing the study's main research questions (Creswell & Poth, 2018). The open-ended questions focused on the school's existing mental health practices, the challenges encountered by administrators and staff, and the participants' recommendations for addressing these challenges. To ensure accuracy and reliability, the questionnaire underwent formal validation by three experts before administration.

2.6 Data Gathering Procedure

The researcher first secured formal permission from the administration of Kamora National High School. Ethical considerations were observed by ensuring confidentiality, informed consent, and voluntary participation. Individual interviews were conducted with the school administrator, teachers, guidance associate, and non-teaching staff. The interviews were held in a quiet and private setting within the school premises and lasted approximately 30 to 45 minutes. With the participants' consent, the interviews were audio-recorded to ensure accuracy. The questions focused on existing policies, challenges, and practices in mental health service delivery.

2.7 Data Analysis Techniques

The data were analyzed using thematic analysis to identify patterns and recurring themes from the participants' responses. The study applied Braun and Clarke's Six-Phase Framework for Thematic Analysis. Audio-recorded interviews were transcribed verbatim to preserve the participants' perspectives, and personal identifiers were removed to maintain confidentiality. The researcher reviewed the transcripts repeatedly, conducted open coding, and grouped responses into themes and sub-themes related to mental health service administration, including policy implementation, resource allocation, challenges, and best practices. Thematic patterns were compared across interviews, document analysis, and observational notes to support triangulation and validity. Document analysis helped identify gaps in existing policies and practices, while observational data were reviewed alongside participant responses to confirm the actual implementation of mental health services. Member checking was also conducted with selected participants to verify whether the preliminary findings accurately represented their views. The final themes were organized narratively and supported by direct quotations from participants.

2.8 Ethical Considerations

The researcher observed ethical safeguards throughout the study. To avoid conflict of interest, the researcher, as a Master in Public Administration student at Benguet State University-Bokod Campus, was excluded from the pool of respondents. Confidentiality and data protection were maintained by collecting only necessary information, coding participants instead of using real names, and restricting access to data. Interview information was transferred into numbered spreadsheets, and related files were permanently deleted after the study was completed and bound. The study did not involve vulnerable populations because the participants were professional staff and administrators of Kamora National High School. Participation was voluntary, and refusal or withdrawal had no effect on the respondents' professional standing. The study posed no known risk because it involved professional reflection rather than psychological or social intervention. Its benefits included generating localized knowledge on school-based mental health service delivery and administrative efficiency.

Informed consent was obtained from all participants, who were informed of the study's objectives, their role, confidentiality measures, voluntary participation, and right to withdraw at any stage.

3. Results and Discussion

3.1 Existing Mental Health Programs, Projects, and Activities

3.1.1 Formal Mental Health Intervention Systems

The data showed that Kamora National High School implements school-based counseling, referral, and Psychological First Aid as its main formal mental health interventions. Participants described these services as safe spaces where learners can express emotions, manage stress, and build self-confidence. The school also conducts mental health advocacy activities at the start of every school year, with support from religious ministers, the Municipal Health and Services Office, the Kabayan Municipal Police Station, the Guidance Associate, and the School Nurse. These findings indicate that the school uses accessible and school-based psychosocial support to respond to learners' mental health needs, consistent with studies recognizing school-based approaches as effective in promoting well-being and emotional resilience (van Loon et al., 2020; Gimba et al., 2020). Zorolla (2024) found that school-based mental health programs improve classroom behavior, socio-emotional skills, and academic engagement. Hechanova (2015) also found that Psychological First Aid promotes calmness, hope, and self-efficacy, while "The Impact of Psychological First Aid Training on Knowledge and Understanding About Psychosocial Support Principles" (2020) showed that PFA improves emotional support and coping skills. Embalsado (2024) likewise emphasized that interventions promoting hope, emotional support, and resilience help students cope with stress and school transitions.

3.1.2 Preventive Mental Health Practices

The findings revealed that preventive mental health practices are integrated into classroom routines through wellness breaks, daily check-ins, and activities involving arts, music, dance, games, and other participatory tasks. Teachers used these activities to make mental health support more familiar, relatable, and acceptable within the academic environment. This suggests that classroom-based wellness practices help normalize mental health support and make learning environments more emotionally supportive. Research shows that wellness breaks and brief classroom activities can improve affect, reduce stress, and strengthen classroom behavior and engagement (Springer, 2020). Durlak et al. (2011) found that socio-emotional learning programs involving creative and participatory activities improve social skills, emotional regulation, attitudes, and peer relationships. Berger (2019) further emphasized that trauma-informed and whole-school wellbeing frameworks support daily check-ins and creative classroom routines because they promote psychological safety, emotional security, and student engagement.

3.1.3 Integrated Mental Health Support Approach

The results showed that Kamora National High School combines school-based counseling, Psychological First Aid, and classroom integration to address learners' mental health needs. Counseling is usually initiated through teacher referrals and facilitated by the Guidance Associate, while Psychological First Aid is conducted in groups depending on learners' needs. Classroom integration is implemented daily by teachers through lessons and activities. This integrated approach reflects a holistic strategy for providing emotional support, early intervention, and inclusive learning environments. According to Bessel van der Kolk (2015), school-based counseling and psychosocial support help learners cope with emotional and psychological challenges. The World Health Organization (2021) also emphasized that comprehensive school mental health programs combining psychosocial support, counseling, and inclusive education contribute to students' emotional well-being. Carey and Dimmitt (2021) noted that school counseling becomes more effective when integrated with broader mental health and well-being initiatives. Everly and Lating (2017) highlighted that Psychological First Aid strategies such as active listening, reassurance, group activities, and supportive communication reduce distress and promote emotional stability. Cefai et al. (2021) likewise found that inclusive and well-being-oriented classroom practices strengthen belonging, emotional security, and resilience.

3.1.4 Limited Wellness Promotion Activities

The data showed that the school also conducts wellness-related activities such as Zumba sessions, hiking, and socialization activities. These activities involve employees, learners, and community members and are viewed as ways to promote physical health, reduce stress, and strengthen social connection. These findings show that Kamora National High School recognizes the link between physical activity, community belonging, and psychosocial well-being. Studies of Mindy E. Lachman (2019) show that dance-based activities such as Zumba reduce stress, improve mood, and increase energy. Zumba is also associated with improved well-being, reduced anxiety, and greater life satisfaction because of its enjoyable and social nature (Luettgen et al., 2015). Poper et al. (2016) found that workplace physical activity interventions improve fitness and mental well-being through motivation, self-efficacy, and social support. Outdoor activities such as hiking also reduce stress, anxiety, and depressive symptoms while improving mood and cognitive functioning (Bowler et al., 2010; Bratman et al., 2015). Haslam et al. (2018) further emphasized that workplace social engagement builds belonging and collective identity, both of which support psychological well-being.

3.2 Challenges Encountered in Implementing Mental Health Programs

3.2.1 Resource and Staffing Constraints

The findings showed that insufficient funding, lack of trained personnel, absence of a permanent Guidance Counselor, and inadequate counseling space limit mental health program implementation. Although the school manages its own funds as an Implementing Unit, its MOOE remains insufficient for mental health programs, requiring implementers to seek support from alumni, municipal officials, private individuals, and organizations. The school has an unfilled Guidance Counselor plantilla item and currently relies on a contractual Guidance Associate or a designated teacher. The guidance office is also located between faculty rooms, limiting privacy and confidentiality. These findings indicate that financial, personnel, and infrastructure limitations weaken the depth and sustainability of school-based mental health services. Mark Weist (2018) states that insufficient school funding creates gaps in comprehensive mental health service delivery, while Sharon Hoover (2020) emphasized that schools with limited operational funds often depend on external stakeholders. Harrison, King and Hocson (2023) found that Philippine school counseling services are constrained by shortages of qualified counselors, role overload, and limited institutional support. Cervantes et al. (2018) also noted that the shortage of registered guidance counselors forces schools to rely on guidance facilitators or teachers without full professional qualifications. Harrison et al. (2023) added that contractual or associate-level guidance personnel have limited training opportunities and restricted functions. Luz (2023) emphasized that accessibility and confidentiality influence students' willingness to seek counseling, while Sensoy and Ikiz (2022) identified privacy and confidentiality as major ethical concerns in school counseling.

3.2.2 Workload and Administrative Burden

The results revealed that mental health program implementation adds to the workload of teachers and school personnel. Participants reported that, in the absence of a registered guidance counselor, classroom teachers or advisers often assume responsibility for referrals, student concerns, and mental health-related activities alongside their teaching and administrative duties. This shows that mental health implementation becomes difficult when responsibilities are added without sufficient staffing and institutional support. Gunawardena et al. (2014) found that teachers are often expected to act as first responders to students' mental health concerns, increasing their workload. Beames et al. (2023) emphasized that many school-based mental health programs require considerable time, effort, and resources, which becomes difficult for teachers already experiencing burnout. Christopher M. Fleming, Hannah G. Calvert and Linsey Turner (2023) also found that increased responsibilities, psychological demands, and limited organizational support contribute to burnout among school staff.

3.2.3 Socio-Cultural Barriers and Stigma

The findings showed that stigma and fear of judgment prevent some learners from seeking help. Participants reported that students may avoid the Guidance Office because they fear being labeled by peers, while some parents hesitate to give consent because they believe counseling may reflect negatively on the child or family. These results indicate that school-based mental health services may remain underused even when available if learners and families associate help-seeking with shame or negative labeling. Hawke et al. (2023) found that stigma is a major barrier preventing youth from accessing mental health services due to fear of judgment, discrimination, and labeling. Nicola A. Cogan et al. (2024) emphasized that stigma and fear of disclosure discourage students from seeking psychological support in school settings, especially when confidentiality and peer perception are concerns. Karen a Patte et al. (2024) similarly found that secondary students may avoid help-seeking because of embarrassment, fear of judgment, and negative perceptions of counseling.

3.3 Recommendations of Participants to Address the Identified Challenges

3.3.1 Enhancement of Mental Health Programs and Services

The data showed that participants recommended more structured, regular, and engaging mental health activities. These included mental health seminars, awareness campaigns, regular assessments, psychosocial activities, innovative school activities, and IEC campaigns for parents and guardians. Participants emphasized that mental health support should not be occasional but integrated consistently into school programs. These recommendations suggest the need to strengthen mental health literacy, reduce stigma, and make help-seeking more acceptable within the school community. Meilsmeidth et al. (2024) found that regular school-based mental health literacy programs improve students' knowledge and reduce stigma. Abhirami S. Manjari and N.T. Sudhesh (2024) emphasized that awareness campaigns, workshops, and destigmatization programs improve students' attitudes and willingness to seek help. Peng Wang et al. (2024) also highlighted that consistent school-based mental health interventions promote emotional well-being and strengthen learner support systems.

3.3.2 Human Resources and Capacity Building

The findings showed that participants strongly recommended hiring qualified mental health professionals, particularly guidance counselors or psychologists, in schools. They also recommended training on Mental Health First Aid, referral procedures, peer support, and emotional literacy to improve the capacity of school personnel to respond to student concerns. These recommendations reflect the need for professionalized and sustained human resource support in school mental health delivery. Recent studies emphasize the importance of school-based mental health professionals in prevention, crisis

intervention, assessment, and student support. 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.

3.3.3 Policy, Systems, and Program Institutionalization

The results showed that participants recommended mandatory mental health assessment, clear referral systems, structured follow-up, regular monitoring, and collaborative planning. They emphasized that school staff should be aware of learners' well-being and that mental health activities should be monitored and evaluated consistently. These findings show the need for institutionalized procedures that make mental health support systematic rather than reactive. Frontiers in Psychiatry (2023) underscores the value of school-based mental health screening for proactively identifying at-risk students. A Delphi study in 2022 also found consensus on the need for structured identification processes in schools to support early intervention. Kern et al. (2022), in a scoping review of school mental health services, stressed that monitoring and follow-up are critical for continuity of care. Weist et al. (2023) highlighted the need for coordinated tracking systems to ensure that referred students receive continuous support. Greenstein, Robinson-Link (2026) and other colleagues emphasized that qualified professionals, consistent follow-up, coordinated services, structured referrals, and collaborative intervention programs are essential to addressing gaps in student mental health care. Emily Goodman-Scott, Peg Donohue and Jennifer Betters-Bubon (2023) found that universal screening becomes more effective when counselors, teachers, and mental health professionals collaborate. Arellano et al. (2025) further emphasized that stronger institutional support, systematic referral pathways, and mental health specialists are necessary to respond effectively to learners' psychological needs.

3.3.4 Resources, Funding, Facilities, and Stakeholder Support

The findings showed that participants recommended increased MOOE allocation, LGU support, community partnerships, and dedicated private counseling spaces. They stressed that the school needs a separate guidance office away from faculty areas to protect confidentiality and help learners feel more comfortable sharing concerns. Participants also identified collaboration with parents, alumni, LGUs, and community partners as necessary for sustaining mental health programs. These recommendations indicate that effective school mental health delivery requires adequate resources, safe facilities, and strong stakeholder collaboration. Fazel et al. (2014) emphasized that school mental health services depend on trained personnel, adequate physical spaces, and institutional support systems that ensure confidentiality, safety, and accessibility. Wei, McGrath, Hayden and Kutcher (2015) noted that successful implementation requires collaboration among schools, families, and community stakeholders, including local government and external partners. Patel et al. (2018) also stressed that school mental health systems in low- and middle-income countries are strengthened through funding, community engagement, and integration within existing school structures.

3.4 Integrated Summary of Findings

Overall, the study found that Kamora National High School has established foundational mental health initiatives through school-based counseling, Psychological First Aid, classroom integration, and wellness activities. However, implementation is constrained by limited funding, lack of a permanent Guidance Counselor, inadequate private counseling space, workload pressures on teachers, and socio-cultural stigma. Participants recommended stronger mental health programs, permanent mental health personnel, capacity-building activities, mandatory assessment, clear referral and monitoring systems, improved funding, dedicated counseling facilities, and stronger partnerships with parents, alumni, LGUs, and community stakeholders.

4. Conclusion & Recommendations

Kamora National High School has established a foundational mental health framework through Psychological First Aid, counseling, classroom integration, and wellness-related activities; however, the system remains largely reactive rather than fully preventive and embedded in school culture. Its effectiveness is constrained by the absence of a permanent Registered Guidance Counselor, limited private counseling space, teacher role strain, and persistent stigma that discourages learners from using available services. Overall, the findings show a clear need to move from basic intervention efforts toward a more structured, sustainable, and holistic mental health system that integrates programs, personnel, policies, and resources to support student well-being.

Kamora National High School should strengthen its mental health programs by shifting toward a proactive, preventive, and school-wide wellness system that integrates mental health literacy, regular seminars, awareness campaigns, IEC activities, early screening, resilience-building, life skills development, peer support, and student-led wellness initiatives into daily school activities. The school should also advocate for a permanent Registered Guidance Counselor, provide Mental Health First Aid training for teaching and non-teaching staff, establish a private and accessible counseling space, formalize mental health assessment and referral systems, institutionalize monitoring and evaluation, strengthen partnerships with the LGU, Municipal Health Office, alumni, and NGOs, diversify funding through MOOE and external support, conduct parent and

community mental health literacy campaigns, and standardize wellness breaks and creative, physical, and expressive activities in the school calendar. 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.

Compliance with ethical standards

This study complied with institutional ethical standards by securing permission from Kamora National High School before data gathering and by ensuring voluntary participation, informed consent, confidentiality, and data protection throughout the research process. Participants were informed of the study's purpose, their role, their right to withdraw, and the measures used to protect their identity through coding and restricted data access. The researcher declared no conflict of interest and was excluded from the respondent pool to reduce bias. All contributions and sources were properly acknowledged, the researcher assumes full responsibility for the integrity of the work, and copyright ownership remains with the author in accordance with institutional policies.

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