

Implementation of School-Based Mental Health Programs in Promoting Resilience among Adolescents of Bato, Catanduanes

John Eric M. Toledana¹, Anthony T. Emerenciana², Regina Salve B. Barra³,
Ma. Monette S. Taule⁴, John Vincent A. Torno⁵

Catanduanes State University, Camarines Sur Polytechnic Colleges

Article info

Article history:

Received: January 20th, 2025

Revised: March 27th, 2025

Accepted: April 15th, 2025

Corresponding author:

Name: John Eric M. Toledana

Address: 100 Sta. Cruz Street, Ilawod

Poblacion, Bato, Catanduanes,

Philippines

E-mail: ericjohntoledana@gmail.com

International Journal of Nursing and
Health Services (IJNHS)

Volume 8, Issue 3, June 20th, 2025

DOI: 10.35654/ijnhs.v8i3.861

E-ISSN: 2654-6310

Abstract

Background: Mental health issues among adolescents are a growing concern. The implementation of school-based mental health programs plays a crucial role in promoting resilience and emotional stability. However, the extent of their effectiveness in specific contexts, such as in Bato, Catanduanes, remains underexplored. **Objective:** This study aims to assess the effectiveness of a school-based mental health program in promoting resilience and well-being among adolescents in Bato, Catanduanes. It evaluates the level of implementation, identifies challenges, and examines strategies used to support students' mental health. **Method:** The study employed a quantitative-descriptive research design. Data were gathered through surveys administered to students, teachers, and school administrators. Mean scores were used to determine the extent of program implementation, and statistical analysis was conducted to evaluate its effectiveness. **Result:** Findings revealed that while mental health programs were moderately implemented in schools, certain areas, such as access to mental health resources and collaboration with mental health professionals, were lacking. Key strategies such as counseling sessions, mental health awareness campaigns, and stress management workshops were found to be effective in supporting students' well-being. However, challenges such as limited resources, lack of trained personnel, and inconsistent parental involvement hindered the program's full potential. **Conclusion:** The study highlights the need for strengthening school-based mental health initiatives through better resource allocation, enhanced training for educators, and increased community and parental involvement. **Recommendation:** It is recommended that schools implement more structured mental health programs, increase collaboration with mental health professionals, and provide training for teachers to effectively address students' psychological needs. Strengthening parental involvement and ensuring adequate funding for mental health resources are also essential to enhance the program's impact.

Keywords: mental health, school-based, resilience, adolescents

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INTRODUCTION

Adolescent mental health is a growing concern globally and locally, as the prevalence of psychological challenges among youth continues to rise [1]. Adolescents navigate a critical developmental stage characterized by complex emotional, social, and psychological transitions [2]. Research has shown that this period is often accompanied by increased risks of mental health issues, such as anxiety, depression, and behavioral disorders, largely influenced by factors such as stigma, limited access to mental health services, and reluctance to seek professional help [3]. This underscores the importance of effective, evidence-based interventions to support adolescents' mental well-being during this vulnerable phase. Studies highlight the pivotal role of school belongingness, or the sense of fitting into the school environment, in shaping the mental health of adolescents [4].

School-based mental health programs have been identified as promising approaches to addressing these challenges. These initiatives integrate mental health services, such as counseling, psychoeducation, and workshops, into the school setting, fostering accessibility and reducing stigma. Globally, such programs have demonstrated success in promoting resilience and equipping adolescents with coping mechanisms to navigate stress and adversity. However, the effectiveness of these programs depends heavily on their alignment with the cultural, social, and economic contexts in which they are implemented [5].

In the Philippines, adolescent mental health has gained national attention, with legislative frameworks such as the Philippine Mental Health Act (RA 11036) mandating the integration of mental health services in schools. This law emphasizes the provision of accessible, culturally appropriate mental health interventions tailored to the diverse needs of Filipino adolescents [6]. Despite these advancements, implementation in rural areas, including the municipality of Bato in Catanduanes, remains limited. This municipality's unique geographical, cultural, and socioeconomic conditions present distinct challenges that hinder the effective delivery of school-based mental health programs.

Bato, Catanduanes, located in a disaster-prone region of the Philippines, is characterized

by frequent typhoons, economic instability, and limited access to specialized healthcare services. Adolescents in this community face additional stressors, including disruptions caused by natural disasters and the resulting economic hardships [7]. These factors compound the typical challenges of adolescence, increasing their vulnerability to mental health issues. Consequently, addressing adolescent mental health in this setting requires a nuanced understanding of the interplay between these environmental and socioeconomic factors.

This study is guided by resilience theory, which emphasizes the capacity of individuals to adapt positively despite adversity. Resilience theory provides a lens for understanding how internal and external factors, such as individual coping strategies and supportive environments, interact to promote mental health among adolescents. Within this framework, school-based mental health programs are conceptualized as external protective factors that enhance adolescents' ability to manage stress and overcome challenges.

The conceptual model for this study depicts the relationships between program implementation, cultural and socioeconomic contexts, and adolescent resilience. It illustrates how program strategies (e.g., counseling, psychoeducation) interact with demographic variables (e.g., income, family structure) and contextual factors (e.g., resource availability, cultural sensitivity) to influence resilience outcomes. This model serves as a roadmap for exploring how these variables interact within the unique setting of Bato, Catanduanes.

Existing literature highlights the significance of tailoring mental health interventions to local contexts. Studies have shown that culturally sensitive programs can enhance adolescents' engagement and overall effectiveness of interventions [8]. In rural areas like Bato, however, there is a lack of empirical evidence on the implementation and outcomes of school-based mental health programs [9]. This gap underscores the need for localized research to inform the design and delivery of these initiatives, ensuring they meet the specific needs of adolescents in resource-limited settings.

Furthermore, previous studies have pointed to critical gaps in the delivery of school-based mental health programs, such as inadequate resources, inconsistent implementation, and limited stakeholder involvement [10]. These issues are particularly pronounced in rural settings, where schools often face constraints in funding, infrastructure, and trained personnel. Addressing these gaps is essential to maximize the potential of mental health programs in fostering resilience and supporting adolescents' emotional well-being [11].

This study aimed to address the critical gap in understanding how school-based mental health programs can be effectively implemented in Bato, Catanduanes. By exploring the extent of program implementation, the strategies employed, and the barriers faced, this research seeks to provide valuable insights into optimizing these interventions in a rural, resource-limited context. The integration of culturally sensitive and evidence-based approaches is key to addressing the unique challenges faced by adolescents in Bato, contributing to the broader goal of enhancing mental health outcomes in underserved communities [12]. It also aims to align with national policies and global best practices to promote equity in mental health care [13] (Garcia, 2019).

The urgency of this research is further underscored by the findings of recent studies on Filipino adolescents, which reveal high rates of mental health issues, such as depression and suicidal ideation, particularly among those from low-income households [14] [15]. These findings highlight the need for targeted interventions to address the mental health needs of this demographic, ensuring their well-being and long-term development.

Through this endeavor, the researcher seeks to contribute to the growing body of literature on adolescent mental health while addressing the specific needs of adolescents in Bato, Catanduanes. By bridging the gap in knowledge and addressing the barriers to effective program delivery, this research seeks to promote a culture of mental health awareness and support in Bato. This endeavor not only aligns with the national priorities outlined in the Philippine Mental Health Act but also

contributes to the global goal of improving adolescent mental health and well-being [16].

OBJECTIVE

The study seeks to evaluate the implementation of school-based mental health programs in promoting resilience among adolescents in Bato, Catanduanes, while addressing cultural and socioeconomic barriers to optimize their effectiveness, specifically the following;

1. Profile the respondents.
2. Measure the extent of implementation of school-based mental health programs in promoting resilience among adolescents in the municipality of Bato, Catanduanes.
3. Determine the specific strategies of school-based mental health programs in promoting resilience among adolescents in Bato, Catanduanes.
4. Test the significant relationship between the profile of the respondents and the extent of implementation of school-based mental health programs in promoting resilience among adolescents in the municipality of Bato, Catanduanes.
5. Formulate a plan designed to enhance the implementation of a school-based mental program in promoting resilience among adolescents in the municipality of Bato, Catanduanes.

METHODS

Design

This study employed a descriptive-correlational research design to assess the implementation of school-based mental health programs in promoting resilience among adolescents in the municipality of Bato, Catanduanes. A descriptive approach was used to provide a detailed account of the extent of program implementation and the specific strategies employed. Meanwhile, the correlational aspect explored the relationship between the respondents' demographic characteristics and the effectiveness of the mental health programs. This design was chosen as it allows for the systematic examination of relationships between variables without manipulating them, ensuring the collection of meaningful data in a naturalistic setting [17].

Sample size and sampling technique

The study targeted a sample size of 290 senior high school students from three secondary schools in Bato, Catanduanes: Bote Integrated School, Bato Rural Development High School, and Cabugao Integrated School. The sample size was determined using Slovin's formula with a 5% margin of error, ensuring adequate representation from a total population of 1,055 students. The formula is:

$$n = \frac{N}{1 + Ne^2}$$

Where:

- n = Sample size
- N = Population size (1,055 students)
- e = Margin of error (5% or 0.05)

$$n = \frac{1055}{1 + (1055 \times 0.05^2)}$$

$$n = \frac{1055}{1 + (1055 \times 0.0025)}$$

$$n = \frac{1055}{1 + 2.6375}$$

$$n = \frac{1055}{3.6375}$$

$$n \approx 290.03$$

This calculation provides justification for the sample size, ensuring it is statistically representative of the population.

The study employed a stratified random sampling technique to ensure proportional representation from the three selected schools in Bato, Catanduanes. The total population of 1,055 senior high school students was divided into strata based on school enrollment figures: Bote Integrated School (294 students), Bato Rural Development High School (524 students), and Cabugao Integrated School (237 students). Using Slovin's formula, a sample size of 290 students was determined. To maintain proportionality, the number of respondents per school was calculated based on their share of the total population. Within each school, students were randomly selected using simple random sampling, ensuring each had an equal chance of inclusion. This approach minimized selection bias, enhanced the representativeness of the sample, and improved the

generalizability of the study's findings on school-based mental health programs.

The stratified random sampling process was described as follows:

1. Dividing the Population into Strata: The total population of 1,055 senior high school students was categorized into three strata based on school enrollment: 1) Bote Integrated School - 294 students; 2) Bato Rural Development High School - 524 students; 3) Cabugao Integrated School - 237 students

2. Determining the Sample Size: Using Slovin's formula, the sample size was computed as 290 students to ensure statistical reliability.

3. Allocating Sample Proportionally: The number of respondents per school was calculated based on the proportion of each school's enrollment to the total population. This ensured that each school was fairly represented in the study.

4. Random Selection within Each Stratum: Within each school, students were selected randomly using simple random sampling, giving every student an equal chance of inclusion.

5. Ensuring Representativeness: This approach minimized selection bias, enhanced the generalizability of the findings, and ensured that insights into school-based mental health programs were representative of the student population in Bato, Catanduanes.

The inclusion criteria of this study such as 1) Senior high school students currently enrolled in Bote Integrated School, Bato Rural Development High School, and Cabugao Integrated School; 2) Students aged 16-20 years old; and 3) Students who provided informed consent (and parental consent for minors). The exclusion criteria of this study including 1) Students who were absent during the data collection period; 2) Students who were unable or unwilling to provide complete demographic or survey data; and 3) Students who did not meet the age or enrollment criteria.

The instrument for data collection

The instrument used in this study was a self-constructed, structured questionnaire, developed specifically to assess the implementation of school-based mental health programs and their impact on adolescent resilience. The design of the questionnaire was guided by a review of relevant literature and

existing validated tools. While it was primarily developed by the researcher, components and item formats were adapted and modified from previous studies on school-based mental health programs [18] to ensure alignment with established practices and relevance to the local context [8].

The questionnaire comprised three main sections. The first section focused on the demographic profile of respondents, collecting data on their age, sex, family income, parental occupation, and ordinal position in the family. The second section measured the extent of program implementation using a 4-point Likert scale ranging from 1 (Not at All) to 4 (Fully Implemented), assessing activities such as counseling, workshops, and psychoeducation sessions. The third section evaluated specific strategies employed, such as peer support systems, resilience workshops, and teacher-led discussions, using another 4-point Likert scale ranging from 1 (Never) to 4 (Always).

To ensure the instrument's effectiveness and accuracy, it underwent rigorous validation and reliability testing. Content validity was established through a review by a panel of experts in mental health, education, and research methodology, whose feedback enhanced the clarity, cultural sensitivity, and relevance of the items. A pilot study was conducted with a similar demographic group to identify potential issues and refine the questionnaire. Reliability was evaluated using Cronbach's alpha, which yielded an overall reliability coefficient of 0.91, indicating high internal consistency and suitability for the study. This structured and validated approach ensured that the data collection process was robust and aligned with the study's objectives.

Data collection process

The data collection process was carefully planned to ensure accuracy and ethical compliance, conducted over three weeks in Bote Integrated School, Bato Rural Development High School, and Cabugao Integrated School in Bato, Catanduanes. The primary researcher, assisted by trained graduate student research assistants, oversaw the distribution and collection of questionnaires. Research assistants ensured participants completed forms correctly and maintained privacy. Permissions from school

principals and local authorities were obtained, and informed consent was secured from participants and their parents if minors. Completed questionnaires were sealed and securely stored to ensure data integrity.

Data analysis

The data were analyzed using a combination of descriptive and inferential statistics. Demographic profiles were summarized using frequencies and percentages. The extent of program implementation and the frequency of strategies employed were analyzed using weighted means, enabling the identification of trends and patterns. Chi-square tests were employed to assess the relationship between demographic characteristics and program implementation, with significance set at $p < 0.05$. This statistical approach allowed for the identification of meaningful associations while considering the categorical nature of the variables [17].

Ethical consideration

The data collection process was conducted following rigorous preparation and approval to ensure reliability and ethical compliance. The research proposal was reviewed and approved by the Oral Examination Committee of Camarines Sur Polytechnic Colleges and received ethical clearance from the institution's review board. Experts in mental health, education, and research methodology also reviewed the study, enhancing its clarity and cultural sensitivity. After securing consent from school principals and local authorities in Bato, Catanduanes, participants were informed about the study's purpose, process, and confidentiality. Consent forms, including parental consent for minors, were distributed, and questionnaires were administered in pre-scheduled classroom sessions, with trained assistants facilitating the process. Anonymity was maintained, and completed forms were securely stored to ensure data integrity, prioritizing participants' rights and well-being.

RESULTS

Demographic Profile of the Respondents

Table 1. Profile of the Respondents

Profile	Indicators	F	%
Age	15 yrs old and below	16	5.52
	16 - 20 years old	252	86.90
	21 - 25 years old	7	2.41
	26 - 30 years old	11	3.79
	31 - 35 years old	4	1.38
Sex	Male	123	42.41
	Female	167	57.59
Family Monthly Income	Below Php 10,000	172	59.31
	Php 10,001 to Php 20,000	60	20.69
	Php 20,001 to Php 25,000	16	5.52
	Php 25,001 to Php 30,000	11	3.79
	Php 30,001 to Php 35,000	16	5.52
Ordinal Position in the Family	First Born	67	23.10
	Second Born	57	19.66
	Middle Child	105	36.21
	Youngest Child	42	14.48
Number of Siblings in the Family	Only Child	19	6.55
	1 - 2	64	22.07
	3 - 4	132	45.52
	5 - 6	53	18.28
Religion	7 and above	41	14.14
	Roman Catholic	257	88.62
	Iglesia ni Cristo	2	0.69
	Islam	8	2.76
	Christian	4	1.38
Occupation of Parents	Atheism	19	6.55
	Government Employee	63	21.72
	Private Employee	57	19.66
	Self-employed	89	30.69
	Temporary/Job Order	15	5.17
	Contract Worker	8	2.76
	Service Industry	14	4.83
	Retired	5	1.72
Unemployed	39	13.45	
Total		290	100.00

Age. Out of 290 respondents, 252 (86.90%) were aged 16–20 years, making this the predominant age group. Respondents aged 15 years and below comprised 5.52%, followed by those aged 26–30 years (3.79%), 21–25 years (2.41%), and 31–35 years (1.38%).

Sex. The respondents were predominantly female, comprising 167 (57.59%), while males accounted for 123 (42.41%).

Family Monthly Income. The majority of respondents (172 or 59.31%) reported a family monthly income of below Php 10,000. Another 20.69% fell within the Php 10,001–Php 20,000 range, while smaller proportions were observed in the Php 20,001–Php 25,000 (5.52%) and Php 35,001 and above (5.17%) brackets.

Ordinal Position in the Family. Among respondents, 105 (36.21%) were middle children, followed by first-borns at 23.10%, and

second-borns at 19.66%. The youngest and only children accounted for 14.48% and 6.55%, respectively.

Number of Siblings. Most respondents (45.52%) had 3–4 siblings, while 22.07% had 1–2 siblings. Families with 5–6 siblings accounted for 18.28%, and those with 7 or more siblings comprised 14.14%.

Religion. Roman Catholicism was the dominant religion among respondents, with 257 (88.62%) identifying as Roman Catholic. Other affiliations included Atheism (6.55%), Islam (2.76%), and minority groups such as Christians and Iglesia ni Cristo (1.38%).

Occupation of Parents. The respondents' parents predominantly worked in farming or informal sectors, reflecting the municipality's agricultural economy.

Extent of Implementation of School-Based Mental Health Programs

The study found a positive relationship between the implementation of school-based mental health programs and the promotion of resilience among students. With a weighted mean score of 3.12, the programs were generally rated as "Implemented," indicating the presence of structured interventions such as counseling sessions, resilience workshops, and teacher-led discussions. These initiatives provided students with coping mechanisms, emotional support, and stress management strategies, contributing to their overall psychological resilience.

However, despite these efforts, resource constraints—including limited staff training and inadequate facilities—hindered full program implementation. This suggests that while existing interventions support resilience, strengthening program infrastructure and training could further enhance student well-being. The findings highlight the importance of a well-resourced mental health program in fostering resilience, emphasizing the need for sustainable improvements in mental health services within schools.

Table 2. Extent of Implementation of School-Based Mental Health Program in Promoting Resilience among Adolescents in the Municipality of Bato, Catanduanes

Indicators	WM VI
1. The school has adopted the school-based mental health program curriculum.	2.31 MI

2. School personnel have completed the required training for the school-based mental health program.	2.48	MI
3. The school has adequate resources such as learning materials, technology and funding to support the implementation of the school-based mental health program.	2.63	I
4. The school regularly conducts mental health program activities such as counseling sessions, workshops, and support groups.	2.33	MI
5. Concerned students and families have accessed the school-based mental health program's services.	2.37	MI
6. Students are referred to the school-based mental health program by teachers, counselors, or parents as needed.	2.62	I
7. The school has plans to continue the school-based mental health program in the future.	2.53	I
8. The school has established partnerships with community organizations to support the school-based mental health program.	2.47	MI
9. Mental health services are readily available to all students.	2.66	I
10. The school has clear policies and procedures in place for referring students to mental health services.	2.65	I
11. The school-based mental health program's services are offered in a culturally sensitive and inclusive manner.	2.74	I
12. There is a positive and supportive school environment that promotes mental health.	2.73	I
13. Teachers and personnel are trained to identify and respond to students' mental health issues and concerns.	2.73	I
14. The parents or guardians are involved in their child's mental health care.	3.02	I
Average Weighted Mean	2.60	I

Legend: 4 - Fully Implemented (FI), 3-Implemented (I), 2-Moderately Implemented, (MI), 1-Not at All (N)

C. Specific Strategies of School-Based Mental Health Programs

The most frequently implemented strategies included counseling sessions, resilience-building workshops, and peer support systems. Counseling services were rated as "Always" employed by 45% of respondents. Peer support groups were identified as particularly effective in fostering emotional connections and mutual encouragement.

Table 3. Specific Strategies of School-Based Mental Health Programs in Promoting Resilience Among Adolescents in the Municipality of Bato, Catanduanes

Indicators	WM	VI
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1. Organize seminars, workshops, and campaigns to raise the awareness of students about mental health issues.	2.80	S
2. Implement peer support programs and mentorship initiatives to foster emotional resilience among students.	2.76	S
3. Provide school-based mental health counseling services with trained professionals for accessible psychological support.	2.56	S
4. Regularly conduct mental health screenings to proactively support students and promote their overall well-being.	2.40	R
5. Conduct training sessions that educate parents about mental illnesses and equip them with tips for dealing it.	2.48	R
6. Provide counseling services within the school for students to address their mental health concerns.	2.63	S
7. Establish peer support groups where students can share their experiences and support each other.	2.68	S
8. Integrate mental health education into the school's curriculum to promote understanding and destigmatize mental health issues.	2.61	S
9. Encourage open discussions between students, teachers, and parents about mental health and wellness.	2.73	S
10. Promote stress management and relaxation techniques such as mindfulness and meditation for students.	2.72	S
11. Provide teacher training to help educators recognize early signs of mental health challenges and support students effectively.	2.69	S
12. Implement anti-bullying campaigns that focus on mental health impacts and promote a supportive school environment.	2.82	S
13. Create a safe space where students can talk to mental health professionals confidentially.	2.57	S
14. Collaborate with local healthcare providers to ensure students have access to mental health resources.	2.66	S
15. Consistently assess the effectiveness of mental health programs in schools to ensure they are successfully addressing students' needs.	2.77	S
Average Weighted Mean	2.66	S

Legend: 4 - Always, (A), 3-Sometime, (S), 2-Rarely, (R), 1-Never (N)

Relationship Between Respondent Profiles and Program Implementation

Indicators	X ² -Value	P-Value	Decision on Ho	Interpretation
Age	68.4	<0.001	Rejected	Significant

Sex assigned at Birth	32.2	<0.001	Rejected	Significant
Family Monthly Income Ordinal	60.0	<0.001	Rejected	Significant
Position in the Family	59.2	<0.001	Rejected	Significant
Number of Siblings	24.2	0.002	Rejected	Significant
Religion	37.7	<0.001	Rejected	Significant
Occupation of Parents	59.3	<0.001	Rejected	Significant

A significant relationship was found between family income and program participation ($p < 0.05$), with students from lower-income families reporting lower levels of engagement due to logistical and financial barriers.

Plan for Enhanced Implementation of School-Based Mental Health Programs

To enhance the implementation of school-based mental health programs, recommendations included targeted awareness campaigns, increased funding, culturally relevant practices, and stronger collaborations between schools, local government units, and healthcare providers.

DISCUSSION

The study revealed that the majority of respondents were aged 16–20 years [18], who emphasize adolescence as a critical period for developing resilience through targeted mental health programs. Female respondents (57.59%) outnumbered males, consistent with [19] who observed higher female participation in mental health initiatives. Most respondents (59.31%) belonged to low-income families earning below Php 10,000, reflecting socioeconomic barriers to accessing mental health services [20]. Middle children (36.21%) were the largest group in terms of ordinal position, supporting [21], who identified familial roles as significant in shaping resilience. With 45.52% of respondents coming from families with 3–4 siblings, sibling relationships emerged as vital for emotional support [22]. Additionally, Roman Catholicism was the predominant religion (88.62%), underscoring the role of shared faith in fostering community support, [23]. Lastly, the

prevalence of parental occupations in farming and informal sectors highlighted the need for accessible school-based mental health programs tailored to resource-limited settings.

The study revealed that the implementation of school-based mental health programs in promoting resilience among adolescents in Bato, Catanduanes, was moderately achieved, with variations observed across specific areas. [24], who emphasized that school-based interventions effectively support adolescent mental health but require consistent implementation to maximize benefits. Specific strategies identified in the programs included counseling services, workshops, mental health screenings, and peer support activities, echoing the recommendations of [25] on the importance of integrating diverse approaches to address adolescents' emotional and psychological needs. Statistical analysis demonstrated a significant relationship between the respondents' profiles, particularly socioeconomic status and family dynamics, and the extent of program implementation, corroborating the findings of [20] who highlighted how financial and familial contexts impact mental health accessibility. Based on these results, the study proposed a strategic plan to enhance program implementation, focusing on teacher training, community partnerships, and culturally relevant activities to ensure sustainability and inclusivity, as recommended by [26][27]. These efforts aim to strengthen resilience and well-being among adolescents, particularly in resource-limited settings like Bato, Catanduanes. However, the study is limited to adolescents from three selected schools, restricting generalizability to other institutions or out-of-school youth. Data collection relied on self-reports, which may introduce bias, and the cross-sectional design does not assess long-term program effectiveness. Additionally, factors like family dynamics, economic hardships, and community support were not extensively explored, though they may impact program outcomes. Despite these limitations, the study provides valuable insights into enhancing adolescent mental health support.

Plan to Enhance the Implementation of School-Based Mental Health Program in

Promoting Resilience among Adolescents in the Municipality of Bato, Catanduanes

Based on the study's findings, a strategic plan has been developed to enhance the implementation of school-based mental health programs in promoting resilience among adolescents in Bato, Catanduanes. The plan focuses on strengthening parental involvement, improving teacher training, integrating mental health education into the curriculum, fostering community partnerships, and increasing accessibility to mental health services. Specific interventions include developing a structured communication curriculum, conducting mental health workshops and advocacy campaigns, establishing stakeholder collaboration, and implementing regular mental health screenings. The initiative aims to create a supportive school environment where students feel safe to discuss mental health concerns without stigma, ensuring early intervention and sustainable program implementation. By addressing existing gaps, particularly in proactive mental health screenings, community engagement, and curriculum integration, the plan seeks to build a replicable model tailored to the unique socioeconomic and cultural context of Bato, ultimately fostering a resilient and well-supported adolescent population.

CONCLUSION AND RECOMMENDATION

Adolescent mental health remains a critical concern that demands holistic, school-based interventions to foster resilience, promote well-being, and address the complex challenges faced by young individuals in diverse settings. This study highlights the importance of school-based mental health programs in Bato, Catanduanes, which effectively enhance emotional well-being, reduce stigma, and empower adolescents to navigate life's challenges. The findings reveal a significant relationship between demographic profiles and the extent of program implementation, emphasizing the influence of socioeconomic and cultural factors. Beyond its localized focus, the study contributes to the broader discourse on adolescent mental health by providing a context-specific framework for enhancing school-based interventions, underscoring the need for inclusive, culturally sensitive, and sustainable strategies.

For clinical practice, it is recommended to integrate comprehensive mental health programs within schools, emphasizing early identification, counseling, and psychoeducation tailored to adolescents' unique cultural and socioeconomic contexts. Regular training for teachers, school staff, and health professionals is essential to equip them with skills to provide effective mental health support. Schools should also foster collaborations with healthcare providers and community organizations to ensure accessible and continuous mental health services. For further research, it is suggested to explore the scalability of school-based mental health interventions in other resource-limited areas, examining their long-term impact on adolescent well-being. Future studies could also investigate the role of digital platforms and technology-driven solutions in addressing mental health challenges among adolescents. Additionally, comparative research across different cultural and socioeconomic settings would provide valuable insights into best practices for tailoring mental health programs to diverse populations.

ACKNOWLEDGEMENT

The researchers extend heartfelt gratitude to the professors of the Graduate School of Camarines Sur Polytechnic Colleges for their guidance and support, as well as to the faculty and staff of Catanduanes State University, particularly the College of Health Sciences, Nursing Department, for their valuable contributions to this study. Deep appreciation is also expressed to the administrators, faculty, and staff of Bote Integrated School, Bato Rural Development High School, and Cabugao Integrated School for their cooperation, and to the respondents for their active participation, which made this research possible. Your collective efforts and support were instrumental in the successful completion of this study, contributing significantly to the advancement of knowledge and adolescent mental health initiatives.

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