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KASULHAYAN: A School-Based Mental Wellness Promotion in St. Therese's High School, Inc., Casay, Anini-y, Antique

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***KASULHAYAN*:**

A School-Based Mental Wellness Promotion

in St. Therese's High School, Inc., Casay, Anini-y, Antique

A Capstone Project Presented to
the Graduate Studies in Medical and Health Sciences
De La Salle Health and Medical Sciences Institute
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Master in Public Health

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APPROVAL SHEET

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"KASULHAYAN: A School-Based Mental Wellness Promotion

in St. Therese's High School, Inc., Casay, Anini-y, Antique"

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ABSTRACT

Kasulhayan is a Hiligaynon and Kinaray-a word that denotes a state of well-being encapsulated within the experience of satisfaction with life despite its adversities. As the title of this capstone project, Kasulhayan, is a school mental health promotion program implemented in St. Therese's High School, Inc. in Casay, Anini-y, Antique which aimed to explore the process of mental health promotion program in this school and to ground the designing and implementation of a whole school mental health promotion program.

The mental health promotion activities of STHS Inc. reviewed using the policy review checklist and an interview of key informant persons. The general state of mental health of the students, parents, teachers, and non-teaching staff assessed using the Hiligaynon translation of the General Health Questionnaire-12.

The results of the initial school mental health assessment suggested that the lack of a systematized and planned school mental health promotion program and policy be addressed by the creation of a core group of school mental health promoters and the building-up of the capacities of its members in planning, implementing and sustaining school-based mental health programs and policies. The good state of the general mental health of the community members of STHS, Inc. and their eagerness, excitement, and welcoming acceptance of a school mental health program could be sustained by the mental health promotion strategies embodied in *'Kasulhayan, Masarangan, Basta Ululupod Kita, Together"*, the proposed capacity-building school mental health program developed by the members of the core group of school mental health promoters of STHS, Inc.

Keywords: kasulhayan; mental health; mental health promotion; resilience; school-based approach; school community member; school mental health; sustainability, whole community; whole school

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURE

CHAPTER 1

BACKGROUND OF THE PROJECT

Situational Analysis

"Kasulhayan" is a Hiligaynon and Kinaray-a word that denotes a holistic state of well-being encapsulated within the experience of satisfaction with life despite its adversities. It is synonymous with resilience. It is also the term being used by Kinaray-a speakers to describe a good state of mental health. Mental health is among the most crucial health issues confronting young people aged 12 to 25 worldwide (McGorry, 2014). The high incidence of most mental health problems occurs at this age range (MacDonald et al., 2020). Bloom et al. (2011) and Bilsen (2018) forecasted an estimate that by 2030, among all the non-communicable diseases (NCDs), declining mental health has consequences that may affect the global growth of economy and suicide, as an indication of deteriorating mental health, "will remain as one of the most common causes of premature deaths among young people." WHO (2021) reported that "suicide is the fourth leading cause of death among 15 to 19-year-olds worldwide", with 77% of global suicides occurring in low- and middle-income countries (LMICs) like the Philippines.

With six million Filipinos estimated to "live with depression and anxiety, mental illness is the third most common disability in the country, ranking third among the countries with the highest rate of mental health problems in the Western Pacific Region according to Martinez et al. (2020). Three out of five Filipino youths would experience everyday situations which are associated with declining mental health, such as too much academic pressure; excessive digital device use for social media and network gaming; cyberbullying; online sexual exploitation; substance abuse, and increasing trend in sexual, physical, and psychological abuse; and breakdown of personal connectedness (Estrada,

Usami, et al., 2020). Despite these data, mental healthcare in the country remains firm in facing constant challenges, “including underinvestment, lack of mental health professionals, and underdeveloped community mental health services” (Lally et al., 2019).

To cover a bigger span of mental health services with the support of multi-sectoral partners and a responsive mental health service delivery network, the Department of Health (https://doh.gov.ph/national-mental-health-program) has promoted psychosocial services like the “National Center for Mental Health’s (NCMH) Crisis Hotline, “Kamusta Ka? and “Tara, Usap Tayo,” for every Filipino to talk openly on mental health issues (Department of Health, 2018). For secondary school learners, the Department of Education (DepEd) has an online series program called OKKK! Tambayan (Online Kahusayan at Katatagan ng Kabataan), with secondary school learners, student panelists, and mental health workers and professionals sharing their experiences on mental health issues and “TAYO Naman! (Tulong, Alaga, Yakap at Oras) para sa mga Tagapagtaguyod ng Edukasyon”, to promote mental health and self-care among teaching and non-teaching personnel (DepEd, 2021).

The province of Antique had twenty-nine cases of suicide in mid-year 2022 (Integrated Provincial Health Office-Antique). Two of these cases happened in the municipality of Anini-y, which has a population of 22,018 (Philippines Statistics Authority, 2020). In the past two years, Saint Therese’s High School, (STHS), Inc. has recorded cases of injury to others (n = 1), suicide (n= 1), and parricide (n =1). The parricide case involving a student killing his mother and seriously hammering his father’s head with a hammer was a big shock to the school community. The Department of Social Welfare and Development (DSWD) followed up on the case until a psychiatrist diagnosed the high school student as “psychotic.” The local parish has dramatically supported the family in dealing with the school concerns of the student. Currently, the student is still under the custody of the DSWD. The school principal and parish priest advised the father to follow the psychiatrist’s recommendations. It was explained to the student's father that STHS, Inc. is not

equipped to meet that student's psychological needs and how the whole school would adapt to the needs of that student's manner of education. The school has no teacher with training to answer the psychological needs of students of that nature. Furthermore, the Local Government Unit of the Municipality of Anini-y has no clear direction or program to cater to the mental health needs of the constituents.

A private Catholic school, STHS, Inc., was established and managed by the Mill Hill Missionaries from 1965 to 2012 as one of the apostolates of the Parish of Santa Teresa de Avila in Casay. The full management of this high school is now under Antique Diocesan Catholic Schools, Inc. (ADCS). The students come from the twenty-three barangays of Anini-y municipality. For School Year 2022-2023, the school has 669 students (Junior High School= 405; Senior High School= 264; Male= 315; Female= 354; Age range= 12-19 years old). There are two sections for Grade 7; two for Grade 8; two for Grade 9; two for Grade 10; four for Grade 11; and four for Grade 12. The section assignment is based on academic standing and academic track. There are nineteen (19) teachers teaching these students—two of them with Master in Guidance and Counseling function as Guidance Associates. Three non-teaching professionals are the School Principal, the Bookkeeper, and the School Nurse-Spiritual Director. There are five non-teaching staff (a maintenance officer, a gatekeeper, a CR cleaner, and two Canteen support staff). The five-member Board of Trustees (BOT) manages the school operations (the Chair: Bishop of the Diocese of San Jose de Antique, the Vice Chair: ADCS Superintendent, the Secretary: School Principal, the Treasurer, and one Member.

The cases of injuring self/others, suicide, and parricide involved young high school students and their families despite the school's well-being services like career guidance, transferee in-take interviews, intervention services for students with a learning difficulty, homeroom guidance services, and individual counseling. All of these were accessed by five to ten students in only a year. The school

principal and the spiritual director of STHS, Inc. are personally guiding the parents of students with psychological needs like the parricide case.

Saint Therese's High School, Inc. is not the only high school in the Antique Diocesan Catholic School (ADCS) system that has been experiencing issues with the mental health of school community members. Other high schools within the system have also been experiencing mental health issues. In response, the local ordinary and the bishop of the Roman Catholic Diocese of Antique called for a meeting of all the principals and teachers responsible for the guidance and counseling of the students under the ADCS system. During the meeting, everyone agreed that there is a need to improve and strengthen the policies on guidance and counseling in every high school and to conduct more follow-ups of the affected members. Moreover, the parents and guardians of the affected students were seeking help from the schools and their parish churches for support and guidance concerning the effects of declining mental health in their families, homes, relationships, work, and life in general. The diocese also created a committee on mental health and well-being tasked with airing a local radio program on mental health and its promotion.

Prioritization of the Health Problem

The discussion and consultation that I had with the school principal, teachers, non-teaching staff, parents and students alike considered the incidents of parricide and suicide in Saint Therese's High School, Inc. to indicate declining mental health among some school community members. They added that the incidents reflected the need for assessment and strengthening of policies, programs and actions that can promote mental wellbeing in the school community.

Relevance/Significance of the Problem

For Burns and Birrel (2014), the optimum mental health status of young people must be given special attention as they start to make plans and shape their identities as future productive members of society. However, the heavy academic demands, family dynamics, sociocultural practices, circle of friends and peer group relationships, body image, identity, ideology, and financial situation could at times be overwhelming, problematic, and oppressive for the youth (Burns & Birrel, 2014; O'Toole, 2017). Consequently, the need to find ways to maintain their social network, "monitor young people for signs of emotional distress, provide a positive and supportive home and learning environment, and engage early with a mental health professional is essential" according to Magson et al. (2021). As posited by O'Toole, holistic mental health promotion for the whole school must be planned and implemented in an innovative and dynamic approach to assist the high school students in their identity formation and preparation for mentally healthy adult life. Further, a whole school, whole community, whole child mental health program that guarantees the full participation of students, parents, and teachers and "links to broader educational goals of inclusion" as suggested by O'Toole (2017) with freedom, and engagement must be promoted.

Scope and Limitations

The capstone project was implemented in Saint Therese's High School, Inc. Its scope was consultation and strategy formulation for the establishment of participatory school mental health promotion program. Moreover, the time and resource constraints did not allow for actual implementation and evaluation of the proposed school-based program.

Inclusion and Exclusion Criteria

The project included all the high school students officially enrolled in the Academic Year 2022-2023. Their names were written on paper strips and put in a well-labeled basket for proper grouping. Only one of the parent or guardians of the student participants, regardless of their occupational status, was included. Only those with permanent employment status, regardless of their year of service as teachers, were included (Grade Level Coordinators). Moreover, only those non-teaching staff in the regular payroll regardless of the length of service in the school were included. The school principal and the two guidance associates were not included in the GHQ-12 assessment. Those who failed to sign the assent and consent forms were not included. Those who had no ability to read and write were excluded. Participants who cannot read, write, and talk during the assessment days were also excluded.

Data Analysis Plan

The data (reference number, grade level, age, gender, General Health Questionnaire (GHQ)-12 score) were entered handwritten in the Master List for Self-administered GHQ-12 and was processed using an Excel spreadsheet. The GHQ-12 Scores Mean, Median, and Range were calculated using JASP 0.17.1.0. The GHQ-12 Scores of all participants were further analyzed using the data collected from the interview of the key informant to determine the general mental health status of the whole community members of STHS.

Ethical Considerations and the Principle of Nonmaleficence

The data, information, papers, and documents that had been collected during the school community health assessment and the capstone project implementation were kept confidential in a sealed envelope in the *Kasulhayan* Office (Guidance Office) of the guidance associates of STHS, Inc.

The school guidance associates of STHS, Inc. were the ones who managed the concerns that surfaced during the school community health assessments and during the entire duration of the project implementation. They were guided by the existing counseling guidelines of the school, with its prominent features emphasizing ethics and doing no harm. Furthermore, all stakeholders were bound to observe the policies of the guidance and counseling of STHS, Inc. during the entire duration of the capstone project. The implementation of this project proceeded according to the recommendation of the Ethics Review Board and after the signing of consent forms and assent forms by the participants.

Risk and Mitigation Strategies

In an event wherein the participants of this capstone project may experience any feeling of distress during the implementation phase, the guidance associates of the school were ready to attend to their needs. The guidance and counseling office of the school was the venue for mental health interventions. The guidance associates were ready to attend to the occurrence of distress. Any other distress-related concerns of the participants during the capstone project could be made known by informing the guidance associates through text, messenger, or phone calls. The concerns beyond the guidance associates' expertise would be referred to the ADCS-designated Registered Guidance Counselor. The participants with GHQ-12 scores of more than 15/36 (suggesting evidence of distress) would be requested to have a follow-up with the guidance associates. The participants with GHQ-12 scores of more than 20/36 (suggesting severe

problems with psychological distress) would be requested to have a follow-up with the ADCS-designated Registered Guidance Counselor through the school guidance and counseling office.

Project Stakeholders and Their Participatory Roles

The main stakeholders of this capstone project were the whole school community members, the civil society organizations like the parish community (FCN), Kalingang Psyche Nurse Initiatives (KPNI), Saint Anthony's College – Department of Nursing, and the LGU. The students, parents, teachers, and non-teaching staff were the active promoters of mental health during the project's implementation stage by sharing their assessment of the guidance and counseling program of the school. The teachers, specifically the guidance associates, were fully involved in the planning, implementing, and evaluating of the guidelines' review and improvement and Psychosociospiritual and emotional life learning instructions. Their offices were the safe keepers of all confidential papers, documents, and records that the project produced along the way. They were the ones to manage the cases that could be identified during the assessment process. They would make the necessary referrals to other mental health professionals if needed. The parish priests offered spiritual accompaniment to the school community members. Moreover, the parish church was the venue for the seminar and other organization. The KPNI is the present professional adviser and human resource provider during the project's planning, implementation, and evaluation stages. The Parents and Teachers Association chair joined the core group of school mental health promoters and ensured the continuity of the program. The LGU was the prospective partner of the school once the project had been handed over.

Literature Review

The World Health Organization (2005) describes a mentally healthy person as one whose well-being allows him/her to realize his/her potential in coping with "the everyday stresses of life to work productively and fruitfully to contribute to the community" (Cavioni et al., 2020).

Mental health is among the most crucial health issues confronting young people aged 12 to 25 worldwide (McGorry, 2014). The high incidence of most mental health problems occurs in this age range (MacDonald et al., 2020). However, a developed, refined, and reformed (MacDonald et al., 2020) mental health and resilience promotion program for young people is either lacking, not well supported and funded, or not being fully accessed and utilized by young people (MacDonald et al., 2020). These concerns concerning availability, access, funding, and support perpetuate while young people may have to experience multidimensional, complex, and according to Konaszewski et al. (2021) "challenging life events that put them at risk of developing a sense of dissatisfaction with life, leading to declining mental health outcomes."

Estrada et al. (2020) reckoned that the following factors may have caused these challenging life events: lack of life coping skills and social support, abusive and violent environment, traumatic life events, relationship issues, physical and manmade disasters, poverty and economic disparities, and parents' mental state. Moreover, help-seeking delays, low mental health literacy, stigma and negative attitude about mental illness, and lack of substantial and "appropriate response by the mental health system" (MacDonald et al., 2020) further exacerbate the declining mental health of young people (MacDonald et al., 2020). Bilsen (2018) forecasted an estimate that by 2030, "among all the non-communicable diseases (NCDs), declining mental health will pose the greatest threat to worldwide economic growth", while suicide, as an indication of deteriorating mental health, will remain "one of the most common causes of premature deaths among young

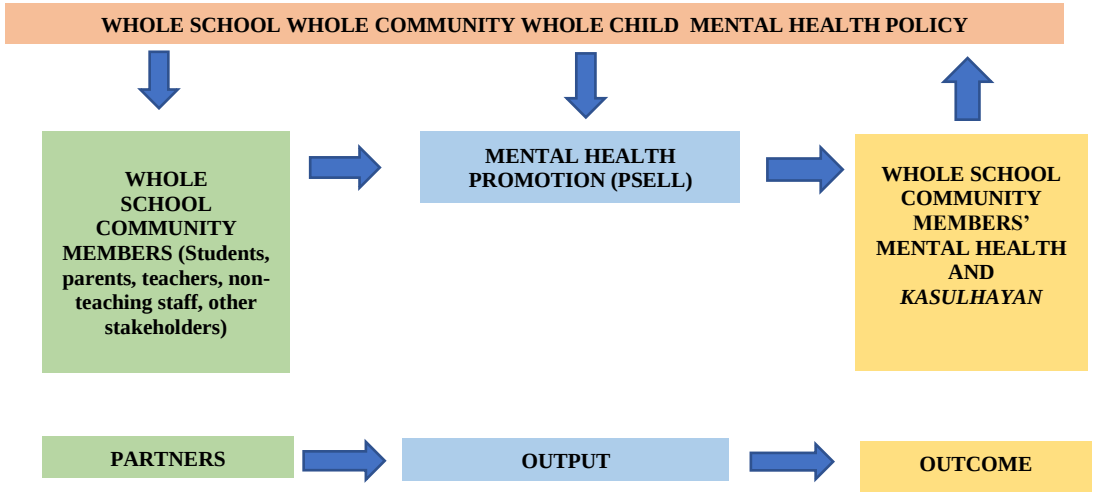
people". Resolute attention to these issues is a pressing mental health promotion concern.

Positive mental health and *kasulhayan* (resilience) are central to enabling young people to lead fulfilling lives, including academic performance (O'Toole, 2017). This can be achieved by employing holistic, dynamic systems, and setting-based approaches like a whole school, whole community, whole child approach to mental health and the *kasulhayan* promotion (Jane-Llopis & Barry, 2005; Weare & Markham, 2005; WHO, 1986) wherein every aspects of lives of the school community members are taken into consideration. School is a recognized institution for forming and promoting mentally healthy and resilient young people (Barry et al., 2005; O'Toole, 2017). In dynamic systems and whole school-based approaches, a student's mental health is seen as one of the outcomes of the socio-ecological system of social relationship between family, school, and community, including the influences of the broader socio-historical, cultural, and ecological context on these institutions (O'Toole, 2017).

The factors that promote mental health and *kasulhayan* among high school students "exist across multiple levels, including the individual, the family, the whole school, and the whole community" as they are governed by the school's mental health program policies in its broader socioecological system (Rosen, Rodman, et al., 2021). The interaction of these factors is illustrated in the socioecological conceptual logic model below (Fig.1). In this Whole School Whole Community Whole Child (Pupil/Student) of mental health promotion, high school students are being educated in PsychoSocioSpiritual and Emotional Life Learning (PSELL) competencies, as advocated by Cavioni et al. (2020), like emotion regulation, family issue, family values, conflict resolution, routine change adjustment, academic life adjustment, prosocial involvement, positive social behavior, and community life which are embedded in the whole school and whole community mental health programs and the whole school and whole community mental health promotion policies

Figure 1

Whole School-Based Logic Model of School Mental Health and Kasulhayan



As depicted in Figure 1, Weare and Markham (2005) and Cavioni et al.0) reiterated that school mental health promotion through PSELL enhances self-esteem and connection to the school, family, and community. It improves academic motivation and performance, reduces conduct problems, and lessens students' emotional distress like stress, anxiety, and depression (Cavioni et al., 2020). Moreover, parents, teachers and non-teaching staff trained in PSELL competencies "are better at understanding and managing their own and others' emotions, display more robust relationship-building capability, have higher self-efficacy, have excellent work satisfaction, and have reduced stress and burnout levels" according to Cavioni et al (2020).

Cavioni et al. (2020) described resilience as a "critical protective capacity that contributes to maintaining positive mental health and preventing and mitigating mental health problems." Resilient students are less prone to severe mental health problems such as anxiety and depression. Young people undergoing resilience-enhancing whole school-based programs and interventions report improved stress management, coping skills, social and emotional

competence, learning interest, and decreased anxiety, depression, and risk-taking behavior (Cavioni et al., 2020). Resilient parents, teachers, and non-teaching staff “deal with challenging situations and successfully maintain job satisfaction, commitment to their profession and daily obligations” Cavioni et al (2020) added. Moreover, Weare and Markham (2005) asserted that resilient communities protect their citizens from the debilitating impacts of declining mental health.

General Objective

At the end of the six-month-long capstone project, the exploratory process of mental health promotion program of St. Therese High School, Inc. had been conducted to ground the designing and implementation of a whole school mental health promotion program.

Specific Objectives:

1. To review the existing policies and guidelines on mental health and resilience promotion.
2. To assess the general mental health status of high school students, and their parents, teachers, and non-teaching staff.
3. To increase the school community members' awareness of the importance of mental health and resilience.
4. To develop an initial school mental health program plan with the school community members.

CHAPTER 2

PROJECT IMPLEMENTATION

Target Audience

The target audience of this capstone project was the whole school community – composed of students, parents, teachers, and non-teaching staff.

The students were grouped by printing their full names on a strip of paper. The paper strips with written names were put in four baskets labeled Junior High School (Male/Female) and Senior High school (Male/Female). Twenty-five names were drawn from each basket. Two hundred eight (208) participants were expected to participate in the assessment (survey), seminar, and workshop. An equal number of male and female student participants ensured gender representation of the participants.

Assessment Tool/Instrument

The implementation of the capstone project commenced after the school's general orientation at the beginning of the academic year. The whole school community was informed about the conduct of health assessment and the importance of voluntary participation in this activity to improve the guidance and counseling programs and services of the school. The mental health assessment determined the general mental health status of students, parents, teachers, and non-teaching staff using the General Health Questionnaire (GHQ-12- Sánchez-López & Dresch, 2008). One-on-one interviews with the Key Informant Persons assessed the perception of the general state of mental health of the participants.

The Master User License Agreement for the US-English version of the GHQ-12 had been issued to be used solely for this capstone project. (See Appendix A).

The GHQ-12 was the most extensively used general measure of mental well-being (Sánchez-López & Dresch, 2008). This tool was used to assess the general mental health status of selected Junior and Senior high school students and other school community members in the following areas:

a. Successful Coping

b. Self-esteem

c. Stress, and symptoms and risks of developing non-maladaptive mental health problems associated with anxiety, depression, somatic symptoms and social dysfunction.

The questionnaire had no impact on the high school student's grades.

The questionnaire was translated into the local dialect (Kinaray-a).

Every questionnaire had the Reference Number written on it (see below for the code). There were blank spaces provided for the Grade Level (for students), Age, and Gender for all participants to fill up by writing this information.

The codes were:

S1, S2, S3, etc. (for students)

P1, P2, P3, etc. (for parent/guardian)

T1, T2, T3, etc. (for teachers)

NT1, NT2 (for non-teaching staff)

The selected Junior and Senior high school students of STHS, Inc., one of their parents or guardians, their year-level coordinators, and non-teaching staff answered the questionnaire. They must:

1. Had parental consent and assent forms (high school students)

2. The parents, teachers (Grade Level Coordinators), and non-teaching staff had signed the informed consent

3. Abled to read and write during the scheduled day to answer the questionnaire

4. Was present during the scheduled day to answer the questionnaire

5. Brought pencil with an eraser or pen with them

The guidance associates administered the questionnaire once during the scheduled date. The High School Principal selected the least stressful day of the week to administer the questionnaire.

The steps in the administration of the General Health Questionnaire-12 were the following:

STEP 1: Got Permission through Consent

1.1. One week before administering the questionnaire, the guidance associates notified the participants of the collection and distribution of the following forms in a sealed envelope to the high school student participants, teachers, and nonteaching staff:

1.1.1. Parental consent form – Parent or guardian signed.

1.1.2. Assent form – Student participants signed.

1.1.3. Informed consent – Parent or guardian/teachers/non-teaching staff signed.

1.2. The student participants returned the signed forms to the guidance associates three days before the administration of the questionnaire in a sealed envelope.

1.3. Student participants had signed informed and parental consent and pupil assent forms.

STEP 2: Administer the Questionnaire

2.1. Gathered all participants in the hall with comfortable seating and ventilation. All eligible participants were those:

2.1.1. Present during the scheduled days to answer the questionnaire

2.1.2. Able to read and write

2.1.3. With parental consent and student assent forms signed

2.1.4. With informed consent signed

2.2. Explained the purpose of the questionnaire. The following were the key messages:

2.2.1. The questionnaire was used to assess and know the participants' general mental health state.

2.2.1. There were no right or wrong answers. If they did not know the answer to a question, if they could not t understand a question, word, or phrase in the questionnaire, or if they did not want to answer an item, it is okay. No one judged them.

2.2.3. Their answers were not, in any way, be used as a basis for their grades in school.

2.2.4. The principal, teachers, or classmates would not examine their answers.

2.3. The guidance associates distributed the questionnaire in a sealed envelope to each participant by going where they are sitting.

2.4. The guidance associates explained the following before participants begin answering the questionnaire:

2.4.1. Read the instructions carefully.

2.4.2. Wrote the required information in the spaces provided.

2.4.3. Selected the answer by encircling the number corresponding to the choice rate.

2.4.4. If participants wanted to change their answers, they should erase their previous answers properly.

2.4.5. If a participant needed help understanding the questionnaire, the participant had to raise a hand, and the guidance associate would politely approach. The guidance associates helped but not in helping to choose a response. The guidance associate could also tell participants to skip the item.

2.4.6. The filled-up assessment form had to be returned folded inside the used envelope.

STEP 3: Fill out the Data Collection Master File (sample of forms in Appendix D)

3.1. The project manager filled in the Data Collection Master File with the Reference Number, Grade Level (for students), age, gender provided by the participants, and the GHQ-12 score.

3.2 The guidance associates kept the original copy of the signed and used forms in the safe cabinet with a lock in the guidance associates' office.

STEP 4. The GHQ-12 Score was calculated by adding the participants' responses to the twelve questions using the Likert scale 0 to 3 (0 = "Better than usual"; 1 = "Same as usual"; 3 = "Less than usual"; 4 = "Much less than usual"). The order of

the weight responses varies according to the nature of the question, but the scale remains in Likert 0 to 3. These are some of the GHQ-12 questions: #2. “Have you recently lost much sleep over worry?” #4. “Have you recently felt capable of making decisions about things?”

The minimum GHQ-12 score was 0 and the maximum GHQ-12 score was 36. A score of 0 to 12 indicates No Psychological Distress; more than 12 indicates Mild Psychological Distress; more than 15 indicates Moderate Psychological Distress; and more than 20 indicates Severe Psychological Distress (Sánchez-López & Dresch, 2008).

The second part of the assessment was the individual audio-photo recorded Key Informant Interview with the key informant persons one. The High School Principal and the two Guidance Associates were also interviewed. The school principal informed the key informant persons [PTA President, Student Council President, six Grade Level and Track Level Advisers, and one (1) Non-teaching Staff] the date, time and place of the interview. The sample questions were listed in Appendix C.

The conduct of the Key Informant Interview was as follows:

1. Gathered all Key Informant Persons in a room with comfortable seating and ventilation while waiting to be interviewed.

2. All eligible key informant persons were those:

2.1. Present during the scheduled day of the interview

2.2. Abled to read and talk in the local dialect, English or Filipino

2.3. Verbally agreed to become part of the “Key Informant Person interview”

The purpose of the Key Informant Interview was as follows:

1. The interview identified the programs and activities of STHS, Inc. that promote the mental health and resilience of the students, their parents or guardians,

teachers, non-teaching, and support staff. The Key Informant Persons commented on how the programs and activities promoting mental health and resilience are implemented. The key informant persons also suggested how mental health programs and actions could be improved. The key informant persons also offered other programs and activities that enhance and sustain the mental health status of the school community.

2. There were no right or wrong answers. It is OK if they don't know the answer to a question, cannot understand, or do not want to answer. No one judged them.

3. Their answers would not, in any way, be used as a basis for their grades in school, in the case of the student council representative.

4. The session was audio and photo recorded for review and documentation.

5. The recordings were transcribed for analysis purposes.

6. Selected responses became part of the documentation.

7. Anonymity and privacy was kept confidential in all documentation

8. All recorded materials were kept safe in the project manager's cellphone's encrypted file and deleted a year after.

The third activity was the policy review of the mental health program and activity policy of STHS, Inc. The Checklist for Evaluating a School Mental Health Policy Review Version 2 was used. The checklist had the following Likert rating:

1 = "Yes to a Great Degree"

2 = "To Some Extent"

3 = "No/ Not at all"

4. "Unknown"

The respondent's comment was guided by these conditions: If "Yes" or "to some extent" state how. If "No" or not at all, state the reason(s). The Mode will be used in analyzing the responses.

The assessment of the perception of parents and teachers of mental health among High School students, the assessment of methods of addressing mental health concerns, and the perceived skills needed by the school community members were also areas of concern. The assessment outcome helped identify the gaps in the school's current mental health program. It also served as input to review STHS, Inc.'s mental health-related activities to fit into a whole school, whole community, whole child mental health and resilience promotion. Moreover, the outcome of the assessment ensured that the policy objectives will address the identified gaps and may offer recommendations for the mental health interventions of this mental health and *kasulhayan* promotion. Informed consent and assent will be secured before the conduct of the assessment.

The school mental health awareness seminar was conducted and served as the venue to inform the school community members about the general mental health status of the school community members. They served as an avenue to increase the school community members' awareness about the importance of the mental health of students; introduced the concept of the PSELL; to plan with community members the mental health promotion and sustainability program; to get consensus on how to engage the stakeholders in the implementation of the mental health program, and to identify roles to be assigned for all the stakeholders.

The participants had undergone an awareness seminar on mental health promotion. The design, content, and methods used in this seminar were directed towards implementing the STHS, Inc. programs on mental health promotion. Other mental health activities like evaluation and drawing of emoticons created continuous awareness of mental health and incorporated them into the mental health programs. It was assumed that the active involvement and participation of

school community members in the seminar and workshop would bring about gifted and natural mental health and *kasulhayan* promoters.

Through my guidance and at the request of the capstone project participants the core group of school mental health promoters was formed. This was composed of the School Principal, the PTA President, Student Council President, the Guidance Associates, the Grade Level Coordinators, and Non-teaching Staff. They would oversee the school's mental health program and policy development.

Gantt Chart

The schedule of implementation of the mentioned activities of this capstone project is outlined in the Gantt chart below:

Activity	Sub Activities	Person Responsible	Start Date	End Date	Weeks				Expected Output
			Nov., 2022	May, 2023	1-4	5-8	9-16	17-24	
1. Assess the general mental health status of high school students, and their parents, teachers, and non-teaching staff	Assessment of general mental health status (GHQ-12)	Fr. Mario							Filled-up GHQ-12
2. Review the existing policies and guidelines of the school mental health promotion program.	Content and Process Review of existing policies Key Informant Interview	Sir Patrick Mam Sablaon							Audio recordings and photos of the interview
3. Conduct mental health awareness seminar among school community members of STHS, Inc.	Mental health awareness PowerPoint presentation	Fr. Mario							Seminar Plan PowerPoint presentation Slides Evaluation Tool Evaluation Report
4. Develop an initial school mental health promotion program plan with members of the school community	Meeting with the core group of the mental health promoters Developing school mental health promotion program	Fr. Mario							Mental Health Promotion Program Plan PowerPoint presentation Slides

Monitoring and Evaluation

The monitoring and evaluation were done through my proper and regular coordination with the school principal and with the guidance associates. I updated the school principal about the progress of the capstone project's ethics permission during the early stage of the project implementation. When the project was in full implementation, I organized meetings with the school principal prior to the conduct of every activity. In her part, the school principal was the one responsible for calling and assembling the project participants. The two guidance associates helped the school principal in organizing the participants for the conduct of the activities.

The activities that were done were listed in the following Monitoring and Evaluation Plan:

Goal and Activity Monitoring

	Indicator	Target	Data Source	Frequency	Person Responsible	Reporting Mechanism
Goal At the end of the six-month-long capstone project, the exploratory process of mental health promotion program of St. Therese High School, Inc. had been conducted to ground the designing and implementation of a whole school mental health promotion program.	Number of Guidance and Counseling Office Visits	100	Guidance and counseling office logbook Client visits record Guidance and Counseling Accomplishment Report	Annually	Mam Sablaon	Logbook log-in Client visits record filling-up Frequency table
	Number of mental health seminar	2	Guidance and Counseling Accomplishment Report Evaluation Tool Attendance Record	Annually	Sir Patrick	Written record Frequency table
	Suicide Incidence	0	Guidance and Counseling Office Logbook	Annually	Mam Sablaon	Written record Frequency table
	Parricide Incidence	0	Guidance and Counseling Office Logbook	Annually	Mam Sablaon	Written record Frequency Table

	Indicator	Target	Data Source	Frequency	Person Responsible	Reporting Mechanism
Activities Assess the general mental health status of high school students, and their parents,	Number of survey questionnaires filled up	208	Attendance Record Survey Questionnaire	Once	Fr. Mario	Filled Up GHQ-12

teachers, and non-teaching staff	Number of Key Informant Interviewed	6	Used Interview Guide	Once	Fr. Mario	Written record
Review the existing policies and guidelines on mental health and resilience promotion						
	Number of review meeting	1	Attendance record Minutes of the meeting	Once	Fr. Mario	Written record
Increase the school community members' awareness on the importance of mental health and resilience	Number of seminars on mental health and *kasulhayan*	1	Guidance and counseling accomplishment Report Evaluation tool Attendance record	Once	Mam Sablaon	Written record Frequency table
	Number of attendees	208	Attendance record AV record Photo record	Once	Fr. Mario	Written record Frequency table
	Number of a mental health campaign poster	16 (one per section)	List of Participants	Once	Sir Patrick	Written Record
Develop an initial school mental health program plan with the school community members	Number of SMHPC workshops, and training	1	Attendance record	Once	Sir Patrick	Written record Frequency table

Out of the 208 GHQ-12 questionnaires to be filled up, only 151 questionnaires were completely filled up and 5 questionnaires were not fully completed (see Table 1 and 2). Six or all the targeted key informant persons were interviewed. The ten policy review questionnaires were also answered by the ten identified policy reviewers during our meeting. However, there was no guidance and counseling policy printed for the school had no written policy for this mental health program.

There was one mental health awareness seminar that was held which was attended by the 156 project participants and 309 other school community members. They wrote the 465 evaluations (see Table 11). There was no mental health campaign poster made and no workshop or training was done either.

In the duration of the capstone project, there were unaccounted number of students who went to see the guidance associates for family and academic concerns. There was no attempt of suicide recorded during the six month Kasulhayan implementation.

Budget Proposal

The capstone project had an estimated budget of Php 183,800 to cover the cost of stationery and printing, the rent for the venue and audiovisual, professional fees, and food and refreshments. The funds were sourced from the support of the school and civil society organizations like the parish, MHM, and KPNI.

Activities	Required Resources	Unit Cost	Volume	Strategy	Source of Fund	Total Cost
Mental health status assessment and review of policy guidelines on counseling	Stationeries	P2,000	1	Sponsorship	STHS	P2,000
	Snacks/Refreshment/Lunch	P2000	1	Sponsorship Pack Lunch	STHS	P4,200
	Translation of Assessment Forms and Consent	P2000	4	Sponsorship	MHM STHS	P8,000
Seminar on mental health and resilience promotion	Audiovisual/Training Room	P1,000	1	Sponsorship	Parish	P1,000
	Stationery/Module/ Evaluation Forms	P2,000	1	Sponsorship	STHS	P2,000
	Snacks/ Refreshment/Lunch	P350	208	Sponsorship	STHS MHM	P72,800
Mental health first aid and peer-to-peer group support training	Audiovisual/Training Room	P1,000	1	Sponsorship	Parish Church	P1,000
	Stationery/Module/ Evaluation Forms	P2,000	1	Sponsorship	STHS	P2,000
	Snacks/ Refreshment/Lunch	P350	208	Sponsorship Pack Lunch	STHS MHM	P72,800
	Mental Health First Aider	P10,000	2	Sponsorship	KPNI	P20,000
						P183,800

CHAPTER 3

RESULTS AND EVALUATION

The main goal of this six-month-long capstone project, Kasulhayan, was to conduct the exploratory process of the mental health promotion program of St. Therese High School, Inc. to ground the designing and implementation of a whole school mental health promotion program. To meet this objective, I focused on the evaluation questions concerning the current mental health-related activities of the school and how they were being implemented, the general state of mental health of the school community members, their level of awareness of what mental health was about, and the importance of a core group of mental health promoters in sustaining mental health promotion program. The results and evaluation of the activities that I did to address these concerns were presented below following the notes on the participants of Kasulhayan project.

Kasulhayan Assessment Activity Participants

A total of 177 (85.09%) [see Table 1] community members of St. Therese's High School, Inc., out of the expected 208 participants, participated in the General Health Questionnaire-12 assessment of students (77%), parents/guardians (71%), teachers (100%), and non-teaching staff (100%) with age range between 12 to 74 years old (M=29.829).

There were 10 policy reviewers and 6 key informants who were interviewed. For the school mental health awareness seminar, a total of 465 school community members attended. While the ten members of the core group of school mental health promoters attended the project sustainability meeting.

Table 1

Kasulhayan Activities and Participants

Kasulhayan Assessment Activities	Gender			Not Included	*n*	Kasulhayan School Community Members Participated
	Male	Female	Not Indicated			
GHQ-12 Assessment	40	86	30	*5	156	
Policy Review	1	9			10	
Key Informant Interview	2	4			6	
MH Awareness Seminar					465	
Sustaining Activity Meeting					10	637

Note: *Due to incomplete responses, five GHQ-12 scores of the parent/guardian participants were not included in the statistical treatment.

The gender of Kasulhayan participants who actively participated in the Kasulhayan Assessment Activities were as follows: Policy Review (10; Female = 9, Male = 1); Key Informant Interview (6; Female = 4. Male = 2); and GHQ-12 (161; Female = 86, Male = 40, Not Indicated = 30). The breakdown of the specific numbers of GHQ-12 participants per specific group and gender was listed in Table 2.

Table 2

Profile of GHQ-12 Participants

Group of GHQ-12 Assessment Participants	*n*	%
Junior HS	46	29.487
Non-Teaching	2	1.282
Parent	71	45.513
Senior HS	31	19.872
Teacher	6	3.846
Female	86	55.128
Male	40	25.641
Gender Not Indicated	30	19.231
Gender of High School Students		
Female	39	50.649
Male	30	38.961
Gender Not Indicated	8	10.390
Grade Level of High School Students		
Grade VII	10	12.987
Grade VIII	11	14.286
Grade IX	14	18.182
Grade X	11	14.286
Grade XI	14	18.182
Grade XII	17	22.078
Age of High School Students		
12	5	6.494
13	8	10.390
14	10	12.987

15	16	20.779
16	10	12.987
17	10	12.987
18	14	18.182
19	4	5.195

1. Policy Review of Mental Health Programs and Key Informant Interview

The policy review of the school programs that were related to mental health promotion of the students, parents or guardians, teachers, and non-teaching staff of STHS, Inc. was done after being given permission to implement this activity while waiting for Internal Review Board's approval of Kasulhayan. It was on the day of the policy review when it was known that the school was implementing school mental health-related activities without a written and school's Board of Trustees approved policy. On that day, one of the reviewers commented,

"Te! Wara ti School Mental Health Policy, ano reviewhon ta!?" (We do not have School Mental Health Policy, what are we going to review?)

Rather than dampening the excitement and the momentum of the day, the answering of the self-administered policy review questionnaire became a reflection activity on what must be the content of a policy and the process of preparing or making a policy of a school mental health program. The questionnaire on policy review could be read on Appendix I.

The area concerning the process of multisectoral involvement, situation assessment, stakeholders' identification and involvement, and the need for research on policy development were unknown issues for the mental health

program policy reviewer (Mode = 4; Count 10). The written comments of the participants on these areas were:

"Not done",
"Not done yet",
"No involvement yet."

Furthermore, some policy reviewers had no idea about the content of the "Mental Health Strategic Plan 2019-2023" (Mode = 3; Count 5). Some examples of their written comments on curriculum and mental health were:

"Lacking in curriculum making"
"Good, but not done yet"
"Mental Health to some extent is included in the curriculum"
"Not evident. Not yet done, but good idea"

To some extent, the policy reviewers were accustomed to the content issues, mental health policy, and framework of an effective policy of a mental health program (Mode = 2) as shown in Table 3. To substantiate this point, the following example of transcriptions from the Key Informant Person Interview 3 (See Appendix J) were extracted:

00:16:40.000 - **Fr. Mario:**

"*Ma'am you had mentioned those programs that need policies and guidelines; how are you participating or what are some of your participation in the development of policies and guidelines for those programs?"*

00:17:03.000 - **Key Informant 3**:

"So with our guidance program, so, together with other Guidance Associates, so we created this program in consultation with the school also. We

presented that to the principal, also with faculty and staff for them to be aware of the contents of our activity guidance office. And then we have this regular meeting with the staff, the faculty, and with that together we brainstorm what will be our place in our program and activity. We try approving and assign coordinators that every time we have activity the coordinator leading. We teachers, specially that I am also being a Guidance Associate, I am also an Adviser of grade 12, so I am also participating in the different programs and activities of the school. So from the meeting, brainstorming and sometimes asking the full support of us teachers are also there even up to the evaluation. We try to evaluate, so that the quality of programs and activities must continue or to change or how to improve that."

Table 3

Kasulhayan Policy Review Areas

Policy Review Area	Mode	*n*
Process Issues (how to make or write a policy for a mental health program)	4	10
Content Issues	2	33
National Mental Health Policy	2	7
"Revised Operational Framework for a Comprehensive National Mental Health Program	2	4
Mental Health Strategic Plan 2019-2023" (PCMH)	3	5

Note:

1 = Yes/to a great degree

2 = To some extent

3 = No/not at all

4 = Unknown

2. General Mental Health Status Assessment of School Community Members

When the painstaking wait for the approval of the Independent Review Board on Kasulhayan was over, the general mental health assessment of the community members of STHS, Inc. was conducted. This assessment of the general mental health status of the community members of STHS, Inc. helped in determining which group in the school community would be given priority in the initial exploration of the school community mental health program.

On the day of the assessment, the participants were gathered in the church building of the Parish of Santa Teresa de Avila in Casay. The members of the school community who participated in the policy review helped in welcoming and showing where the students, parents, teachers, and non-teaching staff must sit. The stipulated guidelines for the conduct of the general mental health status using the self-administered General Health Questionnaire-12 were followed.

The target number of participants (208) was not met. Only 161 (77.40%) participants were assessed with GHQ-12. The parents/guardians of the students who were supposed to participate failed to sign the consent and failed to participate due to unavailability. Their children were not able to participate either for failing of the parents/guardians to sign the assent forms.

The descriptive statistics of the GHQ-12 Score of high school students of STHS, Inc. were: *M*=12.43; *SD*=4.76; *Mdn*=12; *Range*=1-25. This was worth giving attention to not only because of its statistical significance but because it may signify that some of the high school students were already experiencing a low level of psychological stress. A GHQ-12 score of more than 12 to 15 is an indication of a low level of psychological distress.

The questions in the GHQ-12 that were worth noting for getting higher ratings from 77 students were:

GHQ-12 (2); “Have you recently lost much sleep over worry?” This question got a rating of 2 or “More than usual” (15/77).

GHQ-12 (5): “Have you recently felt constantly under strain?” This question got a rating of 2 or “More than usual” (25/77) to 3 or “Much more than usual” (5/77).

GHQ-12 (6): “Have you recently felt you couldn’t overcome your difficulties?” This question got a rating of 2 or “More than usual” (13/77) to 3 or “Much more than usual” (4/77).

GHQ12 (9): “Have you recently felt bee feeling unhappy and depressed?” This got a rating of 2 or “More than usual” (21/77) to 3 “Much more than usual” (10/77).

GHQ-12 (10): “Have you recently been losing confidence in yourself?” This question got 2 or “More than usual” (19/77) to 3 or “Much more than usual” (8/77).

GHQ-12 (12): “Have you recently been feeling reasonably happy, all things considered?” This question got 2 or “Less so than usual” (11/77) to “3 or Much less than usual” (1/77).

The responses that were written above, somehow gave a clearer picture of the general mental health status of some of the high school students. These results also may give some indications or reasons as to why some of the high school students were having low level of psychological distress as the statistics were showing.

The descriptive statistics of the GHQ-12 Score of other school community members were the following:

Parents/Guardians of STHS, Inc. High School students: *M* = 11.577, *SD* = 4.331; *Mdn*=12; *R*=3-23

Teachers of STHS, Inc.: *M* = 9.833 *SD* = 3.430; *Mdn*=8; *R*=6-15

The mean GHQ-12 score of the STHS, Inc. community: *M* = 11.885; *SD* = 4.528

The aforementioned statistical data may seem to suggest the need for an exploration of the school mental health program in STHS, Inc. that would give priority to the identification of the mental health needs of the students. The teachers, having favorable GHQ-12 scores may play major roles in the success of the exploration of the school mental health program. In addition, the parents' GHQ-12 scores may seem to suggest that they were the strong partners of the teachers in promoting the mental health of the students. The students' GHQ-12 scores were the least favorable among the groups in the school community. This may justify the need for them to be supported and looked after by having an initial exploration of school mental health promotion program that was truly for them.

3. Kasulhayan: School Mental Health Awareness Seminar

The school mental health awareness seminar was done in three batches. Two sessions in the morning with the two batches of students and one session in the afternoon with parents/guardians and teachers. The mental health awareness seminar was well attended (see Table 4). The Grade 12 students were not able to attend the seminar due to other class-related activities outside the school campus.

In the school mental health awareness seminar, the Kasulhayan capstone project was presented. Also, the objectives of Kasulhayan were presented and its background was discussed. In addition, the nature of mental health and the related global and local data regarding mental health issues were also presented.

The bulk of the mental health awareness seminar was on the presentation of the results of the policy review and key informant interview on the mental health-related activities in STHS, Inc., the data gathered on these activities, and the corresponding statistics. In this mental health awareness seminar, the

participants were also made aware of the general mental health status of the school community members of STHS, Inc. by sharing with the attendees the results of the GHQ-12 assessment. Toward the end of the seminar, the attendees were encouraged to see the importance of having an initial exploration of school mental health promotion program, to support, and to avail the mental health services being offered in this program.

Before ending the mental health awareness seminar, the attendees were asked to share any thought, feeling, or comment about the seminar. One of the student participants commented on the contents of the seminar:

"Nami sang seminar kay naman-an namon ang data sang general mental health status sang mga estudyante." (The seminar is good because we learned the data about the general mental health status of the students.)

When the parents were asked about their learning in the mental health awareness seminar, one of them commented on the capstone project:

"Mayad may amo kita nga programa sa aton school. Paagi sina mabuligan ang amon mga kabataan nga mangin mayad ang ila mental health." (It is good that we this king of program in our school. The program will help our children to have good mental health.)

During the evaluation part of the school mental health awareness seminar, the participants were asked to draw emoticons/smileys (see Appendix L) with the corresponding self-rating (1 being the lowest to 5 being the highest) for participating in the awareness seminar. Table 4 showed the mean self-rating per group. They were also asked to write what they liked most and what they disliked about the seminar, and what activities they liked for them to stay mentally healthy. The common area of responses from the students, parents, teachers and non-teaching staff and their sample responses were listed in Table 5. The letter *n* was

an indication of the number of the seminar participants who wrote almost similar responses.

The number of participants and their active participation in the school mental health awareness seminar were strong indications that the school community members of STHS, Inc. were interested in a school mental health program. Most of the participants welcomed the presentation and the discussion about mental health. Furthermore, the school mental health awareness seminar gave the participants the needed preliminary information about the reality of mental health and its impacts on the lives of young people.

The realizations made in this awareness seminar helped to determine the reactions of the community members of STHS. Inc. on the issue of mental health and how they would like to approach the issues. These realizations gave the members of the School Mental Health Promoter Circle hints on how to proceed with the exploration and establishment of the school mental health promotion program.

Table 4

Kasulhayan: School Mental Health Awareness Seminar Attendance and Evaluation

Attendance		Evaluation		
Grade Level	No. of Attendee	Rating	Count	*M*
Grade VII	70	5	4	3.130
		4	16	
		3	36	
		2	11	
		1	2	

		None	1	
Grade VIII	60	5	15	3.889
		4	20	
		3	20	
		2	0	
		1	0	
		None	5	
Grade IX	68	5	6	3.530
		4	27	
		3	33	
		2	0	
		1	1	
		None	0	
Grade X	77	5	8	3.847
		4	48	
		3	16	
		2	1	
		1	0	
		None	4	
XI	64	5	6	3.476
		4	23	
		3	32	
		2	3	
		1	0	
		None	0	
XII	0	5	0	0
		4	0	
		3	0	
		2	0	

		1	0	
		None	0	
Parent, Teachers, and Non-Teaching Staff	126	5	14	3.383
		4	24	
		3	58	
		2	9	
		1	3	
		None	9	
Total	465			3.625

Table 5

The Area of Evaluation and Count of Samples of Similar Responses

Area of Evaluation	Response	*n*
A. Liked about the seminar		
1	The discussion of mental health: *"Namian ako sa discussion sa mental health awareness para mabal-an ko nga amo dya ang nabatyag kang akon bata."* (I liked the discussion on mental health awareness for me to know that this was what my child was feeling)	145
2	Facts/information about mental health: *"Nanamian ako sa information about mental health natun nga mga kabataan, ginikanan kag mga maestra."* (I liked the	116

	information about our mental health, that of our parents and teachers.)	
3	The objectives of the capstone project (Kasulhayan): *"Nami kang mga specific objectives kag mga activities kang Kasulhayan."* (The specific objectives and activities of Kasuhayan were good.)	53
4	Mental health data processing and presentation: *"I liked the statistics shown on screen and facts that were shown. As well as the honest reviews of the programs as strengths and weaknesses were shown too."*	34
5	STHS, Inc. having Kasulhayan program: *"Nanamian ko ang programa kay natugruan kang pansin ang mga problema kang mental health. Kabay dya mapadayon pa para maiwasan ang hindi nami nga katabo sa mga estudyante."* (I liked the program for taking noticed of the problems in mental health. I hoped this would continue to prevent any untoward happening to the students.)	29
B. Disliked about the seminar		

1	News about the reality of suicide among young people: *"Ang hindi ko nanamian sa seminar ang balita nga may ara nga nag suicide."* (I did not liked about the seminar the news that there who committed suicide.)	157
2	The reality of mental health problems: *"What I don't like is the truth that we Filipinos are at risk in terms of our mental health. It is a serious matter that we should not neglect."*	114
3	Statistics about suicide: *"Ang wara nanamian ang pagrami ng mga nagsuicide."* (I did not liked the increased of those suicides.)	64
4	The reality of the mental health situation in the Philippines: *"I did not like the result of mental health that we Filipinos have a higher risk in mental health as other nations know that we are the happiest people."*	57
5	Not listening and/or dozing: *"The bad that I experienced while listening to the seminar was that I was sleepy and absent-minded."*	32
C. Suggested Activity for Mental Health Promotion		
1	More physical exercises/games and sports	230

2	Open forum on mental health	74
3	Singing/dancing/theater group	71
4	Arts/Drawing	56
5	Bible study and recollection	42

4. Core Group of School Mental Health Promoters Meeting

The members of the core group of the school mental health promoters met to discuss the way forward for the Kasulhayan project. This was my last activity with them to meet the main objective of the capstone project. In this meeting, we saw the need for establishing a school mental health promotion program that will focus first on the capacity building of the members of the core group to equip them with the needed know-how on mental health promotion. It was at this meeting that the mental health promotion program with the title "*Kasulhayan, Masarangan, Basta Ululupod Kita, Together*" was conceptualized.

The brainstorming activities and the discussion of the different parts and contents of the proposed plan for establishing the school mental health program took most of the time of the meeting. The raw plan was made and put into writing. The product of this plan was the one presented in the next chapter of this paper. It was also in this meeting, that the ten members of the core group of mental health promoters expressed their willingness and dedication to promote mental health in their school community.

In gratitude for the benefits that the school gained from the capstone project and for the support that the members of the promoter circle had extended to the project, the school principal had expressed in the meeting saying,

"The school gained a lot from this capstone project, especially for the assessment of the general mental health status of the school community members. I hope this project will continue and another general mental health

status assessment of other members of the school community be done. This program is gaining a lot of support. The other day, I talked to one alumna, now a medical doctor who was willing to support the mental health program of the school." .

The names of the members of the core group of the school mental health promoters were captured in the photos of the Minutes of the Meeting (see Appendix K).

SWOT Analysis

Since it was too early to make the SWOT analysis of Kasulhayan, for I only implemented the mental health awareness seminar, I rather presented below my SWOT analysis for STHS, Inc. as the school piloted and adapted the Kasulhayan program.

Strengths of Kasulhayan

The capstone project Kasulhayan tried to answer the call for the whole country, the Philippines, to promote each citizen's mental health as one of the basic human rights to enjoy and experience. Among the members of the school community of STHS, Inc., this program was gaining support. The school officials, the teachers, the non-teaching staff, the students, and their parents welcomed this project. They became aware of its importance in promoting their mental health.

During the school mental health awareness seminar, the community members actively participated. They liked that the issues of mental health were presented and discussed with young people. They appreciated that they were asked to suggest activities that help them to enjoy good mental health.

The creation of the core group of school mental health promoters and the willingness of its members to learn and develop skills in promoting school mental

health was another strength. It somehow gave an assurance of the sustainability of the school mental health program in STHS, Inc. With the school health promotion program, "*Kasulhayan, Masarangan, Basta Ululupod Kita, Together*" the capacity building of the members of the core group of the school mental health promoters on issues surrounding school mental health promotion was somehow on a positive note.

The expressed support of health professionals (mostly alumni), the LGUs of Anini-y, the NGOs, and other civil and religious societies signalled the favorable acceptance of the Kasulhayan mental health promotion program in STHS, Inc.

Those strengths of Kasulhayan must be sustained to keep the enthusiasm and interest of its stakeholders. It was recommended to build the capacity of the members of the core group for them to serve as catalysts of interest preservation. They were the source of cohesiveness among the stakeholders. Through their dedication, they would continue to develop programs and policies for school mental health promotion. The Board of Trustees of STHS, Inc. was being recommended to be on the journey with the members of the core group of school mental health promoters.

Weaknesses of Kasulhayan

The lack of training for core school mental health competencies and skills of the members of the core group of school mental health promoters was a strong weakness that need to be addressed systematically by the school community members of STHS, Inc. The building of the capacity of this core group on program and policy development may address the identified weakness.

The nonexistence of an organized and fully funded school mental health program in STHS, Inc. was a clear weakness. These weaknesses must be addressed systematically. The core group members must ensure that the school activities related to mental health promotion were included in a developed school

mental health promotion program and follow the policies of the program. The fair allocation of resources was also recommended.

The lack of written records of school activities related to school mental health was another shortcoming. The written evaluation of these school activities was lacking if not missing. It was recommended that all school activities related to the implementation of school mental health promotion were documented. This documentation procedure would help to address the lack of research in school mental health promotion at STHS, Inc.

Opportunities Brought About by Kasulhayan

The overwhelming support of the school community members of STHS, Inc. during the school mental health awareness seminar must be harnessed. It showed the window of opportunities for the sustainability of Kasulhayan school mental health promotion.

One of the opportunities that Kasulhayan offered was the chance for the members of the core group to be trained and gained knowledge in school mental health promotion. The logic model, the theory of change, and the model (Whole School Whole Community Whole Child) that backup the capacity-building activities of their school mental health promotion program could guide the pathways they must take.

STHS, Inc must grab the opportunity to implement the school mental health capacity-building program that the core group members developed. The opportunity was given to them to write the policy of this program will help to sustain the developed program.

The eagerness and excitements of students and parents in supporting Kasulhayan offered apparent success of the organized school mental health promotion program. The expressed support of the alumni of STHS, Inc. to any school health promotion program was also an opportunity to grab. The expressed

support, involvement, and collaboration of LGUs, NGOs, and civil societies offer opportunities for the sustainability of the school mental health promotion program.

Threats to the Sustainability of Kasulhayan

As a diocesan catholic school, STHS, Inc. also suffered from declining enrollment of students. The school depends on the fees that the students were paying. The tight availability of funds was a threat to consider. The financial constraint could be addressed by continuous collaboration and partnership with the stakeholders and other agencies that promote school mental health.

The giving of importance to the academic loads of the two guidance associates posed a threat to the implementation of the school mental health promotion of STHS, Inc. This constant battle between academic concerns delivery and giving attention to the mental health needs of school community members were expected to continue. This battle could be averted by offering a chance to the two guidance associates to take the licensure exam for guidance counselor. By becoming registered, they may meet other professionals in the field of school mental health promotion that may offer assistance in mental health delivery.

In doing the capstone project in STHS, Inc., I witnessed how the students, the parents, the teachers, and nonteaching staff welcomed the school mental health program which they thought would help them to address one of the pressing problems that the school was encountering. This welcoming attitude helped them to generously participate in the activities of Kasulhayan.

In summary, my analysis of the strengths, weaknesses, opportunities, and threats for the school, as they adapt the Kasulhayan, I could see the many hurdles on the feasibility of fully adapting and implementing this program. However, the perceived strengths and the foreseen opportunities that Kasulhayan had offered served as an inspiration to continue exploring other mental health programs and activities that may promote mental wellness. Mental health issues affecting school community members are real and the quest for solutions continues.

CHAPTER 4

DISENGAGEMENT AND SUSTAINABILITY PLAN

Kasulhayan Sustainability Program in STHS, Inc. (Logic Model and Theory of Change)

The fourth activity of the capstone project was for the members of the School Mental Health Promoter Circle of STHS, Inc. to establish an initial school mental health promotion program for the school. The members of this promoter were responsible to manage the establishment of the school's mental health program. To them, the Kasulhayan project is being endorsed.

As part of the disengagement process, a day was set aside to have a discussion on the way forward of Kasulhayan. Throughout the discussion among the members of the School Mental Health Promoters Circle, the initial school mental health promotion program called "*Kasulhayan, Masarangan, Basta Ululupod Kita, Together*" was developed. This program, with its logic model, theory of change, and strategies was expected to aid in the implementation of the initial project mentioned.

The following slides presentation summarized the initial establishment and the disengagement and sustainability plan of the Kasulhayan capstone project:

"*Kasulhayan*, Masarangan, Basta Ululupod Kita, Together!"

LOGIC MODEL and THEORY OF CHANGE

Core Group of School Mental Health Promoters, STHS, Inc.
and
Fr. Mario M. Dimapilis, MHM, FCN, RN

Core Group of School Mental Health Promoters Capacity Building Program of STHS, Inc.

The shortage of School Mental Health Promoter is a significant barrier to the implementation and scale-up of school mental health services.(Endale et al, 2020)

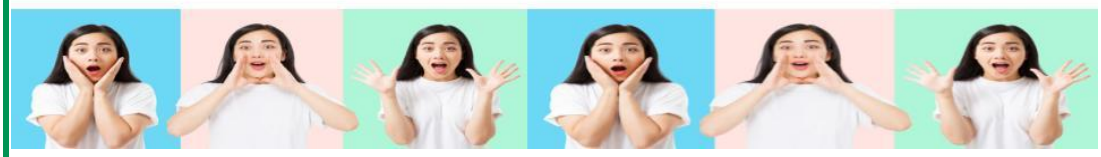
Assumption

The lack of School Mental Health Promoter in a community is a public health issue as it causes serious neglect of school community members' mental health needs.

The capacity building interventions for SMHP would enable them to formulate programs and policies and to deliver quality school mental health interventions in a school community (Mental Health and Substance Abuse, WHO Philippines, 2022).

Causes of Shortage of School Mental Health Promoter in a School Community (STHS, Inc. Experiences)

1. Lack of training of students, parents/guardians, teachers, and nonteaching staff on core school mental health competencies and skills
2. Lack of relevant research in the area of school mental health policy development
3. Lack of multisectoral collaboration in planning for adolescent mental health in a school community
4. Inadequacy of capacity building and tools for identifying school community members with mental health needs
5. Underdeveloped training on the learning delivery of school mental health content
6. Non-prioritization of funds and resources for school mental health program



Effects of Shortage of School Mental Health Promoter in School Community

1. School mental health remains as an "add on" to the central academic mission of the educational system, not as a vital component (Stephan et al, 2014)

2. Widening gap between the development and dissemination of evidence-based mental health practices and the training, supervision, and infrastructure necessary to implement the effective youth-focused mental health practices in school (Ringeisen et al, 2003)

3. Lack of assessment and neglect of school mental health needs of school community members (Erika's Lighthouse, 2021)

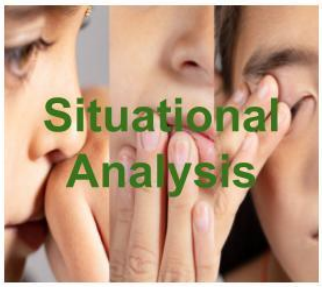
4. Escalating need for development and dissemination of effective youth-focused mental health interventions in school (Ringeisen et al, 2003)

Program Background

Mental health is among the most crucial health issues confronting young people aged 12 to 25 worldwide (McGorry, 2014).

In the past two years, Saint Therese's High School, (STHS), Inc. has recorded cases of injury to others (n = 1), suicide (n= 1), and parricide (n =1).

Parents called the attention of the Antique Diocesan Catholic Schools System to systematically address the perceived declining mental health of school community members



¾ Filipino youths experience everyday situations associated with declining mental health (Martinez et al., 2020)

29 cases of suicide in the Province of Antique in the mid-year 2022 (IPHO-Antique)

2 Guidance Associates (Limited SMHPC members)

Table 16

Descriptives of STHS, Inc. Community GHQ-12 Score

	N	Mean	SD	SE	Coefficient of variation
GHQ-12 Score	156	11.885	4.528	0.363	0.381

Table 17

One Sample T-Test of GHQ-12 Score of STHS, Inc. Community

					95% CI for Mean Difference	
	t	df	p	Mean Difference	Lower	Upper
GHQ-12 Score	10.991	155	< .001	3.985	3.268	4.701

Note. For the Student t-test, the location difference estimate is given by the sample mean difference *d*.

Note. For the Student t-test, the alternative hypothesis specifies that the mean is different from 7.9.

Note. General Population $M = 7.9$; $SD = 4.3$

Program Objective:

To contribute to the capacity building of the Core Group of the School Mental Health Promoters of STHS, Inc.

Project Objective:

To increase by 25% the annual number of the members of the Core Group of School Mental Health Promoters of STHS, Inc. with knowledge and expertise in developing program and policy, promoting, and sustaining school mental health program.

Strategies:

Develop Personal Skill- Training and Capacity Building
Strengthen Community Action- Stakeholders Engagement and Active Participation
Create Supportive Environment- Formation of the members of Core Group of School Mental Health Promoters

Build Healthy Public Policy- School Mental Health Program and Policy Development Training Program

Stakeholders Analysis and Justification

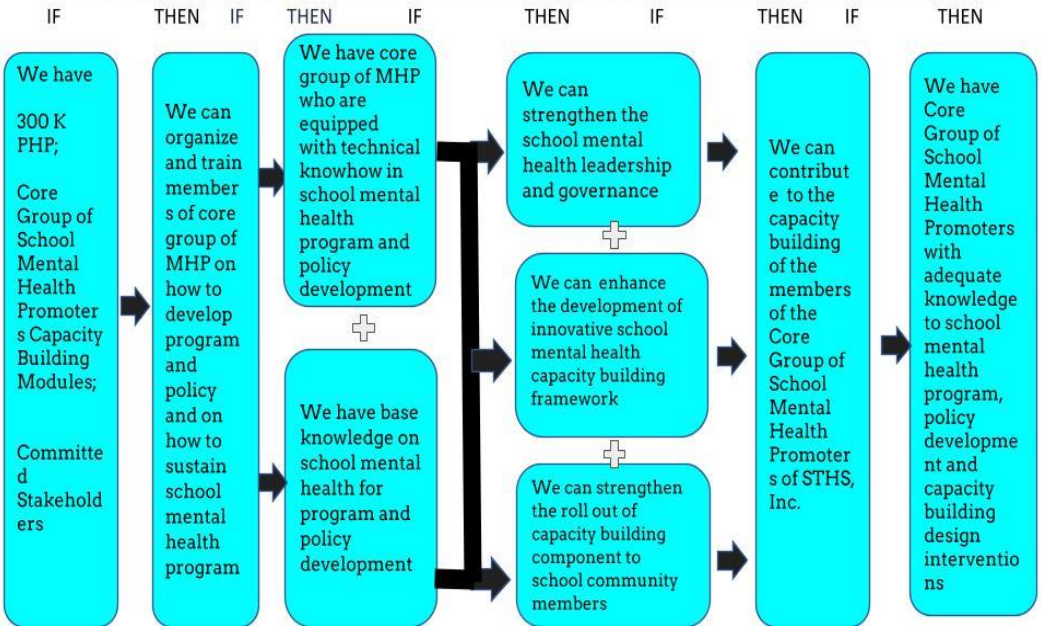
Whole School, Whole Community, Whole Child (WSCC) Model for School Mental Health Promoters Capacity Building
(Center for Disease Control and Prevention)

The whole school community assesses, plans, and implements school mental health programs and policies in a collaborative approach.

The model depicts a student-centered and community-oriented collaborative approaches in addressing mental health in schools. It emphasizes the important ecological links between healthy living and success in the school for students and their whole school community members.

Its framework supports promotion of good school mental health through multisectoral collaboration that creates inclusive cultures, identifies struggling students and implements effective interventions.

Theory of Change: "*Kasulhayan*, Masarangan, Basta Ululupod Kita, Together!"



Input	What we do	Whom we work with	What we can directly influence	What can we contribute to	What we expect to achieve in the long term
Resources (300K; Human Resource)	Organize, train, and build the capacity of the members of the Core Group of School Mental Promoters on mental health program and policy development	Student Council and PTA Chairpersons	Strengthening the school mental health leadership and governance	Building the capacity of Core Group of School Mental Promoters on school mental health program and policy development	Well informed and strengthened school mental health leadership and governance
Core Group of School Mental Health Promoters Capacity Building Modules	Equip the Core Group of SMHP with technical knowhow on program and policy development	Teachers and NonTeaching Staff	Enhancing the development of innovative school mental health capacity building framework	Equipping the SMHP with technical knowhow on program and policy development	Highly capacitated SMHP members who have technical knowhow and expertise on program and policy development
Committed available stakeholders	Engage Core Group SMHP in addressing school community members' mental health concerns	Guidance Associates	Strengthen the roll out of capacity building component to school community members	Engaging the SMHP in addressing the school community members' mental health concerns	Well-engaged Core Group of SMHP members in addressing the mental health concern of the community members of STHS, Inc.
		School Principal and Board of Trustees			
		Anini-y LGU			
		NGOs, Civil and Religious Societies			

Situation: The Province of Antique contributes to the high incidence of suicide in Western Visayas. In the past 3 years, the STHS, Inc. recorded one incidence of suicide and one parricide. In facing the reality of the state of STHS, Inc.'s mental, it became apparent has limited capability to respond. The members of the school community are not equipped with technical knowhow on how to develop programs and policies to tackle the school mental health concerns. Moreover, their capacity to engage in identifying school community member with mental health issue is nonexistent to low due to lack of training and research in the area of school mental health.

External Factors: Enrolled students' miscellaneous fee (medical and health services)

Assumption: The lack of mental health promoters in school community is a public health issue as it causes serious neglect of school community members' mental health needs. The capacity building interventions for the Core Group of SMHP would enable them to design programs and to formulate policies and deliver quality mental health services in the school community.(Mental Health and Substance Abuse, WHO Philippines, 2022).

CHAPTER 5

CONCLUSION AND RECOMMENDATION

In conclusion, the capstone project Kasulhayan has shown that school mental health promotion calls for active participation, engagement, and continuous collaboration of all the members of the school community and other stakeholders for it to succeed and be sustained. It also shows the importance of having a developed and organized school mental health program and approved policy by the school Board of Trustees and the proper documentation of their implementation. In so doing, the policy review and evaluation could be done systematically, and further research could be conducted rather than a mere reflection exercise on what had been implemented in the past in the area of school mental health promotion.

It further concludes that the creation of the School Mental Health Promotion Circle is the first step towards the sustainability of a school mental health promotion program. The capacity-building of the members of this circle of school mental health promoters has to be given priority in the early stage of sustainability program planning. In addition, the capstone project Kasulhayan has shown that while the excitement and enthusiasm of SMHPC members are high, a training program for their capacity-building has to be developed. This school mental health promotion sustainability program has to be founded on a strong logic model and sound theory of change.

The conclusion part of this capstone project is rather incomplete without mentioning the welcoming attitude of students, parents/guardians, teachers and non-teaching staff to a school mental health promotion program. This capstone project has shown that high school students, being young people, are interested in a school mental health program that has them at the heart of it. Furthermore, they are more than gracious and generous with their time when issues that affect them, like adolescent mental health, are being discussed with them. The capstone

project has also shown that the majority of the student participants in the school mental health awareness seminar indicated in the evaluation that they disliked the news about mental health issues particularly suicide among young people. They are, like any other adults, feeling sad when there is news of a young life lost due to manageable causes. Their parents/guardians share the same sentiments. The capstone project has shown also that the school community members support activities and initiatives concerning school mental health promotion.

Based on the results of the policy review, key informant person interview, general mental health assessment, school mental health awareness seminar, and the initial sustainability planning with the members of the core group of school mental health promoters of STHS, Inc., it is recommended that STHS, Inc. implements a comprehensive and theory-driven school mental health promotion program to support the mental health and resilience (kasulhayan) of school community members. This could include the implementation of the school mental health capacity-building and training program called “Kasulhayan, Masarangan, Basta Ululupod Kita, Together.” The members of the core group are being recommended to conduct further research on other school initiatives on how to build the capacity of school mental health promoters. It is also recommended that the school activities related to the implementation of the mentioned school mental health promotion and sustainability program be documented in view of future and further research.

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REFERENCES

Anjara, S. G. et al (2020). Using the GHQ-12 to screen for mental health problems among primary care patients: psychometrics and practical considerations. *International Journal of Mental Health Systems*. 14(62). Doi: 10.1186/s13033-020-00397-0.

Barry, M. et al. (2005). The implementation of mental health programs. *Promotion and Education, ProQuest Central*. Supplement 2: pp. 30–36.

Baksheev, G. et al (2011). Validity of the 12-item General Health Questionnaire (GHQ-12) in detecting depressive and anxiety disorders among high school students. *Psychiatry Research*. 187(1-2): 291-296. Retrieved from https://doi.org/10.1016/j.psychres.2010.10.010

Bergeron, K. et al. (2017). Theories, Models and Frameworks Used in Capacity Building Interventions Relevant to Public Health: A Systematic Review. *BMC Public Health*. 17:914. DOI 10.1186/s12889-017-4919-y.

Bilsen, J. (2018). Suicide and youth: Risk factors. *Public Mental Health*. 9 (540): 1–5. Doi: 10.3389/fpsyt.2018.00540

Burns, J. & Birrel, E. (2014). Enhancing early engagement with mental health services by young people. *Psychology Research and Behavior Management*. 4(7): 303–321.

Bloom, D. et al. (2011). The global economic burden of non-communicable disease. Geneva: World Economic Forum.

Cavioni, V. et al. (2020). Mental health promotion in schools: A comprehensive theoretical framework. *International Journal of Emotional Education*. 12(1): 65-82.

Clarke, A. et al. (2015). A systematic review of online youth mental health promotion and prevention interventions. *Journal of Youth and Adolescence*. 44: pp. 90–113.

Endale, T. et al. (2020). Barriers and Drivers to Capacity-building in Global Mental Health Projects. *International Journal of Mental Health System*. 14:89. https://doi.org/10.1186/s13033-020-00420-4.

Erika's Lighthouse (2021). Integrating Mental Health into the Whole School, Whole Community, Whole Child (WSCC) Model for School Health Erika's Lighthouse.White Paper.

Estrada, C. A., Usami, M. et al. (2020). Current situation and challenges for mental health focused on treatment and care in Japan and the Philippines - highlights of the National Center for Global Health and Medicine training program. *BMC Proceedings*. 14(11). Retrieved from https://doi.org/10.1186/s12919-020-00194-0.

Flaspohler, P. D. et al. (2008). Supporting Implementation of Expanded School Mental Health Services: Application of the Interactive Systems Framework in Ohio. *Advances in School Mental Health Promotion*. 1(3). The Clifford Beers Foundation & University of Maryland.

Jane-Llopis, E. & Barry, M. (2005). What makes mental health promotion effective? *Promotion and Education, ProQuest Central*. Supplement 2: pp. 47–55.

Konaszewski, K. et al. (2021). Resilience and mental health among juveniles: role of strategies for coping with stress. Health Quality Life Outcomes.19(58). Retrieved from https://doi.org/10.1186/s12955-021-01701-3.

Lally, J, Tully, J. & Samaniego, R. (2019). Mental health services in the Philippines. *BJPSYCH International*. Retrieved from https://www.researchgate.net/publication/330368006. DOI:10.1192/bji.2018.34

Lee, B., & Kim, Y. E. (2021). Factor structure and validation of the 12-item Korean version of the General Health Questionnaire in a sample of early childhood teachers. *Education Sciences*. 11(5). 243.

Li, H. C., Chan, S. L., Chung, O. K. & Chui, M. L. (2010). Relationships among Mental Health, Self-esteem and Physical Health in Chinese Adolescents: an exploratory study. *Journal of Health Psychology*. 15(1):96-106. Doi:10.1177/1359105309342601

Lütke Lanfer, S.S..; Pfeifer, R.; Lahmann, C.; Wünsch, A. (2022). How to Measure the Mental Health of Teachers? Psychometric Properties of the GHQ-12 Among a Large Sample of German Teachers. International Journal of Environmental Research and Public Health.19, 9708. Retrieved from https://doi.org/10.3390/ ijerph19159708.

MacDonald, K. et al. (2020). Experiences of pathways to mental health services for young people and their carers: a qualitative meta-synthesis review. *Social Psychiatry and Psychiatric Epidemiology*. 56:339–361. Retrieved from https://doi.org/10.1007/s00127- 020-01976-9

Magson, N. R. et al. (2021). Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic. *Journal of Youth and Adolescence*. 50:44–57. https://doi.org/10.1007/s10964-020-01332-9.

Martinez, A. et al. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. *Social Psychiatry and Psychiatric Epidemiology*. 55:1397–1413. Retrieved from https://doi.org/10.1007/s00127-020-019372.

McGorry, P. D. et al. (2014). Cultures for mental health care of young people: an Australian blueprint for reform. *Adolescent Mental Health*. 1(7): 559–568. DOI:https://doi.org/10.1016/S2215-0366(14)00082-0.

Mental Health and Substance Abuse, WHO Philippines (2022). Development of an Innovative Mental Health Capacity Building Design Intervention for Local Chief Executives. Doc. Ref: RFP_MediumValue_V.03 2021_20210407.

Moore, A.; Stapley, E.; Hayes, D.; Town, R.; Deighton, J. (2022). Barriers and Facilitators to Sustaining School-Based Mental Health and Wellbeing Interventions: A Systematic Review. International Journal of Environmental Research in Public Health. 19:3587. https://doi.org/10.3390/ ijerph19063587.

O'Toole, C. (2017). Towards dynamic and interdisciplinary frameworks for school-based mental health promotion. *Health Education*. 17(5): 452–468. DOI:10.1108/HE-11-2016-0058.

Pernice, R., Trlin, A., Henderson, A., North, N. & Skinner, M. (2009). Employment Status, Duration of Residence and Mental Health Among Skilled Migrants To New Zealand: Results of a Longitudinal Study. *International Journal of Social Psychiatry*. 55(3):272-287. Doi:10.1177/0020764008093685

Petkovska, M. S., Bojadziev, M. I., & Stefanovska, V. V. (2015). Reliability, Validity and Factor Structure of the 12-Item General Health Questionnaire among General Population. *Macedonian Journal of Medical Sciences*. 3(3): 478–483. Retrieved from https://doi.org/10.3889/oamjms.2015.075

Sánchez-López, M.delP., & Dresch, V. (2008). The 12-Item General Health Questionnaire (GHQ-12): reliability, external validity, and factor structure in the Spanish population. *Psicothema*, *20*(4), 839–843.

Stephan, S., Paternite, C., Grimm, L. & Hurwitz, L. (2014). School Mental Health: The Impact of State and Local Capacity Building Training. *International Journal of Education Policy & Leadership* 9(7). Retrieved from www.ijepl.org.

Weare, K. & Markham, W. (2005). What do we know about promoting mental health through schools? *Promotion and Education, ProQuest*. 12(3-4): pp. 118–122.

World Health Organization. (1986). Ottawa Charter for Health Promotion.

World Health Organization. (2005). Promoting mental health: Concepts, emerging evidence, practice. *WHO*.