

Challenges and Aspirations of Mental Health Program Implementers of Secondary Education in Muntinlupa City

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Abstract

This study explored the challenges and aspirations of mental health program implementers in selected public and private secondary schools in Muntinlupa City. Guided by the PERMA Model of Well-Being, the study examined the lived experiences of guidance counselors, guidance teachers, guidance coordinators, and guidance designates responsible for implementing school-based mental health programs. A qualitative phenomenological research design was utilized to gain deeper understanding of participants' experiences and perspectives regarding mental health program implementation. Data were collected through in-person and online semi-structured interviews using validated open-ended guide questions. Eight participants were selected through purposive sampling, and the collected data were analyzed using thematic analysis following the Braun and Clarke framework. The findings revealed that mental health program implementers face several challenges, including limited parental involvement and acceptance, inadequate resources and manpower, mental health stigma, and difficulties in sustaining and implementing programs effectively. Participants also emphasized aspirations for holistic, preventive, inclusive, and student-centered mental health programs supported by stronger collaboration, improved infrastructure, and shared responsibility among stakeholders. Existing school initiatives included counseling services, awareness campaigns, peer-support programs, referral systems, psychosocial activities, and collaborative partnerships with external organizations. The study concluded that sustainable school mental health systems require supportive environments, strengthened partnerships, adequate resources, and institutional commitment to mental health promotion. The study further recommended improving collaboration among schools, families, mental health professionals, and government agencies while strengthening mental health awareness, workforce allocation, referral systems, and program sustainability. The study aligns with SDG 3 (Good Health and Well-Being) and SDG 4 (Quality Education) by promoting mental health support and safe learning environments for students. The findings contribute to educational, institutional, public health, and community sustainability through the promotion of responsive and sustainable school-based mental health systems.

Keywords: Counseling Services, Mental Health Awareness, Mental Health Programs, Perma Model, School-Based Mental Health, Secondary Schools, Student Well-Being

1. Introduction

Mental health has become a significant concern in educational institutions due to the increasing prevalence of anxiety, depression, stress, and suicidal ideation among adolescents. Schools are recognized as important settings for mental health promotion, prevention, and intervention because students spend substantial time within these environments. Global and national data indicate a growing need for effective school-based mental health programs, particularly in secondary education where mental health concerns are more evident. The implementation of these programs requires collaboration among school personnel, policymakers, families, and mental health professionals. However, despite existing policies and initiatives, challenges remain in the implementation, accessibility, sustainability, and effectiveness of mental health programs in schools. This study explores the challenges and aspirations of mental health program implementers in selected public and private secondary schools in Muntinlupa City, guided by the PERMA Model of well-being.

1.1 Background of the Study on Mental Health Program Implementation in Secondary Schools

Mental health problems among adolescents continue to rise globally and locally. According to the World Health Organization (2024), one in seven individuals aged 10–19 experiences a mental disorder, with depression, anxiety, and behavioral disorders among the leading causes of illness and disability. Suicide is also identified as one of the leading causes of death among adolescents. In the Philippines, increasing numbers of students experience anxiety, depression, stress, and suicidal ideation, with reports indicating that 1 in 5 Filipino students is affected by mental health concerns (Villa, 2024). The World Health Organization (2024) further reported that many Filipino students aged 13–17 experienced serious suicidal thoughts and suicide attempts. Schools serve as critical venues for mental health promotion and intervention. Mental health programs in schools aim to provide prevention, awareness, early intervention, counseling, referral systems, and psychosocial support. Implementing these programs requires coordinated efforts among guidance counselors, teachers,

school administrators, families, and mental health professionals. School personnel increasingly recognize mental health work as an essential part of their responsibilities due to the growing needs of students and expectations from stakeholders (Berg et al., 2024). The Philippine government has strengthened efforts to institutionalize mental health promotion in schools through Republic Act No. 11036 or the Mental Health Act of 2018 and Republic Act No. 12080 or the Basic Education Mental Health and Well-Being Promotion Act of 2024. These policies require educational institutions to integrate age-appropriate mental health content into curricula and establish comprehensive school-based mental health programs (Republic Act No. 11036, 2018; Republic Act No. 12080, 2024). Despite these initiatives, gaps remain in understanding the experiences, challenges, and aspirations of mental health program implementers in secondary schools.

1.2 Themes and Insights from Related Literature on School Mental Health Programs

Literature emphasizes the importance of school-based mental health promotion and the role of school culture in supporting students' well-being. Schools are identified as essential settings for social, emotional, and behavioral support because students spend significant time there (Tomé et al., 2021). Effective mental health promotion requires collaboration among school personnel, families, and communities (Beames et al., 2020). Furthermore, recognizing the relationships among organizational structure, school culture, community involvement, safety, and support contributes to successful mental health initiatives (Jessiman et al., 2022). Studies also highlight the important role of guidance counselors and school personnel in mental health promotion. Guidance counselors are expected to provide screening, counseling, referrals, and mental health literacy programs while collaborating with families and communities (World Health Organization, 2022). School counselors are also recognized as implementation specialists capable of sustaining school-based mental health programs (Warren et al., 2024). Cultural attitudes toward mental health significantly influence help-seeking behaviors and program implementation. In the Philippines, concepts such as "hiya," "pakikisama," and "kapwa" affect perceptions of mental health and willingness to seek professional help (Santos, 2025). Mental health stigma, fear of judgment, and reliance on spiritual or familial support often discourage formal mental health consultation (Martinez et al., 2020). Similar stigma-related challenges are observed in Asian, African, Arab, Latin American, and Western societies, although cultural interpretations differ (Ahad et al., 2023). Research also identifies several barriers affecting the implementation of school-based mental health programs, including limited funding, inadequate infrastructure, shortage of trained professionals, insufficient training, role ambiguity, lack of coordination, and persistent stigma (Thim, n.d.; Burns & Rapee, 2021; McDonough, 2024). These challenges affect the sustainability and effectiveness of mental health interventions in schools.

1.3 Local, National, and Global Context of School Mental Health Promotion

Globally, adolescent mental health has become a major public health concern. The World Health Organization (2024) identified mental disorders as significant contributors to adolescent illness and disability worldwide. ASEAN countries have implemented varying levels of school mental health services, although comprehensive teacher training remains limited outside Singapore (Nishio et al., 2020). In the Philippines, mental health concerns among students continue to increase. Reports indicate higher cases of suicidal ideation, stress, anxiety, and depression among Filipino adolescents (Villa, 2024). National policies such as Republic Act No. 11036 and Republic Act No. 12080 aim to institutionalize mental health promotion in schools by requiring evidence-based mental health programs, care centers, counseling services, and mental health literacy initiatives (Republic Act No. 11036, 2018; Department of Education, 2024). International efforts also demonstrate increasing support for school-based mental health programs. In the United States, the Bipartisan Safer Communities Act expanded funding for school-based mental health services, while the American Psychological Association endorsed legislation to improve access to mental health services in schools (Panchal et al., 2022; American Psychological Association, 2024). Despite these developments, studies indicate that implementation remains inconsistent due to funding limitations, lack of trained professionals, inadequate monitoring, and fragmented services (Dela Peña et al., 2024). These challenges emphasize the need for further investigation into the experiences of mental health program implementers in schools.

1.4 Theoretical and Conceptual Basis of the Study on Mental Health Program Implementers

This study is anchored on the PERMA Model introduced by Martin Seligman. The PERMA Model focuses on five key elements of well-being: Positive Emotions, Engagement, Relationships, Meaning, and Accomplishment (PERMA Model of Well-being, 2020). According to Singh (2020), these elements contribute independently and collectively to happiness and well-being. The PERMA Model provides a framework for understanding how school mental health programs can support students' overall well-being. Positive Emotions involve fostering optimism and emotional wellness; Engagement refers to meaningful participation in activities; Relationships emphasize supportive social connections; Meaning relates to purpose and contribution; and Accomplishment focuses on goal achievement and success. The framework also guides the analysis of implementers' challenges and aspirations. Challenges may include barriers to optimism, disengagement, weak collaboration, unclear goals, and limited progress. Aspirations may involve strengthening support systems, improving collaboration, enhancing program effectiveness, and achieving sustainable mental health initiatives in schools. The study conceptualizes mental health program implementation through the lens of the PERMA elements to better understand the experiences of implementers in selected public and private secondary schools.

1.5 Research Gaps and Rationale on the Challenges and Aspirations of Mental Health Program Implementers

Existing literature primarily focuses on mental health promotion, school-based interventions, mental health stigma, and policy implementation. However, there is limited research specifically examining the lived experiences, challenges, and aspirations of mental health program implementers in public and private secondary schools. Although studies discuss barriers such as inadequate funding, lack of trained professionals, insufficient resources, and inconsistent implementation, few studies explore how implementers personally experience these challenges and how they envision ideal mental health programs in schools (Toledana et al., 2025; Ferma, 2025). Research examining the aspirations, expectations, and goals of implementers remains underexplored. This study addresses these gaps by exploring the challenges and aspirations of guidance counselors, guidance teachers, guidance coordinators, and guidance designates in selected public and private secondary schools in Muntinlupa City. The study seeks to contribute deeper understanding that may guide improvements in school-based mental health programs and support systems.

1.6 Alignment with Relevant Sustainable Development Goals (SDGs)

This study aligns primarily with SDG 3 – Good Health and Well-Being by promoting mental health awareness, prevention, intervention, and psychosocial support among secondary school students. The study supports efforts to improve access to mental health services and strengthen school-based mental health systems. The study also aligns with SDG 4 – Quality Education because mental health significantly affects students' academic performance, participation, and overall learning environment. Effective mental health programs contribute to safe, inclusive, and supportive educational settings. Additionally, the study relates to SDG 10 – Reduced Inequalities by emphasizing equitable access to mental health support for students in both public and private schools. It further supports SDG 17 – Partnerships for the Goals through the importance of collaboration among schools, families, mental health professionals, policymakers, and communities in implementing mental health initiatives.

1.7 Importance of the Study to Multidisciplinary Sustainability

This study contributes to socio-economic sustainability by promoting students' mental well-being, which can positively influence academic achievement, productivity, and long-term societal participation. Strengthening school-based mental health programs may also reduce the long-term social and economic burden associated with untreated mental health problems. The study contributes to educational sustainability by supporting the development of safe and supportive learning environments where students can thrive emotionally, socially, and academically. It also promotes institutional sustainability by encouraging schools to establish long-term mental health systems, evidence-based interventions, and collaborative support mechanisms. In terms of public health sustainability, the study supports early intervention, prevention, and mental health literacy initiatives that may reduce the severity of mental health concerns among adolescents. Furthermore, the study contributes to policy and governance sustainability by providing insights that may help policymakers strengthen guidelines, funding allocation, and implementation strategies for school mental health programs. The findings may also support community sustainability through stronger partnerships among schools, families, mental health professionals, and local communities in promoting mental health awareness and psychosocial support systems.

2. Material and methods

2.1 Research Design

The study employed a qualitative research design using the phenomenological approach. Phenomenology focuses on understanding a phenomenon through the lived experiences and perspectives of individuals. It seeks to examine the meanings participants attach to their experiences rather than simply describing events (McLeod, 2024). This approach enabled the researcher to gain deeper insights into the challenges and aspirations of mental health program implementers in secondary schools in Muntinlupa City. Through one-on-one interviews using open-ended questions, participants were provided opportunities to share their firsthand experiences in implementing mental health programs and their aspirations for future school mental health initiatives. The study acknowledged the limitations of phenomenological research, particularly the potential subjectivity in interpretation and the inability to generalize findings beyond the specific setting of the study.

2.2 Locale of the Study

The study was conducted in selected public and private secondary schools in Muntinlupa City. The researcher selected the locale based on interest in exploring the implementation of school mental health programs within the city. Secondary schools were chosen because mental health concerns are more evident among high school students. Including both public and private schools allowed the researcher to gather varied perspectives regarding mental health program implementation in different educational settings.

2.3 Respondents of the Study

The respondents were mental health program implementers from selected public and private secondary schools in Muntinlupa City. These included guidance counselors, guidance teachers, guidance coordinators, and guidance designates

responsible for implementing mental health programs in the high school department. A total of eight participants were included in the study. Demographic diversity such as age, gender, length of service, and type of school was considered to obtain broader perspectives regarding the implementation of school mental health programs.

2.4 Sample and Sampling Procedure

The study utilized purposive sampling in selecting participants. Purposive sampling involves the deliberate selection of participants based on characteristics relevant to the objectives of the study rather than random selection (Bisht, 2024). This sampling technique enabled the researcher to identify individuals directly involved in implementing mental health programs in secondary schools. The sample size consisted of eight participants, which was determined based on expected data saturation. Data saturation was achieved when recurring patterns and themes consistently emerged during the final interviews, indicating sufficient depth and redundancy of information. Participants were identified through referrals from family members, relatives, friends, and neighbors. The study included participants from four public and four private secondary schools in Muntinlupa City. Approval letters were submitted to the division office for public schools and to school heads for private schools before the conduct of the study.

2.5 Research Instrument

Data were collected through in-person and online interviews using self-made guide questions composed of open-ended items. Follow-up questions were also asked during the interviews to further explore participants' experiences and perspectives. All interviews were audio-recorded with participants' consent, and note-taking was conducted to capture important details shared during the interviews. The researcher also utilized informed consent forms containing the researcher's name, school name, title and purpose of the study, and the adviser's signature. These forms assured participants that all information and responses would remain confidential and used solely for research purposes. The interview guide underwent content validity assessment to ensure that the questions effectively addressed the objectives of the study. Content validity in qualitative research evaluates whether an instrument adequately captures the important aspects of the phenomenon being studied (Ranganathan et al., 2024). Five experts validated the instrument, including three psychologists and two school mental health program implementers. This validation process ensured that the guide questions were relevant and appropriate for gathering the necessary information from participants.

2.6 Data Gathering Procedure

The data gathering procedure was conducted in three phases: preparatory, implementation, and reporting. During the preparatory phase, the researcher identified qualified participants from selected public and private secondary schools in Muntinlupa City. Approval letters were submitted to the appropriate school authorities and the division office before conducting the study. After receiving approval and clearance from the Research Ethics Committee, informed consent forms were distributed to participants explaining the objectives, procedures, risks, and benefits of the study. Participants were informed that participation was voluntary and that they could withdraw at any time without penalty. Confidentiality and anonymity were also strictly maintained. During the implementation phase, participants selected their preferred interview schedule and venue. Interviews were conducted either face-to-face or online depending on participants' availability and preference. Initial rapport-building activities and collection of background information preceded the interview proper. Each interview lasted approximately 45 to 60 minutes. With participants' permission, interviews were audio-recorded and transcribed verbatim to ensure accuracy. Scheduling difficulties due to participants' busy schedules and health concerns were addressed through necessary adjustments. The researcher also managed possible emotional distress among participants by responding with empathy and sensitivity throughout the interviews. Data saturation was reached after recurring patterns and themes consistently emerged during the final interviews. During the reporting phase, interview transcripts were reviewed thoroughly to ensure accuracy and completeness. Responses were encoded and analyzed to identify common themes and patterns. Trustworthiness strategies such as member checking and peer debriefing were implemented to strengthen credibility and reliability. Participants reviewed copies of their interview transcripts for verification, while consultations with a qualitative research expert were conducted to review emerging codes and themes. Reflexivity was also incorporated throughout the study. The researcher acknowledged that prior knowledge regarding school mental health programs could influence interpretation. To minimize bias, bracketing was practiced by setting aside personal assumptions and focusing on participants' actual lived experiences. Themes were developed based on participants' verbatim responses to ensure consistency with their experiences.

2.7 Data Analysis Techniques

The study utilized thematic analysis to identify patterns and themes from the collected qualitative data. Thematic analysis is a method used to examine classifications and identify recurring themes through careful reading and rereading of data (Sovacool et al., 2023). An inductive approach was applied, allowing themes to emerge directly from participants' responses. The data analysis process followed the six-step framework developed by Braun and Clarke. The process began with familiarization with the data through repeated reading of interview transcripts. Initial codes were then generated by

labeling meaningful statements and phrases. Related codes were grouped to identify broader themes and patterns. The identified themes were reviewed to ensure that they accurately represented the data. Themes were then clearly defined and named before the final analysis was written and connected to the research questions (Maguire & Delahunt, 2017; Caulfield, 2023). The analysis also involved three stages of coding: open coding, axial coding, and selective coding. Open coding involved breaking down interview transcripts into smaller components to identify key concepts and patterns. Axial coding focused on examining relationships among codes and organizing them into broader categories. Selective coding integrated these categories into central themes representing the core experiences of participants (Delve & Limpachet, 2024). Descriptive phenomenology was also employed to capture the essence of participants' lived experiences. The researcher carefully examined transcripts while avoiding assumptions and biases. Significant statements were identified, grouped into meaningful units, and synthesized into overarching themes that reflected the essence of the phenomenon being studied (Johnson, 2025). The analysis process enabled the researcher to systematically interpret participants' experiences and connect the findings to the objectives of the study.

2.8 Ethical Considerations

The study underwent review by the Institutional Research Board of San Beda College Alabang to ensure compliance with ethical standards protecting participants' rights, dignity, and well-being. Participants received informed consent forms before data collection to ensure confidentiality and voluntary participation. The anonymity of participants was maintained by removing identifying information from transcripts and using code names instead of real names. Participants were informed of their right to withdraw from the study at any time without penalty. All collected data were securely stored in password-protected folders accessible only to the primary researcher. Data retention and disposal followed institutional and ethical guidelines after the completion of the study.

3. Results and Discussion

3.1 Challenges in Implementing School-Based Mental Health Programs

3.1.1 Limited Parental Involvement and Acceptance in Mental Health Programs

Participants reported that limited parental involvement and acceptance remain major barriers in implementing mental health programs. Many parents showed low engagement, denied their children's mental health concerns, resisted referrals, and were unavailable for school consultations. Some parents also discouraged students from participating in mental health activities due to concerns about academic performance. Communication difficulties and lack of cooperation further complicated program implementation. These findings suggest that parental acceptance and cooperation are essential in strengthening school mental health programs. Similar findings were noted by Toledana et al. (2025), who stated that uneven parental involvement may limit the long-term effectiveness of mental health interventions. Within the PERMA framework, positive relationships play an important role in supporting students' well-being. Strong collaboration between schools and parents can help build supportive environments for students experiencing mental health concerns.

3.1.2 Resource and System Constraints

Participants consistently identified limited resources and systemic constraints as challenges in delivering mental health programs. Financial limitations restricted the scope of activities, while shortages in manpower increased workload among implementers. Participants also emphasized the absence of in-house psychologists and psychiatrists, insufficient training opportunities, and difficulties sustaining programs due to lack of follow-up and competing responsibilities. The findings indicate that although schools recognize the importance of mental health programs, institutional limitations continue to affect implementation and sustainability. Dela Peña et al. (2024) similarly identified inadequate funding, lack of mental health facilities, fragmented services, and shortage of personnel as major barriers in the Philippine mental health system. Within the PERMA framework, adequate resources and support systems are necessary to maintain implementers' engagement, effectiveness, and long-term commitment to mental health promotion.

3.1.3 Mental Health Awareness and Stigma

Participants revealed that stigma, misconceptions, and limited understanding of mental health remain evident among parents, students, and communities. Mental health concerns were often associated with weakness, instability, or abnormality. Cultural and generational beliefs also influenced resistance to mental health programs, while fear of judgment discouraged students from participating in activities and seeking help. These findings reflect the persistence of stigma surrounding mental health despite increasing awareness campaigns. Thim (n.d.) emphasized that stigma and cultural beliefs continue to discourage help-seeking behaviors. Within the PERMA framework, promoting Positive Emotions involves creating environments where acceptance, openness, and emotional support are encouraged. Reducing stigma may strengthen students' willingness to participate in programs and access mental health services.

3.1.4 Program Implementation Challenges

Participants described difficulties in planning, implementing, and sustaining mental health programs. Challenges included rushed memoranda, conflicting schedules, limited time, passive student participation, and difficulties in conducting follow-

up activities. Some participants noted that students attended activities merely for compliance rather than genuine engagement. Implementers also struggled to sustain activities beyond Mental Health Month due to workload and scheduling limitations. The findings indicate that effective mental health implementation requires structured planning, consistent scheduling, and sustainable monitoring systems. Burns & Rapee (2021) and McDonough (2024) emphasized that workload issues, role ambiguity, and implementation barriers continue to affect school mental health programs. Within the PERMA framework, consistent engagement and meaningful participation are essential in ensuring that mental health initiatives remain effective and responsive to students' needs.

3.2 Aspirations for Ideal Mental Health Programs

3.2.1 Vision of a Holistic and Preventive Mental Health Culture

Participants envisioned a holistic and preventive mental health culture where mental health becomes part of students' everyday lives. They emphasized that mental health should not only focus on crisis intervention but also include prevention, resilience-building, character formation, wellness campaigns, and multi-tiered systems of support. Participants also hoped for greater openness and reduced stigma within the school community. The findings highlight the desire to create school cultures that integrate mental health into daily practices and long-term development. Ferma (2025) emphasized the importance of addressing systemic gaps and promoting whole-community approaches to mental health support. Within the PERMA framework, holistic mental health programs strengthen Positive Emotions, Engagement, Relationships, Meaning, and Accomplishment among students and school personnel.

3.2.2 Student-Centered Support and Empowerment

Participants expressed the importance of creating programs centered on student support, empowerment, and self-expression. They envisioned schools where students feel safe, heard, and emotionally supported. Aspirations included providing counseling spaces, quiet areas, peer-support systems, resilience-building activities, and opportunities for students to share their experiences and seek help comfortably. These findings demonstrate the importance of empowering students through safe and supportive environments. Student-centered mental health programs encourage emotional expression, peer connection, and self-awareness. Within the PERMA framework, these initiatives strengthen positive relationships, engagement, and personal accomplishment by helping students feel valued and supported within the school community.

3.2.3 Collaboration Beyond the School Community

Participants emphasized the need for stronger collaboration among schools, parents, external agencies, hospitals, clinics, and community organizations. They expressed aspirations for referral partnerships, inter-school cooperation, and community-based mental health support systems to ensure continuity of care for students requiring specialized services. The findings suggest that mental health support should extend beyond school boundaries. Partnerships with external organizations may strengthen referral systems, improve accessibility to services, and enhance continuity of care. Within the PERMA framework, collaboration promotes supportive relationships and strengthens collective responsibility in addressing mental health concerns among students.

3.2.4 Inclusive and Shared Responsibility for Mental Health

Participants highlighted that mental health should be treated as a shared responsibility involving administrators, teachers, parents, staff, and students. They envisioned programs integrated into school culture and curriculum, with teachers receiving training in psychological first aid, mental health awareness, and case handling. Participants also emphasized inclusivity by extending programs beyond students to teachers and school personnel. These findings reflect a shift toward whole-school approaches in mental health promotion. Inclusive mental health programs recognize that the well-being of the entire school community influences students' mental health outcomes. Within the PERMA framework, shared responsibility contributes to supportive environments where Positive Emotions, Engagement, Relationships, Meaning, and Accomplishment are promoted across the school community.

3.2.5 Strengthening Mental Health Infrastructure

Participants expressed aspirations for stronger mental health infrastructure, including additional guidance personnel, psychometricians, psychologists, and psychiatrists. They also emphasized the need for competent psychological assessment tools and standardized testing materials to improve identification, intervention, and case management. The findings indicate that strengthening mental health infrastructure is necessary to address existing staffing shortages and workload concerns. Improved personnel distribution and access to assessment tools may enhance the effectiveness of school mental health programs and provide more responsive support systems for students. Within the PERMA framework, a well-supported infrastructure strengthens program sustainability and promotes overall well-being in schools.

3.3 Existing Mental Health Programs in Schools

3.3.1 Support Systems

Participants reported that schools currently implement counseling services, student monitoring, behavioral observation, routine interviews, and referral mechanisms. Individual and group counseling sessions addressed students' academic,

personal, emotional, and behavioral concerns. Schools also conducted monitoring and follow-up activities to identify students requiring additional intervention and referrals to external professionals when necessary. These findings demonstrate that schools are already implementing support systems aimed at promoting early intervention and psychosocial assistance. However, challenges in sustainability and follow-up continue to affect the effectiveness of these programs. Within the PERMA framework, support systems contribute to Positive Emotions, Relationships, and Meaning by helping students feel supported and connected to school resources.

3.3.2 Peer Support and Student Involvement

Participants identified peer facilitator programs, buddy systems, coaching programs, and student-led support initiatives as important mental health strategies. Students were encouraged to share experiences, support peers, and assist in identifying classmates requiring guidance or referrals. Some schools also trained student coaches and peer facilitators to provide basic mental health support and referrals. The findings highlight the importance of peer relationships in mental health promotion. Peer-support initiatives encourage empathy, participation, and emotional connection among students. However, low participation rates and engagement challenges remain evident despite these initiatives. Within the PERMA framework, peer-support programs strengthen Engagement and Relationships while promoting emotional support among students.

3.3.3 Mental Health Awareness Programs

Participants reported that schools conduct seminars, workshops, orientations, mental health talks, psychosocial activities, and information drives focused on topics such as stress, anxiety, depression, coping skills, and emotional intelligence. Some schools integrated mental health discussions into guidance classes and utilized social media platforms to disseminate mental health information, advocacy campaigns, and hotline resources. These findings suggest that awareness programs help strengthen mental health literacy and normalize conversations regarding mental health. However, persistent stigma and passive participation continue to limit the effectiveness of these initiatives. Within the PERMA framework, awareness programs contribute to Positive Emotions and Meaning by encouraging students to understand, express, and manage their mental health concerns.

3.3.4 Collaborative Mental Health Programs

Participants emphasized the importance of collaboration with churches, community organizations, teachers, nurses, and external agencies in supporting mental health initiatives. Partnerships enabled schools to provide referrals, psychosocial support, peer counseling, and additional mental health resources for students. The findings indicate that collaborative efforts strengthen mental health support systems by expanding access to services and reinforcing continuity of care. Partnerships among school personnel and external organizations help schools address students' emotional and psychosocial needs more effectively. Within the PERMA framework, collaboration strengthens positive relationships and collective support systems that contribute to students' well-being.

4. Conclusion and Recommendations

The study revealed that mental health program implementers in selected public and private secondary schools in Muntinlupa City experience significant challenges related to limited parental involvement and acceptance, resource and system constraints, mental health stigma, and difficulties in program implementation. Despite these challenges, implementers envision holistic, preventive, inclusive, and student-centered mental health programs that emphasize collaboration, shared responsibility, stronger infrastructure, and continuity of care. Schools have already developed various initiatives such as counseling services, screening and monitoring systems, awareness campaigns, peer-support programs, and collaborative partnerships to support students' mental health. Overall, the findings highlight the importance of creating safe pathways to student mental health through supportive environments, strengthened partnerships, sustainable programs, and responsive school mental health systems.

The study recommends strengthening collaboration among schools, parents, mental health professionals, government agencies, local government units, and external organizations to improve mental health support systems and ensure continuity of care for students. Schools are encouraged to further promote mental health awareness, reduce stigma, institutionalize mental health programs, integrate mental health into school systems and routines, and strengthen referral mechanisms. It is also recommended that schools address concerns regarding budget allocation, workforce distribution, and the shortage of qualified mental health professionals to improve program implementation and sustainability. Future researchers are encouraged to expand the number of participants, include different locales and stakeholders, and further explore mental health promotion and the experiences of mental health program implementers in schools.

The study was limited to eight mental health program implementers from selected public and private secondary schools in Muntinlupa City, making the findings context-bound and influenced by local educational systems, sociocultural perspectives, and resource availability. The study focused only on the perspectives of mental health program implementers and did not include the viewpoints of students, parents, administrators, or policymakers. In addition, the phenomenological

qualitative approach limits the generalizability of the findings to schools with similar institutional and sociocultural contexts.

Compliance with ethical standards

The author declares no conflict of interest. This study received no external funding and was conducted in selected public and private secondary schools in Muntinlupa City with the participation of mental health program implementers who voluntarily agreed to participate after providing informed consent. Data were collected through non-invasive interview procedures, and participants were informed of their right to withdraw at any time without penalty. To ensure confidentiality and anonymity, no identifying information was disclosed, and all collected data were securely handled and used solely for research purposes.

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