

## Influence of health support programs and the rate of psycho-social referral cases

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### Abstract

**Aim:** This study examined the influence of Department of Education (DepEd) health support programs and psychosocial referral practices on the overall effectiveness of school-based health initiatives in secondary schools in the Division of Eastern Samar, Philippines.

**Methodology:** The study employed a descriptive-correlational research design. Data were collected through a structured survey questionnaire administered to 86 secondary school teachers from selected districts in the Division of Eastern Samar. Descriptive statistics such as frequency, percentage, and mean were used to describe program implementation and referral practices, while Pearson's *r* correlation analysis was applied to determine the relationship between health support programs, psychosocial referral cases, and program effectiveness.

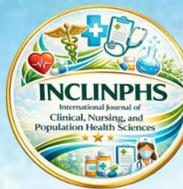
**Results:** Findings revealed that teachers generally perceived the implementation of DepEd health support programs—including the School-Based Feeding Program (SBFP), Adolescent Reproductive Health Education (ARH), Psychological First Aid (PFA), Mental Health and Psychosocial Support Services (MHPSS), and Healthy Learning Institutions (HLI)—as moderately positive in supporting student well-being and improving the school environment. Psychosocial referral practices were rated as very effective, with teachers expressing confidence in identifying students needing support and implementing referral procedures. However, gaps were noted in training opportunities, resource availability, and awareness of support services. Correlational analysis revealed significant positive relationships between health support program implementation and program effectiveness ( $r = .761, p = .000$ ) and between psychosocial referral practices and program effectiveness ( $r = .603, p = .000$ ).

**Conclusion:** The study highlights the importance of strengthening the integration of health support programs and psychosocial referral systems in schools to enhance student well-being and improve program effectiveness. Strengthened teacher training, adequate resource allocation, and improved coordination among school stakeholders are necessary to sustain and enhance the impact of these initiatives in secondary schools in the Division of Eastern Samar.

**Keywords:** *psychosocial referral, health support programs, program effectiveness, school health initiatives, student well-being*

### INTRODUCTION

The psychosocial welfare and mental health of students have become a significant issue in educational institutions worldwide, with the rising prevalence of psychosocial difficulties among adolescents and young adults (Kim & Wang, 2025). International evidence showed that mental disorders of young people were a serious public health problem that needed specific school-based interventions (Liu et al., 2025). Effective clinical decision support systems and referral mechanisms were considered integral to the treatment of complexities in diagnosis and enable timely access to care, because any delay or inaccuracy in identification might prevent effective outcomes (Kim & Wang, 2025). School health support programs usually incorporate elements of health education, counseling, and peer support in addition to establishing pathways to external providers. There was a focus on reducing stigma, improving literacy about mental health, and promoting seeking help early (Liu et al., 2025). Holistic approaches considering personal, social, and cultural factors were shown to increase program effectiveness, whereas referral rates were key indicators of system responsiveness, where lower rates of inappropriate referrals indicated higher effectiveness of



early intervention, and higher rates of appropriate referrals represented a higher level of awareness of student needs (Liu et al., 2025).

In the case of the Philippines, the institutionalization of health support programs was made under the framework of the "Oplan Kalusugan sa DepEd, named "OK sa DepEd" through DepEd Order No. 28, s. 2018. These initiatives were the School-Based Feeding Program (SBFP), Adolescent Reproductive Health Education (ARH), Psychological First Aid (PFA), Mental Health and Psychosocial Support Services (MHPSS), and Healthy Learning Institutions (HLI), aimed to address multidimensional learner needs. However, sociocultural barriers like stigma and preference for informal support networks, as well as low mental health literacy levels, remained among Filipino communities, which was similar to other East Asian societies, where family and non-kin networks were often the first point of contact for help-seeking (Wong & Dykeman, 2019). While programs from the DepEd sought to combat these barriers, the implementation and impact of these programs at the regional level were not studied.

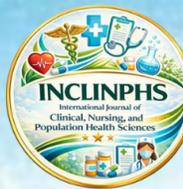
Recent research highlighted that school-based health interventions have the potential to improve academic outcomes and student well-being and did not result in diversion of resources from core educational functions (Littlecott et al., 2020). For instance, the SBFP was demonstrated to improve the nutritional status and attendance of Philippine school children (Alcantara & Marisa, 2024) while ARH programs improved student knowledge about RHC (Datinggaling & Chua, 2023). However, studies also observed the gaps in program implementation, including inconsistency in program training, insufficient resources, and engagement of stakeholders (Osen et al., 2024). In addition, although the PFA and MHPSS initiatives showed promise in reducing distress and enhancing access to support for students, evidence on the effectiveness of PFA and MHPSS in reducing referrals and improving students' long-term mental health outcomes in the schools in the Philippines was scarce (Hermosilla et al., 2023; Bangpan et al., 2024). Previous research has focused on individual DepEd health support programs, each of which is interested in a very specific outcome, such as academic performance or nutritional status. However, few investigations systematically analysed the combined effects of these programs on the psychosocial referral rates and the general effectiveness of these programs, especially within the Division of Eastern Samar. While existing literature placed emphasis on the importance of referral systems (Llego, 2022), there was no empirical work that yielded the quantification of the relationship between health support program implementation and referral trends in the region's secondary schools. Given the need to explicitly address a research gap, this study systematically analyzes the effect of DepEd health initiatives on referral practices and program effectiveness in general within the Division of Eastern Samar. Practicing a complex correlational approach, the research provides rich and empirical information on how different components of the program interact with one another and on their impact on tendencies toward referrals as well as student outcomes. The findings offer clear and evidence-based guidance to policymakers and practitioners and can support the creation of specific strategies to improve the implementation of these programs as well as strengthen the commitment of key stakeholders to ultimately fortify the health and education support systems of the region.

## Review of Related Literature and Studies

### Global Aspects of Student Mental Health & School-Based Interventions

The worldwide occurrence of psychosocial challenges for adolescents and young adults led to more attention on health support programs in schools (Kim & Wang, 2025). Researchers stressed that intervention efforts to succeed made mandatory use of health education, counseling, peer support, and referral systems to outside providers (Liu et al., 2025). Liu et al. reviewed 43 empirical studies and identified 16 theoretical models highlighting the fact that help-seeking behaviour was shaped by accessibility, stigma, health literacy, cultural norms, and social support.

In collectivist societies, such as in East Asia, Wong & Dykeman (2019) found that 80% of subjects in such societies preferred to seek help from family or informal networks before professional services, though there existed an openness to professional help. To help address this, studies suggested the use of more culturally sensitive programs that examined and involved communities and families (Wong & Dykeman, 2019). Kim & Wang (2025) presented hybrid clinical decision support systems (CDSS) that use large language models and constraint logic programming to better diagnose disease and principles that can be applied to school-based referral processes, which achieve systematization of criteria and control oversight of experts. Schroeder de Witt et al. (2020) showed that simulation-based inference could guide program design and resource allocation to improve the evidence-based nature of the intervention, such as feeding programs and mental health services.



### Philippine Context of School Health Support Program(s)

The institutionalization of health initiatives was done by the Department of Education (DepEd) through "Oplan Kalusugan sa DepEd" (OK sa DepEd) through DepEd Order No. 28, s. 2018, which was further strengthened under Joint Administrative Order 2022-0001 (Osen et al., 2024). These programs included the School-Based Feeding Program (SBFP), Adolescent Reproductive Health Education (ARH), Psychological First Aid (PFA), Mental Health and Psychosocial Support Services (MHPSS), and Healthy Learning Institutions (HLI). The World Health Organization stated that such programs included structured programs to enhance health outcomes, where Philippine implementations were aligned to holistic models to address physical, nutritional, reproductive, and mental well-being. Stigma and mental health-related illiteracy were identified as major barriers in the Philippine context in line with global trends (Liu et al., 2025). The Mental Health Act (Republic Act 11036) directed the reproductive health and mental health interventions, but there were gaps in the situation between consistent implementation in regions, as studies noted (Osen et al., 2024). Healthy Learning Institutions were the whole-school approaches with elements of health promotion integrated into infrastructure, curriculum, and climate, which have been proven to increase academic achievement and well-being (Dewi et al., 2024).

### Studies on the Individual Health Support Program

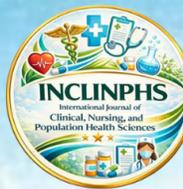
Littlecott et al. (2020) conducted a study involving 115 schools across Wales. They found that full health improvement activities were positively correlated with academic attainment at Key Stage (KS) 3, having no negative impact on core educational functions. Alcantara & Marisa (2024), in a similar study, also spoke of gains in academic averages of the learner in the elementary grades as a result of participation in the SBFP, not necessarily uniform across demographic groups. Dattagaling & Chua (2023) studied the implementation of ARH programs in the Philippine junior high schools and reported significant correlations between student awareness, program design, and perceived program effectiveness, although stakeholder perceptions were significantly different. Hermosilla et al. (2023) have performed a systematic review on PFA and concluded that there was some evidence of beneficial effects of reducing anxiety and distress, but evidence was limited due to inconsistent intervention design and high risk of bias. Bangpan et al. (2024) included a meta-analysis of MHPsS programs in countries with low and middle-income, which found that cognitive behavioral therapy was effective in reducing symptoms of depression; however, other types of interventions, such as artistic interventions, were found to have mixed findings. Osen et al. (2024), in their research on HLI implementation in a Philippine elementary school, established a positive association between program quality and student well-being, as well as academic performance.

Existing literature and studies recognised that school-based health support programs have the potential to improve student well-being and academic achievement, but implementation differed from setting to setting. Global research highlighted the importance of cultural sensitivity, organized referral systems, and technology-facilitated decision support, whereas studies in the Philippines reported positive results for individual interventions such as the SBFP and HLI. However, there were still gaps: there were few studies on the combined effects of many DepEd programs on psychosocial referral rates, and none previously related to the Division of Eastern Samar. Additionally, there was limited information on how barriers to program implementation (e.g., training gaps, access to resources) influenced referral practices. This research addressed these gaps by assessing the linkages between the program delivery, referral trends, and effectiveness in a given regional context.

### Theoretical Framework

This study is based on the Social Support Theory (Alshammari & Alkhwaldi, 2025) that highlights the role of help given to individuals to prevent adverse consequences and unexpected events. Social Support, in this context, goes beyond the provision of emotional comfort to also encompass instrumental support, informational support, and social interaction, which contribute to the overall well-being of the individual. Recent research draws attention to the inherent importance of social support in terms of 'critical nudging'- subtle influences to guide individuals toward better choices of behaviours, health, and mental health (Alshammari & Alkhwaldi, 2025). This theory informed the way results were interpreted, viewing performance as a dynamic system, which could help gain a nuanced understanding of how different elements (i.e., individual capabilities, institutional factors) interact to contribute towards the overall outcome of research. More specifically, performance is considered a dynamic multicomponent system involving capabilities, structures, and transactions of the firm together with individual-level knowledge, skills, abilities, and other characteristics, roles, and relationships (Marshall et al., 2024).

Researchers applied this theory to school health programs, arguing that school health programs that incorporate social support elements could enhance psychological well-being, as well as lessen the need for formal referrals (Liu et al., 2025; Wong & Dykeman, 2019). For example, programs promoting peer support or adult



mentorship fit in with emotional and appraisal support, whereas programs offering health information or nutritional provisions fit in with instrumental and informational needs. Conversely, limited social support in program designs could make people vulnerable and result in higher referral rates. This framework served to guide the analysis of how the DepEd health support programs incorporated elements of social support and their subsequent impact on the psychosocial referral practices.

### Conceptual Framework

The study had an independent variable-dependent variable (IV-DV) model to visualize the relationships among some of the key components: Independent Variable: DepEd Health Support Programs. This consisted of 5 core initiatives implemented in the Division of Eastern Samar: School-Based Feeding Program (SBFP), Adolescent Reproductive Health Education (ARH), Psychological First Aid (PFA), Mental Health and Psychosocial Support Services (MHPSS), and Healthy Learning Institutions (HLI). Each program was evaluated on accessibility, quality of implementation, and integration of the elements of social support.

Dependent Variable: Rate of Psychosocial Referral Cases. This variable was the incidence of documented referrals for psychosocial support: reasons for referral, timeliness, and perceived appropriateness of processes. Mediating/Outcome Variable: effectiveness of the program. This captured perceived improvements in student well-being, school environment, and reduction of psychosocial distress - assessed through teacher feedback on the impact of the program.

The framework hypothesized that improved quality of implementation of health support programs (with high social support elements) would be associated with more appropriate rates of psychosocial referral and better overall program effectiveness. This model operationalized the theoretical base and was a guide both for the data collection and analysis.

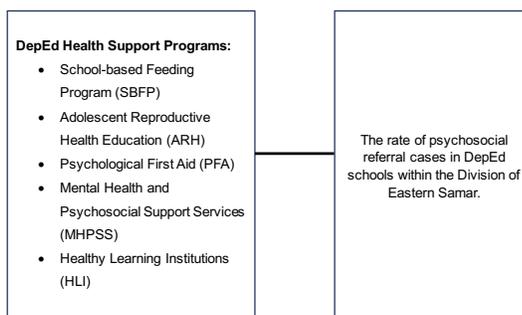
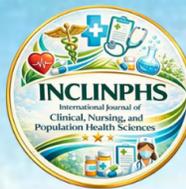


Figure 1. Shows the relationship between the independent and dependent variables

### Statement of the Problem

Psychosocial well-being and mental health have become critical concerns among students in educational institutions worldwide due to the increasing prevalence of psychosocial difficulties among adolescents and young adults (Kim & Wang, 2025; Liu et al., 2025). In the Philippines, the Department of Education (DepEd) has implemented several health support programs under initiatives such as *Oplan Kalusugan sa DepEd* and Joint Administrative Order 2022-0001. These initiatives include the School-Based Feeding Program (SBFP), Adolescent Reproductive Health Education (ARH), Psychological First Aid (PFA), Mental Health and Psychosocial Support Services (MHPSS), and Healthy Learning Institutions (HLI), which aim to address learners' physical, psychological, and social needs (Osen et al., 2024). Previous studies have reported positive outcomes from individual programs, such as improvements in student nutrition, attendance, and health awareness. However, limited research has examined the combined influence of these health support programs on psychosocial referral practices and overall program effectiveness in schools. In the Division of Eastern Samar, particularly in the southern districts, there remains insufficient empirical evidence regarding how these programs are implemented, how psychosocial referral cases are managed, and whether program implementation is significantly associated with referral trends and perceived program effectiveness. Given these gaps, it becomes necessary to systematically examine the implementation of DepEd health support programs and their relationship with psychosocial referral practices. Understanding these



relationships may provide valuable insights for improving program delivery, strengthening referral systems, and supporting student well-being in secondary schools within the Division of Eastern Samar.

### Research Objectives

#### General Objective

To assess the influence of DepEd health support programs on psychosocial referral cases and determine the overall effectiveness of these programs in secondary schools in the southern districts of the Division of Eastern Samar.

#### Specific Objectives

1. To determine the extent to which DepEd health support programs (SBFP, ARH, PFA, MHPSS, and HLI) are accessible and implemented in the target secondary schools.
2. To assess the rate and nature of psychosocial referral cases in the secondary schools of the Division of Eastern Samar.
3. To examine the relationship between the implementation of health support programs and the rate of psychosocial referral cases.
4. To evaluate the perceived effectiveness of health support programs in supporting student well-being and addressing barriers to psychosocial care.

### Research Questions

The following questions were addressed in the study:

1. To what extent were the following programs of DepEd's health support available and implemented in secondary schools in the southern districts of the Division of Eastern Samar?
  - 1.1 School-Based Feeding Program(SBFP)
  - 1.2 Adolescent Reproductive Health Education(ARH)
  - 1.3 Psychological First Aid (PFA)
  - 1.4 Mental Health and Psychosocial Support Services (MHPSS)
  - 1.5 Healthy Learning Institutions (HLI)
2. What is the rate and nature of psychosocial referral cases in secondary schools within the Division of Eastern Samar?
3. Is there a significant relationship between the implementation of health support programs and the rate of psychosocial referral cases in the study area?
4. How effective are the DepEd health support programs in improving students' psychosocial well-being and addressing barriers to psychosocial care?

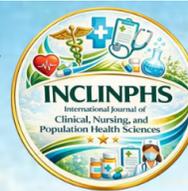
### Hypothesis

There is no significant relationship between the implementation of DepEd health support programs and the rate of psychosocial referral cases in secondary schools in the Division of Eastern Samar.

### METHODS

#### Research Design

A descriptive-correlational research design was employed in the study. The accessibility and implementation of DepEd health support programs and the nature of the psychosocial referral cases in the target schools were determined by using descriptive components. Correlational components were used to investigate the strength and direction of relationships between health support programs, psychosocial referral rates, and the overall effectiveness of the program. This design was chosen as it was the most suitable given the research goals, namely, that it enabled the systematic documentation of the variables without any conditions being manipulated, and the analysis of associations between factors as best practices for non-experimental research on program impact and referral trends (Sousa-Zomer & Miguel, 2017). The design was given effect in the initial step when key variables were described from the outputs of survey responses, and in the second step when statistical tests were applied to find out the correlations among variables.



### Population and Sampling

The total population consisted of 179 secondary school teachers, from which 86 respondents participated in the study in the southern districts of the Division of Eastern Samar, namely, Maydolong, Balangkayan, Llorente, Hernani, General McArthur, Salcedo, Mercedes, and Guiuan. This study used the nonprobability sampling approach of convenience sampling in which the researcher simply chose participants based on convenience. The method used was to collect data from people who were readily available and easily accessible. No attempts were made to make the sample representative of the larger population (Simkus, J., 2023). Consequently, the participants were selected for their convenience as opposed to ensuring the representation of the entire population.

### Instruments

The survey questionnaire was adapted from the study of Llego (2025), DepEd Psychosocial Support Evaluation Guide. It was modified to make it suitable to thoroughly assess the effect of the health support initiatives, as well as the occurrence of cases of psychosocial referral in the Division of Eastern Samar. The instrument has four different sections. Part I, Demographic Information, gathers basic demographic information from respondents in order to outline the profiles of respondents and determine the demographic factors that can influence the respondents' point of view. This section includes inquiries related to gender, age, teaching grade level, and years of instructional experience. Part II, Influence of DepEd Health Support Programs, inquires to respondents on the awareness, access, and perceived effectiveness of the health support programs in schools in the division. Respondents provide information on their knowledge of existing programs and their level of access, and on their judgment of the effectiveness of existing programs in addressing psychosocial needs. Part III, Psychosocial Referral Cases, discussed the prevalence of the psychosocial referral cases within the Division of Eastern Samar. Respondents indicate their participation in or knowledge of such instances, how often they occur, the most common reasons for referral, and satisfaction with the referral process and the support provided to students. Section IV, Program Effectiveness and Impact, focuses on the perceived effectiveness and greater impact of the health support programs. Participants are asked to rate the effectiveness of each program to meet specific needs and to create a healthier school environment.

### Data Collection

Data collection was carried out in a structured manner in the School Year of 2024-2025, whereby the modified survey questionnaire was distributed among the secondary school teachers in the southern districts of the Division of Eastern Samar. The surveys were administered face-to-face in order to accommodate the schedules of the different participants and thus achieve maximum participation and response rates. Before distribution, the content and objectives of the study were clearly explained to the secondary teachers to get their understanding of the purpose of the survey and the importance of their contribution. Clear instructions were offered to respondents to improve the understanding and completion of the questionnaire. The data collection process lasted for a period of one semester and was done in a logical order to ensure the integrity of the collected data. This was a systematic approach that ensured that the teachers' insights could be obtained systematically to feed into the objectives of the study.

### Treatment of Data

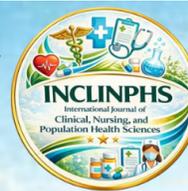
Collected data was consolidated, organized, and tabulated in distribution tables to ensure accuracy and completeness. Frequencies, percentages, and means were used to summarize the demographic profiles, program accessibility, referral practices, and perceived effectiveness. To facilitate data computation, the following Likert scales were used, along with their corresponding interpretations.

#### Health support programs

- 4.21 - 5.00 (Strongly Agree/Completely Agree)
- 3.41 - 4.20 (Agree/Moderately Agree)
- 2.61 - 3.40 (Neutral/Agree)
- 1.81 - 2.60 (Disagree/Less Agree)
- 1.00 - 1.80 (Strongly Disagree/Not Agree)

#### For referral cases and the effectiveness of programs:

- 4.21 - 5.00 (Extremely Effective)
- 3.41 - 4.20 (Very Effective)
- 2.61 - 3.40 (Moderately Effective)



1.81 - 2.60 (Slightly Effective)

1.00 – 1.80 (Not Effective)

Pearson's *r* correlation coefficient was used to examine the relationship between the health support programs, the psychosocial referral rates, and the effectiveness of the health support programs. Statistical significance was considered at  $p < 0.05$ . All analysis was performed with the use of statistical software such as Microsoft Excel to ensure reliability.

### Ethical Considerations

The research study was reviewed and cleared by the Eastern Samar State University Research Ethics Committee with certification issued on August 5, 2025, at the Guiuan Campus by Research Ethics Reviewer Dr. Rotsen C. Yodico. Multiple levels of authorization were obtained before data collection: On September 8, 2025, DepEd Region 8 - Eastern Visayas gave the researcher permission through the office of the Regional Director, and Permit to Conduct Study (Permit # 2025-04) has been granted by the DepEd Schools Division of Eastern Samar, and specific approvals were given by the District Supervisor and school principal of the schools being surveyed. With all permissions requiring adherence to policies such as: no class disruption (per DepEd Order No. 9, s. 2005), submission of required documents, and maintenance of data confidentiality. Informed consent was obtained before data collection from all participants. The consent form stated the research involved the DepEd secondary school in Eastern Samar province, southern district, with the study on associations between health support programs (School-Based Feeding Program, Adolescent Reproductive Health Education, Psychological First Aid, Mental Health and Psychosocial Support Services, and Healthy Learning Institutions) and psycho-social referral rates.

## RESULTS and DISCUSSION

### Demographic Profile of Respondents

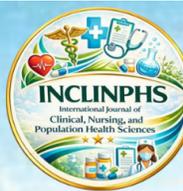
The given study was conducted among 86 secondary school teachers from the southern district of the Division of Eastern Samar. The majority of the respondents were female (64, 74.42%), aged between 31 - 40 years (34, 39.53%), and taught at the Junior High School level (52, 60.47%). Nearly half (42, 48.83%) had 0-5 years of teaching experience and identified themselves as teachers (100%). The demographic data reflect trends in basic education in the Philippines, where the majority of teachers are female (DepEd, 2024). The large number of early career teachers (0-5 years) ensured that findings represented the views of teachers who were relatively new to programme implementation, while the combination of age groups and teacher levels was sufficient to have a broad range of perspectives. The focus on teachers was appropriate, as they were directly concerned with the implementation of health support programs and the identification of the students for psychosocial referral (Llego, 2022).

### INFLUENCE OF DEPED HEALTH SUPPORT PROGRAMS

The perception of the Respondents on the influence of DepEd Health Support Programs is presented in Table 1. The results showed that the teachers agree with the positive influence of the programs to a moderate degree.

Table 1: Influence of Health Support Program

Indicators/Items	MEAN	INTERPRETATION
1. To what extent do you agree that the School-Based Feeding Program (SBFP) has contributed to improved student attendance and participation in school?	4.19	Moderately Agree
2. Do you agree that the School-based Feeding Program (SBFP) has helped to reduce instances of hunger and malnutrition among students, leading to improved academic performance?	4.00	Moderately Agree
3. Has the School-based Feeding Program (SBFP) helped to create a more positive and supportive learning environment for students?	4.07	Moderately Agree
4. Do you agree that the Adolescent Reproductive Health Education (ARH) program has equipped students with the knowledge and skills to make informed decisions about their sexual and reproductive health?	3.95	Moderately Agree



5. Has the Adolescent Reproductive Health Education (ARH) program helped to reduce the incidence of teenage pregnancy in your school?	3.56	Moderately Agree
6. Do you agree that the Adolescent Reproductive Health Education (ARH) program has fostered open and respectful discussions about sexuality and reproductive health among students?	3.74	Moderately Agree
7. To what extent do you agree that the Psychological First Aid (PFA) training helped you to identify and respond to students experiencing emotional distress or trauma?	3.90	Moderately Agree
8. Do you feel more confident in providing initial support to students in crisis after receiving Psychological First Aid (PFA) training?	4.00	Moderately Agree
9. Has the Psychological First Aid (PFA) training helped to reduce the stigma associated with mental health issues in your school?	3.81	Moderately Agree
10. To what extent do you agree that the Mental Health and Psychosocial Support Services (MHPSS) program has increased awareness of mental health issues and resources available to students?	4.00	Moderately Agree
11. Do you agree that the Mental Health and Psychosocial Support Services (MHPSS) program has provided students with access to appropriate mental health support when needed?	4.00	Moderately Agree
12. Has the Mental Health and Psychosocial Support Services (MHPSS) program helped to create a more supportive and inclusive school environment for students with mental health challenges?	3.95	Moderately Agree
13. Do you agree that the Healthy Learning Institutions (HLI) program has contributed to a healthier and more conducive learning environment for students?	4.00	Moderately Agree
14. Has the Healthy Learning Institutions (HLI) program helped to promote healthy habits and lifestyles among students?	3.91	Moderately Agree
15. Do you agree that the HLI program has helped to improve the overall well-being of students in your school?	4.00	Moderately Agree
<b>Total</b>	<b>3.90</b>	<b>Moderately Agree</b>

*Legend:*

Scale	Range	Description	Interpretation
5	4.21-5.00	Strongly Agree	Completely Agree (Ca)
4	3.41-4.20	Agree	Moderately Agree (Ma)
3	2.61-3.40	Neutral	Agree (A)
2	1.61-2.60	Disagree	Less Agree (La)
1	1.00-1.80	Strongly	Disagree Not Agree (Na)

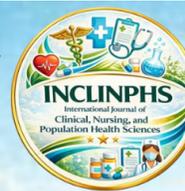
The findings indicate that teachers perceived the implementation of DepEd health support programs as moderately positive (M = 3.90). This suggests that the programs are generally functioning in schools but may still require improvements in certain areas of implementation and support services. The positive perception of the School-Based Feeding Program (SBFP) is consistent with earlier studies showing that school nutrition initiatives contribute to improved attendance and student engagement (Alcantara & Marisa, 2024).

**PSYCHOSOCIAL REFERRAL CASES**

The views of the respondents about their psychosocial referral procedures are shown in Table 2. The results indicate that overall, the respondents believe that their referral practices are Very Effective (VE).

Table 2. *Psychosocial Referral Practices in the Division of Eastern Samar.*

Indicators/Items	Mean	Interpretation
1. I feel confident in my ability to identify students who may need psychosocial support.	3.93	Very Effective (VE)
2. I am knowledgeable of the resources and support available for students who need psychosocial support.	3.70	Very Effective (VE)
3. I feel comfortable referring students for psychosocial support.	3.77	Very Effective (VE)



4. I am confident in my ability to explain the referral process to students and their families.	3.65	Very Effective (VE)
5. I feel that the referral process for psychosocial support is confidential and respectful of student privacy.	4.02	Very Effective (VE)
6. I feel that the referral process is timely and efficient.	3.93	Very Effective (VE)
7. I have access to the resources and training I need to refer students for psychosocial support.	3.49	Moderately effective (ME)
8. I feel supported by the school administration and the division in referring students for psychosocial support.	3.53	Very Effective (VE)
9. I am knowledgeable of the different types of psychosocial support services available in the division.	3.37	Moderately Effective (ME)
10. I feel that the psychosocial support services available in the division are effective in meeting the needs of students.	3.47	Very Effective (VE)
11. I feel that the division provides adequate training and resources for teachers to effectively identify and refer students for psychosocial support.	3.63	Very Effective (VE)
12. I feel that the division's policies and procedures related to psychosocial referrals are clear and easy to understand.	3.79	Very Effective (VE)
13. I feel that the division's policies and procedures related to student confidentiality and privacy are adequate.	3.93	Very Effective (VE)
14. I feel that the division provides adequate support to students and families who have been referred for psychosocial support.	3.93	Very Effective (VE)
15. I feel that the division is committed to providing high-quality psychosocial support services to students in need.	3.81	Very Effective (VE)
<b>Total</b>	<b>3.73</b>	<b>Very Effective (VE)</b>

Legend:

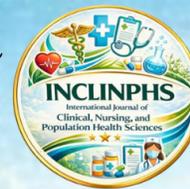
Scale	Range	Description	Interpretation
5	4.21-5.00	Strongly Agree	Extremely Effective (Ee)
4	3.41-4.20	Agree	Very Effective (Ve)
3	2.61-3.40	Neutral	Moderately Effective (Me)
2	1.61-2.60	Disagree	Slightly Effective (Se)
1	1.00-1.80	Strongly	Disagree Not Effective (Ne)

Programs were perceived to be Very Effective overall (mean = 3.94). The HLI program ranked highest in terms of promoting healthy lifestyles (mean = 4.12), and the SBFP in terms of efforts to combat hunger (mean = 4.02). The ARH program had the lowest mean (3.86) for reducing reproductive health-related referrals. The high ratings for HLI and SBFP supported that interventions for multi-component and nutrition-focused interventions drive significant improvements in student well-being (Littlecott et al., 2020; Schroeder de Witt et al., 2020). The poorer rating on ARH indicated the importance of exploring greater linkages between education and psychosocial support for adolescent health programs around the world.

**PROGRAM EFFECTIVENESS AND IMPACT**

Table 3. Program Effectiveness and Impact in the Division of Eastern Samar.

Indicators/Items	Mean	Interpretation
1. To what extent do you agree that the School-based Feeding Program (SBFP) has helped to improve student well-being and reduce the need for psychosocial referrals?	3.91	VERY EFFECTIVE (VE)
2. Do you agree that the Adolescent Reproductive Health Education (ARH) program has helped to reduce the need for psychosocial referrals related to reproductive health concerns?	3.86	VERY EFFECTIVE (VE)
3. Do you agree that the Psychological First Aid (PFA) training has equipped you to better support students in crisis and reduce the need for formal psychosocial referrals?	3.91	VERY EFFECTIVE (VE)
4. Do you agree that the Mental Health and Psychosocial Support Services (MHPSS)	3.79	VERY EFFECTIVE (VE)



program has increased access to mental health support for students and reduced the need for external referrals?

5. Do you agree that the Healthy Learning Institutions (HLI) program has contributed to a healthier school environment and reduced the overall need for psychosocial referrals?	3.88	VERY EFFECTIVE (VE)
6. Do you agree that the School-based Feeding Program (SBFP) has been effective in addressing student hunger and improving their concentration in class?	4.02	VERY EFFECTIVE (VE)
7. Do you agree that the Adolescent Reproductive Health Education (ARH) program has been effective in providing students with accurate information about sexual and reproductive health?	3.93	VERY EFFECTIVE (VE)
8. Do you agree that the Psychological First Aid (PFA) training has been effective in equipping you to provide initial support to students experiencing emotional distress?	3.95	VERY EFFECTIVE (VE)
9. Do you agree that the Mental Health and Psychosocial Support Services (MHPSS) program has been effective in providing students with access to mental health professionals when needed?	4.00	VERY EFFECTIVE (VE)
10. Do you agree that the Healthy Learning Institutions (HLI) program has been effective in promoting healthy lifestyles and reducing stress among students?	4.12	VERY EFFECTIVE (VE)
<b>Total</b>	<b>3.94</b>	<b>VERY EFFECTIVE (VE)</b>

*Legend:*

Scale	Range	Description	Interpretation
5	4.21-5.00	Strongly Agree	Extremely Effective (Ee)
4	3.41-4.20	Agree	Very Effective (Ve)
3	2.61-3.40	Neutral	Moderately Effective (Me)
2	1.61-2.60	Disagree	Slightly Effective (Se)
1	1.00-1.80	Strongly Disagree	Disagree Not Effective (Ne)

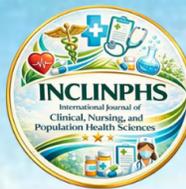
Programs were rated as Very Effective on the whole (mean= 3.94). The HLI program rated highest for the promotion of healthy lifestyles (mean = 4.12), and the SBFP was rated highly for addressing the issue of hunger (mean = 4.02). The ARH program had the lowest mean of 3.86 in terms of reducing reproductive health-related referrals. The high ratings for HLI and SBFP supported the conclusion that multi-component and nutrition-focused interventions have a real effect on student well-being (Littlecott et al., 2020; Schroeder de Witt et al., 2020). The low score for ARH highlighted the need to strengthen links between education and psychosocial support for adolescent health programs globally, as recommended by Datinggaling & Chua (2023).

**CORRELATION BETWEEN VARIABLES**

This section outlines the correlations between health support programs, psychosocial variables, and the effectiveness of the programs.

Variable 1	Variable 2	Correlation Coefficient (r)	Interpretation	p-value	Interpretation
Health Support Programs	Program Effectiveness	.761	Substantial Correlation	.000	Highly Significant
Psychosocial referral cases		.603	Substantial Correlation	.000	Highly Significant

The analysis revealed a strong positive relationship between the implementation of health support programs and program effectiveness ( $r = .761, p = .000$ ). This finding suggests that schools with more effectively implemented health initiatives tend to demonstrate stronger outcomes in terms of student support systems and program impact. These results support the Social Support Theory (Alshammari & Alkhwaldi, 2025), which emphasizes the importance of institutional support mechanisms in promoting individual well-being.



### Conclusions

The study focused on the impact of health support programs offered by the DepEd and the psychosocial referral practices on the effectiveness of the programs in secondary schools in the Division of Eastern Samar. Based on the results of the findings, the following conclusions were drawn:

1. DepEd health support programs (SBFP, ARH, PFA, MHPSS, HLI) were moderately positively perceived to have an impact on student well-being and school environments. The SBFP and HLI programs were most effective in addressing nutritional needs and creating healthy learning climates, while the ARH program demonstrated room for improvement when it comes to addressing targeted outcomes such as teenage pregnancy.
2. Psychosocial referral practices were generally effective, and teachers manifested good levels of confidence in identifying students in need and in maintaining confidentiality. However, there were gaps with regard to training access and a lack of knowledge of available support services, leading to a lack of potential in referral systems.
3. Program effectiveness was significantly associated with both the implementation of health support programs and the effectiveness of psychosocial referral practices, indicating that well-implemented support systems contribute to improved student well-being and institutional response to psychosocial concerns.

### Recommendations

#### FOR SECONDARY TEACHERS

1. Teachers may actively engage in training programs related to the identification of at-risk students and the process navigation and psychosocial referrals, and emphasize understanding of the available support services in the division.
2. Teachers may provide feedback to school administrators regularly on challenges and successes of programs, especially resource access gaps.
3. Teachers may encourage open classroom discussions to relieve the stigma around mental health and promote activities from health support programs into daily classroom lessons to promote student wellness.

#### FOR SCHOOL ADMINISTRATORS

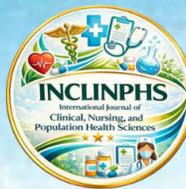
1. School administrators may advocate for funding and resources for the health support programs to meet psychosocial services with training for teachers to assist guidance counselors with referral procedures.
2. School administrators may conduct regular reviews of referral processes to ensure timely and clear referral processes, and use teacher feedback to establish improvements.
3. School administrators may strengthen collaboration among teachers, counselors, and external service providers to establish an integrated support system for students requiring psychosocial assistance.
4. School administrators may monitor and assess program effectiveness using information generated on student attendance, well-being, and decision outcomes in terms of referrals.

#### FOR THE DEPARTMENT OF EDUCATION (DEPED)

1. The Department of Education may intensify the implementation of Republic Act No. 12080 (Basic Mental Health and Well-being Promotion Act) in all schools, covering the alignment of this Act with the current health support programs.
2. The Department of Education may consider increasing the number of resources in areas such as Eastern Samar, including providing training to help teachers learn about psychosocial support and increasing access to mental health professionals.
3. The Department of Education may develop standardized training modules for the health support programs and referral practices, as well as policies to provide uniformity across different divisions.
4. The Department of Education may conduct a comprehensive review of the ARH program to identify implementation gaps and develop strategies to enhance ARH's impact to reduce reproductive health-related psychosocial referrals.
5. The Department of Education may conduct regular awareness of mental health literacy campaigns to students, parents, and staff to help remove stigma.

#### FOR FUTURE RESEARCHERS

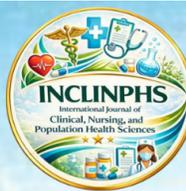
1. Researchers may conduct qualitative research to investigate student/parent experiences with health support programs and referral practices, to complement teacher perspectives from this study.
2. Researchers may undertake longitudinal research to measure the long term impact of programs on student academic performance and mental health outcomes included



3. Researchers may compare studies to test the effectiveness of programs across regions or types of schools (e.g., urban vs. rural schools).
4. Explore the impact of technology to improve program delivery and referral processes, such as the use of digital tools to identify at-risk students.
5. Researchers may conduct cost-effectiveness analyses to ascertain sustainable options for delivering health and psycho-social services in the Philippines secondary schools.

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