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SCHOOL-BASED MENTAL HEALTH PROGRAMS AND ACADEMIC ENGAGEMENT OF JUNIOR HIGH SCHOOL STUDENTS IN PIKIT, COTABATO: A QUANTITATIVE STUDY

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2. ABSTRACT

This quantitative study examined the level of implementation of school-based mental health programs (SBMHPs) and their relationship to and influence on the academic engagement of junior high school students in the Municipality of Pikit, Cotabato, Philippines for School Year 2025–2026. Using a descriptive-correlational, cross-sectional design, 250 Grade 9 and Grade 10 students and 14 teachers from public secondary schools across Pikit West, Pikit South, and Pikit North Districts were surveyed. SBMHPs were assessed across three components: counseling and guidance services, peer support and awareness campaigns, and stress management and resilience-building activities. Academic engagement was measured in behavioral, emotional, and cognitive dimensions. Results showed that SBMHPs were rated as Implemented (overall WM = 3.59), with stress management and resilience-building receiving the highest mean (WM = 3.63). Students demonstrated overall Engaged academic engagement (WM = 4.07), with emotional engagement rated Highly Engaged (WM = 4.57). Spearman rho correlation revealed no statistically significant relationships between SBMHP components and engagement dimensions. Regression analyses showed that SBMHPs explain only limited variance in engagement (R^2 = 0.002–0.080). Only peer support significantly predicted behavioral engagement, though negatively ($\beta = -0.251$, $p = 0.020$). These findings suggest that SBMHPs function as indirect enabling mechanisms for engagement rather than direct predictors, emphasizing the need for their integration with instructional and classroom practices.

3. KEYWORDS: *school-based mental health programs; academic engagement; behavioral engagement; emotional engagement; cognitive engagement; Pikit Cotabato; descriptive-correlational.*

4. INTRODUCTION

Adolescent mental health and academic performance are deeply interconnected. When students struggle emotionally, their ability to participate, persist, and invest cognitively in learning suffers. The World Health Organization (2020) noted that many mental health conditions first emerge during adolescence—a period of heightened psychosocial and academic demand. Schools have responded through school-based mental health programs (SBMHPs), which bring counseling, peer support, and resilience-building directly into educational settings to create supportive environments for learning.

In the Philippines, Republic Act No. 11036 (Philippine Mental Health Act, 2018) mandates the integration of psychosocial services in schools, supported by DepEd's Mental Health and Psychosocial Support frameworks. Despite this legislative mandate, evidence of program effectiveness in rural and underserved municipalities like Pikit, Cotabato remains scarce. Schools in such contexts often serve as students' primary—and sometimes only—source of psychosocial support, making the investigation of program implementation and impact particularly urgent.

This study quantitatively examined the levels of SBMHP implementation and academic engagement, and tested whether significant relationships and influences exist between them. It is grounded in Self-Determination Theory (Deci & Ryan, 1985), which posits that meeting students' basic psychological needs for autonomy, competence, and relatedness enables intrinsic motivation and sustained academic engagement.

5. MATERIALS AND METHODS

Research Design. A descriptive-correlational, cross-sectional design was employed to describe SBMHP implementation levels, measure academic engagement, and test relationships and influences among variables.

Locale and Respondents. The study was conducted in selected public secondary schools in the Municipality of Pikit, Cotabato, under the Schools Division Office of Cotabato, SOCCSKSARGEN Region. A total of 250 student respondents (Grades 9 and 10) and 14 teacher respondents were drawn from three districts: Pikit West (n = 94 students, 6 teachers), Pikit South (n = 62 students, 4 teachers), and Pikit North (n = 94 students, 6 teachers).

Purposive sampling selected SBMHP-implementing schools; stratified random sampling selected student respondents by grade level.

Instrument. A two-part validated survey questionnaire measured (1) SBMHP implementation using WHO (2020) and DepEd (2021) MHPSS framework guidelines, covering counseling and guidance services, peer support and awareness campaigns, and stress management and resilience-building activities; and (2) academic engagement using Appleton et al.'s (2006) Student Engagement Instrument, covering behavioral, emotional, and cognitive dimensions. All items used a five-point Likert scale (1 = Least Implemented/Engaged to 5 = Highly Implemented/Engaged).

Statistical Analysis. Weighted means and standard deviations described variable levels. Spearman rho correlation tested relationships between SBMHPs and academic engagement. Multiple regression analysis determined predictive influence of SBMHP components on each engagement dimension at $\alpha = 0.05$.

6. RESULTS AND DISCUSSION

Level of Implementation of School-Based Mental Health Programs

School-based mental health programs were rated as Implemented overall (WM = 3.59). Among the three components, stress management and resilience-building activities obtained the highest mean (WM = 3.63, Implemented), followed by counseling and guidance services (WM = 3.60, Implemented) and peer support and awareness campaigns (WM = 3.54, Implemented). These results indicate that SBMHPs are generally in place and operational, though there is room for greater consistency and depth of delivery. Taylor et al. (2017) affirmed that structured school-based mental health programs improve emotional well-being, coping skills, and school adjustment, while Lawson (2024) cautioned that limited staffing, resources, and competing priorities can restrict program reach.

Table 1. Level of Implementation of School-Based Mental Health Programs.

Component	Weighted Mean	Interpretation
Counseling and Guidance Services	3.60	Implemented
Peer Support and Awareness Campaigns	3.54	Implemented
Stress Management and Resilience-Building Activities	3.63	Implemented
Overall	3.59	Implemented

Level of Academic Engagement

Students demonstrated an overall Engaged level of academic engagement (WM = 4.07). Emotional engagement was rated Highly Engaged (WM = 4.57), reflecting strong positive feelings about school, sense of belonging, and motivation to learn. Behavioral engagement (WM = 3.89, Engaged) indicated active classroom participation, consistent attendance, and task completion. Cognitive engagement (WM = 3.76, Engaged) demonstrated positive mental investment, including goal-setting and problem-solving effort. Fredricks et al. (2016) affirmed that emotional engagement is strongly associated with sustained motivation, while Schindler et al. (2017) emphasized cognitive engagement as a key predictor of deep learning.

Table 2. Summary of Academic Engagement of Junior High School Students.

Dimension	Weighted Mean	Interpretation
Behavioral Engagement	3.89	Engaged
Emotional Engagement	4.57	Highly Engaged
Cognitive Engagement	3.76	Engaged
Overall Academic Engagement	4.07	Engaged

Relationship Between SBMHPs and Academic Engagement

Spearman rho correlation analysis revealed no statistically significant relationships between any SBMHP component and any dimension of academic engagement. Counseling and guidance services showed very weak negative correlations with behavioral engagement ($r = -0.103$, $p = .321$), emotional engagement ($r = -0.053$, $p = .612$), and near-zero correlation with cognitive engagement ($r = 0.006$, $p = .956$). Peer support and awareness campaigns showed weak negative correlation with behavioral engagement ($r = -0.168$, $p = .106$) and negligible correlations with emotional ($r = 0.107$, $p = .306$) and cognitive engagement ($r = 0.012$, $p = .907$). Stress management and resilience-building activities were not significantly correlated with behavioral ($r = -0.102$, $p = .328$), emotional ($r = 0.001$, $p = .994$), or cognitive engagement ($r = -0.046$, $p = .661$). These results suggest that the effects of SBMHPs on engagement are indirect, mediated by factors such as classroom environment and teacher support rather than producing direct measurable associations (Wang & Eccles, 2020).

Table 3. Spearman Rho Correlation Between SBMHPs and Academic Engagement.

SBMHP Component	Behavioral Engagement	Emotional Engagement	Cognitive Engagement
Counseling and Guidance Services	r = −0.103, p = .321	r = −0.053, p = .612	r = 0.006, p = .956
Peer Support and Awareness Campaigns	r = −0.168, p = .106	r = 0.107, p = .306	r = 0.012, p = .907
Stress Management and Resilience-Building	r = −0.102, p = .328	r = 0.001, p = .994	r = −0.046, p = .661

Influence of SBMHPs on Academic Engagement

Regression analyses revealed that SBMHPs collectively explain very limited variance in academic engagement. For behavioral engagement, the model accounted for 8.0% of variance ($R^2 = 0.080$, $F = 2.612$, $p = 0.056$), which was not statistically significant as a whole. However, peer support and awareness campaigns emerged as the only significant predictor, with a negative relationship ($\beta = -0.251$, $t = -2.363$, $p = 0.020$), suggesting that, as currently implemented, peer programs may have unintended counterproductive effects on behavioral engagement when poorly structured—a pattern consistent with Foulkes and Andrews (2022), who documented potential iatrogenic effects of universal mental health awareness campaigns. For emotional engagement, SBMHPs explained only 1.3% of variance ($R^2 = 0.013$, $F = 0.389$, $p = 0.761$), and for cognitive engagement, an extremely low 0.2% ($R^2 = 0.002$, $F = 0.057$, $p = 0.982$), with no significant predictors. These findings suggest that SBMHPs serve as enabling support mechanisms for well-being rather than direct predictors of academic engagement outcomes, consistent with Weare and Nind (2018).

Table 4. Summary of Regression Analysis: Influence of SBMHPs on Academic Engagement.

SBMHP Component	Behavioral Eng. (t/p)	Emotional Eng. (t/p)	Cognitive Eng. (t/p)	
Counseling and Guidance Services	t = −1.628, p = .107	t = 0.274, p = .785	t = −0.189, p = .850	NS
Peer Support and Awareness Campaigns	t = −2.363*, p = .020	t = 1.077, p = .284	t = 0.176, p = .861	*p<.05
Stress Management and Resilience-Building	t = −0.241, p = .810	t = −0.331, p = .741	t = −0.280, p = .780	NS
R^2 / F / p	0.080 / 2.612 / 0.056	0.013 / 0.389 / 0.761	0.002 / 0.057 / 0.982	NS overall

7. CONCLUSION

School-based mental health programs in public secondary schools in Pikit, Cotabato are generally implemented, with stress management and resilience-building activities showing the most consistent delivery. Students demonstrate a high overall level of academic engagement, particularly in the emotional dimension. Despite these positive profiles, quantitative analysis reveals no significant correlations between SBMHP components and engagement dimensions, and regression analyses show limited predictive power. These findings affirm that SBMHPs function primarily as psychological support mechanisms rather than direct drivers of measurable academic engagement. Schools should integrate mental health initiatives into classroom instruction, strengthen peer program structure, and invest in regular monitoring and teacher capacity-building to maximize their impact on student learning outcomes, in alignment with Republic Act No. 11036's vision for comprehensive school-based mental health support.

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