



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent



SEP 24 2024

MEMORANDUM

CONDUCT OF YOUTH'S MENTAL HEALTH SURVEY

To: Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
Chief Education Supervisor, School Governance and Operations Division
Public Secondary School Heads / OICs
All Others Concerned

1. Attached is a program proposal from Dr. Nicanor Echavez, CBMH Program Coordinator, Muntinlupa City, dated September 23, 2024 on the above-mentioned title, for the information and guidance of all concerned.
2. The content of the proposed mental health assessment activity are as follows:
 - a. Grades 9 to 12 will be the participants of this activity
 - b. Sections will be randomly selected, and in coordination with the Guidance Designates in-charge of Grades 9 to 12.
 - d. The said assessment will be conducted during Homeroom Guidance classes only.
3. Please see the following enclosures:
 - a. Youth's Mental Health Program: Glimmers of Hope
 - b. Mental Health and Wellness Survey Form
 - c. Informed Parents' Consent Form
3. Please observe the no-disruption-of-classes policy stipulated in DepEd Order No. 9, s, 2005 entitled "Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith."
4. Moreover, schools are reminded of the "No Collection and No Selling of Tickets Policy" stipulated in DepEd Order Nos. 19 and 40, s. 2008 and RA Nos. 4206 and 5546.
4. For immediate dissemination and strict compliance.


VIOLETA M. GONZALES CESO VI
Asst. Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent


UN-2024-352



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Encl:

Reference: none

To be indicated in the Perpetual Index
under the following subjects:

GUIDANCE AND COUNSELLING

CAREER GUIDANCE PROGRAM

Ibp/ Annual Career Guidance Advocacy Program (CGAP)/Career Development Support Program (CDSP)
____/September 23, 2024



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City Government of Muntinlupa
 City of Muntinlupa

ACTIVITY DESIGN

Title of Activity	Glimmers of Hope: Mental Health Program for Public High School Students of Muntinlupa City
Implementing Office	Community-Based Mental Health and Wellness Program Schools Division Office - Muntinlupa Womb-to-Work Program
Venue	Selected Public High Schools in Muntinlupa City
Date/Duration	August to December 2024

Objectives
<ol style="list-style-type: none"> 1. To determine the current status of mental health of high school students of Public Schools in Muntinlupa City by collecting relevant information; 2. To screen and identify Public High School Students with mental health challenges; 3. To capacitate relevant public high school officials in handling students with mental health challenges by using evidence-based interventions and efficient referral networks; and 4. To provide public high school students with evidence-based knowledge and strategies for maintaining both physical and mental health.

Target Participants
<ul style="list-style-type: none"> • Participants for this activity will be composed of public school students from Grade 9 to Grade 12 • Target Number of Participants: To Be Determined

Description of Activity
<p>Adolescent mental health problems in the National Capital Region (NCR) of the Philippines are increasingly recognized as a critical public health issue. The fast-paced urban environment of NCR, characterized by high population density, socio-economic disparities, and significant academic pressures, exacerbates the vulnerability of adolescents to various mental health challenges. Common issues include anxiety, depression, substance abuse, and behavioral disorders, which are often compounded by exposure to violence, family instability, and inadequate social support systems. Despite the high prevalence of these issues, there remains a significant gap in mental health services and resources available to young people in this region. Many schools lack trained mental health professionals, and there is often a stigma associated with seeking help, which further discourages adolescents from accessing the support they need.</p> <p>To address these pressing issues, the "Glimmers of Hope: Mental Health Program for High School Students" is a program designed to address the mental health needs of public high school students in Muntinlupa City. This program is divided into three main phases:</p> <p>The first phase focuses on data gathering from students in Grades 9 to 12 across public high schools in Muntinlupa City. This phase aims to collect comprehensive and accurate information about the students' mental health status and identify the factors contributing to their mental health challenges. Google Forms will be used as the platform for data collection, organization, and analysis.</p>

mental health challenges effectively. The training will emphasize the use of evidence-based interventions and the establishment of efficient referral networks to ensure that students receive the appropriate support and care. Information, education, and communication (IEC) materials will be designed according to the needs identified during the assessment phase. These materials will be distributed to the students to give them knowledge on managing their physical and mental health as well as information on how to properly respond when encountering issues on their mental health.

The final phase involves assessing the program's impact. Selected public high school students will be reevaluated using the same assessment tool utilized in the first phase. The collected data will be analyzed using appropriate statistical methods to determine the program's effect on the mental health of the high school students.

Overall, the program aims to create a supportive school environment where mental health is prioritized, and students have access to the help they need to thrive both academically and personally.

Expected Outputs

1. The City Government of Muntinlupa (CGM) and its key officials will receive up-to-date and accurate data on the mental health status of public high school students in Muntinlupa City, along with relevant factors contributing to mental health challenges. This information will be crucial for developing evidence-based, data-driven programs and policies;
2. Public High School Students with mental health issues will be identified and will be given prompt, evidence-based interventions according to their specific needs;
3. Public high school officials will be equipped with the knowledge and skills necessary to effectively support and manage students facing mental health challenges; and
4. Public high school students will have gained practical knowledge and skills to effectively manage their physical and mental health, demonstrated by improved awareness, healthier lifestyle choices, and enhanced coping strategies for stress and emotional challenges.

Prepared by:

Noted by:

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Psychologist

NICANOR L. ECHAVEZ, MD, DBDP, FPPA
CBMH Program Coordinator

MENTAL HEALTH AND WELLNESS SURVEY

Part 1: Personal Information

Last Name:
 First Name:
 Middle Name:
 Date of Birth:
 Age:
 Sex:
 Grade Level:
 Section:
 School Name:
 Personal Contact Number.:

Part 2: Life Events in the Past Year

Instructions: Encircle all of the events that happened to you in the past 12 months		
Death of parent, boyfriend/ girlfriend	Starting Junior High/ Senior High School	Confusion in Sexual Identity
Pregnancy (or causing pregnancy)	Breakup with boyfriend/ girlfriend	Gain of a new family member
Parental separation	Any drug or alcoholic beverage use	Death of a close friend
Detention in a Jail Facility	Trouble at school	Sleeping less than 8 hours
Death of other family members (sibling, cousin, et al.)	Serious health problem of a family member	Trouble with the family of boyfriend/ girlfriend
Serious personal injury or illness	Being a working student	Parent became unemployed
Minor Violation of the Law	Going in Debt (you or your family)	Chronic Allergies
Change in residence	Separation from family members	Change in living conditions

Part 3: Current Mental Health Status

Instructions: The questions below ask about your feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past 7 days**.

	Never	Rarely	Sometimes	Often	Always
1. I felt worthless.					
2. I felt that I had nothing to look forward to.					
3. I felt helpless.					
4. I felt sad.					
5. I felt like a failure.					
6. I felt depressed.					
7. I felt unhappy.					
8. I felt hopeless.					
9. I felt fearful.					
10. I felt anxious					
11. I felt worried					
12. I found it hard to focus on anything other than my anxiety					
13. I felt nervous.					
14. I felt uneasy					
15. I felt tense					

Part 4: Risk Assessment

1. Have you harmed yourself in the past **WITHOUT the intent of killing yourself?** () YES () NO
2. Have you harmed yourself in the past **WITH the intent of killing yourself?** () YES () NO
3. In the past month, do you have thoughts of killing yourself? () YES () NO
4. If you answered YES in the previous question, do you have concrete and specific plan to kill yourself (E.g. You have a specific date when to do it. You already planned the method of doing it)? () YES () NO

GLIMMERS OF HOPE YOUTH MENTAL HEALTH PROGRAM INFORMED CONSENT FOR PARENTS

PART 1: INFORMATION SHEET

Introduction/ Pagpapakilala:

Magandang araw! Ang Muntinlupa Community Based Mental Health (CBMH), Muntinlupa Schools Division Office (SDO) at Womb to Work Program (WWP) ay magsasagawa ng isang programa na tinatawag na **Glimmers of Hope Youth Mental Health Program**. Isa itong programa ng Pamahalaang Lungsod ng Muntinlupa upang mapangalagaan ang kalusugang pangkaisipan ng mga kabataang Muntinlupeño.

Inanyayahan ko po ang inyong anak na sumali sa gagawin na mental health screening. Ito po ay isang pamamaraan para malaman ang kasalukuyan na kalagayan ng kalusugang pangkaisipan ng mga tao.

Ang dokumentong ito na tinatawag na informed consent form ay dinisenyo upang magbigay sa inyo, bilang magulang/ legal guardian ng mag-aaral ng High School, ng impormasyon tungkol sa proseso ng mental health screening. Mahalaga na basahin at maintindihan ninyo ang form na ito bago kayo pumayag na makilahok ang inyong anak sa programang ito.

Purpose/ Layunin:

Ang pangunahing layunin ng mental health screening na ito ay malaman ang kasalukuyang kalagayan ng kalusugang pangkaisipan ng mga mag-aaral ng High School sa Muntinlupa. Importante na malaman natin ito upang matukoy ang mga posibleng isyu sa pangkalusugang pangkaisipan na maaaring makaapekto sa kanilang pag-aaral at pang-araw-araw na pamumuhay. Sa pamamagitan nito, maaagapan natin ang mga problema na dulot ng stress at maaaring makapagbigay ang Pamahalaang Lungsod ng Muntinlupa ng angkop na serbisyo na tutugon sa kanilang mga pangangailangan.

Method/ Pamamaraan:

Mental Health Screening: Hihilingin sa inyong anak na kumpletuhin ang mental health screening form. Ito ay naglalaman ng mga katanungan sa iba't-ibang aspeto ng pagkatao at mga kasalukuyang suliranin ng mga mag-aaral. Ang mental health screening ay isasagawa sa ilalim ng gabay ng lisensyadong psychiatrist na si Dr. Nicanor L. Echavez at lisensyadong psychologist na si Mr. Paul Kenneth M. Benavidez.

Feedback: Sa pagtatapos ng mental health screening, makakatanggap ang inyong anak ng feedback tungkol sa mga resulta, kasama ang anumang kaukulang natuklasan sa kanyang kasalukuyang kalusugang pangkaisipan at mga rekomendasyon na maaari ninyong gawin tungkol dito. Ang feedback ay ibibigay ng Guidance Office ng paaralan, na siyang tutulong sa inyong anak na maunawaan ang mga resulta at ipaliwanag ang mga serbisyo ng Pamahalaang Lungsod ng Muntinlupa na angkop sa pangangailangan ng inyong anak.

Confidentiality and Data Privacy:

Ang partisipasyon ng inyong anak sa mental health screening ay confidential. Ibig sabihin, ang lahat ng impormasyong na makukuha ay itatago nang naaayon sa Republic Act 10173 o Data Privacy Act of 2012.

Limitations of Confidentiality:

Ang lahat ng impormasyon na nakuha namin sa pamamagitan ng mental health screening ay mananatiling confidential. Subalit, alinsunod sa Republic Act 11036 o Mental Health Act, kami ay may obligasyon na ibahagi ang impormasyon na nakuha sa mental health screening sa naaangkop na ahensya ng gobyerno kung mangyayari ang alinman sa mga sumusunod na sitwasyon:

1. Kapag ito ay inutos ng korte sa pamamagitan ng isang court order;
2. Kapag kayo at ang inyong anak ay nagbigay ng pinirmahang kasulatan na pinapahintulutan ninyo ang ibang tao na makakuha ng kopya nito;
3. Kapag mayroong life-threatening emergency at ang pagbibigay ng impormasyon ng inyong anak sa ibang tao ay makakatulong upang maiwasan ang naka-ambang panganib sa iyong anak bilang kliyente, sa tagapagbigay ng serbisyo na mental health screening, at sa ibang tao;
4. Kapag ang inyong anak ay isang menor de edad at naniniwala kami na siya ay biktima ng pang-aabuso;
5. Kapag ito ay kailangan para sa kasong administratibo, civil, o criminal ng mental health professional upang ito at mahatulan, malutas, o maresolba ang mga isyung nakapaloob dito.

Risk and Benefit/ Panganib at Benepisyo:

Risk: Ang mga panganib na nauugnay sa pakikilahok sa isang mental health screening ay kaunti lamang. Gayunpaman, maaaring maging hindi komportable ang inyong anak habang nagsasagot ng mga tanong tungkol sa kanyang kalusugang pangkaisipan. Kung mapansin ninyo na ang inyong anak na may matinding pagkabalisa, maaari kayong magpakonsulta sa Community Based Mental Health (CBMH) na nasa 2nd Floor ng Poblacion Health Center, Brgy. Poblacion, Muntinlupa. Nagbibigay ng psychiatric services ang CBMH mula Lunes hanggang Biyernes, 8:00 AM hanggang 5:00 PM.

Bukod dito, maaari ring tumawag ang inyong anak sa mental health crisis hotline ng National Center for Mental Health (NCMH) sa mga contact number nila: 0919-057-1553 / 0966-351-4518 / 0917-899-8727. Ang kanilang serbisyo ay bukas 24/7 upang magbigay ng agarang tulong at suporta sa kalusugang pangkaisipan, anumang oras na kailanganin.

Benefit: Ang feedback na ibinibigay ay maaaring makatulong sa inyong anak na mas maintindihan ang kanyang kasalukuyang kalusugang pangkaisipan at maagapan ang mga suliranin na dulot ng stress.

Voluntary Participation/ Boluntaryong Pakikilahok:

Ang partisipasyon ng inyong anak sa mental health screening ay boluntaryo. Walang anumang negatibong epekto ang hindi ninyo pagpayag sa pagsali ng inyong anak sa mental health screening.

Questions and Concerns/ Mga Katanungan at Alalahanin:

Kung mayroon po kayong anumang katanungan o alalahanin tungkol sa proseso ng mental health screening, maaari kayong tumawag sa CBMH sa contact number na 0994-714-0488.

PART 2: CERTIFICATE OF CONSENT

Sa pamamagitan ng aking pagpirma sa ibaba, pinapatotohanan ko na nabasa at naintindihan ko ang lahat ng impormasyong ibinigay sa informed consent form na ito. Pinatotohanan ko rin na nabigyan ako ng pagkakataon na magtanong at ang mga tanong ay nasagot nang naaayon sa aking kagustuhan.

Ang aking lagda ay nagpapahiwatig ng aking boluntaryong pagsang-ayon na makilahok ang aking anak sa *Glimmers of Hope Youth Mental Health Program*.

Magulang/ Legal Guardian
Lagda sa Ibabaw ng Pangalan

Petsa: _____