

Guidance Advocacy Program and Students' Mental Health

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Abstract. This study aimed to analyze the effect of guidance advocacy programs on student mental health in the Laak North District of Davao de Oro City Schools Division. Specifically, it examined the extent of implementation of three key program components: peer support programs, counseling services, and mental health awareness initiatives, and assessed their influence on students' mental health as measured by social functioning, adjustment, and self-esteem. A descriptive-comparative research design was employed, involving 158 student respondents grouped according to their primary exposure to one of the three program domains. Descriptive statistics, one-way ANOVA, and Tukey HSD post hoc tests were utilized to analyze the data. Findings revealed that peer support programs and mental health awareness initiatives were implemented very extensively, while counseling services were only moderately extensive. Student mental health was rated as extensive overall, with higher self-esteem levels than social functioning adjustment. The ANOVA results indicated a statistically significant difference in student mental health across the three program groups, $F(2, 155) = 13.720$, $p < .001$. Post hoc analysis showed that students exposed to peer support programs reported significantly higher levels of mental health than those in the other two groups. The study concludes that peer-based interventions are most effective in enhancing student well-being.

KEY WORDS

1. Guidance advocacy programs 2. peer support 3. counseling services

Date Received: April 05, 2025 — Date Reviewed: May 15, 2025 — Date Published: June 18, 2025

1. Introduction

The Guidance Advocacy Program plays a pivotal role in addressing the pressing mental health challenges faced by students in today's education system landscape. Amid increasing academic pressures, social dynamics, and the pervasive influence of digital technology, students often grapple with stress, anxiety, and emotional well-being. The program serves as a vital support system, fostering a safe space for students to seek guidance, develop resilience, and cultivate coping mechanisms. Emphasizing holistic development and proactive mental health interventions, the Guidance Advo-

cacy Program alleviates immediate concerns. It equips students with the skills to navigate life's complexities, enhancing their overall academic and personal success. Internationally, students face significant mental health challenges, with higher education institutions (HEIs) striving to provide adequate support. According to UNESCO (2024), over a third of students worldwide report mental health disorders, often exacerbated by academic pressures, financial difficulties, and interpersonal relationship strains. These challenges adversely affect students' attendance and academic performance, highlight-

ing the critical need for comprehensive mental health services within HEIs. The report emphasizes the importance of institutional frameworks that address mental health proactively, ensuring students receive timely and effective interventions. International students, in particular, encounter unique stressors such as cultural and linguistic barriers, which can significantly impact their mental well-being. McKay et al. (2023) note that international students face increased risks of mental health issues due to feelings of isolation and difficulties accessing culturally appropriate support services. Their scoping review underscores the necessity for tailored interventions that address the specific needs of this group, promoting inclusivity and accessibility in mental health programs. These findings advocate for the integration of culturally sensitive approaches in guidance and counseling programs to better support international students. Despite growing awareness of student mental health issues, many HEIs struggle with limited resources and funding to expand their mental health services. A report by The Times (2025) reveals that UK universities have increased their mental health budgets by an average of 73%. In the Philippine context, student mental health has emerged as a significant concern, particularly within higher education institutions (HEIs). A recent policy study by Espinosa et al. (2024) explored the prioritization and implementation of mental health initiatives across HEIs in the country. The research identified several stressors associated with remote learning, including congested academic schedules, demanding coursework, unstable internet connections, and limited access to conducive learning environments. These stressors were linked to diminished academic performance, emphasizing the critical need for institutional mental health support systems. Gonzalo and Alibudbud (2024) examined how the University of the Philippines addressed mental health concerns through the “Sandigan, Sandalan” initiative. This program

aimed to empower university stakeholders to become mental health advocates, even in the face of limited resources. It focused on increasing awareness, promoting inter-stakeholder collaboration, utilizing available mental health expertise, and developing scalable models adaptable to various campus contexts. The initiative highlights the critical function of academic institutions in fostering student mental health, particularly during crises in settings with constrained resources. Despite ongoing initiatives, significant barriers persist in fully meeting students’ mental health needs. According to the Department of Education (2024), the core objective of guidance and counseling services is to facilitate learners’ intellectual, emotional, social, and personal development. Nonetheless, gaps remain, particularly in the capacity of Registered Guidance Counselors to implement comprehensive prevention and wellness strategies, such as suicide prevention and mental health promotion. This underscores the necessity of sustained professional development and the creation of culturally responsive programs that aim to reduce stigma and foster a supportive environment, promoting help-seeking behavior among students. In Laak North District, Davao de Oro, the challenges surrounding student mental health are pronounced, particularly due to a combination of cultural stigma, limited access to mental health services, and socio-economic pressures. The prevailing cultural beliefs often discourage open discussions about mental health, leading to a reluctance among students to seek help for their issues. Additionally, many schools in the district lack sufficient resources and trained mental health professionals, hindering the effective implementation of supportive programs. Compounded by the academic pressures and economic challenges faced by families, students in the Laak North District experience significant barriers to achieving optimal mental well-being, necessitating urgent attention and intervention from educational authori-

ties and community stakeholders.

1.1. Theoretical/Conceptual Framework of the Study—This study's theoretical framework is based on interrelated theories emphasizing social support, mental health awareness, and holistic well-being in education. Key theories include Social Support Theory, Cognitive Behavioral Theory (CBT), and Ecological Systems Theory. Social Support Theory suggests that interpersonal relationships and social networks are essential for individuals' mental health and well-being. This theory suggests that students who engage in Peer Support Programs can enhance their emotional resilience and coping skills by receiving and providing support to one another, significantly reducing feelings of isolation and stigma. Cognitive Behavioral Theory provides insight into the interconnectedness of thoughts, feelings, and behaviors, emphasizing that counseling services can help students identify maladaptive thought patterns and replace them with healthier perspectives, improving their mental health. Additionally, Ecological Systems Theory, proposed by Urie Bronfenbrenner, underscores the importance of recognizing the multiple systems influencing individual development, including family, school, and community environments. This holistic perspective highlights the neces-

sity for comprehensive advocacy programs that address diverse needs within the educational system. The theoretical framework is analyzing the effectiveness of the Guidance Advocacy Program on student mental health. By integrating Social Support Theory, the study can investigate how peer interactions and support mechanisms contribute to students' emotional resilience and well-being. Incorporating CBT allows for exploring specific therapeutic strategies employed in counseling services, assessing their impact on students' mental health outcomes. Furthermore, the application of Ecological Systems Theory emphasizes the importance of examining the broader context in which students operate, including family dynamics, school culture, and community resources. This comprehensive understanding of how various factors interplay to influence mental health is crucial for developing targeted interventions. Ultimately, the theoretical framework guides research design and methodology and informs the interpretation of findings, ensuring a thorough understanding of how the Guidance Advocacy Program can be optimized to support student mental health. This framework will enable the study to contribute meaningful insights into developing effective mental health initiatives within educational settings.

2. Methodology

In this chapter, the researcher details the key processes and steps necessary to carry out the study. These involve selecting the study design, identifying the respondents and sampling method, choosing the appropriate research instruments for data collection, outlining the procedural steps, addressing ethical considerations, and performing data analysis. These steps are vital to ensuring the study's accuracy and relevance, leading to reliable data collection, analysis, and interpretation.

2.1. Research Design—The research design for this study is a quantitative, comparative analysis to evaluating the impact of guidance advocacy programs on student mental health in Laak North District, Davao de Oro. The One-Way Analysis of Variance (ANOVA) is will be

utilized to analyze the differences among collaborative professional development, mentorship programs, and performance evaluation systems (Creswell, 2014) and the dependent variable, classroom observation ratings. The applicability of the One-Way ANOVA research design in

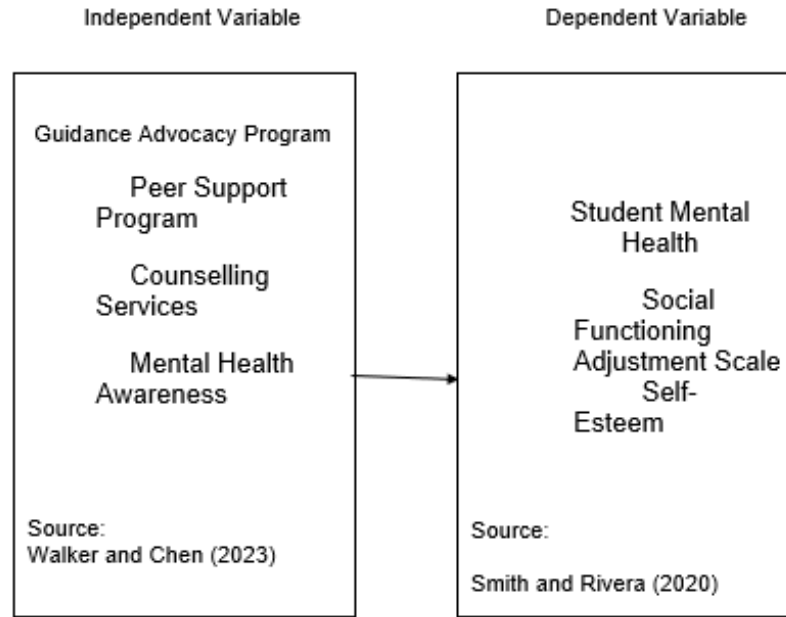


Fig. 1. Theoretical/Conceptual Framework

this study lies in its ability to effectively analyze the impact of different independent variables on a single dependent variable related to student mental health. One-Way ANOVA is particularly suited for this research as it allows for the comparison of mean differences across multiple groups to determine whether significant differences exist in mental health outcomes associated with various components of the Guidance Advocacy Program, such as Peer Support Programs, Counseling Services, and Mental Health Awareness initiatives. In this study, One-Way ANOVA can be employed to evaluate the effectiveness of different types of interventions or support programs on student mental health indicators, such as anxiety levels, depression levels, or overall well-being. For example, the study can compare the mental health outcomes of students who participate in Peer Support Programs versus those who receive counseling services or engage in mental health awareness activities. By analyzing the variance among these groups, the research can identify which specific intervention has the most significant impact on enhancing student mental health. Furthermore, One-

Way ANOVA provides a robust framework for determining if the observed differences in mental health outcomes are statistically significant, allowing for evidence-based conclusions to be drawn. This statistical method not only supports the evaluation of the effectiveness of the Guidance Advocacy Program but also informs future policy and program development aimed at promoting student mental health. By utilizing One-Way ANOVA, the study contributes valuable insights into the effectiveness of specific mental health initiatives within the educational context, ultimately guiding stakeholders in implementing targeted interventions that address the diverse needs of students.

2.2. Ethical Consideration—The ethical consideration section of this study will address the key principles that ensure the protection and well-being of the teacher-respondents involved. This includes adhering to social values, informed consent and assent, vulnerability of research respondents, privacy and confidentiality, risks, benefits, safety, justice, transparency, researcher qualification, conflict of interest, facility adequacy, and community involvement.

Social Value

I aim to promote student well-being, reduce stigma, and foster a culture of empathy within schools by focusing on Peer Support Programs, Counseling Services, and Mental Health Awareness initiatives. I am committed to aligning my research with ethical considerations, ensuring the protection of participants' rights and dignity, particularly vulnerable students. Furthermore, I hope the findings will inform policies that improve access to mental health resources, ultimately contributing to a healthier school environment. I firmly believe that promoting mental well-being is crucial for achieving academic success and overall personal growth. Through this study, I advocate for collaborative efforts to strengthen mental health initiatives in schools, supporting the broader goal of fostering resilient and thriving future generations.

Informed Consent and Assent

In my study, informed consent and assent are crucial ethical considerations to ensure that participants fully understand their involvement's nature, purpose, risks, and benefits. I will obtain informed consent from guardians or parents of minors participating in the research, ensuring they are aware of their rights and the voluntary nature of participation. At the same time, I will seek assent from students by providing them with age-appropriate information about the study and obtaining their agreement to participate. This dual approach reflects my commitment to respecting the autonomy of both guardians and students, fostering transparency and trust between myself as the researcher and the participants. By prioritizing informed consent and assent, I aim to uphold ethical standards that protect participants' rights and welfare, promoting a responsible and respectful research environment.

Vulnerability of Research Respondents

The vulnerability of my research respondents is a critical ethical consideration, particularly given the focus on student mental

health. Since many participants are minors who may experience heightened emotional sensitivity and varying degrees of mental health challenges, I recognize the need to implement safeguards to ensure their well-being and protection throughout the study. I will remain attentive to the power dynamics inherent in the student-researcher relationship and strive to create an environment where participants feel safe and supported. By providing clear information about the study, ensuring confidentiality, and allowing participants to withdraw at any time without consequence, I aim to respect their autonomy and address their vulnerability with utmost care and sensitivity.

Privacy and Confidentiality

Privacy and confidentiality are paramount ethical considerations in my study, particularly when addressing sensitive topics related to student mental health. I will implement measures to ensure that all participant information is kept secure and confidential, safeguarding personal data from unauthorized access and disclosure. This includes assigning unique identifiers to participants, securely storing data, and limiting access to authorized research team members. I will also inform participants about how their data will be used, emphasizing that individual responses will remain anonymous in reporting or disseminating findings.

Risk, Benefits and Safety

I will carefully identify potential risks associated with participation, such as emotional distress or discomfort when discussing mental health issues, and implement strategies to mitigate these risks, including providing access to counseling resources. I will also ensure that participants clearly understand the potential benefits of the study, such as the advancement of mental health initiatives and improved support systems within educational settings. Ensuring the safety of respondents is my priority, which involves establishing protocols to monitor participant well-being throughout the research pro-

cess. By balancing risks and benefits and prioritizing safety, I aim to create a supportive environment that fosters participant welfare while contributing valuable insights to the field of mental health advocacy in schools. Justice

As an ethical consideration in my study, justice emphasizes the fair distribution of benefits and burdens among participants. I will ensure that all groups within the student population, particularly those who may be vulnerable or marginalized, have equal access to participation in the research. This includes actively recruiting a diverse range of respondents to reflect the varied experiences and backgrounds of students regarding mental health. I am committed to making the findings and benefits of the study accessible to all stakeholders, including schools and communities, to contribute to broader efforts in mental health advocacy and support. By upholding the principle of justice, I aim to promote equity in research practices and foster a sense of community responsibility toward improving student mental health for all.

Transparency

Transparency is a fundamental ethical consideration in my study, ensuring that all aspects of the research process are conducted openly and honestly. I am committed to communicating how data will be collected, analyzed, and reported, as well as explaining the measures in place to protect participant privacy and confidentiality. By fostering transparency, I aim to build trust with participants and enhance the credibility of my research findings. Furthermore, open communication about the study's intentions and outcomes will promote accountability, allowing stakeholders to understand its implications and its contribution to advancing mental health initiatives within educational settings.

Qualification of the Researcher

My qualifications as a researcher are a critical ethical consideration in this study, as they directly influence the integrity and credibility of the research process. I bring relevant academic

training, expertise in mental health issues, and experience conducting studies in educational settings. I am well-versed in ethical research practices, data collection methods, and analysis techniques, particularly when addressing sensitive topics like student mental health. My background in psychology, education, and social work further enhances my ability to engage effectively with participants and interpret findings responsibly.

Conflict of Interest

Conflict of interest is a crucial ethical consideration in my study, as it pertains to situations where my personal, financial, or professional interests could compromise the research's integrity. I will identify and disclose any relationships or affiliations that may bias the research process or influence the interpretation of findings. This includes financial ties to organizations that may benefit from the study's outcomes or prior commitments that could affect my objectivity. I aim to enhance transparency and build trust among participants, stakeholders, and the broader community by openly addressing potential conflicts of interest. I will implement clear policies to manage and mitigate conflicts to ensure that the research maintains its ethical integrity, prioritizing participants' welfare and the reliability of the results.

Adequacy of Facilities

The adequacy of facilities is an important ethical consideration in my study, as it ensures that the research environment promotes participant safety, comfort, and well-being. I will ensure that appropriate spaces are available for interviews or focus groups, private and free from distractions, while providing access to necessary resources, such as mental health support services, should participants experience distress during the research process. I will also ensure that facilities are accessible and accommodating for all participants, including those with disabilities, to foster an inclusive research environment. By prioritizing the adequacy of facilities, I aim

to uphold ethical standards that respect and protect participants' rights, thereby enhancing the overall integrity and reliability of the research outcomes.

Community Involvement

Community involvement is a vital ethical consideration in my study, emphasizing the importance of engaging stakeholders and community members throughout the research process. I will collaborate with local schools, parents, mental health professionals, and organizations focused on student welfare to ensure that the study addresses relevant issues and reflects the community's needs. I aim to gain valuable insights, foster trust, and promote shared ownership of the findings and their implications. I will ensure that the study results are effectively disseminated, encouraging evidence-based practices that support student mental health.

2.3. Research Respondents—The study's respondents comprise teachers from the Laak North District in the Davao de Oro Schools Division who are engaged in the Guidance Advocacy Program on students' mental health. Using Slovin's formula, the appropriate sample size can be determined based on the total population and the desired margin of error. Given a population of 260 and a commonly accepted margin of error of 5% The first qualification for the respondents is their active engagement in the Guidance Advocacy Program on students' mental health within the Laak North District in the Davao de Oro Schools Division. This criterion ensures that the participants have direct involvement in the program, allowing them to provide firsthand insights into its implementation, challenges, and effectiveness. Their participation in the program means they have experience in delivering mental health advocacy, conducting student interventions, and supporting learners' well-being through structured guidance initiatives. Selecting respondents who are directly engaged in the program, the study ensures that the collected data is relevant and reflects the ac-

tual experiences of teachers working in this area of student support. The second qualification is that respondents must be licensed professional teachers currently teaching in the district. This requirement guarantees that they possess the necessary academic and professional credentials to guide students in an educational setting. Being licensed educators ensures that respondents have undergone formal pedagogy, student development, and classroom management training, which are essential in understanding students' academic, social, and emotional needs. Moreover, professional teachers are expected to have a foundational understanding of counseling principles, behavior management strategies, and student engagement techniques that contribute to the success of mental health advocacy programs in schools. The respondents must have at least one year of experience in implementing guidance-related activities or supporting students' mental health. This criterion ensures that the participants have accumulated sufficient exposure to real-world school-based guidance programs, allowing them to provide informed responses based on their practical experiences. Teachers with at least a year of experience in guidance-related tasks have likely encountered various student mental health concerns, implemented intervention strategies, and collaborated with other stakeholders in addressing students' well-being. Their familiarity with the challenges and successes of these programs enables them to offer valuable insights into the current guidance advocacy initiatives. To ensure the appropriateness of comparative analysis using One-Way ANOVA, the inclusion criteria for respondent classification were based on their primary exposure to a specific domain of the guidance advocacy program. Only students who had substantial and sustained participation in one of the following program components were included in the study: (1) peer support programs, (2) counseling services, or (3) mental health awareness initiatives. The grouping process fol-

lowed a two-step validation approach. First, students were initially identified and assigned to a program group by school guidance personnel based on official records, program participation logs, and documented involvement in specific advocacy activities. Second, during the administration of the survey instrument, respondents were asked to confirm the guidance program from which they derived the most excellent support and influence. Their self-reported responses were cross validated with the initial assignment to finalize group placement. This classification method ensured that each respondent was appropriately categorized according to the advocacy program they were primarily exposed to, thereby enhancing the validity of the comparison across groups and supporting the assumptions required for the conduct of the One-Way ANOVA.

2.4. Research Instrument—In this research study, the researcher adopted survey instruments from Rzepa and Weissman (2013) for the Social Adjustment Scale Self-Report (SAS-SR), Paul (2019) for the Social Adjustment Scale – Self-Report (SAS-SR) in Personality Studies, and Rosenberg (undated) for Self-esteem. The researcher made a dedicated effort to collect and analyze literature to identify concepts that informed the content and provided support for the instrument and its associated

2.5. Data Gathering Procedure—The guidelines for this process adhere to the policies of The Rizal Memorial Colleges, Inc. As part of the formal request, researchers delineate their intentions regarding data collection, analysis, and dissemination, aligning these with the overarching research goals. This communication proactively addresses anticipated concerns or questions from recipients are proactively addressed in these confidentiality measures, and the potential benefits of the study. The formal permission request explicitly seeks authoriza-

tion to proceed, emphasizing the pivotal role of their support in ensuring the research's success. This careful process resulted in question items addressing potential threats to the study's validity. The survey questionnaire has two parts. One part determined the extent of guidance advocacy programs regarding peer support programs, counseling services, and mental health programs. Likewise, the second part of the survey measures the extent of students' mental health in terms of social functioning and self-esteem. Furthermore, the survey statements underwent a test-retest procedure and were assessed for both validity and reliability using Cronbach's Alpha at a 0.05 level of confidence. Cronbach's Alpha, which measures the internal consistency of survey items in representing a single construct, yielded a reliability coefficient of .840 and validated by the three experts. This value exceeds the commonly accepted threshold of 0.80, indicating good reliability (Tabachnick Fidell, 2019). Such a result suggests that the items in the instrument are sufficiently interrelated and collectively measure the intended constructs with consistency. The questionnaire utilized a 5-point Likert-type scale to evaluate guidance advocacy programs related to peer support, counseling services, and mental health initiatives. An explanation of the scale, its descriptive ratings, and interpretations are provided below:

Permission to Conduct the Study

In April 2025, before data collection, the researcher will obtain necessary permissions from the relevant authorities, including the research adviser, the Dean of The Rizal Memorial Colleges, Inc., and the top management of DepEd Davao de Oro Division through the appropriate channels. This involved submitting a comprehensive research proposal outlining study design, procedures, and potential risks

Scale Descriptive Rating and Interpretation for Guidance Advocacy Programs

Scale	Descriptive Rating	Interpretation
4.20 – 5.00	Very Extensive	The determined guidance advocacy programs regarding peer support programs, counseling services, and mental health programs are always manifested.
3.40 – 4.19	Extensive	The determined guidance advocacy programs regarding peer support programs, counseling services, and mental health programs are oftentimes manifested.
2.60 – 3.39	Moderately Extensive	The determined guidance advocacy programs regarding peer support programs, counseling services, and mental health programs are sometimes manifested.
1.80 – 2.59	Less Extensive	The determined guidance advocacy programs regarding peer support programs, counseling services, and mental health programs are rarely manifested.
1.00 – 1.79	Not Extensive	The determined guidance advocacy programs regarding peer support programs, counseling services, and mental health programs are not manifested.

Scale Descriptive Rating and Interpretation for Student Mental Health

Scale	Descriptive Rating	Interpretation
4.20 – 5.00	Very Extensive	The extent of student mental health is always manifested.
3.40 – 4.19	Extensive	The extent of student mental health is oftentimes manifested.
2.60 – 3.39	Moderately Extensive	The extent of student mental health is sometimes manifested.
1.80 – 2.59	Less Extensive	The extent of student mental health is rarely manifested.
1.00 – 1.79	Not Extensive	The extent of student mental health is not manifested.

and benefits. The researcher will provide detailed information about the study's purpose, goals, and methods for data collection, analysis, and reporting. Furthermore, in May 2025, immediately after the colloquium, the researcher will take steps to ensure that all participants are fully informed about the study, their rights, and the nature of their involvement. Informed consent will be obtained from each participant before participating in the study. The researcher is committed to data accuracy and completeness during the last week of May 2025. Questionnaires will be distributed and retrieved using a standardized and systematic approach, ensuring reliability in collecting participant responses.

Collation and statistical treatment of data

The researcher will take time to manage the data. She will ensure that accurate data gathered will be sorted accordingly through Microsoft Excel and later transferred to JASP. All necessary information will be collected. Consistency will also be considered to make the problem's statement relevant. Reliability and validity will be reviewed to lessen the degree of error in the analysis. To examine the effect of guidance ad-

vocacy programs on student mental health, the respondents were categorized into three distinct groups based on their primary exposure to a specific program domain: peer support programs, counseling services, and mental health awareness initiatives. This grouping was determined through preliminary identification by school guidance personnel and validated through the respondents' self-report data during survey administration. Each student was classified according to the guidance advocacy program that had the most direct and sustained influence on them within the academic year. This approach allowed for a clearer delineation of program-specific effects, ensuring the appropriateness of applying One-Way ANOVA to analyze differences in student mental health outcomes across these distinct exposure groups. The use of this categorical grouping variable is essential for analyzing whether variations in program implementation result in statistically significant differences in levels of student mental health, particularly in terms of social functioning adjustment and self-esteem. It also provides a sound basis for conducting post hoc analyses.

2.6. *Data Analysis*—Mean Scores and Standard Deviation

Will be used to address statement problems number one, the extent of guidance advocacy programs in terms of peer support programs, counseling services, and mental health awareness, and number two, the extent of student mental health in terms of social functioning and self-esteem.

Analysis of Variance

(ANOVA) was used to determine the impact of student mental health when exposed to guid-

ance advocacy programs in terms of peer support programs, counseling services, and mental health awareness (Tabachnick Fidell, 2019). By calculating the F-statistic, ANOVA helps identify if the observed mean differences are statistically significant or occurred by chance. This is crucial for understanding the most effective practices.

Post-hoc Analysis

If ANOVA results indicate significant differences, post-hoc tests (such as Tukey's HSD) can be conducted to pinpoint precisely which groups differ.

3. Results and Discussion

This chapter outlines the study's findings, aligned with the research objectives. It presents descriptive statistics regarding respondents' primary exposure to guidance advocacy programs,

the degree of program implementation, and levels of student mental health. One-Way ANOVA was utilized for inferential analysis to assess potential significant differences in student mental health among the three program groups. A post hoc analysis followed to pinpoint which program domains had a notable effect on student mental health. The findings are discussed in relation to the study's framework and pertinent literature.

3.1. Distribution of the Respondents according to their Primary Exposure to Guidance Advocacy Programs—Table 1 presents the frequency and percentage distribution of student respondents based on their primary exposure to the three guidance advocacy program domains: counseling services (CS), mental health awareness (MA), and peer support programs (PSP).

The largest proportion of respondents reported that their primary exposure was through peer support programs. This was followed by 59 respondents who indicated counseling services as their main source of support. The fewest respondents, totaling 32, identified mental health awareness initiatives as the program with the

most significant influence on their school-based experiences. These findings suggest that peer support programs were the most accessible and perhaps emphasized form of guidance advocacy among the student participants. The relatively lower participation in mental health awareness initiatives may indicate a need for enhanced dissemination and engagement strategies in mental health education within the school setting. The distribution of respondents across the three groups also establishes the basis for the subsequent inferential analysis using One-Way ANOVA to determine if these exposures significantly influence student mental health outcomes.

Table 1. Distribution of the Respondents according to their Primary Exposure to Guidance Advocacy Programs

Variable Group	F	Percent
CS (Counseling Services)	59	37.342%
MA (Mental Health Awareness)	32	20.253%
PSP (Peer Support Programs)	67	42.405%
Total	158	100%

3.2. Extent of Implementation of Guidance Advocacy Programs—The guidance advocacy programs in schools are composed of three main components: peer support programs, counseling services, and mental health awareness initiatives. These programs are designed to promote students' psychosocial well-being and provide structured support systems within the school environment. Peer support programs involve student-led or peer-facilitated activities that foster mutual support, empathy, and a sense of belonging. Counseling services are typically deliv-

ered by trained guidance personnel and focus on addressing academic, behavioral, and emotional concerns through individual or group sessions. Mental health awareness initiatives aim to educate students on mental health issues, reduce stigma, and encourage help-seeking behavior through campaigns, seminars, and integration into classroom activities. Together, these components serve as a multi-tiered framework to support student development and well-being, aligned with the broader goals of holistic education and inclusive support systems in schools.

Summary on the Extent of Implementation of Guidance Advocacy Programs

Table 2 presents a comparative summary of the mean ratings for the three major components of the guidance advocacy programs: peer support programs, counseling services, and mental

health awareness initiatives. The data indicate that the respondents rated the Peer Support Program ($M = 4.30$) and Mental Health Awareness initiatives ($M = 4.40$) as very extensively implemented.

Table 2. Extent of Implementation of Guidance Advocacy Programs

No	Guidance Advocacy Programs	n	Mean	Descriptive Interpretation
1	Peer Support Program	158	4.30	Very Extensive
2	Counseling Services	158	2.98	Moderately Extensive
3	Mental Awareness	158	4.40	Very Extensive
Mean Average		158	3.89	Extensive

In contrast, Counseling Services received a mean rating of 2.98, interpreted as moderately extensive. The overall computed mean across the three domains was 3.89, falling within the “extensive” descriptive range. The results suggest that while most components of the guidance advocacy program are strongly implemented, particularly in terms of peer-led support and mental health promotion activities, there is a notable disparity in the perceived effectiveness or availability of counseling services. This discrepancy may reflect challenges such as limited availability of trained guidance counselors, low student-counselor engagement, or insufficient visibility of formal counseling programs in the school setting. These findings align with the study of De Guzman and Alvarado (2022), who reported that peer support and mental health awareness activities are often easier to implement due to their group-oriented, participatory nature, while counseling services may face institutional and resource-based constraints. Similarly, Zhang and Morales (2021) emphasized that successful guidance programs often depend on multi-tiered strategies that balance peer-led initiatives with professionally facilitated sup-

port services. Maestrado and Bucar (2024) studies shows that peer support initiatives and mental health awareness campaigns are generally well-implemented, often attributed to school-wide involvement and student-led activities. However, counseling services are commonly perceived as less accessible or underutilized, indicating a need for improved visibility, staffing and infrastructure. Overall, the data support the conclusion that the guidance advocacy programs are being implemented at a generally high level. However, targeted improvements in counseling services may further enhance the program’s comprehensiveness and effectiveness.

3.3. Extent of Student Mental Health—Student mental health refers to learners’ overall emotional, psychological, and social well-being, which affects how they think, feel, and behave in the school environment. It influences how students handle stress, relate to others, make decisions, and cope with academic and personal challenges. Good mental health enables students to fully engage in learning, develop positive relationships, and participate actively in school life. Key indicators of student mental

health include social functioning adjustment and self-esteem. Social functioning pertains to a student's ability to interact effectively with peers, teachers, and the broader school community, while self-esteem reflects the student's sense of self-worth and confidence. These aspects are essential for fostering resilience, academic success, and overall well-being. Maintaining and supporting student mental health is a critical responsibility of schools. Through well-implemented guidance advocacy programs, students can gain access to the emotional support, information, and coping strategies they need to navigate the complexities of adolescence and learning. Summary of the Extent of Student Mental Health

Table 3 provides a summary of the extent

of student mental health based on two key indicators: social functioning, adjustment, and self-esteem. The overall mean score across the two dimensions is 3.97, which falls under the "Extensive" descriptive interpretation. This indicates that, overall, students demonstrate a high level of mental health, characterized by effective interpersonal behavior and a positive self-concept. Among the two domains, self-esteem received the higher mean rating ($M = 4.60$), suggesting that students generally possess a strong sense of self-worth, confidence, and emotional resilience. This reflects their ability to participate in school activities actively, take on challenges, and express themselves constructively factors essential for academic engagement and personal development.

Table 3. Extent of Student Mental Health

No	Student Mental Health	n	Mean	Descriptive Interpretation
1	Social Functioning Adjustment	158	3.35	Extensive
2	Self-Esteem	158	4.60	Extensive
Mean Average		158	3.97	Extensive

In contrast, social functioning adjustment recorded a lower mean score of 3.35, though still within the "Extensive" range. This suggests that while students can interact well with peers and adapt to social situations, there may still be areas for improvement, particularly regarding communication skills and adaptability in diverse social contexts. These findings are aligned with the study of Aquino and Sarmiento (2022), who observed that while many Filipino students show high self-esteem due to supportive school environments, social functioning may be less developed due to limited peer engagement opportunities or social anxiety post-pandemic. Del Rosario and Tan (2021) also emphasized that targeted school-based interventions such as peer facilitation and group counseling can enhance

social adjustment and self-concept, contributing to improved mental health outcomes. In conclusion, the data affirm that the mental health status of students in the study is extensively developed, with powerful indicators of self-esteem. Continued support through guidance and advocacy programs in schools bolsters' students social functioning and contributes to sustained well-being. Kennedy Walls, (2024)

3.4. Difference in The Level of Student Mental Health among Students Primarily Exposed to Peer Support Programs, Counseling Services and Mental Health Awareness Initiatives—The descriptive analysis provides further insight into the differences in student mental health levels across the three guidance advocacy program groups: Counseling Services (CS),

Mental Health Awareness (MA), and Peer Support Programs (PSP).

As presented in the table, the Peer Support Program (PSP) group recorded the highest mean score for student mental health at $M = 4.393$ ($SD = 0.285$), indicating that students who were primarily exposed to peer support initiatives perceived their mental health status most favorably. This was followed by the Mental Health Awareness (MA) group with a mean of $M = 4.172$ ($SD = 0.348$), while the Counseling Services (CS) group reported the lowest mean at $M = 4.078$ ($SD = 0.398$). Although all group means fall within the "extensive" range of student mental health, the difference in averages suggests varying degrees of program effectiveness in promoting mental wellness. Furthermore, the coefficient of variation (CV) measures relative variability across groups. The PSP group had the lowest coefficient of variation ($CV = 0.065$), indicating the most consistent responses among its members. This is followed by the MA group ($CV = 0.084$) and the CS group ($CV = 0.098$), which had the highest variability in responses. These findings suggest that students exposed to peer support programs not only reported the highest level of mental health but also showed the most consistent agreement in their

responses. The pattern observed in these descriptive statistics aligns with previous findings from the ANOVA test, which indicated a statistically significant difference in student mental health across the three groups. The descriptive data reinforce the conclusion that peer support programs may be the most effective among the three guidance advocacy components in promoting students' psychological well-being. These trends literature supports these trends. For example, Fernandez and Reyes (2023) found that peer-led programs are particularly effective in enhancing students' emotional resilience and reducing isolation due to the relatability and immediacy of peer interactions. Meanwhile, Del Rosario and Santos (2022) noted that while counseling services are foundational, their impact may be limited by student accessibility and counselor-to-student ratios, explaining the lower mean and greater variability in the CS group. Table 4 presents the results of the one-way analysis of variance (ANOVA) conducted to determine whether there is a significant difference in the level of student mental health among students primarily exposed to different guidance advocacy program components, specifically, peer support programs, counseling services, and mental health awareness initiatives.

Table 4. One-way ANOVA on the Difference in the Level of Student Mental Health among Students Primarily Exposed to Peer Support Programs, Counseling Services, and Mental Health Awareness Initiatives

Source	Sum of Squares	df	Mean Square	F	p
VarGroup	3.242	2	1.621	13.720	<.001
Residuals	18.312	155	0.118		

Note. Type III Sum of Squares

3.5. Guidance Advocacy Program Components Significantly Impacts Student Mental Health—Following the significant result of the one-way ANOVA, a Tukey's Honestly Signif-

icant Difference (HSD) post hoc test was conducted to determine which specific pairs of program groups differed significantly in terms of their impact on student mental health. The post

hoc results confirm that at least one program domain, particularly peer support programs, significantly and positively impacts student mental health compared to the other two components. This is consistent with prior research highlighting the value of peer relationships in promoting emotional support, engagement, and adaptive coping skills (Delos Reyes Fernandez, 2022; Malik Tan, 2021). Students who attended either peer-led or adult-led mental health workshops showed significant gain in mental health

literacy and help seeking intentions, with adult-led delivery demonstrating statistically greater improvements among male students. Booth, Doyle, O'Reilly (2022). In summary, the post hoc analysis underscores the unique contribution of peer support programs in enhancing student mental health. It suggests that schools may benefit from investing more in structured peer-led interventions as a central element of their guidance advocacy initiatives.

Table 5. Post Hoc Tests (Tukey HSD)

Comparison	Mean Difference	SE	df	t	p (Tukey)
CS vs. MA	-0.094	0.075	155	-1.244	0.429
CS vs. PSP	-0.315	0.061	155	-5.126	<.001
MA vs. PSP	-0.221	0.074	155	-2.988	0.009

Note. P-value adjusted for comparing a family of 3 estimates.

4. Conclusions and Recommendations

This chapter presents the conclusions drawn from the study's major findings and provides corresponding recommendations anchored on the results discussed in the previous chapter. The conclusions address the specific research questions posed and reflect the overall implications of the study on the implementation of guidance advocacy programs and their impact on student mental health. Based on these insights, evidence-based recommendations are offered to enhance current practices, inform school interventions, and guide future policy and research directions in support of student well-being.

4.1. Findings—The distribution of respondents according to their primary exposure to guidance advocacy programs revealed that the majority were involved in peer support programs, followed by counseling services, and mental health awareness initiatives, indicating a stronger emphasis on peer-led interventions in the participating schools. The extent of implementation of the guidance advocacy programs varied by domain. Peer support programs and mental health awareness initiatives were both rated as very extensively implemented, while counseling services received a moderately ex-

tensive rating. This suggests a disparity in the reach and visibility of different program components, with counseling services perceived as less accessible or impactful. The overall results regarding student mental health were favorable. The extent of social functioning adjustment was rated as extensive, with students demonstrating positive interpersonal skills, resilience, and adaptability. Self-esteem was also rated as extensive, reflecting strong levels of self-worth, confidence, and engagement across school contexts. The results of the one-way ANOVA showed a statistically significant differ-

ence in the level of student mental health among students primarily exposed to different guidance advocacy program components. This indicates that the type of program exposure meaningfully influenced students' mental health outcomes. The post hoc Tukey HSD test further revealed that students exposed to peer support programs reported significantly higher mental health levels than those exposed to counseling services and mental health awareness initiatives. However, there was no significant difference between the counseling services and mental health awareness groups. These results confirm that peer support programs had the most substantial positive impact on student mental health.

4.2. Conclusions—Based on the results of the study, the following conclusions are drawn: Among the three components of the guidance advocacy program, peer support programs and mental health awareness initiatives have been implemented extensively. At the same time, counseling services are perceived to be moderately extensive. This suggests a need to strengthen the accessibility and visibility of counseling services to ensure balanced support across program areas. The overall mental health of students, as indicated by social functioning, adjustment, and self-esteem, is at an extensive level, reflecting positive interpersonal behaviors, emotional resilience, and confidence. These results affirm the effectiveness of current school-based mental health initiatives. There is a statistically significant difference in the level of student mental health depending on the type of guidance advocacy program to which students are primarily exposed. This highlights the influence of program design and delivery on students' well-being. Peer support programs were found to have the most significant positive impact on student mental health compared to counseling services and mental health awareness initiatives. The results suggest that peer-led interventions offer a highly effective means of promoting emotional support and psycho-

logical resilience among learners. The study concludes that not all domains of the guidance advocacy program are equally effective, thus requiring differentiated attention in implementation and evaluation. Students who engage in Peer Support Programs can enhance their emotional resilience and coping skills by receiving and providing support to one another, significantly reducing feelings of isolation and stigma. Peer-based models may be particularly beneficial in enhancing school-wide mental health outcomes that was aligned with the Social Support Theory.

4.3. Recommendations—In light of the conclusions, the following recommendations are proposed: For Teachers

Enhance the implementation of counseling services by increasing the number of trained guidance personnel, integrating counseling opportunities into classroom schedules, and raising awareness of available support among students.

For Learners

Sustain and expand peer support programs, as these were shown to significantly impact student mental health. This may include formal peer mentoring schemes, student-led mental health clubs, and peer facilitation training.

For School Heads

Strengthen mental health awareness campaigns by incorporating them into curricular and co-curricular activities, and ensure that teachers and students receive training on mental health literacy and reducing stigma.

For Public School District Supervisor

Monitor and evaluate guidance advocacy programs regularly using student feedback, behavioral indicators, and performance metrics to ensure that all program components are responsive and evidence-based.

For DepEd Officials

Encourage collaboration between counselors, teachers, and peer facilitators to create an integrated support system that maximizes the

strengths of each guidance advocacy domain, thereby promoting a more holistic approach to student well-being.

For Future Researchers

Future research may explore the longitudi-

nal effects of each guidance advocacy component and examine their interaction with other psychosocial variables such as academic performance, attendance, and behavioral outcomes.

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