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Mental Health Initiatives and Leadership Approaches in Catholic Schools: Basis for Enhanced Management Policies

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ABSTRACT

This study assessed the implementation of mental health initiatives and the manifestation of leadership approaches to inform enhanced management policies that strengthen school mental health programs. A quantitative descriptive-correlational research design was employed involving administrators and personnel from Catholic Educational Association of the Philippines (CEAP)-member Catholic schools in Western Visayas. Data were collected using a validated researcher-made questionnaire and analyzed using appropriate descriptive and inferential statistical tools. The findings revealed a high level of implementation of mental health initiatives and a high manifestation of leadership approaches. Ethical and Values-Based Leadership emerged as the most highly manifested leadership approach, while Guidance and Counseling Services ranked highest among the mental health initiative domains. Leadership approaches demonstrated a significant positive relationship with the implementation of mental health initiatives, with Transformational Leadership exhibiting the strongest association. Selected administrator profile variables, including age, highest educational attainment, attendance at local seminars and trainings, and school awards and recognition, showed significant relationships with mental health initiatives. In contrast, school profile variables showed no significant relationships. The study concludes that effective multidimensional leadership is fundamental to strengthening school mental health initiatives and serves as the basis for the proposed Enhanced Management Policy to promote sustainable, holistic, and faith-centered mental health programs in Catholic schools.

Keywords *– Leadership Approaches, Guidance and counseling, Mental health initiatives, School well-well-being, Western Visayas.*

INTRODUCTION

Mental health has emerged as one of the most pressing global public health concerns, significantly affecting individuals, communities, educational systems, and national development. The World Health Organization (WHO) reported that more than one billion people worldwide are living with mental health conditions, with these challenges further intensified by the lingering effects of the COVID-19 pandemic, economic instability, humanitarian crises, climate change, widening social inequalities, limited access to mental health services, and rapid technological advancements (WHO, 2022; WHO, 2026). Adolescents and young adults remain among the most vulnerable populations, experiencing disproportionately high levels of anxiety, depression, and psychological distress, with mental health disorders accounting for a substantial share of the global burden of disease and suicide ranking among the leading causes of death within this age group (Pengpid & Peltzer, 2020; Barican et al., 2022; GBD 2019 Mental Disorders Collaborators, 2022). The urgency of strengthening school mental health systems was further underscored by the June 2026 shooting at San Jose National High School in Tacloban City, Philippines, which prompted nationwide calls to reinforce school safety, crisis response, and psychosocial, emotional, and spiritual support services (Chi, 2026). These developments highlight schools' critical role in promoting learner well-being through comprehensive mental health initiatives and supportive learning environments (Grande et al., 2023; Meherali et al., 2021; Śniadach et al., 2021; Herbst, 2024).

Educational leadership plays a critical role in the effective implementation and sustainability of school mental health initiatives, with studies associating effective leadership approaches with improved learner well-being and positive mental health outcomes (White et al., 2025; Worapongpat, 2025; Amatullah et al., 2025; Mugabekazi & Mukanziza, 2025). However, empirical evidence on this relationship in Catholic schools, particularly in Western Visayas (Region VI), remains limited; thus, this study examined mental health initiatives and leadership [JC5.1] approaches to inform improved school management policies and support SDGs 3 (Good Health and Well-Being), 4 (Quality Education), and 16 (Peace, Justice and Strong Institutions).

OBJECTIVES OF THE STUDY

The study aimed to assess the implementation of mental health initiatives and the manifestation of leadership approaches in Catholic schools in Western Visayas (Region VI) as bases for enhanced management policies to strengthen school mental health programs. Specifically, it sought to describe the profiles of the school administrators and Catholic schools; determined the level of implementation of mental health initiatives in terms of awareness and advocacy programs, guidance and counseling services, teacher and staff capability building, student participation and engagement, and parents/guardians and community participation; determined the level of manifestation of leadership approaches in terms of transformational, servant, instructional, distributed (shared), ethical and values-based, emotional intelligence-based, and trauma-informed leadership; examined the significant relationship between the implementation of mental health initiatives and the manifestation of leadership approaches, as well as their relationships with the profiles of the school administrators and Catholic schools; and propose to enhanced management policies to strengthen mental health initiatives in Catholic schools based on the findings of the study.

METHODOLOGY

Research Design

This study employed a quantitative descriptive-correlational research design to assess the implementation of mental health initiatives and the manifestation of leadership approaches in Catholic

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schools. It described the profiles of the respondents and schools and examined the relationships among the study variables. This design is appropriate for describing existing conditions and determining relationships between variables without establishing cause-and-effect relationships (Thomas & Zubkoz, 2023).

Locale of the Study

The study was conducted in selected Catholic Educational Association of the Philippines (CEAP)-member Catholic schools in Western Visayas (Region VI), covering the provinces of Aklan, Antique, Capiz, Guimaras, and Iloilo, including Iloilo City. These schools, administered by dioceses and religious congregations, offer pre-school, elementary, junior high school, senior high school, vocational, college, graduate school, and university education. According to the Catholic Educational Association of the Philippines (CEAP), Western Visayas has 60 Catholic schools distributed across Aklan (5), Antique (13), Capiz (10), Guimaras (2), Iloilo (17), and Iloilo City (13). Western Visayas was selected because of the diversity of its Catholic educational institutions in terms of size, location, and educational level, making it an appropriate setting for examining the implementation of mental health initiatives and leadership approaches. Including schools from different provinces provided a broader understanding of existing practices and served as the basis for developing enhanced management policies to strengthen school mental health programs.

Respondents of the Study

The study involved 122 respondents from selected Catholic Educational Association of the Philippines (CEAP)-member Catholic schools in Western Visayas. The respondents comprised 32 school administrators, 30 teaching and non-teaching personnel involved in mental health and counseling services, 30 teachers engaged in student support and pastoral activities, and 30 Parent-Teacher and Community Association (PTCA) members representing parents and guardians. The study used stratified random sampling to proportionately select respondents from each stakeholder group, ensuring adequate representation and minimizing sampling bias (Cohen, 2025). The inclusion of two assistant principals increased the number of administrator respondents from the original target of 30 to 32, as they also performed leadership functions related to planning, implementing, monitoring, and evaluating school mental health initiatives.

Instruments

Data were collected using a validated researcher-made structured questionnaire developed from an extensive review of the literature on mental health initiatives and leadership approaches. The instrument utilized a five-point Likert scale to measure the level of implementation of mental health initiatives and the level of manifestation of leadership approaches practiced in Catholic schools (Hutchinson, 2021). Responses were interpreted using the following descriptive scale: a mean score of 4.51–5.00 (Scale 5) indicated Very High Implementation of mental health initiatives and Very High Manifestation of leadership approaches; 3.51–4.50 (Scale 4) indicated High Implementation and High Manifestation**;** 2.51–3.50 (Scale 3) indicated Moderate Implementation and Moderate Manifestation**;** 1.51–2.50 (Scale 2) indicated Low Implementation and Low Manifestation**;** and 1.00–1.50 (Scale 1) indicated Very Low Implementation and Very Low Manifestation. These descriptive interpretations served as the basis for analyzing the extent to which mental health initiatives were implemented and leadership approaches were manifested across the participating Catholic schools in Western Visayas.

The instrument was aligned with the Catholic Educational Association of the Philippines (CEAP) Holistic Catholic Education Framework and the World Health Organization's Mental Health Gap Action Program (mhGAP) to ensure its relevance to the Philippine educational context. Written in English, the questionnaire underwent content validation by five experts from higher education

institutions in Western Visayas and Pangasinan. The questionnaire consisted of four parts: Part I gathered the demographic profile of the school administrators; Part II collected the profile of the Catholic schools; Part III assessed the level of implementation of mental health initiatives; and Part IV measured the level of manifestation of leadership approaches.

Data Collection

Before data collection, the researcher obtained approval from the relevant educational authorities and participating Catholic schools. The researcher administered the questionnaires in printed form or electronically through Google Forms. The researcher personally coordinated questionnaire distribution and retrieval to maximize the response rate and ensure data completeness.

Statistical Treatment

The researcher encoded the data in Microsoft Excel and analyzed them using IBM SPSS Statistics. Descriptive statistics, including frequency counts, percentages, and weighted means, were used to summarize the profiles of the respondents and participating Catholic schools and to determine the level of implementation of mental health initiatives and the level of manifestation of leadership approaches. We used Spearman's rank-order correlation coefficient (rs) to determine the relationship between the implementation of mental health initiatives and leadership approaches, as well as between mental health initiatives and school profile variables. We used Kendall's Tau-b (τB) for ordinal administrator profile variables and the point-biserial correlation coefficient (rpb) for dichotomous administrator profile variables. We conducted all statistical analyses at the 0.05 level of significance.

Ethical Considerations

The study strictly observed ethical standards. Participation was voluntary; we obtained informed consent from all respondents, and we maintained confidentiality in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173). All data collected were used solely for this study.

RESULTS AND DISCUSSION

Demographic Profile of the Respondents

The demographic characteristics of the respondents provide important context for understanding the implementation of mental health initiatives and the manifestation of leadership approaches in Catholic schools. These characteristics offer insights into the personal and professional backgrounds of school administrators and personnel, which may influence their leadership practices, decision-making, and capacity to support school-based mental health programs. The age profile of the respondents suggests that Catholic schools are increasingly entrusting leadership responsibilities to younger administrators. While younger leaders may be more receptive to innovation and educational reforms, frequent leadership transitions and staff turnover may disrupt program continuity and institutional policies (Bean, 2024). Stable leadership remains essential in preserving the mission and values of Catholic education (Yengkopiong, 2023). The predominance of female respondents reflects women's continued representation in educational leadership. Female school leaders are often associated with collaborative leadership, stakeholder engagement, and supportive school environments—qualities that are essential for implementing mental health initiatives (Carrasco & Palma, 2023; Gil-Espinosa et al., 2026).

Table 1 presents the demographic profile of the 122 respondents. In terms of age, the largest group belonged to the 20–30-year age bracket (n = 53, 43.4%), followed by those aged 31–40 years (n = 21, 17.2%), 41–50 years (n = 20, 16.4%), and 51–60 years (n = 18, 14.8%). Only five respondents (4.1%) each belonged to the 61–70 years and above 71 years age groups. By sex, most respondents

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were female (n = 89, 73.0%), while 33 (27.0%) were male. Regarding marital status, most respondents were single (n = 81, 66.4%), followed by married respondents (n = 37, 30.3%). Only three respondents (2.5%) were widows or widowers, while one respondent (0.8%) reported another marital status. Regarding highest educational attainment, the largest proportion had earned a master's degree (n = 40, 32.8%), followed by those with master's units (n = 38, 31.1%), college graduates (n = 35, 28.7%), doctoral degree holders (n = 6, 4.9%), and respondents with doctoral units (n = 3, 2.5%). In terms of mental health and leadership training attended, most respondents had participated in school-based training (n = 85, 69.7%), followed by local training (n = 76, 62.3%), national training (n = 48, 39.3%), and international training (n = 11, 9.0%). Regarding awards and recognition, nearly all respondents received school awards or recognition (n = 116, 95.1%). This was followed by organizational awards (n = 37, 30.3%), professional institution awards (n = 31, 25.4%), and community awards (n = 29, 23.8%). Regarding average family monthly income, the largest proportion of respondents reported earnings below ₱20,000 per month (n = 58, 47.5%), followed by ₱20,001–₱30,000 (n = 31, 25.4%). The remaining respondents reported monthly incomes of ₱30,001–₱40,000 (n = 11, 9.0%), ₱60,001 and above (n = 11, 9.0%), ₱40,001–₱50,000 (n = 7, 5.7%), and ₱50,001–₱60,000 (n = 4, 3.3%). Finally, in terms of ethnicity, the majority of respondents were Hiligaynon (n = 49, 40.2%), followed by Kinaray-a (n = 30, 24.6%), Capiznon (n = 25, 20.5%), others (n = 11, 9.0%), and Aklanon (n = 7, 5.7%).

Table 1. Demographic Profile of the Respondents (n = 122)

Respondents Profile	Category	n	%
Age (years)	20-30	53	43.4
	31-40	21	17.2
	41-50	20	16.4
	51-60	18	14.8
	61-70	5	4.1
	Above 71	5	4.1
Sex	Male	33	27.0
	Female	89	73.0
Marital Status	Single	81	66.4
	Married	37	30.3
	Widow/Widower	3	2.5
	Others	1	0.8
Respondents Profile	**Category**	**n**	**%**
Highest Educational Attainment	College Graduate	35	28.7
	Master's Degree	40	32.8
	Doctoral Degree	6	4.9
	With Master's Units	38	31.1
	With Doctoral Units	3	2.5
Mental Health and Leadership Trainings Attended	Local	76	62.3
	School-Based	85	69.7
	National	48	39.3
	International	11	9.0
Awards/ Recognitions Received	School	116	95.1
	Organization	37	30.3
	Professional Institution	31	25.4
	Community	29	23.8
Average Family Monthly Income	Below 20,000	58	47.5
	20,001-30,000	31	25.4

	30,001-40,000	11	9.0
	40,001-50,000	7	5.7
	50,001-60,000	4	3.3
	60,001 and above	11	9.0
Ethnicity	Aklanon	7	5.7
	Capiznon	25	20.5
	Hiligaynon	49	40.2
	Kinaray-a	30	24.6
	Others	11	9.0

The predominance of single administrators may be due to the respondents' relatively young age. Although marital status may influence work-life balance and social support, leadership effectiveness is primarily determined by competence, commitment, and the ability to foster a supportive school environment (Park et al., 2023). Respondents' educational qualifications suggest that Catholic schools value advanced academic preparation when selecting administrators. Graduate education enhances leadership competence, evidence-based decision-making, and the effective implementation of school programs, including mental health initiatives (Daly et al., 2025). Participation in mental health and leadership training demonstrates the importance of continuous professional development. School-based training provides accessible opportunities for administrators to strengthen their knowledge and leadership practices related to mental health, while training at any level helps improve school mental health programs (WHO, 2022). The awards and recognition respondents received reflect their commitment to educational leadership and institutional excellence. Recognition motivates continuous professional growth and reinforces administrators' dedication to promoting learner well-being and quality education (Baysa, 2025; Ermita & Baysa, 2025). Although many respondents belonged to lower-income households, their commitment to educational leadership remained evident (Grande et al., 2023). Financial circumstances do not diminish administrators' capacity to lead and support school mental health initiatives, as dedication and professional responsibility remain central to effective school leadership (Philippine Statistics Authority, 2023; Mugabekazi & Mukanziza, 2025). The respondents' ethnic diversity reflects the multicultural context of Catholic schools in Western Visayas. Culturally responsive leadership and strong community partnerships enhance the implementation of school mental health initiatives by ensuring that programs address the diverse needs of learners and stakeholders (Goforth & Pham, 2023; Clauss-Ehlers & Garagiola, 2023).

Profile of the Catholic Schools

The profile of participating Catholic schools suggests that most institutions have moderate curricular offerings, relatively small student populations, and limited human resources, which may influence the scope and sustainability of mental health initiatives (Crocker et al., 2023; Catholic Education Association of the Philippines {CEAP}, 2026; MacAfee, 2025). The nearly balanced distribution of rural and urban schools also reflects varying institutional contexts, with rural schools potentially facing greater challenges in accessing mental health professionals and support services (Michael et al., 2023; Palomin et al., 2023), while limited availability of vocational, college, and graduate programs may further constrain specialized student support services (Dahalan et al.,2024).

Table 2 shows that most schools offered two curricular programs (28.6%), with 51.4% located in rural areas and 48.6% in urban areas. Most had fewer than 200 students, employed 6–20 teaching personnel, and maintained 1–3 non-teaching personnel. Regarding quality assurance, 42.9% were DepEd-accredited, followed by PEAC (20.0%) and CEAP (14.3%). Overall, the findings characterize the participating institutions as generally small- to medium-sized schools with modest curricular offerings

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and staffing, which may limit their capacity to implement comprehensive and sustainable mental health programs.

Table 2. Profile of the Participating Catholic Schools (n = 35)

School Profile	Category	n	%
Number of Curricular Offerings	1 program	8	22.9
	2 programs	10	28.6
	3 programs	3	8.6
	4 programs	8	22.9
	5–7 programs	6	17.1
Location	Rural	18	51.4
	Urban	17	48.6
Students Enrolled	Preschool and Kindergarten: Mostly <200 students	19	54.3
	Elementary: Mostly <200 students	16	45.7
	Junior High School: Mostly <300 students	18	51.4
	Senior High School: Mostly <300 students	18	51.4
	Vocational, College, and Graduate School: Mostly not offered/not specified	25–33	71.4–94.3
School Profile	**Category**	**n**	**%**
Teaching Personnel	Preschool and Kindergarten: Mostly <5 teachers	20	57.1
	Elementary: Mostly 6–10 teachers	13	37.1
	Junior High School: Mostly 6–20 teachers	23	65.7
	Senior High School: Mostly 6–20 teachers	17	48.6
	Vocational, College, and Graduate School: Mostly not offered/not specified	26–34	74.3–97.1
Non-Teaching Personnel	Guidance Counselors: Mostly one personnel	21	60.0
	Librarians: Mostly one person	21	60.0
	Registrars: Mostly one person	22	62.9
	Accounting Office: Mostly 2–3 personnel	14	40.0
	Medical Services: Mostly one personnel	16	45.7
	Maintenance: Mostly one personnel	11	31.4
	Custodians: Mostly one personnel	17	48.6
	Pastoral Services: Mostly one person	17	48.6
	Security Personnel: Mostly 1–3 personnel	20	57.2
Accreditation	DepEd	15	42.9
	PEAC	7	20.0
	CEAP	5	14.3
	PACUCOA	4	11.4
	CHED	2	5.7
	PAASCU	1	2.9

Results showed that Catholic schools generally operate with small to moderate teaching staff. While smaller teaching teams promote closer supervision, collaboration, and personalized learning, limited staffing may increase teachers' workloads and reduce schools' capacity to implement additional programs, including mental health initiatives. Adequate staffing remains essential for maintaining instructional quality, pastoral care, and student support services (Asemota, 2024; Gomis, 2024; CEAP, 2026). Similarly, the limited number of non-teaching personnel, particularly guidance counselors, medical staff, and pastoral workers, reflects the resource constraints many Catholic schools face (Capili, 2025). Adequate student support personnel are critical to ensuring accessible counseling services, timely intervention, and the effective delivery of mental health programs. However, limited staffing may increase workloads and reduce the responsiveness of support services, thereby affecting efforts to promote student well-being (Enciso, 2025). The accreditation profile further suggests that many Catholic schools are still strengthening their institutional quality assurance systems. Accreditation is widely recognized as an indicator of educational quality and continuous improvement, supporting stronger governance, curriculum implementation, student services, and mental health programs (Kayyali, 2024; Ahmed et al., 2025). Schools with higher accreditation levels are generally better positioned to sustain comprehensive mental health initiatives through established policies, trained personnel, and stronger institutional support (Ahmed et al., 2025; Groves & George, 2026; CEAP, 2026). Consequently, continued efforts to strengthen accreditation may improve educational quality and support more effective implementation of mental health initiatives in Catholic schools (Balingao & Ariola, 2025; CEAP, 2026).

Mental Health Initiatives in Catholic Schools

Implementing mental health initiatives across key domains shows how Catholic schools promote learner well-being by integrating holistic, faith-centered approaches into their mental health programs. The findings indicate that Catholic schools have established a comprehensive approach to implementing mental health initiatives that supports learners' holistic development in line with their educational mission and the provisions of the Mental Health Act. The consistently high level of implementation across the different domains demonstrates the schools' commitment to fostering emotionally safe, supportive, and faith-centered learning environments. The implementation of awareness and advocacy programs reflects the schools' commitment to promoting mental health literacy, reducing stigma, and protecting confidentiality. Integrating mental health into school activities and the curriculum strengthens students' emotional resilience, encourages help-seeking behaviors, and supports holistic formation grounded in Catholic values (WHO, 2022; Leipold, 2024). The findings also highlight the vital role of guidance and counseling services in providing accessible mental health support. Well-established counseling services promote early identification, intervention, emotional support, and crisis response; however, strengthening crisis preparedness and continuously evaluating these services remain necessary to sustain effective school mental health systems (Colizzi et al., 2020; Erbacher, Singer, & Poland, 2023; Crocker et al., 2023).

Table 3 summarizes the level of implementation of mental health initiatives in Catholic schools. Overall, implementation was high (Mean = 4.13). Among the five domains, Guidance and Counseling Services obtained the highest mean (Mean = 4.24), indicating that counseling and referral services were the most consistently implemented mental health initiatives. This was followed by Student Participation and Engagement (Mean = 4.20) and Awareness and Advocacy Programs (Mean = 4.10). Teacher and Staff Capability Building (Mean = 4.07) and Parents/Guardians and Community Participation (Mean = 4.02) also received high implementation ratings. However, the latter ranked lowest, suggesting the need to strengthen partnerships with families and community stakeholders to enhance the sustainability of school-based mental health programs.

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Table 3. Summary of the Level of Implementation of Mental Health Initiatives in Catholic Schools. (n = 122)

Domain	Mean	Descriptive Interpretation	Rank
A. Guidance and Counseling Services	4.24	High Implementation	1
B. Student Participation and Engagement	4.20	High Implementation	2
C. Awareness and Advocacy Programs	4.10	High Implementation	3
D. Teacher and Staff Capability Building	4.07	High Implementation	4
E.Parents/Guardians and Community Participation	4.02	High Implementation	5
Overall Mean	**4.13**	**High Implementation**	

Scale: 4.51–5.00 = Very High Implementation; 3.51–4.50 = High Implementation; 2.51–3.50 = Moderate Implementation; 1.51–2.50 = Low Implementation; 1.00–1.50 = Very Low Implementation.

Similarly, teacher and staff capability building emphasizes the importance of continuous professional development. Equipping educators with mental health knowledge enhances their ability to identify early signs of psychological distress, provide appropriate support, and create positive classroom environments. Continuous professional development is therefore essential for strengthening early identification, referral systems, and teacher well-being (WHO, 2020; Capili, 2025). Students' active participation shows that learner engagement contributes to more responsive and sustainable mental health programs. Encouraging student voice, peer support, and participation in wellness activities fosters belonging, resilience, and a positive school climate, although more opportunities for student leadership could further strengthen program effectiveness (Colizzi et al., 2020; Beatty & Campbell, 2020). The findings also underscore the importance of parents', guardians', and community participation in reinforcing school-based mental health initiatives. Strong collaboration among schools, families, faith-based organizations, and community partners enhances student well-being and expands available support systems. Nonetheless, increasing parent engagement and strengthening community partnerships remain essential for sustaining comprehensive mental health programs (WHO, 2022; Crocker et al., 2023). Overall, these findings affirm that Catholic schools have developed multidimensional mental health initiatives supported by awareness and advocacy programs, guidance and counseling services, staff capability building, student engagement, and stakeholder collaboration. Sustaining these efforts through continuous improvement, strengthened partnerships, and ongoing capacity building will further enhance the effectiveness and long-term sustainability of school mental health programs (Beatty & Campbell, 2020; WHO, 2021).

Leadership Approaches in the Implementation of Mental Health Initiatives

Leadership approaches in implementing mental health initiatives reflect Catholic school administrators' commitment to fostering supportive, inclusive, and values-driven learning environments. Integrating multiple leadership approaches shows that effective school mental health programs require collaborative, ethical, and learner-centered leadership that promotes the school community's holistic well-being. Transformational leadership emphasizes inspiring a shared vision, encouraging innovation, and empowering school personnel to actively support mental health initiatives. Such leadership strengthens collaboration, adaptability, and organizational commitment to student well-being (Ucheagwu-Okoye, 2025; Serey, 2025). Servant leadership emphasizes empathy, active listening, and prioritizing the welfare of teachers, staff, and learners. By fostering trust, collaboration, and professional growth, servant leaders create a caring school climate that supports sustainable mental health programs (Eliot, 2020; Mahon, 2021). Instructional leadership supports integrating mental health into teaching and learning by promoting professional development, social-emotional learning, and holistic student formation. This approach reinforces instructional leaders' role in creating learning

environments that nurture both academic achievement and learner well-being (WHO, 2021; Nombrado & Guhao, 2025). Similarly, distributed leadership strengthens collaboration by involving teachers and other school personnel in decision-making and shared responsibility (Galdames-Calderón, 2023; Nadeem, 2024).

Table 4 summarizes the level of manifestation of leadership approaches in implementing mental health initiatives in Catholic schools. Overall, respondents perceived the manifestation of leadership approaches to be high (Mean = 4.27), indicating that school administrators consistently demonstrate leadership practices that support the implementation of school mental health initiatives. Among the seven leadership approaches, Ethical and Values-Based Leadership obtained the highest mean (Mean = 4.37), suggesting that administrators strongly uphold integrity, compassion, fairness, respect for human dignity, and Catholic values in promoting learner well-being. This was followed by Trauma-Informed Leadership (Mean = 4.31) and Emotional Intelligence–Based Leadership (Mean = 4.27), reflecting administrators' sensitivity to the emotional and psychological needs of students and personnel. Instructional Leadership (Mean = 4.26), Servant Leadership (Mean = 4.23), Transformational Leadership (Mean = 4.22), and Distributed (Shared) Leadership (Mean = 4.22) were likewise rated as having high manifestation, demonstrating that Catholic school leaders employ multiple complementary leadership approaches in advancing holistic, faith-based mental health programs.

Table 4. Summary of the Level of Manifestation of Leadership Approaches in the Implementation of Mental Health Initiatives in Catholic Schools.
(n = 122)

Leadership Approach	Mean	Descriptive Interpretation	Rank
A. Ethical and Values-Based Leadership	4.37	High Manifestation	1
B. Trauma-Informed Leadership	4.31	High Manifestation	2
C. Emotional Intelligence-Based Leadership	4.27	High Manifestation	3
D. Instructional Leadership	4.26	High Manifestation	4
E. Servant Leadership	4.23	High Manifestation	5
F. Transformational Leadership	4.22	High Manifestation	6
G. Distributed (Shared) Leadership	4.22	High Manifestation	7
Overall Mean	**4.27**	**High Manifestation**	

Scale: 4.51–5.00 = Very High Manifestation; 3.51–4.50 = High Manifestation; 2.51–3.50 = Moderate Manifestation; 1.51–2.50 = Low Manifestation; 1.00–1.50 = Very Low Manifestation.

Empowering stakeholders through participatory leadership increases ownership and supports the sustainability of school mental health initiatives (Weist et al., 2023; Ucheagwu-Okoye, 2025). This strong emphasis on ethical, values-based leadership reflects Catholic schools' distinctive mission. Leadership grounded in integrity, compassion, fairness, and Gospel values promotes trust, accountability, and psychological safety while ensuring that mental health initiatives uphold rights, human dignity, and the well-being of every member of the school community (Mutsuddi, 2026). Emotional intelligence-based leadership reinforces the importance of self-awareness, empathy, and relationship management in fostering positive school climates. Leaders who effectively recognize and respond to emotional needs strengthen collaboration, communication, and the overall effectiveness of mental health initiatives (Powell, 2024; Xiao, 2025). Likewise, trauma-informed leadership promotes safe, compassionate, and supportive school environments by recognizing the effects of trauma and responding with empathy and appropriate interventions. Strengthening trauma-informed practices enables schools to build resilience and improve the responsiveness of mental health services (Fisk & Daoust, 2025). Collectively, these findings affirm that Catholic schools adopt a multidimensional leadership framework that integrates transformational, servant, instructional, distributed, ethical, emotional intelligence-based, and trauma-informed approaches. Sustaining these leadership practices through continuous professional development, policy integration, and collaborative engagement will

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further strengthen the effectiveness and long-term sustainability of mental health initiatives in Catholic schools.

Relationships among Mental Health Initiatives and Leadership Approaches, Administrator Profile, and School Profile

Leadership practices that foster a shared vision, collaboration, and a supportive school climate strongly influence how Catholic schools implement mental health initiatives. Leadership approaches such as transformational, instructional, and servant leadership emphasize inspiring school personnel, strengthening teaching and learning, and prioritizing student and staff well-being. Likewise, distributed leadership encourages collaborative decision-making, while ethical and values-based, emotional intelligence-based, and trauma-informed leadership cultivate trust, empathy, and psychological safety, all of which contribute to the successful implementation of school mental health programs (Mat Shoib et al., 2025; Eboh, 2025). These perspectives are particularly relevant in Catholic schools, where leadership extends beyond administrative functions to encompass the holistic formation and pastoral care of learners (Poncini, 2024; Shula, 2026).

Correlation between the Implementation of Mental Health Initiatives and Leadership Approaches

Table 5 shows a statistically significant positive relationship between the level of implementation of mental health initiatives and the level of manifestation of leadership approaches in Catholic schools ($p < .01$). Among the seven leadership approaches, transformational leadership showed the strongest relationship, followed by instructional leadership and servant leadership. At the same time, the remaining leadership approaches also showed significant moderate positive relationships. These findings indicate that effective leadership is a key factor in strengthening the implementation of school mental health initiatives.

Table 5. Correlation between the Implementation of Mental Health Initiatives and Leadership Approaches

Leadership Approach	Strength of Correlation with Mental Health Initiatives	Interpretation
Transformational Leadership	Strong Positive (rs = .749 overall)	Demonstrated the strongest relationship, indicating that visionary and inspirational leadership significantly enhances the implementation of mental health initiatives.
Servant Leadership	Moderate Positive (rs = .628 overall)	Service-oriented leadership contributes significantly to creating a supportive and caring school environment for mental health initiatives.
Instructional Leadership	Strong Positive (rs = .657 overall)	Emphasizes effective teaching, learner support, and evidence-based practices that strengthen mental health implementation.
Distributed (Shared) Leadership	Moderate Positive (rs = .563 overall)	Shared leadership promotes collaboration among administrators, teachers, counselors, parents, and students, improving program implementation.
Ethical and Values-Based Leadership	Moderate Positive (rs = .519 overall)	Leadership grounded in integrity, fairness, compassion, and Catholic values positively influences mental health initiatives.

Emotional Intelligence-Based Leadership	Moderate Positive (rs = .469 overall)	Leaders who demonstrate empathy, self-awareness, and emotional regulation contribute to a positive school climate that supports mental health.
Leadership Approach	**Strength of Correlation with Mental Health Initiatives**	**Interpretation**
Trauma-Informed Leadership	Moderate Positive (rs = .497 overall)	Trauma-sensitive leadership fosters psychologically safe and supportive school environments that strengthen mental health programs.
Overall Leadership Approaches	Strong Positive (rs = .631 overall)	Overall, leadership approaches have a significant positive relationship with the implementation of mental health initiatives, indicating that stronger leadership practices are associated with better implementation.

Correlation between the Implementation of Mental Health Initiatives and the Profile of Administrator

Administrator characteristics may influence the implementation of mental health initiatives, particularly through professional competence and leadership capacity. Previous studies suggest that higher educational attainment enhances administrators' knowledge, decision-making, and ability to implement evidence-based school programs (Gárate, 2023). Likewise, professional development is most effective when it is relevant, practical, and responsive to school needs rather than simply frequent, emphasizing that training quality and applicability matter more than the number of seminars attended (Fairman et al., 2023; Ucheagwu-Okoye, 2025). Recognition schools receive may also reflect a culture of continuous improvement and organizational commitment that supports student services, including guidance and counseling (Díez et al., 2020). Conversely, demographic characteristics such as sex, marital status, and socioeconomic background generally have limited influence on administrators' effectiveness in implementing educational programs, as leadership competencies and institutional support are more critical determinants of successful implementation (Mishra et al., 2024).

The study found that age, highest educational attainment, attendance at local seminars and training programs, and school awards and recognition were significantly related to selected domains of mental health initiatives (Table 6). Specifically, younger administrators reported higher implementation levels, while higher educational attainment was positively associated with awareness and advocacy programs and guidance and counseling services. Although attendance at local seminars and training programs showed a significant negative relationship with the implementation of mental health initiatives, this finding suggests that the quality, relevance, and practical application of professional development may matter more than participation frequency. In contrast, most administrator profile variables, including sex, marital status, attendance at school-based, national, and international seminars and training programs, organizational awards, professional institution awards, community awards, and average family monthly income, did not significantly influence the implementation of mental health initiatives in Catholic schools.

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Table 6. Correlation between the Implementation of Mental Health Initiatives and the Profile of Administrator

Administrator Profile Variable	Relationship with Mental Health Initiatives	Interpretation
Age (τB)	Significant Moderate Negative Correlation (τB = –.234, p < .01)	Younger administrators reported higher implementation levels across all domains of mental health initiatives.
Sex (rpb)	No Significant Relationship	Sex did not significantly influence the implementation of mental health initiatives.
Marital Status (rpb)	No Significant Relationship	Marital status was not associated with the level of implementation.
Highest Educational Attainment (τB)	Significant Weak Positive Correlation (τB = .160–.168, p < 0.05)	Higher educational attainment was positively associated with awareness and advocacy programs and guidance and counseling services domains.
Administrator Profile Variable	**Relationship with Mental Health Initiatives**	**Interpretation**
Attendance in Local Seminars/ Trainings (rpb)	Significant Weak Negative Correlation (rpb = –.202 to -0.223, p < 0.05)	Greater participation in local seminars/trainings was associated with lower perceived implementation, suggesting that training quality and relevance may be more important than frequency.
Attendance in School-Based Seminars/ Trainings (rpb)	No Significant Relationship	School-based seminars/trainings did not significantly affect implementation.
Attendance in National Seminars/ Trainings (rpb)	No Significant Relationship	National seminars/trainings showed no significant relationship with implementation.
Attendance in International Seminars/ Trainings (rpb)	No Significant Relationship	International seminars/trainings were not significantly related to implementation.
School Awards/ Recognition (rpb)	Significant Weak Positive Correlation (rpb = 0.194, p = 0.032)	Schools receiving awards showed a significant positive relationship only with guidance and counseling services.
Organization Awards/ Recognition (rpb)	No Significant Relationship	Organizational awards did not significantly influence implementation.
Professional Institution Awards/ Recognition (rpb)	No Significant Relationship	Professional recognitions were not associated with implementation.
Community Awards/ Recognition (rpb)	No Significant Relationship	Community awards showed no significant relationship with implementation.
Average Family Monthly Income (τB)	No Significant Relationship	Income level did not significantly influence the implementation of mental health initiatives.

Correlation between the Implementation of Mental Health Initiatives and the School Profile

Organizational processes influence the implementation of mental health initiatives more than schools' structural characteristics. Research indicates that school size, student enrolment, staffing patterns, curricular offerings, and accreditation alone do not guarantee the successful implementation of mental health programs. Instead, effective implementation depends on leadership commitment, organizational culture, resource allocation, stakeholder collaboration, and integrating mental health into

the school's overall mission and policies (Akomodi, 2025; WHO, 2026). Whole-school approaches emphasize that mental health promotion becomes sustainable when it is embedded in everyday school practices through partnerships among administrators, teachers, guidance personnel, parents, and the wider community (Okoh, 2024; UNICEF, 2022; WHO, 2026). This perspective aligns with the mission of Catholic schools, which promotes learners' holistic development by integrating academic excellence, faith formation, and pastoral care within a supportive and inclusive educational environment (Poncini, 2024; Kieran, 2025).

The data revealed that none of the school profile variables, including curricular offerings, student enrolment, teaching personnel, non-teaching personnel, and accreditation status, had a statistically significant relationship with the implementation of mental health initiatives in Catholic schools (all p-values > .05) (Table 7). Although we observed weak positive and negative associations, they were not statistically significant. These findings suggest that the implementation of mental health initiatives is not primarily determined by the school's structural or demographic characteristics, but is more strongly influenced by factors such as leadership commitment, organizational culture and management, institutional priorities, financial resources, policy direction, and stakeholder engagement. Consequently, both small and large Catholic schools can successfully implement mental health initiatives when strong leadership and organizational support are present.

Table 7. Correlation between the Implementation of Mental Health Initiatives and the School Profile

School Profile Variable	Relationship with Mental Health Initiatives	Interpretation
Curricular Offerings	No Significant Relationship	The number of curricular offerings did not significantly influence the implementation of mental health initiatives.
Student Enrollment	No Significant Relationship	Variations in student enrollment across educational levels were not associated with the implementation of mental health initiatives.
Teaching Personnel	No Significant Relationship	The number of teaching personnel did not significantly affect the implementation of mental health initiatives.
Non-Teaching Personnel	No Significant Relationship	The number of non-teaching personnel was not significantly related to the implementation of mental health initiatives.
Accreditation Status	No Significant Relationship	Accreditation status did not significantly influence the implementation of mental health initiatives.

Policy Implementation for Strengthening Mental Health Initiatives

The findings emphasize the need for a comprehensive, sustainable management policy to strengthen the implementation of mental health initiatives in Catholic schools. The proposed Enhanced Management Policy adopts a holistic, faith-centered, and evidence-based approach by integrating leadership development, comprehensive school-based mental health programs, curriculum integration, guidance and counseling services, stakeholder collaboration, and systematic monitoring and evaluation. These policy directions address the identified needs for program sustainability, early identification and intervention, effective resource allocation, and strengthened parent, family, and community engagement. Furthermore, the proposed policy reinforces the mission of Catholic education by promoting learner well-being through collaborative governance, continuous capacity building, and evidence-based decision-making. Anchored in the standards and guidelines of the Catholic Educational Association of the Philippines (CEAP), the Department of Education (DepEd), and national mental

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health policies, the policies provide a practical foundation for developing responsive, inclusive, and sustainable mental health programs in Catholic schools.

CONCLUSION AND RECOMMENDATION

The study concludes that Catholic schools in Western Visayas have demonstrated a high level of implementation of mental health initiatives, supported by highly manifested multidimensional leadership approaches. The findings affirm that leadership plays a critical role in strengthening school mental health programs, with transformational, instructional, and servant leadership contributing significantly to their successful implementation. Although selected administrator characteristics, particularly age, highest educational attainment, attendance at local seminars and training programs, and school awards and recognition, showed significant relationships with specific domains of mental health initiatives, most administrator and school profile variables did not significantly influence implementation. These findings suggest that the effectiveness of mental health initiatives depends more on strong leadership practices, institutional commitment, and collaborative stakeholder engagement than on demographic or structural characteristics. Generally, Catholic schools have a strong foundation for promoting learner well-being; however, ongoing leadership development, stakeholder collaboration, and sustainable management policies remain essential to improve further the quality and long-term effectiveness of school mental health initiatives.

To further strengthen the effectiveness and sustainability of mental health initiatives in Catholic schools, educational institutions should institutionalize comprehensive mental health policies aligned with national legislation and the mission of Catholic education. School administrators should continuously strengthen their leadership competencies through professional development in transformational, instructional, emotional intelligence-based, and trauma-informed leadership. Schools should also expand capacity-building opportunities for guidance counselors, teachers, and support personnel to strengthen mental health promotion, early identification, referral systems, and crisis intervention. In addition, schools should foster stronger partnerships among parents, community organizations, mental health professionals, and faith-based institutions to promote collaborative support for learner well-being. Schools are also encouraged to establish systematic monitoring and evaluation mechanisms to support evidence-based decision-making and continuous program improvement. Finally, future researchers are encouraged to examine additional organizational, contextual, and policy-related factors influencing the implementation of mental health initiatives and leadership approaches across diverse educational settings.

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