Learner-Led Peer Navigation and Help-Seeking in Grade 8 Advisory Classes

An Action Research Proposal

[Copy for blind review: the proponents' names, positions, school and schools division are removed. The final copy lists them here.]

To be conducted December 2026 to May 2027

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I. Context and Rationale

DepEd Order No. 024, s. 2026, signed on November 26, 2026, sets the guidelines of the School-Based Mental Health Program, which "aims to promote learners' mental health and well-being, prevent further mental health risks, and provide responsive intervention to learners with mental health concerns and conditions toward the achievement of better education outcomes" (Department of Education [DepEd], 2026a, para. 1). Its first component, promotion, includes peer support: "Schools shall establish peer support initiatives through a learner-led approach, including peer navigation, which enables learners to support one another in accessing relevant information and services" (Sec. VI.a.ii). The order also lets learners act for one another when something is wrong: "Learners may confidentially report concerns about fellow learners. The Care Center shall equip learners with skills for identification and proper response/referral through peer facilitation programs" (Sec. VI.b.vi.2).

The order says what peer navigation is for, not how a school runs it. It does not say who the navigators are, how they are chosen and trained, what they may and may not do, or what they do when a classmate is in danger. It leaves the procedure for mental health crises to a separate issuance (Sec. VI.c.viii.6), and the information, education and communication (IEC) materials that schools use are developed or approved by the Central Office (Secs. VI.a.i and VIII.d.i.7). The order does draw two lines that bind any peer

program. Counseling is “provided only by Registered Guidance Counselors and Registered Psychologists” (Sec. VI.c.vii), and a Guidance Designate is “a properly trained teaching or other DepEd personnel who are assigned by the School Head to deliver guidance services and MHPSS, except counseling, to learners” (Sec. III.c). A learner who helps a classmate find help can therefore never be a counselor.

The order also describes a learner’s mental health as a continuum from positive well-being through psychosocial distress and elevated risk to needs beyond the school’s capacity, and adds that “A learner’s position is not fixed and may shift in either direction as circumstances change due to various factors” (Sec. V.b). Help that comes early, while a learner is in distress and not yet at risk, depends on the learner, or someone close to the learner, knowing where to go. In our school, the records show that this is where the gap lies.

Our school is a public junior high school with eight Grade 8 sections and 318 Grade 8 learners in School Year 2026–2027. Its Care Center is staffed by a School Counselor Associate I, hired in 2026, and by Guidance Designates. The school has no School Counselor, so a learner who needs counseling is referred to the Schools Division Counselor or to a licensed counselor or psychologist through the schools division, as the order provides (Sec. VI.c.ix.1.b and e). The logbook of the Guidance Office, now the Care Center, shows how Grade 8 learners reached it in the last school year and in the first two terms of this one (Table 1). About seven in ten visits began with

a teacher who sent the learner after an incident. About one in five began with the learner, alone or with a classmate.

Table 1

Visits of Grade 8 Learners to the Guidance Office and Care Center, by Who Started the Visit

Who started the visit	SY 2025–2026, *n* (%)	SY 2026–2027, to November 20, *n* (%)
A teacher, after an incident	98 (69.0)	61 (68.5)
A parent or guardian	17 (12.0)	9 (10.1)
The learner, alone or with a classmate	27 (19.0)	19 (21.3)
Total visits	142	89

Note. Counts of visits, not of learners, from the logbook, copied without names. SY 2025–2026 covers that year's 305 Grade 8 learners; SY 2026–2027 covers the 318 Grade 8 learners from June 8 to November 20, 2026, 116 class days.

A needs assessment, which the order lists among the ways a school identifies learners who need support (Sec. VI.b.i), was given to Grade 8 learners in October 2026 with no names. Of the 318 learners, 296 answered (Table 2). More than a third could not say where the Care Center is, and more than half could not name one thing it offers. Seven in ten said that if they had a personal problem, they would tell a friend first; about one in eight would go to the Care Center first. Almost half believed that what a learner says at the Care Center is passed on to the adviser or the parents.

Table 2

Grade 8 Learners' Answers in the Needs Assessment, October 2026

Answer	Learners	%
Could not say where the Care Center is	110	37.2
Could not name one service the Care Center gives	172	58.1
Would tell a friend first about a personal problem	210	70.9
Would go to the Care Center first	36	12.2

Answer	Learners	%
Did not know any helpline number	181	61.1
Believed that what a learner says at the Care Center is told to the adviser or the parents	139	47.0

Note. N = 296 of 318 Grade 8 learners. The needs assessment was the Care Center's own program activity, anonymous, and is reported here only as totals.

Our learners' answers match what studies of young Filipinos report, though none of the studies of help-seeking below covers learners aged 13 and 14. Among the youth aged 15 to 24 in the Young Adult Fertility and Sexuality Study of 2021, "six in 10 of those who ever thought of committing suicide did not reach out to anyone about it. The few who did so mostly sought help from close friends or peers (25% of suicide ideators)" (University of the Philippines Population Institute [UPPI], 2022, p. 1). A systematic review of 15 studies concluded that Filipinos "prefer seeking help from close family and friends," and found financial constraints and self-stigma the most commonly endorsed barriers, in 12 and 11 of the 15 studies; the four studies of Filipinos living in the Philippines were of adults or college students (Martinez et al., 2020). Among 359 college students in Manila aged 16 to 21, the mean intention to seek help from friends was 3.73 on a five-point scale, against 2.46 for a professional counselor and 2.16 for teachers or professors (Tuliao & Velasquez, 2014, Table 1). Learners of Grade 8 age are covered by the 2019 Global School-based Student Health Survey, which DO 024 cites and whose fact sheet reports no item on seeking help: among learners aged 13 to 17, 23.1% had seriously considered attempting suicide in the past year, and 24.3% had attempted it (DepEd, 2026a, Sec. I; World Health Organization [WHO], 2019).

The reasons young people give for not seeking help point to what a school can change. A systematic review found that they "perceived stigma and embarrassment, problems recognising symptoms (poor mental health literacy), and a preference for self-reliance as the most important barriers to help-seeking," and that "positive past experiences, and social support and encouragement from others" helped (Gulliver et al., 2010, Abstract). In a study of 381 high school students who reported suicidal ideation, "only 23 % told an adult," and students who were willing to overcome a peer's request for secrecy were more likely to tell (Pisani et al., 2012, Abstract). If a Grade 8 learner's first stop is a friend, the friend's knowledge of where help is, and of when not to keep a secret, decides how far the learner gets.

Peer programs in schools have mixed evidence. In a trial in 18 high schools that started half of them later, as this study does, the Sources of Strength program, in which trained peer leaders spread messages about help, improved students' perceptions of adult help for suicidal peers (effect size 0.63) and norms for seeking help from adults (Wyman et al., 2010). A later trial in 40 high schools found that the program "did not reduce suicide attempts overall," and that "In schools with poor adherence including deviation from peer leader selection guidelines, 9th graders showed increased new suicide attempts vs. controls" (Wyman et al., 2026, Abstract). A review of school-based peer-led interventions found that "the evidence base for mental health outcomes is sparse," with "better documented benefits of participation for those who are chosen and trained to be a peer leader, than for recipients" (King & Fazel, 2021, Abstract). Lessons in mental health literacy improved

attitudes toward help-seeking in most studies "but had no effect on help-seeking behaviour" (Gulliver et al., 2012, Abstract), and a review of 11 trials found "no strong evidence for the effectiveness of school-based mental health literacy interventions in improving help-seeking outcomes" (Ma, Burn, & Anderson, 2023, Abstract). In one school trial, a web-based service raised help-seeking intentions by an effect size of 0.10 (95% CI −0.02 to 0.21; O'Dea et al., 2021).

Peer navigation itself comes from health care. A scoping review defines it as "adolescent or young adult peers with relevant lived experience who are trained to provide structured, individualized support to facilitate access to and sustained engagement with health and social services," and found the 21 programs it reviewed "predominantly clinic-based and concentrated in countries in Africa" (Chory et al., 2026). Navigation is the linking part of peer support, not its listening or counseling part: a guide for schools lists peer support as "peer tutoring, coaching, listening, mentoring, mediation and counselling, befriending and buddying," and warns that "peer support is not an alternative to specialist support" (Anna Freud, n.d., pp. 1–2). In the Philippines, a regional study of mental health and psychosocial support for children found that "few examples of programmes to strengthen peer support were found" (UNICEF et al., 2022, p. 49). None of the studies reviewed here tested classmates helping classmates reach a school's mental health services, in the Philippines or elsewhere.

This action research will test whether a learner-led peer navigation program in Grade 8 advisory classes, run with written safeguards, raises

learners' intentions to seek help from school and professional sources, their knowledge of where and how to get help, and the number of Care Center visits that learners start themselves, and whether the school can run it as designed. The study addresses the Basic Education Research Agenda's theme of child protection, under which DepEd "is committed to ensuring their well-being, particularly in situations where harm can occur in school or disrupt their studies" and calls for studies of "the potential of new approaches to better protect learners in schools" (DepEd, 2016, Theme 2). DO 024 asks the Central Office to ensure that "mental health is integrated in DepEd's research agenda" (DepEd, 2026a, Sec. VIII.d.i.10), and the order's own data clause says that a school's mental health data "shall inform program enhancements, research, and policy formulation" (Sec. V.e.iii).

II. Action Research Questions

Main question: Does a learner-led peer navigation program in Grade 8 advisory classes increase learners' intentions to seek help from school and professional sources, their knowledge of where and how to get help, and the Care Center visits that learners start themselves?

1. Before the program, what are the Grade 8 learners' intentions to seek help from each source, their knowledge of where and how to get help, and the rate of learner-initiated visits to the Care Center?
2. After five weeks of the program, is there a significant difference between the early-start and the delayed-start sections in learners' intentions to seek help from school and professional sources, adjusted for the first questionnaire?

3. After five weeks of the program, is there a significant difference between the early-start and the delayed-start sections in learners' knowledge of where and how to get help, adjusted for the first test?
4. Is there a significant difference between the early-start and the delayed-start sections in the rate of learner-initiated Care Center visits during those five weeks?
5. Is the program carried out as designed, and does any harm follow it?
6. How do the navigators and their classmates describe finding and reaching help through the program?

Three null hypotheses will be tested at the .05 level of significance, two-sided:

$H_0$1: There is no significant difference between the early-start and the delayed-start sections in learners' intentions to seek help from school and professional sources after five weeks, adjusted for the first questionnaire.

$H_0$2: There is no significant difference between the early-start and the delayed-start sections in learners' knowledge of where and how to get help after five weeks, adjusted for the first test.

$H_0$3: There is no significant difference between the early-start and the delayed-start sections in the rate of learner-initiated Care Center visits during the five weeks.

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III. Proposed Innovation, Intervention, and Strategy

Innovation

The innovation is a written design for peer navigation in a junior high school: who the navigators are, what they do, what they never do, and what happens when a classmate speaks of danger. In each Grade 8 section, two learners chosen by their classmates help classmates find and reach help: the Care Center, the school clinic, the class adviser, DepEd's helpline for learners, and the National Center for Mental Health (NCMH) Crisis Hotline. They share the Care Center's help card and IEC materials that DepEd has developed or approved (DepEd, 2026a, Secs. VI.a.i and VIII.d.i.7), and they walk a classmate to the Care Center when the classmate asks. No DepEd rule says whether a school's directory card is an IEC material; the card lists only the school's services and the two helplines, and the proponents will ask the schools division whether it needs DepEd's approval. Their role is narrower than the order's peer support in general, and the design keeps it narrow on purpose (Table 3).

Table 3

What a Peer Navigator Does and Never Does

A navigator always	A navigator never
Tells a classmate where help is and how to ask for it: the Care Center, the clinic, the adviser, the help slip box, the two helplines	Counsels, diagnoses or gives advice about a classmate's problem
Gives the help card, and only DepEd-approved IEC materials	Makes posts, talks or campaigns of their own about suicide or self-harm
Walks with a classmate to the Care Center or the clinic when the classmate asks	Keeps a secret about danger, even when asked to
Tells the Guidance Designate or the School Counselor Associate at once when a classmate speaks of danger	Investigates what happened to a classmate, or reports a classmate's misbehavior

A navigator always	A navigator never
Writes in the activity log only counts and kinds of help, never a name	Asks a classmate for details, or tells anyone what a classmate said

Note. The navigator's role links classmates to help. DO 024 reserves counseling for Registered Guidance Counselors and Registered Psychologists (DepEd, 2026a, Sec. VI.c.vii). The rule against messages of their own follows the 2026 finding that deviations from a peer leader program's messaging and selection rules went with more suicide attempts among younger students (Wyman et al., 2026).

The last line of the right column keeps navigation apart from discipline. A navigator is not a class officer, a monitor or an informant. No teacher, Learner Formation Officer or school official may ask a navigator what a classmate said or did, and no navigator keeps a list of classmates. The role carries no grade, no points and no reward.

When a classmate speaks of a problem, the navigator gives one of three answers, which the training calls the navigator's line (Table 4). The line follows from three rules. The order lets learners report concerns about fellow learners (DepEd, 2026a, Sec. VI.b.vi.2). The law protects what a learner tells Care Center staff, with exceptions: communications in mental health support services are "privileged and confidential except when (a) there is a clear and imminent risk of harm to the learner or others, (b) there is a legal obligation to disclose information in accordance with law, or (c) the learner, parent, or legal guardian consents to share specific information with designated individuals" (Republic Act No. 12080, 2024, Sec. 14). And a peer's promise of secrecy is one of the things that keep young people from telling an adult (Pisani et al., 2012).

Table 4

The Navigator's Line: Three Answers to What a Classmate Says

Answer	When	What the navigator does
Help them find help	Worries of daily life: stress over a test, a quarrel, missing a parent who works away, wanting to talk to someone	Says where help is and how to ask; offers the help card; offers to walk with the classmate; tells no one
Tell an adult today	A worry about safety that is not an emergency: a classmate bullied or teased online, a classmate who has been very sad for weeks or has stopped eating	Encourages the classmate to go to the Care Center and offers to go along; tells the Guidance Designate or the School Counselor Associate before the school day ends
An adult now	Danger: talk of dying, of not wanting to live, of suicide or self-harm, a plan to hurt oneself or someone else, someone hurting the classmate now or a fear of going home	Stays with the classmate if it is safe; gets the nearest adult at once, in the same period; never promises secrecy; outside school hours, tells a parent and calls 911 or the NCMH Crisis Hotline

Note. The navigator hands the classmate to an adult and is not told what happens next. The Care Center then follows DO 024's steps for a mental health crisis (DepEd, 2026a, Sec. VI.c.viii).

Intervention

The intervention has five parts (Table 5). The two proponents lead it: a Grade 8 class adviser whom the school head has designated as a Guidance Designate, and the school's School Counselor Associate I.

Table 5

Parts of the Peer Navigation Program

Part	What happens	Who leads	Time
Selection	Each learner names up to three classmates they would feel at ease going to with a problem; in each section, the two nominees named most often who are willing, have a parent's consent and give their own assent are invited, after a talk with the School Counselor Associate about the rules	Class adviser, School Counselor Associate	Homeroom Guidance period, week 1
Training	Two sessions: the school's help map, the help card, what a navigator always and never does; the navigator's line, practiced in role plays; never promising secrecy; looking after oneself; the activity log	School Counselor Associate, Guidance Designate	Two sessions of 90 minutes, after classes, before the navigators start
Introduction	A Homeroom Guidance session in each section: where the Care Center is and when it is open, how to ask for a visit, what stays confidential and what does not, who the navigators are and what they do and never do; every learner gets the help card	Class adviser, School Counselor Associate, the section's navigators	30 minutes of the Homeroom Guidance period, in the week the section starts
Navigation	The navigators help classmates find and reach help, during the school day, as Table 3 sets out	The navigators	From the section's start to the end of week 11

Part	What happens	Who leads	Time
Supervision	A weekly huddle: the activity logs are handed in, each navigator says what was hard that week without naming anyone, and one rule is practiced; a navigator who met danger that week is debriefed the same day it happened	School Counselor Associate, Guidance Designate	20 minutes, Fridays after classes

Note. Homeroom Guidance is the class adviser's own work under DO 024 (DepEd, 2026a, Sec. VIII.a.iv.4), and its time is part of the class advising load (DepEd, 2024, Sec. V.A.1, item 2). Our school holds Grade 8's Homeroom Guidance period on Mondays, 7:00 to 8:00 a.m., as DepEd's sample schedule for Key Stage 3 does (DepEd, 2026b, Table 5).

The selection and supervision rules come from the evidence on peer programs. A guide for schools asks staff to "establish a screening process to ensure that peer mentors are suitable for their role" (Anna Freud, n.d., pp. 4–5). Sources of Strength requires "at least a 1:10 adult-to-student ratio" and reports that "Many teams find a 1:5 or 1:7 Adult Advisor to Peer Leader ratio sets them up for the most success" (Sources of Strength, n.d.). Our program has two trained adults for at most 16 navigators, a ratio of 1:8 at most, and 1:4 while only the early-start sections' eight navigators are active. Nominees are never chosen by the adults' preference. If the two most-named nominees in a section are close friends, the next nominee is invited in place of the second, so that the pair reaches more of the class. A nominee who is going through a hard time is offered support first and may take the role in a later school year.

Strategy

The program starts in four sections first and in the other four five weeks later, the order decided by a public lot. Every section receives the program,

and every learner can reach the Care Center, the clinic and the helplines at any time, before and after the program starts. During the first five weeks, the delayed-start sections continue with the school's usual program: Homeroom Guidance modules, the Care Center's services, and the help box printed at the end of every questionnaire. A delayed start lets the study compare sections with and without the program in the same weeks, while no section is left without it. Wyman et al. (2010) chose the same arrangement because "schools are generally not comfortable with being placed in a control condition for such a serious outcome as suicide."

The study has limits that the proponents state at the outset. It measures intentions, knowledge and visits, not learners' mental health: it uses no symptom, distress or diagnostic scale, and no result of the Universal Mental Health Screening. With eight sections, it can detect only a large difference between the two groups (Table 8), so it is a test of whether the program can run safely and of the direction of its effects, not proof that it works. Learners talk across sections, so delayed-start learners may hear about the navigators before their own start, which would narrow any difference. The program also runs only in Grade 8, for one term.

Because a poorly run peer program can do harm (Wyman et al., 2026), the program has written stopping rules:

1. A navigator who breaks a rule in Table 3 stops at once and talks with the School Counselor Associate; the navigator resumes only after the two proponents review what happened, and steps down if it happens again.

2. The program pauses in a section if a mental health crisis follows a navigator's action, or if a navigator's activity spread content about suicide or self-harm. The proponents and the school head review the case with the schools division's officer for guidance and counseling before the section resumes.
3. The whole study stops if the school head, the Care Center or the Schools Division Office judges that it raises any learner's risk, and the Schools Division Research Committee is told the same day.
4. If a section falls below the fidelity criteria below for two weeks in a row, its navigators are retrained before they continue.

Six criteria for success are set before any data are collected:

1. Fidelity: every Homeroom Guidance introduction carries at least 90% of the steps on its checklist; at least 80% of the active navigators attend each weekly huddle; no navigator uses materials other than the help card and DepEd-approved IEC materials.
2. Safety: every danger that navigators meet reaches an adult in the same period, and every worry about safety the same day, as the huddle records show; and no adverse event follows a navigator's action.
3. Reach: at least 75% of the learners in each section have a parent's consent and give their own assent, and at least 70% of the learners in the early-start sections can name a navigator of their section at the second questionnaire.
4. Direction: after five weeks, the early-start sections' adjusted means are higher than the delayed-start sections' on both the intentions score and

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the knowledge test, reported with the permutation *p* value, the effect size and its 95% confidence interval.

5. Visits: the early-start sections' rate of learner-initiated visits in the five weeks is higher than the delayed-start sections'.
6. Acceptability: at least 12 of the 16 navigators keep the role to the end of week 11.

IV. Action Research Methods

Research Design

The study uses mixed methods. Its quantitative strand is a cluster-randomized design with a delayed start: the eight Grade 8 sections are drawn by lot into four early-start and four delayed-start sections, so the unit randomized is the section and the unit measured is the learner. Its qualitative strand is a reflexive thematic analysis of focus group discussions with navigators and with classmates. The two strands are analyzed separately and compared at the end.

The lot will be drawn on Tuesday, January 12, 2027, after the first questionnaire, at a meeting of the eight Grade 8 advisers, witnessed by the school head and a parent officer of the Grade 8 Parent-Teacher Association. The names of the eight sections are written on identical cards, folded and placed in a box, and the first four drawn are the early-start sections. There are 70 ways to choose four sections of eight, each equally likely, so no one can steer a section the proponents expect to do well into either group. The lot also makes the main test possible: a permutation test compares the difference

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the lot produced with the differences all 70 possible lots would have produced (Gail et al., 1996).

Eight sections are few for a trial of this kind. Murray et al. (2004) observe that "it is unusual for a GRT to have adequate power with fewer than 8 to 10 groups per condition," and this study has four groups in each. The study is therefore planned as a test of feasibility and of the direction of the effects, with its minimum detectable effects stated in advance (Table 8), and the observed intraclass correlation (ICC) will be reported for later studies. Table 6 places every step on DepEd's calendar for Term 3.

Table 6

Schedule of the Program and the Data Collection, Term 3, School Year 2026–2027

Week	Dates (2027)	Early-start sections	Delayed-start sections	All sections
1	January 4–8	—	—	Navigator nominations (January 4); consent and assent; pilot with a Grade 9 section (January 7)
2	January 11–15	Navigators trained (January 13 and 15)	—	First questionnaire and test (January 11); the lot (January 12)
3	January 18–22	Introduction (January 18); navigators begin	Usual program	Huddles every Friday from January 22
4	January 25–29	Program	Usual program	First summative test (January 25)
5	February 1–5	Program	Usual program	—
6	February 8–12	Program	Usual program	—
7	February 15–19	Program	Usual program	Second summative test (February 16)
8	February 22–26	Program	Navigators trained (February 23 and 24)	Second questionnaire and test (February 22); focus group of the early-start navigators (February 26)
9	March 1–5	Program	Introduction (March 1); navigators begin	—
10	March 8–12	Program	Program	—

Week	Dates (2027)	Early-start sections	Delayed-start sections	All sections
11	March 15–19	Program	Program	Third questionnaire and test (March 15)
12	March 22–23	—	—	Term 3 examination of Grade 8; no data collected

Note. Dates follow DepEd Order No. 009, s. 2026, Annex B. Term 3's Instructional Block runs from January 4 to March 23, 2027. March 15 and 16 are the Term 3 examination days of moving-up and graduating learners; Grade 8 takes its Term 3 examination on March 22 and 23. Learner-initiated visits are counted in weeks 1 to 11; weeks 3 to 7 are the comparison window. No data are collected on a test or examination day of Grade 8.

The second questionnaire, after the early-start sections' first five weeks and before the delayed-start sections begin, gives the main comparison. The third, in week 11, is descriptive: by then the delayed-start sections have had the program for two weeks and the early-start sections for eight. DO 009, s. 2026 asks that mental health services needed during the Instructional Block be scheduled "preferably outside class hours" (DepEd, 2026b, item 14); the study uses the Homeroom Guidance period because DO 024 places psychoeducational activities there (DepEd, 2026a, Sec. VIII.a.iv.4), and takes 25 minutes of it three times.

Three threats to the comparison are watched. Learners from delayed-start sections may hear of the navigators from friends in early-start sections; the second questionnaire asks whether the learner has talked with a peer navigator and from which section. Learners who join a section after the lot are taught and served like their classmates, but their data are left out of the main analysis and counted separately, since joiners can bias a comparison of randomized groups (What Works Clearinghouse, 2022, pp. 17–18). And attention from the study itself may change answers in both groups alike, which is one reason the main comparison is between groups measured on the same day.

a. Participants and/or other Sources of Data and Information

The participants will be the 318 Grade 8 learners in the school's eight sections in School Year 2026–2027 who have a parent's or guardian's consent and give their own assent (Table 7), and the 16 peer navigators among them. No sample is drawn: the program is part of the school's School-Based Mental Health Program for every Grade 8 learner, and every Grade 8 learner is invited into the study. Grade 8 learners are mostly 13 and 14 years old. Eight learners from each group of sections, chosen by lot from those whose parents consented to the focus groups, will take part in two focus group discussions, and the navigators in two more.

Table 7

Grade 8 Learners by Section, School Year 2026–2027

Section	Learners	Navigators
Section 1	40	2
Section 2	41	2
Section 3	39	2
Section 4	40	2
Section 5	38	2
Section 6	41	2
Section 7	40	2
Section 8	39	2
Total	318	16

Note. Enrollment as of November 20, 2026. The sections are numbered here; the lot decides which four start first.

Sample Size

The number of sections is fixed by the school, so the study states what it can detect rather than choosing a sample size. Table 8 gives the minimum detectable effect size (MDES), the smallest difference between the two groups, in standard deviations of a learner's score, that a two-sided test at .05 would

detect with 80% power, for a comparison of section means with six degrees of freedom (Hemming et al., 2011). It assumes that 34 of each section's 40 learners take part. The ICCs used are those of school-level studies of help-seeking, since published values are for schools, not classes: .006 for help-seeking from adults and .022 for help for suicidal peers, among peer leaders in a trial of a peer leader program (Wyman et al., 2010), below .02 for help-seeking attitudes (Schmeelk-Cone et al., 2012), .01 for help-seeking intentions (O'Dea et al., 2021) and .01 to .07 for adolescent psychosocial health in 21 countries (Shackleton et al., 2016).

Table 8

Minimum Detectable Effect Sizes for Four Sections Against Four

ICC	Without adjustment	Adjusted for the first questionnaire (R^2 = .50)
.02	0.52	0.37
.05	0.66	0.47
.10	0.84	0.60

Note. Thirty-four learners a section, eight sections drawn four and four, two-sided α = .05, 80% power, multiplier 3.35 for six degrees of freedom. With all 40 learners of a section, the values are 0.50 and 0.35 at an ICC of .02, and 0.64 and 0.46 at .05. These values are for the *t* test on the eight adjusted section means. The main permutation test can reject only at an attained level of 2/70 (about .029), so it needs about 0.45 SD at an ICC of .02 and 0.57 at .05 for 80% power, by a simulation of 4,000 runs of this design.

With the first questionnaire as a covariate and an ICC between .02 and .05, the study can detect an effect of about 0.37 to 0.47 standard deviations with a *t* test on the section means, and about 0.45 to 0.57 with the main permutation test, which cannot give a *p* value below 2/70. The one school trial of help-seeking intentions cited here found an effect of 0.10 (95% CI −0.02 to 0.21; O'Dea et al., 2021). A real but small effect may therefore go undetected, and the proponents will report the effect and its confidence interval whatever the test says.

The counts of visits are smaller still. At the rate of Terms 1 and 2 (Table 1), the 19 learner-initiated visits over 116 class days come to about 0.8 a week for the whole grade, so about two such visits would be expected in a group of four sections over five weeks. That comparison can show direction only.

Other Sources of Data and Information

Besides the learners' questionnaires, tests and focus groups, the study uses the Care Center's weekly tally of visits by section and by how each visit began, copied from its logbook without names; the navigators' activity logs; the notes of the weekly huddles; the checklist of each Homeroom Guidance introduction; and the record of adverse events. The Care Center's logbook itself, its case notes and any learner's screening results are never research data.

Consent, Assent and Withdrawal

The program reaches every Grade 8 learner, but research data come only from learners with a parent's consent and their own assent. Every Grade 8 learner attends the Homeroom Guidance introduction, has navigators in the section and may use the help card; a learner without consent or assent simply answers no questionnaire and joins no focus group. At the questionnaire sessions, a learner who does not take part does the Homeroom Guidance module's opening activity at the same time.

In week 1, each learner takes home a letter and consent form for the parent or guardian, explaining the program, the study, what the learner would do, the limits of confidentiality and the right to withdraw, with a separate box for the focus groups and another for sharing the results, since the national

guidelines ask that a participant "be specifically asked if he/she consents to release information collected in the study" (Philippine Health Research Ethics Board [PHREB], 2022, General Guidelines, item 30.1). DepEd's checklist for completed research requires it: "the researcher/s must obtain assent from minor participants and consent from their parents and/or legal guardians" (DepEd, 2022b, Annex 2, Item 13). The national ethical guidelines set assent by age: "12 to < 15 y/o – simplified written assent" and "15 to < 18 y/o – the minor can co-sign the consent signed by the parents" (PHREB, 2022, Research Involving Minors, item 3.2.4). Each section's learners therefore hear the assent form read aloud and sign it if they agree, away from their adviser, and a learner aged 15 or older also co-signs the parent's form. The national guidelines ask that assent be "properly documented and witnessed by a third party who has no unresolved conflict of interest" (PHREB, 2022, Social Research, item 16), so a teacher of another grade level who has no part in the study witnesses each session. Nominated navigators and their parents sign a separate consent and assent for the role and for the use of their logs, huddle notes and focus group.

Because the program is new and its benefit uncertain, the forms say so and name its foreseeable risks, as the national guidelines ask of a pilot intervention (PHREB, 2022, Social Research, item 5). A learner may skip any question, and any learner or navigator may withdraw at any time by telling the School Counselor Associate, without giving a reason; a navigator who withdraws from the study may keep the role, and one who steps down from

the role keeps every right of a learner. Taking part, declining and withdrawing have no effect on any grade, record or recognition.

A Dependent Relationship

The first proponent is the adviser of one of the eight sections. The national guidelines call for caution "if the research participant is in a dependent relationship with the researcher" (PHREB, 2022, General Guidelines, item 22), so the first proponent hands out no form and gives no questionnaire in the proponent's own section, and never sees a questionnaire from it. At each questionnaire session, the eight advisers trade sections, so no learner answers in front of their own adviser.

b. Data Gathering Methods

The methods follow the questions (Table 9). Every questionnaire carries a code instead of a name, ends with a box that lists where to get help, and is sealed in its section's envelope before it leaves the room.

Table 9

Instruments, Research Questions and Timing

Instrument	Questions	Given by	When
Help-seeking intentions questionnaire, 10 sources, 1 to 5	1, 2	An adviser of another section	Weeks 2, 8 and 11
Test of knowledge of where and how to get help, 12 items	1, 3	The same	Weeks 2, 8 and 11
Care Center tally of visits, by section, week and how the visit began	1, 4	School Counselor Associate	Every week, weeks 1 to 11
Navigator activity log, counts and kinds of help, no names	5	The navigators	Every week, handed in at the huddle
Huddle notes; checklist of each introduction; record of adverse events	5	The two proponents	Every huddle and introduction; as events occur

Instrument	Questions	Given by	When
Focus group discussions, four groups	6	School Counselor Associate	February 26; March 24, 29 and 30

Help-Seeking Intentions Questionnaire

Help-seeking intentions are measured with an adaptation of the General Help-Seeking Questionnaire (GHSQ), which asks how likely a person is to seek help from each of a list of sources for a given kind of problem (Wilson et al., 2005). Its authors describe it as flexible: it "uses a matrix format that can be modified according to purpose and need" (Wilson et al., 2005, p. 18), and "the GHSQ can be viewed as much as a method as it is a specific questionnaire" (Deane & Wilson, 2007, p. 1). Its first validation was with 218 students aged 12 to 19, with parental and student consent (Wilson et al., 2005). The adaptation follows Tuliao and Velasquez's (2014) adaptation for Filipino college students in two ways: a five-point scale instead of seven, and help sources that Filipino learners use. Our questionnaire's stem is adapted from the GHSQ's; the sources and anchors are the sample's own. It asks how likely the learner would be to go to each of ten sources if they had a personal or emotional problem, from 1 (very unlikely) to 5 (very likely), and adds "no one" as the GHSQ does (Appendix A).

The main score, intentions to seek help from school and professional sources, is the mean of five sources: the class adviser or another teacher, the Care Center staff, the school nurse or clinic, a helpline, and a counselor, psychologist or doctor outside school. The informal sources (a friend or classmate, a parent or guardian, another relative) and a religious leader are

reported separately, and "no one" alone. The GHSQ's authors combine items into a scale when "Cronbach alpha (usually at or above .70)" supports it (Deane & Wilson, 2007, p. 1); the main score is used only if its alpha reaches .70 at the first questionnaire, and its items are otherwise reported one by one. The proponents will ask the GHSQ's authors for permission before using the adaptation.

The questionnaire uses only the GHSQ's question about a personal or emotional problem, not its question about suicidal thoughts. Asking young people about suicide does not raise their risk: reviews found no rise in suicidal ideation after such questions (Dazzi et al., 2014), and small falls on average (Blades et al., 2018), and in a randomized trial in six high schools, "Students exposed to suicide questions were no more likely to report suicidal ideation after the survey than unexposed students" (Gould et al., 2005, Abstract). The question is left out for other reasons. The questionnaire carries no name, so the study could not follow up a learner whose answers worried the Care Center; the program's own messages stay away from suicide (Table 3); and Tuliao and Velasquez (2014) dropped the question for Filipino students because it "was an uncomfortable topic for the participants" (p. 6). The question about personal or emotional problems measures what the program aims to change.

The second and third questionnaires add two questions: whether the learner knows a peer navigator of their section, and whether the learner has talked with a peer navigator about where to get help, and from which section.

Test of Knowledge of Where and How to Get Help

Knowledge is measured with a researcher-made test of 12 multiple-choice items, each scored right or wrong (Appendix B). The items cover where the Care Center is and when it is open, three ways to ask for a visit, who may give counseling and how a learner without a School Counselor at school gets it, what stays confidential and when it does not, the two helplines and 911, and what a peer navigator does and never does. The test asks about the school's own services, so a published test of mental health literacy would not fit.

Content Validation and Pilot

The questionnaire's sources and wording and the 12 test items will be rated in December 2026 by eight reviewers: the schools division's officer for guidance and counseling, a Registered Guidance Counselor of another school, a Registered Psychologist of the provincial health office, the division's Senior Education Program Specialist for planning and research, two Grade 8 advisers of another school, a school head of another school, and a School Counselor Associate of another school. Each rates each item as "essential," "useful but not essential," or "not necessary." For each item, the content validity ratio is CVR = (n_e − N/2) / (N/2), where n_e is the number of reviewers who rate it essential and N the number of reviewers (Lawshe, 1975). With eight reviewers, the critical value is .75 in both Lawshe's table and Ayre and Scally's (2014) exact recalculation, so an item stays only if at least seven reviewers call it essential; an item that falls short is revised and rated again.

Both instruments will then be tried with one Grade 9 section on January 7, 2027, after its learners' parents consent and the learners assent, to check the time they take and the clarity of their words. No class day remains between the expected approval of the proposal and the Year-End Break, so the pilot falls in week 1. Reliability is computed on the pilot and again on the first questionnaire of the 318 learners: Cronbach's (1951) alpha for the intentions score and the Kuder–Richardson Formula 20 (Kuder & Richardson, 1937) for the test, which is alpha for items scored right or wrong, with .70 as the least acceptable value for each. A test item that every pilot learner answers right, or that lowers the test's reliability, is revised before the first questionnaire.

Learner-Initiated Visits

Each Friday, the School Counselor Associate copies from the Care Center's logbook onto a tally sheet the number of visits by Grade 8 learners that week, by section and by how each visit began: by the learner, alone, with a classmate or navigator, by a help slip or by asking an adult to bring them; by an adult whom a navigator got because of danger; or by an adult who sent the learner, a teacher or a parent. The tally holds no name, date of birth or reason for a visit (Appendix C). A learner-initiated visit is one the learner asked for. A visit that began when a navigator got an adult because of danger is counted in its own column and left out of the learner-initiated count; the rate ratio is also reported with those visits included. The rate is the number of such visits per 100 learner-weeks, the learners enrolled in a section times the weeks counted.

Focus Group Discussions

Four focus groups of eight learners each, of about 45 minutes, will be led by the School Counselor Associate: the early-start navigators on February 26, 2027; the delayed-start navigators on March 24; and two groups of classmates, one from each group of sections, on March 29 and 30, in the End-of-Term Block. The classmates are drawn by lot from those whose parents consented to the focus groups and who assent again on the day. The questions ask how learners find and reach help, what the navigators did that helped or got in the way, and what the program should change; no question asks about a learner's own problems. The national guidelines note that group methods have "implications for the privacy and confidentiality of individual participants and possibly third parties" (PHREB, 2022, General Guidelines, item 32), so each group agrees at the start to name no one and to keep what is said in the room. The discussions are audio-recorded on the school's own laptop, transcribed by the School Counselor Associate with codes for names, and the recordings are deleted once the transcripts are checked.

Fidelity Records

Fidelity is a safety matter in peer programs: in the 40-school trial, poor adherence to messaging and to selection rules went with more new suicide attempts among younger students (Wyman et al., 2026). The Guidance Designate checks each Homeroom Guidance introduction against its seven steps. At each huddle the School Counselor Associate records which navigators came, collects the activity logs, and notes, without names, every danger a navigator met and the time an adult was told. An adverse event is

any mental health crisis that follows a navigator's action within a week, any navigator who needs support because of the role, any break of a rule in Table 3, and any complaint about a navigator; each is recorded and reviewed by the proponents within a school day.

The Disclosure Protocol

The national guidelines ask a researcher who may come upon "self-harm, or suicide ideation" to "Explicitly indicate the limits of confidentiality in the informed consent process" and to "Prepare a concrete and realistic protocol for reporting and referral if imminent harm or a criminal act is disclosed or discovered in the process of data collection" (PHREB, 2022, General Guidelines, items 31, 31.1 and 31.1.1). This study's protocol covers both the program and the data collection:

1. A navigator who hears of danger gets an adult at once, in the same period, and promises no secrecy (Table 4). A navigator who hears of a worry about safety that is not an emergency tells the Guidance Designate or the School Counselor Associate before the school day ends.
2. The adult who receives the learner brings the learner to the Care Center. When a mental health crisis is detected, the school's crisis response "will be immediately activated," and the learner is given support, "including safety checking and planning, within 24 to 72 hours from onset," with referral, "including emergency referral when necessary" (DepEd, 2026a, Sec. VI.c.viii.1 to 3). The Care Center submits the incident report "within 48 hours of the onset of the crisis" (Sec.

VI.c.viii.5). A case of abuse or bullying also goes to the school's Child Protection Committee under the school's child protection procedures.

3. In an emergency, anyone calls 911. The NCMH Crisis Hotline is open 24 hours, at 1553 from a landline and at 0919-057-1553 (Smart and TNT) or 0917-899-8727 (Globe and TM) from a mobile phone; DepEd's Learners TeleSafe Contact Center Helpline is at #33733, 0945-175-9777 and (02) 8632-1372 (DepEd, 2026c, Sec. VIII; Department of Health Region II, 2026; Philippine Information Agency, 2026). These numbers are on the help card and in the help box of every questionnaire.
4. In a focus group, a learner who speaks of danger is spoken with privately by the School Counselor Associate after the group, and step 2 follows.
5. The questionnaires carry no names, so no answer can be traced. Each questionnaire ends with the help box, and after each questionnaire the School Counselor Associate checks with the Care Center's logbook, two school days later, for any visit that followed, as O'Dea et al. (2021) did after each study visit.

The parent's consent form states the limits of confidentiality in the words of Republic Act No. 12080, Sec. 14, and the assent forms state them in simple words: what a learner tells the Care Center stays confidential unless there is a clear and imminent risk of harm to the learner or others, a legal obligation to disclose, or the consent of the learner or parent.

Navigators' Own Well-Being

Navigators are minors too. A navigator who met danger is debriefed by the School Counselor Associate the same day, is told only that an adult is helping, and is never asked to follow up. A navigator may step down at any time without giving a reason, and the next nominee of the section is invited. No navigator carries a phone number for classmates to call at night, and no navigator is expected to answer messages outside school hours. A guide for schools asks staff to "address concerns about safeguarding, confidentiality, and boundaries" and to "Establish clear lines of communication for addressing any safeguarding or urgent mental health concerns" (Anna Freud, n.d., pp. 4–5); the weekly huddle and the same-day debriefing are those lines.

Data Privacy and Storage

Information about a learner's mental health is sensitive personal information, which the Data Privacy Act defines to include information "About an individual's health, education, genetic or sexual life" (Republic Act No. 10173, 2012, Sec. 3(l)(2)). The study's papers are coded, sealed by section and kept in a lockable box in the Care Center, and the typed data are kept in a password-protected folder on the Care Center's computer. Only the School Counselor Associate opens the envelopes and the box; the Guidance Designate sees the coded data; no adviser, no school official and no navigator sees a questionnaire, a tally or a transcript. Results are reported by group of sections, and no table gives a section's visits by week. A count of dangers met below five is shown as "fewer than 5", and rates of visits and the rate ratio are shown with a note when the counts behind them are below five, since the

national guidelines ask researchers to “refrain from identifying individuals or groups when the release of information about them can expose them to possible harm or social stigma” (PHREB, 2022, General Guidelines, item 30). Nothing from the study is used for grades, discipline, recognition or any teacher’s performance rating. Recordings are deleted once the transcripts are checked; consent and assent forms and other papers with names are shredded one year after the results are disseminated (Department of Education & Basic Education Sector Transformation Program, 2019). No personal information will be entered into any artificial intelligence tool, since “the input, processing, or storage of personal and sensitive information within AI systems is categorically prohibited” (DepEd, 2026d, Sec. VI.1.3), and the study uses no such tool for its data.

Review

The proposal goes to the Schools Division Research Committee, which evaluates research proposals “within the schools division to be funded by other fund sources” (DepEd, 2017, Sec. V.A.iii, item 3). DepEd has not yet set up the Research Ethics Committee that DO 16, s. 2017 announced, and until then researchers refer to the Child Protection Policy (DepEd, 2017, Sec. VI.C). The national guidelines require “A full review” for protocols that “involve vulnerability issues” (PHREB, 2022, The Research Ethics Review Process, item 52), and minors are among the vulnerable, so the proponents will ask the committee whether a research ethics committee can review the protocol before data collection, and will follow its advice. If the committee advises such a review, data collection moves to the first class day after clearance, and the

schedule in Table 6 moves with it. The guidelines' section on mental health research names schools among its settings and asks that scales developed abroad "should be locally validated to address cultural and conceptual differences" (PHREB, 2022, Ethical Guidelines for Research in Mental Health, p. 190), which is why the adapted questionnaire is validated and piloted here.

c. Data Analysis Plan

The analysis follows the six questions (Table 10).

Table 10

Data Analysis by Research Question

Research question	Data	Analysis
1. Baseline	First questionnaire and test; tally, weeks 1 and 2	Means and standard deviations by group; each source's mean; rates per 100 learner-weeks; ICC; Cronbach's alpha and KR-20
2. Intentions ($H_0$1)	Main score, first and second questionnaires	Permutation test over the 70 lots on section means adjusted for the first questionnaire; *t* test on the eight adjusted section means; linear mixed model with a random intercept for section, Kenward–Roger correction
3. Knowledge ($H_0$2)	Test scores, first and second tests	The same three analyses
4. Visits ($H_0$3)	Tally, weeks 3 to 7, with weeks 1 and 2 as baseline	Rate ratio; permutation test on the sections' log rates; negative binomial mixed model as a check
5. Fidelity and harm	Checklists, huddle notes, logs, record of adverse events	Shares of steps carried out and of navigators at huddles; each adverse event described
6. Experiences	Transcripts of the four focus groups	Reflexive thematic analysis in six phases
End of term	Third questionnaire and test	Means by group, described

The Main Test

The main analysis compares the eight sections, not the learners, since the sections were drawn and learners in one section share an adviser, a pair of navigators and each other. It runs in four steps for each of the two scores:

1. Each learner's second score is regressed on the first score in all eight sections together, so that what the first score predicts is set aside; learners are matched across questionnaires by their codes.
2. The leftover of each learner, the second score minus its prediction, is averaged in each section.
3. The difference between the mean of the four early-start sections' averages and the mean of the four delayed-start sections' averages is the observed difference.
4. The same difference is computed for each of the 70 ways the lot could have fallen, and the *p* value is the share of the 70 whose difference is at least as large, in either direction, as the observed one.

The test is two-sided because a peer program can also do harm (Wyman et al., 2026). A two-sided permutation test over 70 lots has a smallest possible *p* value of 2/70, or about .029, and a next value of 4/70, or about .057: it can reject $H_0 1$ or $H_0 2$ at .05 only if the lot actually drawn gives the most extreme of the 35 distinct splits of the sections into two groups. The proponents state this before collecting any data. As a check that a division's evaluators will recognize, the eight adjusted section means are also compared with an independent-samples *t* test with six degrees of freedom.

The effect size is the difference between the groups divided by the learners' standard deviation at the first questionnaire, with its 95% confidence interval from a linear mixed model of the learners' second scores with the group and the first score as fixed effects and a random intercept for section. Mixed models with few clusters need a small-sample correction: Kahan et al. (2016) found that "using mixed-effects models or GEEs without an appropriate correction led to inflated type I error rates, even for as many as 70 clusters," and Leyrat et al. (2018) recommend "Small-sample corrections or variance-weighted cluster-level analyses." The model therefore uses the Kenward–Roger correction (Halekoh & Højsgaard, 2014). The ICC from the first questionnaire is reported for each score.

The Visits

For each section, the rate of learner-initiated visits in weeks 3 to 7 is the number of such visits per 100 learner-weeks. The rate ratio divides the early-start sections' visits per learner-week by the delayed-start sections'. The permutation test compares the mean log rate of the two groups over the 70 lots, with a section that had no visit counted as having half a visit. As a check, a negative binomial mixed model of the weekly counts in weeks 1 to 7, with the group, the period (weeks 1 and 2, weeks 3 to 7), their interaction, a random intercept for section and the learner-weeks as an offset, is fitted with the glmmTMB package (Brooks et al., 2017). A negative binomial model is chosen over a Poisson model because counts of people's visits usually vary more than a Poisson model allows (Gardner et al., 1995). The rate ratio is also reported with the visits that began when a navigator got an adult because of

danger, as a sensitivity check, since only early-start sections have navigators in weeks 3 to 7. With about two learner-initiated visits expected in each group at the earlier rate, the comparison can show only direction.

Fidelity and Harm

The share of each introduction's steps carried out, the share of navigators at each huddle, the counts of help in the logs, and every danger met and the time an adult was told are reported by week and group. Every adverse event is described, with what the proponents did about it.

Focus Groups

The transcripts are analyzed with reflexive thematic analysis in Braun and Clarke's (2006) six phases: familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. The School Counselor Associate, who leads the groups and knows the navigators, writes a reflexivity statement before coding, since this approach treats the researcher's subjectivity as a resource and the themes as interpretations the researcher builds (Braun & Clarke, 2019). No inter-coder agreement is computed: Braun and Clarke (2021) argue that measuring coding reliability does not fit reflexive thematic analysis.

Missing Data and Software

The main analyses use the learners who answered both the first and the second questionnaire; the numbers in each group at each questionnaire, and the share who answered both, are reported. Learners who joined a section after the lot are left out of the main analysis. The analysis uses Microsoft Excel for the descriptive statistics, the list of 70 lots and the permutation

A sample with an invented school and plans, for teaching: nash.com.ph/blog/action-research-mental-health

tests; jamovi (The jamovi project, 2026) for Cronbach's alpha, KR-20 and the *t* tests; and R (R Core Team, 2026) with the lme4 (Bates et al., 2015), pbkrtest and glmmTMB packages for the mixed models. The focus group transcripts are coded in a spreadsheet.

V. Action Research Work Plan and Timelines

The study runs from December 2026 to May 2027, with its results going to the school's governance bodies in June 2027 (Table 11).

Table 11

Work Plan and Timelines

Activity	Dates	Persons responsible
Endorsement by the school head; submission to the Schools Division Office	December 1, 2026	Proponents, school head
Content validation of the questionnaire and the test by eight reviewers; revisions	December 1–11, 2026	Proponents, reviewers
Expected action on the proposal; question to the Schools Division Research Committee on ethics review	By December 17, 2026	Schools Division Office
Help card and IEC materials confirmed with the division	December 7–14, 2026	Proponents
Review by a research ethics committee, if the Schools Division Research Committee advises it; data collection then moves to the first class day after clearance	From December 17, 2026	Proponents
Training kits, forms and help cards printed, after approval	January 4, 2027	Proponents
Navigator nominations; consent and assent forms home; assent sessions	January 4–8, 2027	Advisers, witness, proponents
Pilot with one Grade 9 section	January 7, 2027	School Counselor Associate
First questionnaire and test; the lot	January 11 and 12, 2027	Advisers, proponents, school head
Training of the early-start navigators	January 13 and 15, 2027	Proponents

Activity	Dates	Persons responsible
Program in the early-start sections	January 18 to March 19, 2027	Navigators, advisers, proponents
Weekly huddles	Fridays, January 22 to March 19, 2027	Proponents
Second questionnaire and test	February 22, 2027	Advisers, School Counselor Associate
Training of the delayed-start navigators; focus group of the early-start navigators	February 23, 24 and 26, 2027	Proponents
Program in the delayed-start sections	March 1–19, 2027	Navigators, advisers, proponents
Third questionnaire and test	March 15, 2027	Advisers, School Counselor Associate
Weekly tally of visits	January 4 to March 19, 2027	School Counselor Associate
Focus groups of the delayed-start navigators and of classmates	March 24, 29 and 30, 2027	School Counselor Associate
Analysis; preliminary results at the INSET	March 31 to April 1, 2027; April 5, 2027	Proponents
Report writing and submission	May 10–31, 2027	Proponents
Results to the School Governance Council; the program in the school's SMHP and plans for School Year 2027–2028	June 2027	Proponents, school head

Note. Dates follow DepEd Order No. 009, s. 2026, Annex B. No activity falls in the Year-End Break (December 19–31, 2026) or the teachers' end-of-school-year break (April 9 to May 9, 2027). The Schools Division Office's time comes from the DepEd Citizen's Charter 2026, which gives its service on research proposals a total of 11 days, 4 hours and 5 minutes.

VI. Cost Estimates

The study will be funded from the school's Maintenance and Other Operating Expenses (MOOE), as a School-Based Mental Health Program expense, since DO 024 lists research among the guidance services that Care Centers deliver (DepEd, 2026a, Sec. V.d): "School MOOE may be utilized for eligible SMHP-related expenditures only to the extent that funds are available and the expenses are allowable, necessary, reasonable, and directly related to its implementation" (DepEd, 2026a, Sec. V.f). The program is included in the

school's Annual Implementation Plan for 2027, since school MOOE funds activities "as identified in the approved School Improvement Plan (SIP) for implementation in the current year" (DepEd, 2019, Sec. V.D, item 1), and DO 024 asks schools to include the program in both plans (DepEd, 2026a, Sec. VIII.a.i.2). A school-level grant from the Basic Education Research Fund follows its own yearly call, whose research period the region sets, and a school's proposal for it is approved by the Schools Division Research Committee and confirmed by the Regional Office (DepEd, 2017, Secs. V.A.ii, item 3, and V.B.i); a study planned after DO 024's signing in November cannot wait for the next call. Research on other funds "will follow the research management procedures in evaluating and approving research proposals" (Sec. V.C.ii). The budget has no meals, honoraria or equipment (Table 12). A learner whom the study or the program refers goes through the school's existing referral pathways, at no cost to the study.

Table 12

Cost Estimates

Activity	Item	Quantity	Unit cost (PhP)	Total (PhP)	Justification
Consent and data gathering	Bond paper, A4, 70 gsm	8 reams	260.00	2,080.00	Consent and assent forms, three rounds of questionnaires and tests, the pilot, logs and tally sheets
Consent and data gathering	Black ink for the school's printer	4 bottles	350.00	1,400.00	Printing the same
Data gathering	Long brown envelopes	60	8.00	480.00	Sealed questionnaires of 8 sections at 3 rounds, consent forms by section, focus group papers
Data storage	Lockable steel file box	1	1,850.00	1,850.00	The study's papers, kept in the Care Center

Activity	Item	Quantity	Unit cost (PhP)	Total (PhP)	Justification
Navigator training	Manila paper	10 sheets	6.00	60.00	Role plays and the school's help map
Navigator training	Permanent markers	8	35.00	280.00	The same
Navigator training	Plastic folders with slide fasteners	18	20.00	360.00	A kit for each of 16 navigators and the two trainers
Promotion	Cardstock, A4, 200 gsm	1 pack of 100 sheets	350.00	350.00	340 help cards, four to a sheet
Promotion	Printing of DepEd-approved IEC posters, A3, color	10	60.00	600.00	One for each Grade 8 room, the Care Center and the clinic
Dissemination	Printing and binding of the report	4 copies	250.00	1,000.00	Copies for the school, the Schools Division Office, the Care Center and the proponents
Total				8,460.00	

Note. Prices are the school's last purchase prices for the same items. The audio recordings use the school's own laptop.

VII. Plans for Dissemination and Utilization

The results will go first to the learners and the school, then to the schools division (Table 13). DepEd asks researchers to discuss results "in the area/office/governance level where the study was conducted, preferably attended by the respondents," and names Learning Action Cells, in-service training, the School Governing Council, the School Improvement Plan and the School Report Card as venues (DepEd, 2017, Sec. V.B.viii).

Table 13

Dissemination and Utilization Plan

Audience	Channel	Message	Timing	Evidence of use
Grade 8 teachers and advisers	INSET; a Learning Action Cell session	What the questionnaires, the tests and the tally show by group; what the navigators met	April 5, 2027; June 2027	The advisers' Homeroom Guidance plans for the next school year

Audience	Channel	Message	Timing	Evidence of use
The navigators and their classmates	A Homeroom Guidance session	What classmates said helped them find help, and what changes	First weeks of School Year 2027–2028	The navigators' rules revised with them
School head and School Governance Council	Council meeting	The results, the costs and the adverse events, if any; whether to keep the program	June 2027	The program in the school's SMHP, SIP and AIP for School Year 2027–2028, or a decision to stop or change it
Parents	Parent-Teacher Association meeting	The help card, the navigators' rules and the results by group	The first meeting of School Year 2027–2028	Questions and requests recorded
Schools Division Office	The report; the Care Center's periodic report; the division's research forum, if one is held	The program's design, results and safeguards	May 2027 onward	Requests from other schools for the program's materials
Other researchers	E-Saliksik, abstract only	The study's abstract	After acceptance	—

Note. The Care Center reports to the division as DO 024 provides (DepEd, 2026a, Sec. X). For a study not funded by the Basic Education Research Fund, E-Saliksik archives the abstract, and the full report is kept through other mechanisms (DepEd, 2022a, Sec. VI.d). No presentation names a learner or a navigator, or shows a section's visits by week.

If the success criteria are met, the program becomes part of the school's localized School-Based Mental Health Program for School Year 2027–2028, which the schools division reviews and approves (DepEd, 2026a, Sec. VIII.b.ii.3), with navigators in Grade 7 as well. If a criterion of safety or fidelity is not met, the program stops until the school can meet it.

VIII. References

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Appendices

Appendix A. Help-Seeking Intentions Questionnaire

Adapted from the General Help-Seeking Questionnaire (Wilson et al., 2005) and its Filipino adaptation (Tuliao & Velasquez, 2014). The learner rates how likely they would be to go to each source if they had a personal or emotional problem, from 1 (very unlikely) to 5 (very likely): a friend or classmate; my parent or guardian; another relative; my class adviser or another teacher; the Care Center staff; the school nurse or clinic; a helpline; a counselor, psychologist or doctor outside school; a priest, pastor, imam or other religious leader; and "I would not go to anyone." The main score is the mean of the five school and professional sources. The questionnaire, with its code box, its two added questions and its help box, is in the separate file of instruments.

Appendix B. Test of Knowledge of Where and How to Get Help

Twelve multiple-choice items, each scored right or wrong, with the key for the researchers on a separate page, are in the separate file of instruments.

Appendix C. Care Center Tally Sheet, Navigator Activity Log and Fidelity Checklists

The weekly tally of visits by section and by how each visit began, the navigators' log of counts and kinds of help, the checklist of the Homeroom Guidance introduction, the huddle record and the record of adverse events are in the separate file of instruments. None has a space for a learner's name.

Appendix D. Navigator Training Plan and Disclosure Protocol

The two training sessions minute by minute, the navigator's line with its practice situations, the weekly huddle, the selection criteria, the stopping rules and the disclosure protocol are in a separate file.

Appendix E. Consent and Assent Forms

The parent's consent form and the learner's assent form for the study, and the parent's consent and the navigator's assent for the role, are in a separate file, with a Filipino version of the learner's assent form.

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