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Assessment on Mental Health Support Program for Out-of-School Youth: Basis for Implementation in Extension Program

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Abstract—The study was conducted in Barangay San Fernando Sur, Cabiao, Nueva Ecija, and involved 163 out-of-school youth (OSY) respondents aged 15–24 years, selected through simple random sampling. A descriptive quantitative research design guided the study. Data were collected using a researcher-developed questionnaire that underwent expert validation and reliability testing. The data were analyzed using frequency, percentage, weighted mean, and the independent t-test. The findings showed that most of the respondents were between 19 and 24 years old (74.85%) and were male (69.33%). In terms of mental health support, respondents consistently reported receiving strong support from their families (WM = 4.33) and friends (WM = 4.46). In contrast, support from the barangay was rated lower, with respondents indicating that it was only provided sometimes (WM = 2.81). While a few individual indicators showed significant differences when respondents were grouped according to age and gender, the overall results indicated no statistically significant differences in the level of support received across these demographic groups. These findings suggest that family members and peers continue to serve as the main sources of emotional and psychological support for out-of–school youth. Meanwhile, existing community-based mental health initiatives to the specific needs of this population. In response to these findings, the study proposed a barangay-led mental health support extension program aimed at strengthening community services, improving the dissemination of mental health information, and providing more consistent, accessible, and responsive psychosocial support for out-of-school youth.

***Index Terms*—Barangay Support, Community-Based Program, Mental Health Support, Out-of-School Youth, Social Support Theory**

1. The Problem and its Setting

A. Introduction

Out-of-school youth (OSYs) constitutes a significant portion of the youth population and often experience social exclusion and limited opportunities for personal development due to their disengagement from formal education (Diez et al., 2024). The lack of structured learning environments limits OSYs' access to guidance, peer interaction, and organized support typically provided by schools. As a result, many struggle with social adjustment, self-confidence, and community participation. UNESCO (2024) describes schools as 'safe havens' offering vital psychosocial support beyond instruction. Without this, youth may experience reduced self-confidence and difficulty meeting social demands, hindering meaningful community engagement and civic participation.

In the Philippine context, out-of-school youth (OSY) remains a major concern. Around 10.7 million Filipino youth aged 15–24 are not enrolled in school, limiting their access to development opportunities and social support (Philippine Statistics Authority [PSA], 2020). Additionally, Rahmani et al. (2024) reported that OSY from disadvantaged backgrounds experience higher rates of anxiety and internalizing disorders, weakening self-efficacy essential for employment or training (Youth Futures Foundation, 2025). Moreover, many OSY programs focus primarily on skills training and employment, with limited attention to psychosocial needs according to Brodkin et al., 2024. Support systems within the immediate social environment help out-of-school youth cope with mental health challenges. Families provide emotional guidance, friends offer peer support, and barangays deliver accessible, culturally responsive interventions that reduce isolation and promote positive coping mechanism (UNICEF, 2019). The World Health Organization (2020) emphasizes community-driven approaches, particularly where formal services are limited. However, localized studies on how OSYs receive family, peer, and barangay support remain limited, as most research focuses on students or institutional programs, leaving gaps in understanding OSYs' lived experiences (Brodkin et al., 2024).

This study assessed the support received by out-of-school youth from their family, friends, and the barangay. The study's findings serve as a basis for proposing a barangay-led implementation in extension program tailored to the needs of OSYs.

The researchers, Bachelor of Elementary Education students with academic training in learner development, inclusive education, and community engagement, are academically qualified to conduct this study. Through the research, they have gain insights into the mental health support systems of out-of-school youth, enabling them to better recognize diverse learner

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needs and apply inclusive strategies in collaboration with families and local stakeholders to support future students.

B. Theoretical Framework

This study is grounded in Social Support Theory (Cohen & Wills, 1985), which highlights the role of social support in helping individuals cope with stress and promoting psychological well-being. The theory suggests that support from family, friends, and communities provides protection against negative mental health outcomes such as anxiety and stress. Social support categorized as emotional, informational, and instrumental—helps individuals manage stressful experiences and reduces the risk of negative outcomes such as anxiety, depression, and emotional distress. Support from significant relationships enhances coping and overall well-being. Chen et al. (2021) examined the stress-buffering hypothesis among children aged 9–13 and found that those with higher perceived social support showed more regulated cortisol responses during stressful tasks. This suggests that social support moderates the physiological impact of stress. The findings support Cohen & Wills (1985) by demonstrating that social support acts as a protective factor that reduces the negative effects of stress in children.

For out-of-school youth (OSYs), limited access to formal education and structured guidance increases the risk of social isolation, low self-esteem, and emotional difficulties. Family support provides stability and encouragement, friends offer companionship and affirmation, and barangay-led initiatives deliver counseling, mentoring, skills programs, and community services. These forms of support align with Social Support Theory and serve as protective mechanisms against mental health challenges.

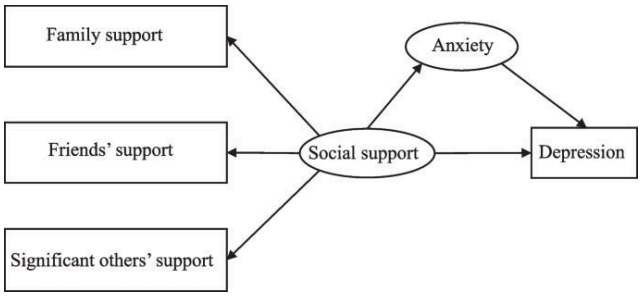


Fig. 1. Social support theory by Sheldon Cohen and Thomas Wills

As illustrated in Figure 1, family, friends, and barangay support collectively form the construct of social support, helping OSYs manage stress and maintain well-being. Barangay-led programs, in particular, strengthen community-based support through accessible, culturally appropriate interventions that promote guidance, coping skills, and engagement in supportive environments. Together, these sources of support contribute to reducing psychological distress and enhancing the overall mental health of OSYs.

Grounded in this theory, the study suggests that the support received from family, friends, and the barangay influences how OSYs cope with and manage mental health challenges, providing a foundation for designing a barangay-led mental health support extension program.

C. Conceptual Framework

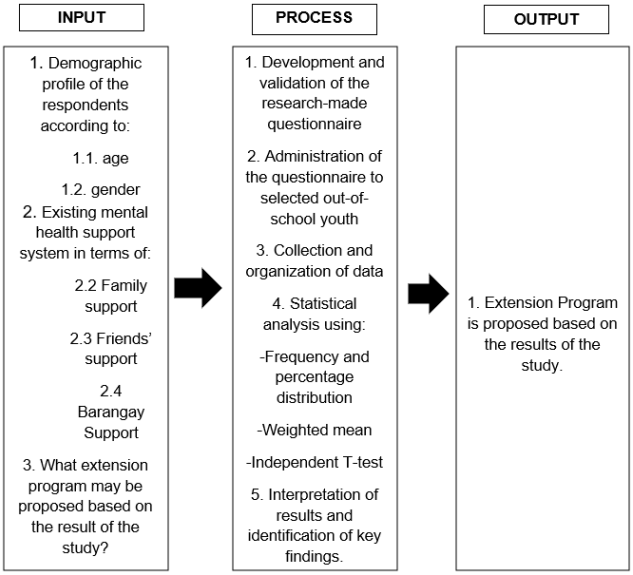


Fig. 2. Paradigm of the study

D. Statement of the Problem

This study aims to assess the frequency of mental health support received by out-of-school youth. Specifically, it seeks to answer the following questions:

1. What is the demographic profile of the respondents when grouped according to their demographic profile in terms of:
   1.1 age; and
   1.2 gender.
2. How often do the respondents receive mental health support in terms of:
   2.1 family support;
   2.2 friends' support; and
   2.3 barangay support.
3. Is there a significant difference between the respondents' level of frequency of mental health support received when grouped according to their demographic profile?
4. What extension program may be proposed based on the result of the study?

E. Hypothesis

There is no significant difference in the frequency of mental health support received by the respondents from family, friends, and the barangay when grouped according to their demographic profile at the 0.05 level of significance.

F. Scope and Limitation of the Study

This study focused on assessing the mental health challenges of out-of-school youth aged 15–24 years, including high school and college students who had discontinued formal education, residing in Barangay San Fernando Sur. The absence of school-based guidance, structured routines, and formal support systems placed them at a higher risk of experiencing stress, low self-esteem, and other emotional and psychological difficulties. It

also examined existing mental health resources and proposed strategies to enhance barangay-led mental health support for OSYs. The participants included selected OSYs, their families, and barangay stakeholders. Barangay San Fernando Sur was selected as the study site because it was one of the largest barangays in the Municipality of Cabiao and had a considerable population of OSYs. The barangay already implemented mental health support initiatives; however, these programs were general in nature and did not specifically target the unique needs of out-of-school youth. This situation highlighted the need to assess existing gaps and strengthen barangay-led mental health support tailored to OSYs. The barangay's size and active community involvement further made it an appropriate setting for community-based mental health initiatives.

The study excluded out-of-school children (OSC) below 15 years of age. This decision was based on ethical considerations and guidance from the Municipal Social Welfare and Development Office (MSWDO), which indicated that out-of-school children generally lacked the cognitive capacity to comprehend the questionnaire used in this study. In addition, elementary education was the basic level of education in the Philippines, making the occurrence of out-of-school children uncommon. Barangay-led mental health programs were primarily designed for adolescents and young adults; thus, including OSC would have required a different research design, instruments, and ethical framework beyond the scope of this study.

The study was limited to residents of Barangay San Fernando Sur; therefore, the findings might not have been representative of other barangays or communities. Furthermore, the study emphasized preventive and community-based mental health support and did not include clinical diagnosis, psychotherapy, or medical treatment.

G. Significance of Study

This research can make significant contributions to education and community development. It will highlight the importance of mental health support for out-of-school youth and demonstrate how such support can enhance their overall well-being. The findings of the study could have important implications for the following areas:

For the out-of-school youth, this study may benefit out-of-school youth by identifying the existing sources and levels of support available to them within their community. Understanding these support systems can help OSYs recognize available resources and encourage their participation in community-based programs that promote positive coping, social engagement, and personal development.

For the parents, the study's findings may raise awareness among parents and family members regarding the importance of providing consistent emotional and social support to out-of-school youth. The study may guide families in strengthening their involvement and support practices, thereby fostering a more supportive home environment for OSYs.

For the barangay officials, this study may provide barangay officials with observed data on the current support received by out-of-school youth, which can serve as a basis for planning, improving, and implementing youth-focused programs. The results may assist barangays in developing targeted, evidence-based initiatives that address the specific needs of OSYs and strengthen community engagement.

For the Department of Social Welfare and Development (DSWD), the findings may be useful to the DSWD and other social welfare agencies in assessing existing community-based support mechanisms for out-of-school youth. The study may serve as a reference for enhancing policies, programs, and interventions aimed at promoting youth development and social inclusion at the local level.

For the educators and community practitioners, educators, social workers, and community practitioners may use the results of this study to better understand the challenges faced by out-of-school youth and the role of social support in addressing these challenges. The study may inform the design of outreach programs, counseling activities, and collaborative initiatives involving families and barangay stakeholders.

For the future researchers, the study may serve as a reference for future researchers interested in youth development, community-based support, or out-of-school youth. The findings may provide baseline data that can be used for further investigations, comparative studies, or the evaluation of intervention programs in similar community settings.

H. Definition of Terms

To enhance understanding of this study, the following key terms are defined:

Barangay Support - refers to the assistance, programs, and services provided by barangay officials and community workers that are accessible to out-of-school youth, including youth activities, counseling services, and other community-based initiatives, as perceived by the respondents.

Family Support - refers to the emotional, social, and practical assistance provided by parents or family members to out-of-school youth, including encouragement, guidance, understanding, and help with daily concerns, as perceived and reported by the respondents.

Friends' Support - refers to the support provided by peers or friends, including companionship, empathy, and encouragement, which helps out-of-school youth cope with challenges and maintain social connections, as measured in this study.

Mental Health Challenges - refer to the non-clinical emotional, psychological, and social difficulties experienced by out-of-school youth, including stress, anxiety, emotional distress, difficulty coping, and social exclusion.

Mental Health Support - refers to the perceived assistance and support received by out-of-school youth from family, friends, and the barangay, as measured through the respondents' self-reported frequency of emotional, social, and practical support using the researcher-made questionnaire.

Out-of-School Youth (OSY) - refers to individuals aged 15 to 24 years who are not currently enrolled in any formal educational institution and who have discontinued secondary or tertiary education at the time of the study.

Resilience - refers to the ability of out-of-school youth to

cope with challenges and adapt to difficulties, as supported by the presence of family, friends, and community assistance, as discussed in the context of the study. Community-Based Support. Refers to support services and activities implemented within the barangay that aim to assist out-of-school youth through accessible and locally organized programs.

Social Support - refers to the combined support received from family, friends, and the barangay, encompassing emotional, informational, and instrumental assistance available to out-of-school youth within their community.

2. Review of Related Literature and Studies

This section reviews relevant literature on mental health, support programs. It emphasizes the roles of family, friends, and barangay-led initiatives in promoting well-being and establishes the foundation for the study.

A. Mental Health

Mental health refers to a state of mental well-being that enables individuals to cope with life's stresses, recognize their abilities, learn effectively, work productively, and contribute to their communities. It is a vital aspect of overall health and well-being, underlying our individual and collective capacity to make decisions, build relationships, and influence the world around us. Mental health is a fundamental human right essential for personal, community, and socio-economic development. World Health Organization (2022).

Mental health support programs are essential in modern health systems for promoting recovery and improving well-being. According to Shalaby and Agyapong (2020), peer support programs where individuals with lived experiences help others boost empowerment, self-esteem, and hope. These programs complement professional services and enhance social connections, which are vital for recovery. Evidence also suggests that peer-led interventions can reduce hospitalization rates and alleviate the burden on mental health professionals. By fostering a sense of community and shared understanding, these programs contribute to more sustainable and holistic mental health outcomes. The study underscores the importance of integrating peer support into mainstream mental health care for greater client engagement and satisfaction.

Similarly, community-based mental health support programs have shown significant improvements in social inclusion and reduced relapse rates among individuals with chronic mental illnesses. Mental health refers to a person's emotional, psychological, and social well-being. It is often assessed by how effectively an individual can cope with everyday stressors. Good mental health enables people to utilize their abilities, be productive, make decisions, and actively participate in their communities according to Holmes, L. (2026). By providing psychosocial support and rehabilitation within the community, these programs maintain continuity of care and can reduce the economic burden on healthcare systems while improving long-term patient outcomes.

In educational settings, the implementation of school-based mental health programs (SBMHPs) has been shown to significantly improve students' emotional and behavioral well-being. In a different angle school-based psychosocial interventions, especially cognitive-behavioral approaches, can help reduce anxiety and depression symptoms in children and young people. While the effects are generally modest, these interventions can improve emotional and behavioral outcomes in educational settings (Caldwell et al., 2021). Additionally, Franklin et al. (2022) discovered that long-term participation in these programs enhances academic performance and improves interpersonal relationships. These findings indicate that providing early and consistent mental health support in schools normalizes help-seeking behaviors and fosters resilience among youth.

Furthermore, economic evidence highlights the importance of mental health support programs as cost-effective public health investments. A systematic review conducted by Mihalopoulos et al. (2021) found that mental health prevention and promotion interventions often lead to cost savings by preventing severe mental health crises and reducing long-term healthcare expenses. The study emphasized that targeted early interventions, such as psychosocial education and community-based prevention, provide significant financial and social benefits compared to approaches that focus solely on treatment. This finding underscores the value of investing in preventive support programs at both the community and national levels.

B. Out-of-School Youth (OSYs)

The term "out-of-school youth" refers to individuals aged 15 to 24 years who are not currently enrolled in school or who have attended school but dropped out before completing their compulsory or basic education. This category also includes youth with disabilities and those from impoverished families who lack the opportunity to attend school (Khang, 2020).

According to Section 6, "Human Rights of Out-of-School Youth," individuals in this group are entitled to all rights guaranteed by the Constitution and those recognized under international treaties ratified by the Philippines, in accordance with Philippine law. Out-of-school youth (OSY) often face stigma and limited opportunities, making socio-emotional support programs essential. The USAID–Opportunity 2.0 report highlights that OSYs struggle with their well-being and often feel pressured to accept any available work, even if it does not align with their aspirations. Community-based mental health support from barangay leaders and local officials is deemed crucial for sustaining motivation and resilience (USAID, 2022).

Brodkin et al. (2024) emphasize that out-of-school programs are vital in addressing the mental health needs of marginalized youth, as many OSYs lack access to formal school-based services. These programs not only serve as preventive measures but also provide early intervention opportunities, ensuring that youth who might otherwise be excluded receive support before their challenges escalate. This is significant because unmet mental health needs among OSYs can lead to long-term consequences such as disengagement, unemployment, and worsening psychological distress. Therefore, accessible community-based support is essential for fostering resilience and promoting future well-being.

C. Family Support

Family support is a key factor in promoting the mental health and well-being of adolescents and young adults. It includes the emotional, informational, and practical assistance provided by family members, such as expressions of care, guidance, and open communication, particularly during stressful situations (Kamaryati & Malathum, 2020). Research indicates that support from parents or guardians significantly enhances adolescents' coping abilities, emotional stability, and overall psychological well-being (Ferreira et al., 2025).

Comparably, Qian et al. (2024) highlighted a strong negative correlation between parental emotional support and the psychological and somatic symptoms of adolescents. Their research suggests that young people who perceive high levels of family support report better mental health outcomes, with self-efficacy acting as a mediating factor. This indicates that children's confidence in managing life's challenges improves when they receive consistent emotional support at home.

In a comprehensive review of family-based interventions, Bosqui et al. (2024) found that parenting and family programs implemented in low- and middle-income countries (LMICs) positively impact children's mental health, provided these programs are adapted to the local culture and context. However, they noted that careful implementation and community participation are essential for ensuring sustainability.

This finding aligns with Tsang et al. (2024), who reported that while parent-focused interventions yield mixed results, their effectiveness largely depends on how well the programs address the specific needs of both children and parents. For out-of-school youth (OSY), family support is even more critical, as these children often lack the protective environment that schools provide. Brodkin et al. (2024) observed that many needs assessment tools for OSY often overlook household and family-related factors, despite their significant impact on a child's psychosocial health. Without adequate family support, OSY faces a higher risk of experiencing stress, low self-esteem, and emotional instability.

Moreover, Nemiro et al. (2022) stressed that integrating family engagement into community-based Mental Health and Psychosocial Support (MHPSS) programs can enhance their reach and sustainability. In a barangay setting, this engagement could take the form of parent seminars, family visits, or collaborative counseling sessions aimed at building emotional connections and shared responsibilities within families. This approach also helps reduce social exclusion and anxiety by fostering stronger family and community support networks.

D. Friend's Support

Friend support refers to the emotional, social, and psychological assistance provided by friends during times of need. The Learn to Live organization (2023) explains that friend support involves offering encouragement, understanding, and companionship, which help reduce feelings of loneliness and provide reassurance. This type of support plays a crucial role in assisting individuals to feel valued and understood, thereby contributing to their overall emotional well-being.

Gillard, S., et.al (2025) conducted a scoping review that found peer support to be significantly associated with improvements in mental health, including greater happiness, self-esteem, and effective coping, as well as reductions in depression, loneliness, and anxiety. These benefits were observed across diverse populations such as university students, non-student young adults, and ethnic/sexual minorities. Both individual and group peer support were shown to be beneficial, with positive effects also extending to those who provide the support. In another study of Rickwood, D., (2024) one study successfully reduced anxiety and depression among young people receiving peer support interventions, with additional studies reporting reductions in negative effect, suggesting peer support may be beneficial in improving emotional well-being. Importantly, peer-led support groups were the only intervention specifically designed for students already experiencing mental health challenges. This highlights their unique role in providing accessible and empathetic support within academic settings. Students find peer support easy to engage with, and recent research indicates that it can enhance the accessibility of support services. Notably, 75% of students who faced mental health difficulties reported confiding in a peer rather than in their higher education institutions.

Research indicates that peer support interventions are effective in reducing symptoms of depression. Acoba (2024) found that perceived stress plays a significant role in the relationship between social support and mental health outcomes among Filipino adults. Specifically, support from friends and family was linked to lower levels of perceived stress. This reduction in stress, in turn, led to decreased symptoms of anxiety and depression, as well as increased positive emotional states. These findings highlight the protective effect of emotionally supportive relationships in alleviating psychological distress. They emphasize the importance of incorporating peer and family support systems into mental health interventions, particularly for vulnerable populations like out-of-school youth.

Comparably, Simmons et al. (2023) found that peer support interventions delivered by individuals with lived experience of mental health challenges showed modest but promising effects in reducing anxiety, depression, and negative affect among youth aged 15–24. Although the evidence base remains limited, several randomized controlled trials reported improvements in emotional outcomes, particularly among university students. The authors emphasize that peer support may be especially valuable in contexts where traditional mental health services are inaccessible or stigmatized, reinforcing its potential as a expandable and empathetic approach to youth mental health care.

In conclusion, support from friends and peers is vital for mental health and emotional well-being. Research shows that strong relationships can reduce stress, anxiety, and depression while increasing self-esteem and resilience. Friend support offers accessible help, especially in environments where professional mental health services may be limited or stigmatized. Fostering genuine connections, friendships, and peer networks serves as a powerful tool for enhancing mental

health and creating compassionate communities.

E. Barangay Support

Barangay support refers to the assistance, services, and active involvement provided by a barangay—the smallest administrative unit of local government in the Philippines—to help implement community programs, address local needs, and promote the welfare of residents. This support can include social services, health initiatives, education or livelihood programs, and the mobilization of community resources and volunteers to ensure program success. Barangay support is crucial in fostering community participation and ensuring that local programs effectively reach their intended beneficiaries (National Nutrition Council, 2026).

Studies highlight the crucial role of community-based support in reducing the barriers faced by OSYs. Paguntalan et al. (2025) reported that in Barangay Aglayan, Malaybalay City, financial difficulties remain a primary challenge among the 563 identified OSYs out of a total of 2,514 youths. However, existing youth programs rarely address their specific needs. Similarly, USAID Opportunity 2.0 (2023) found that many OSYs are unaware of government and local government unit (LGU)-led programs due to inadequate information dissemination at the grassroots level. This lack of awareness results in low participation and limited access to educational and employment opportunities.

Furthermore, the Philippine legal framework emphasizes the barangay's front-line role in community development and youth support. The Mental Health Act and the Local Government Code (Republic Act No. 7160) mandate barangay officials and health workers to implement localized policies, spread information, and mobilize resources to address youth and community concerns, including mental health.

When properly implemented, community-based initiatives strengthen engagement, promote youth empowerment and ensure more accessible services at the local level (DAP, 2022). Overall, barangay support is crucial in addressing the multidimensional needs of out-of-school youth. By providing accessible programs, enhancing community engagement, and improving information dissemination, barangays can foster a supportive environment that promotes resilience, empowers OSYs, and guides them toward meaningful opportunities for personal and social development.

F. Synthesis of Review Literature and Studies

The reviewed literature consistently emphasizes the importance of mental health support systems in promoting psychological well-being across various populations. Mental health is widely recognized as a fundamental human right and a critical component of overall health and socio-economic development (WHO, 2022). Studies have demonstrated that support from peers, families, and communities significantly contributes to improved mental health outcomes, including increased self-esteem, empowerment, resilience, and reduced symptoms of anxiety and depression (Shalaby & Agyapong, 2020; Kamaryati & Malathum, 2020; Gillard et al., 2025). Community-based and school-based mental health programs have likewise been shown to enhance emotional well-being and social functioning among adolescents and young people (Caldwell et al., 2021; Franklin et al., 2022). Similarly, economic evaluations highlight that preventive and community-based mental health interventions are cost-effective strategies that reduce long-term healthcare costs and improve overall population well-being (Mihalopoulos et al., 2021).

Despite these similarities, existing studies differ from the present research in terms of population, context, and analytical focus. Much of the literature concentrates on students, clinical populations, or youth engaged in formal educational or health systems (Caldwell et al., 2021; Simmons et al., 2023), whereas out-of-school youth (OSYs) are often examined only through broad policy reports or scoping reviews rather than localized empirical investigations (USAID, 2022; Brodkin et al., 2024). Although several Philippine studies highlight the effectiveness of barangay-led initiatives and the role of community health workers in mental health promotion, these studies primarily focus on program implementation, workforce experiences, or prevalence rates rather than on OSYs' perceived access to and experience of mental health support (Tista, 2024; Hartigan-Go et al., 2025; Quezon-Santos & Gapuz, 2024). Furthermore, many studies evaluate specific interventions or program outcomes, while limited research simultaneously examines family, peer, and barangay support as interconnected sources of mental health assistance.

Thus, the present study is not a duplication of prior research because it uniquely focuses on out-of-school youth at the barangay level and examines their perceived mental health support from family, friends, and the barangay within a specific local context. By employing a descriptive quantitative approach in Barangay San Fernando Sur, this study provides localized and context-specific evidence on the current mental health support systems available to OSYs. Unlike previous studies that center on intervention effectiveness or institutional perspectives, this research captures the lived support experiences of OSYs and uses these findings as a basis for proposing a barangay-led extension program. Consequently, the study addresses a clear gap in the literature by generating empirical data that can inform targeted, community-based mental health initiatives for out-of-school youth.

3. Research Methodology

This section outlines the research methods and procedures used in the study. It includes the research design, the participants, the sampling techniques, the data-gathering instruments, and the procedures for data analysis. The methodology serves as the foundation of the study, ensuring that the results are reliable, valid, and aligned with the research objectives. By systematically detailing each step of the process, this chapter aims to provide a clear understanding of how the study was conducted and how the data were collected, analyzed, and interpreted to address the research questions.

A. Research Method

This study employed a quantitative method. This design was appropriate as it aimed to describe the demographic profile of

the respondents and determine the frequency or extent of mental health support received by out-of-school youth from family, friends, and the barangay. Quantitative research methods enable the collection of numerical data that can be summarized, analyzed, and interpreted using statistical tools to describe existing conditions without manipulating variables. This approach allows for objective measurement and comparison of the support systems, providing a clear picture of their influence on the respondents' mental health.

This study employed a descriptive research design to examine the demographic profile of out-of-school youth (OSYs) and to describe the mental health support they receive from their family, friends, and the barangay. The descriptive research design is appropriate for this study as it aims to systematically portray existing conditions and relationships as they naturally occur, without the manipulation of variables. Using this approach, the study provide a clear and accurate picture of the current mental health support system available to OSYs in Barangay San Fernando Sur, which serves as a basis for the development of a barangay-led extension program.

B. Population, Sample Size and Sampling Technique

The population of the study consisted of out-of-school youth (OSYs) residing in Barangay San Fernando Sur, Cabiao, Nueva Ecija. These OSYs were high school and college who discontinued formal education aged 15 to 24 years who were not enrolled in any formal educational institution at the time of the study. The identification of the target population was based on barangay records and district-level assessments, which documented youth who discontinued their education due to financial constraints, family responsibilities, or other socio-economic factors. Out-of-school children below 15 years of age were excluded to ensure consistency with the objectives of the study, the research instruments used, and ethical considerations.

The study employed a simple random sampling procedure, where each out-of-school youth (OSY) in the population had an equal chance of being selected. A complete list from the barangay was obtained, and respondents were randomly selected using random number generator. Simple random sampling was used to minimize selection bias and ensure the results can be generalized to the population of OSYs in the barangay.

The sample size was determined using Cochran's formula, using a 95% confidence level and a 5% margin of error, the computed sample size was sufficient to represent the OSY population of the barangay. With a total population of 280, a total of163 respondents were selected to provide meaningful and reliable data. The sample size was considered adequate to achieve sufficient information and meet the objectives of the study.

Table 1
Frequency distribution of the respondents according to population

Respondent Group	Frequency	Percentage
Female	50	30.67%
Male	113	69.33%
Total	**163**	**100%**

C. Description of Respondents

The respondents of this study were out-of-school youth (OSY) residing in Barangay San Fernando Sur, Cabiao, Nueva Ecija. These respondents included high school and college dropouts youth who were previously enrolled in secondary or tertiary education but were unable to complete their studies and residing in San Fernando Sur. A complete list of OSYs was secured from the barangay.

With that, a total of 163 respondents were selected who belonged to the 15 to 24 years old age group, which aligns with the national classification of out-of-school youth. This age range represents a critical stage of development wherein individuals are more vulnerable to emotional stress, mental health concerns, and social challenges, particularly in the absence of formal educational structures. By including both high school and college dropouts, the study ensured a broader representation of out-of-school youth and allowed for a more comprehensive assessment of mental health support systems available to OSYs within the barangay.

D. Research Instrument

The primary instrument in this study was a researcher-made questionnaire, designed to collect both descriptive and quantitative data. It assessed the frequency of mental health support received by out-of-school youth using a five-point Likert-type scale, focusing on three dimensions: Family Support, Friends' Support, and Barangay Support. The questionnaire evaluated how these support systems contribute to the mental health of OSYs and how barangay-led initiatives reinforce them. Items were simplified to match the comprehension level of the respondents, ensuring clarity and ease of understanding.

The wording of the statements was made clear, direct, and age-appropriate to avoid confusion and misinterpretation. This approach was further supported by consultation with representatives from the Municipal Social Welfare and Development Office (MSWDO), who have first-hand experience working with out-of-school youth. Their insights helped ensure that the language, content, and structure of the questionnaire were suitable for OSYs and reflective of their real-life experiences. This process strengthened the content validity of the instrument by ensuring that the items accurately measured the intended constructs. The instrument consisted of two parts. The first part gathered demographic information such as age and gender. The second part assessed the level of mental health support received by the respondents using three subscales family support, friends' support, and barangay support each containing ten statements that described various supportive behaviors and experiences. These statements focused on emotional, social, and psychological support commonly encountered by OSYs in their daily lives.

The questionnaire was reviewed for clarity, relevance, and alignment with the study objectives. Revisions were made to simplify wording and ensure suitability for out-of-school youth, confirming its reliability. A five-point Likert scale (Always = 5 to Never = 1) measured respondents' perceived mental health support across emotional and social contexts. Ethical standards

were strictly observed: participation was voluntary, responses were anonymous and confidential, and the instrument was culturally sensitive, non-threatening, and free from bias.

Table 2
Reliability test analysis of mental health support by frequency level

Mental Health Support	Cronbach	No. Items	Interpretation
Family Support	0.76	9	Acceptable
Friend's Support	0.82	7	Good
Barangay support	0.87	7	Good

Legend: More than 0.90 – Excellent, 0.80-0.89 – Good, 0.70 –0.79 – Acceptable, 0.6–.69 – Questionable, 0.5–0.59 – Poor, Less than 0.59 – Unacceptable

The reliability of the research instrument was evaluated using Cronbach's alpha to assess the internal consistency of each mental health support variable. Family Support received a Cronbach's alpha of 0.76, indicating an acceptable level of reliability. This suggests that the items within this subscale consistently measure the same construct, making them suitable for evaluating the level of mental health support received by respondents from their families. Friends' Support achieved a Cronbach's alpha of 0.82, which reflects good reliability. This result indicates a high degree of internal consistency among the items, demonstrating that the statements effectively measure peer-related mental health support among out-of-school youth.

Barangay Support recorded a Cronbach's alpha of 0.86, which indicates good reliability. This result reflects a high degree of internal consistency among items, demonstrating that the statements effectively measure barangay-related mental health support among OSYs. The high reliability suggests that respondents answered the items consistently, making the subscale dependable for assessing barangay-mental health support. Hence, Barangay Support was retained in the study because of its reliability, and theoretical relevance.

E. Data Gathering Procedure

Before data collection, the researchers sought and obtained formal approval from the Barangay Captain of Barangay San Fernando Sur, Cabiao, Nueva Ecija, to access the official list of the total out-of-school youth population, as well as the Municipal Social Welfare and Development Office (MSWDO), which had first-hand experience with OSY. Coordination with barangay officials and youth workers facilitated the identification of eligible out-of-school youth (OSYs). To ensure the accuracy and relevance of the questions, the questionnaire underwent validation process. The panel of validators include Ms. Dina Grace T. Magnaye, Mr. Ville Andrei M. Vilanio, and Ms. May M. Galang. Revisions were made based on their feedback, and the final instrument was pilot-tested with selected OSYs to confirm its clarity, reliability, and suitability for the target respondents.

The questionnaire was pilot-tested on October 22, 2025, and the results were analyzed using Jamovi software to confirm reliability, with any necessary adjustments made for clarity. The actual survey was conducted in the first week of March 2026, with the researchers personally distributing the finalized questionnaires to the identified OSY participants, assisted by barangay officials and volunteer social workers. The study's purpose and procedures were explained in simple, age-appropriate language, emphasizing confidentiality and that participation would not affect access to barangay programs or services. In addition to the questionnaires, copies of existing barangay mental health program documentation were also reviewed to provide a clearer understanding of the programs and their relevance to the respondents' mental health support.

F. Statistical Treatment of Data

For the data analysis, the following statistical tools and measures were employed to analyze the respondent's answers. These methods ensured that the findings were accurately represented and aligned with the study's objectives. Using these analyses also allowed the researchers to determine the frequency and extent of mental health support received by the respondents for a more meaningful interpretation. Descriptive statistics such as frequency counts, percentages, and weighted means were utilized to summarize and interpret the data systematically.

1) Frequency and Percentage Distribution

Frequency (f) and percentage (%) were used to describe the distribution of respondents according to age and gender. Frequency represented the number of respondents in each age group and gender category, while percentage indicated the proportion of respondents in each category relative to the total number of respondents. These measures provided a clear and organized presentation of the respondents' demographic profile and facilitated easier interpretation and comparison of the data.

The frequency and percentage were computed using the following formulas:

Frequency (f) = number of respondents per category

Percentage (%) = (frequency ÷ total number of respondents) × 100

2) Weighted Mean

Weighted Mean was used to determine the frequency or extent of mental health support received by out-of-school youth from family, friends, and the barangay. This tool allowed the researchers to quantify responses to the Likert-scale items in the questionnaire.

The formula used was:

$$\bar{X} = \frac{\sum fx}{N}$$

Where:

$\bar{X}$ = weighted mean

$\sum fx$ = sum of the product of the frequency and its corresponding weight

N = total number of the respondents

The Likert Scale was used to interpret the responses, providing a range that describes the degree or assessment of each indicator.

This scale served as a basis for interpreting the frequency of mental health support experienced by the respondents.

3) Independent T-Test

An independent t-test was utilized to examine whether there are significant differences in the frequency of mental health

The Five-Point Likert Scale Level of Frequency

Scale	Weighted Mean	Interpretation	Description
5	4.21-5.00	Always	Indicates that the respondents consistently and regularly experience mental health support in the area being measured.
4	3.41-4.20	Often	Indicates that the respondents frequently experience mental health support, though not on a constant basis.
3	2.61-3.40	Sometimes	Indicates that the respondents occasionally experience mental health support, suggesting a moderate level of availability or effectiveness.
2	1.81-2.60	Rarely	Indicates that the respondents seldom experience mental health support, reflecting limited availability or accessibility.
1	1.00-1.80	Never	Indicates that the respondents do not experience mental health support in the area being measured.

support received from family, friends, and barangay support among out-of-school youth (OSYs) when grouped according to demographic factors such as age and gender. The Independent T-Test is the most suitable statistical tool for comparing the mean scores of two groups. It allows the researchers to determine whether the differences between groups are statistically significant. The findings helped assess whether mental health support is experienced similarly among respondents regardless of their demographic profile.

The formula used was:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{s_1^2}{N_1} + \frac{s_2^2}{N_2}}}$$

G. Ethical Considerations

In the conduct of this study, the researchers were guided by the following ethical considerations:

Vulnerability of Respondents. The respondents of the study included out-of-school youth, some of whom were minors, making them a vulnerable population. Special care was taken to protect their rights, safety, and well-being throughout the research process. The study ensured that participation did not expose respondents to harm, coercion, or undue influence, and that their involvement was appropriate to their age and level of understanding.

Review of Risks and Measures to Mitigate. The study posed minimal risk to the respondents. Possible emotional discomfort associated with answering questions related to mental health support was anticipated. To mitigate this, the questionnaire items were carefully designed to be age-appropriate, clearly worded, and non-intrusive. The data collection process was conducted in a supportive and respectful manner to reduce any potential distress.

Informed Consent Process. Before data collection, the purpose, procedures, potential risks, and benefits of the study were clearly explained to the respondents. Informed consent was obtained from all participants. For respondents who were minors, consent was secured from their parent or legal guardian, along with the approval of the minor.

Voluntary Participation and Right to Self-determination. Participation in the study was entirely voluntary. Participants were provided with sufficient information about the study's purpose, procedures, and potential risks and benefits before giving consent. This ensured that their decision to participate was informed and respected their autonomy throughout the research process. Respondents were informed of their right to refuse participation or withdraw from the study at any point without any form of penalty or negative consequence.

Privacy. The privacy of the respondents was strictly protected in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173). No identifying personal information, such as names or exact addresses, was collected, and only necessary demographic data relevant to the study were obtained.

Anonymity and Confidentiality. Anonymity was ensured by assigning codes to respondents instead of using names or other identifying information. All data collected were treated with strict confidentiality and stored in a password-protected device accessible only to the researcher and authorized academic panels. Research findings were reported in aggregate form.

Justice and Fairness. All respondents were treated fairly and equally, regardless of age, gender, or background. No form of discrimination, bias, or prejudice occurred during the conduct of the study.

Compensation. No incentives or monetary compensation were provided to the respondents. Participation was based solely on their willingness to contribute to the study.

Community Considerations. The findings of the study will be shared with the barangay and relevant stakeholders to serve as a basis for strengthening mental health support programs for out-of-school youth.

4. Results and Discussion

This section contains a detailed presentation and discussion of data analysis and the findings from 163 questionnaires completed by the Out-Of-School Youth in San Fernando Sur, Cabiao, Nueva Ecija. The gathered data from the survey were presented in tabular form with the support of corresponding interpretations, implications, and theoretical bases.

A. Demographic Profile of the Respondents' in terms of Age and Gender

Table 3
Demographic profile of the respondents in terms of age

Age	Frequency	Percentage
15-18 years old	41	25.15%
19-24 years old	122	74.85%
Total	**163**	**100%**

Table 3 presents the frequency and percentage distribution of the respondents according to age. The results show that the majority of the respondents belong to the age group of 19–24 years old, with a total of 122 or 74.85%, while the remaining respondents belong to the age group of 15–18 years old, with a total frequency of 41 or 25.15%.

This finding is supported by Demkowicz et al. (2023), who emphasized that adolescence and young adulthood are vulnerable developmental periods characterized by emotional distress, social adjustments, and increased dependence on social connections. Their study found that emotional well-being is closely associated with emotion regulation and support from family and peers highlighting the importance of social support systems during this stage of life. These findings support the present study's result that individuals aged 19- 24 may have a greater need for mental health support as they navigate significant life transitions and responsibilities.

Table 4
Demographic profile of the respondents in terms of gender

Gender	Frequency	Percentage
Female	50	30.67%
Male	113	69.33%
Total	**163**	**100%**

Table 4 shows that the majority of the respondents are male, with a frequency of 113 or 69.33% of the total population. On the other hand, female respondents account for 50 or 30.67% of the total respondents. This indicates that there are significantly more male out-of-school youth in Barangay San Fernando Sur, Cabiao, Nueva Ecija, compared to females.

Table 5 shows that the highest demographic distribution in terms of age belongs to the 19–24-year-old group, with a frequency of 122 or 74.85% of the total respondents. This finding is supported by the Philippine Statistics Authority (2024), which reported that 51.3% of out-of-school children and youth in the Philippines were males, while the majority (68.5%) belonged to the 20–24 years old age group. These national statistics support the present study's finding that most respondents are male and belong to the older youth age bracket. In terms of gender, male respondents recorded the highest frequency with 113 or 69.33% of the total population. These findings indicate that the majority of the respondents are male out-of-school youth within the age range of 19–24 years old. This finding is supported by the study of Brodkin et al. (2024), which noted that older out-of-school youth are more likely to experience increased responsibilities and challenges that may contribute to their continued disengagement from formal education. This supports the present study's finding that the majority of respondents belong to the older age group.

B. Frequency of the respondents' receiving Mental Health support from family, friends, and the barangay

Table 6 shows that respondents consistently received mental health support from their families, as reflected by the overall weighted mean of 4.33, verbally interpreted as "Always." The highest-rated indicators were family showing love and care (WM = 4.63), providing guidance in making important decisions (WM = 4.57), and encouraging positive thinking (WM = 4.50). Other indicators, including encouragement to achieve goals (WM = 4.40), listening to problems and feelings (WM = 4.37), helping with personal problems (WM = 4.33), providing comfort during difficult situations (WM = 4.10), talking openly about feelings (WM = 4.03), and making respondents feel emotionally safe (WM = 4.03), also received ratings interpreted as "Always."

These findings suggest that families serve as a reliable source of emotional support, guidance, and motivation for out-of-school youth. The results support the study of Qian et al. (2024), which found that parental emotional support was negatively associated with psychological and somatic symptoms among adolescents, with self-efficacy serving as a mediating factor. This indicates that strong family support contributes to better emotional adjustment and resilience. Likewise, Brodkin et al. (2024) emphasized that family-related factors significantly influence the psychosocial health of out-of-school youth, highlighting the importance of emotional connectedness and parental involvement. Although family support was consistently experienced, the relatively lower ratings for open communication about feelings suggest that strengthening emotional dialogue within families may further improve the mental well-being of respondents.

Table 7 reveals that respondents consistently received mental health support from friends, with an overall weighted mean of 4.46 interpreted as "Always." The highest-rated indicator was help in handling stress and worries (WM = 4.54), followed by freedom to express feelings (WM = 4.49), encouragement to do their best (WM = 4.48), feeling accepted and important (WM =

Table 5
Summary of the respondents' highest demographic distribution

Demographic Profile	Category with the Highest Frequency	Frequency	Percentage
Age	19-24 years old	122	74.85%
Gender	Male	113	69.33%

Table 6
Frequency of mental health support received by the respondents from family

Family Support	Weighted Mean	Verbal Interpretation
1. My family listens when I talk about my problems or feelings.	4.37	Always
2. My family shows that they love and care for me.	4.63	Always
3. My family encourages me to think positively.	4.50	Always
4. My family helps me when I have personal problems.	4.33	Always
5. My family comforts me when I am going through something difficult.	4.10	Always
6. My family talks openly about feelings.	4.03	Always
7. My family encourages me to work hard and reach my goals.	4.40	Always
8. My family guides me when I need to make important decisions.	4.57	Always
9. My family makes me feel emotionally safe.	4.03	Always
Overall	**4.33**	**Always**

Legends: 5.00-4.20: Always, 4.19-3.40: Often, 3.39-2.60: Sometimes, 2.59-1.80: Rarely, 1.79-1.00: Never

Table 7
Frequency of mental health support received by the respondents from friends

Friends Support	Weighted Mean	Verbal Interpretation
1. My friends help me handle stress and worries.	4.54	Always
2. My friends make me feel accepted and important.	4.47	Always
3. My friends include me in group activities.	4.45	Always
4. My friends let me express my feelings freely.	4.49	Always
5. My friends keep my personal stories private.	4.36	Always
6. My friends encourage me to do my best.	4.48	Always
7. My friends make me happy and support me emotionally.	4.45	Always
Overall	**4.46**	**Always**

Legends: 5.00-4.20: Always, 4.19-3.40: Often, 3.39-2.60: Sometimes, 2.59-1.80: Rarely, 1.79- 1.00: Never

Table 8
Frequency of mental health support received by the respondents from Barangay

Barangay Support	Weighted Mean	Verbal Interpretation
1. The barangay gives helpful advice through its mental health programs.	2.84	Sometimes
2. The barangay encourages me to take care of my mental and emotional health.	2.79	Sometimes
3. Barangay staff or leaders help me build good habits, like staying positive or managing stress.	2.94	Sometimes
4. The barangay motivates me to keep going and do my best.	2.84	Sometimes
5. The barangay provides emotional support through talks, programs, or activities.	2.69	Sometimes
6. Barangay programs help me make better choices for my life and mental health.	2.76	Sometimes
7. The Barangay shows genuine care for the mental well-being of the youth.	2.82	Sometimes
Overall	**2.81**	**Sometimes**

Legends: 5.00-4.20: Always, 4.19-3.40: Often, 3.39-2.60: Sometimes, 2.59-1.80: Rarely, 1.79- 1.00: Never

4.47), inclusion in group activities (WM = 4.45), emotional support and and happiness (WM = 4.45), and keeping personal stories private (WM = 4.36).

The findings indicate that friends play a vital role in providing emotional and social support among respondents. This supports Poudel et al. (2020), who found that perceived social support significantly predicts psychological well-being through the enhancement of self-esteem. Similarly, Osborn et al. (2019) reported that peer-led interventions increase perceived social support among adolescents, contributing to improved mental health outcomes. The findings are further supported by Yanagi (2023), who found that peer support reduces symptoms of depression and loneliness, while Shin and Park (2022) concluded that high-quality friendships foster happiness, belongingness, and psychological well-being. These studies collectively support the present findings that friends are among the most important sources of mental health support for out-of-school youth.

Table 8 shows that respondents only sometimes received mental health support from the barangay, as indicated by the overall weighted mean of 2.81. The highest-rated indicator was assistance in building positive habits and managing stress (WM = 2.94), followed by helpful advice through mental health programs (WM = 2.84), motivation to do their best (WM = 2.84), showing genuine care for youth well-being (WM = 2.82), encouraging mental and emotional self-care (WM = 2.79), helping respondents make better life choices (WM = 2.76), and providing emotional support through talks, programs, or activities (WM = 2.69).

These findings suggest that while barangay support mechanisms are present, they are not consistently experienced by all respondents. The results support the World Health Organization (2021), which emphasized that community-level interventions play a crucial role in promoting mental well-being, particularly among vulnerable groups such as youth. However, the WHO also noted that limited access and inconsistent participation may reduce the effectiveness of such programs. Likewise, Patton et al. (2016) stressed that sustained and accessible community-based support systems are essential in improving adolescent mental health outcomes. The relatively lower ratings across barangay indicators suggest the need to strengthen local mental health programs and ensure that support services are more visible, accessible, and responsive to the needs of out-of-school youth.

Table 9
Summary of frequency of mental health support received by the respondents

Variables	Weighted Mean	Verbal Interpretation
Family Support	4.33	Always
Friends Support	4.46	Always
Barangay Support	2.81	Sometimes
Overall	**3.87**	**Often**

Legends: 5.00-4.20: Always, 4.19-3.40: Often, 3.39-2.60: Sometimes, 2.59-1.80: Rarely, 1.79- 1.00: Never

Table 9 presents the summary of the frequency of mental health support received by the respondents. Among the three sources of support, Friends Support obtained the highest weighted mean (WM = 4.46, Always), followed by Family Support (WM = 4.33, Always), while Barangay Support received the lowest weighted mean (WM = 2.81, Sometimes). The overall weighted mean of 3.87, interpreted as “Often,” indicates that respondents generally receive mental health support, particularly from family members and friends.

The findings suggest that respondents rely more heavily on their immediate social relationships than on community-based support systems. Friends and family provide consistent emotional, social, and motivational support, while barangay support is only moderately experienced. This finding supports the Social Support Theory of Cohen and Wills (1985), which emphasizes that strong interpersonal relationships serve as protective factors against stress and contribute to positive psychological well-being. The results further imply that strengthening community-based mental health programs may help complement the support already provided by families and peers.

Table 10
Significant difference in the frequency of mental health support received when grouped according to their demographic profile in terms of age

Family Support	P-value	Decision	Conclusion
1. My family listens when I talk about my problems or feelings.	0.987	Accept Ho	Not Significant
2. My family shows that they love and care for me.	0.086	Accept Ho	Not Significant
3. My family encourages me to think positively.	0.830	Accept Ho	Not Significant
4. My family helps me when I have personal problems.	0.225	Accept Ho	Not Significant
5. My family comforts me when I am going through something difficult.	0.494	Accept Ho	Not Significant
6. My family talks openly about feelings.	0.247	Accept Ho	Not Significant
7. My family encourages me to work hard and reach my goals.	<0.030	Reject Ho	Significant
8. My family guides me when I need to make important decisions.	0.333	Accept Ho	Not Significant
9. My family makes me feel emotionally safe.	0.223	Accept Ho	Not Significant
Overall	**0.384**	**Accept Ho**	**Not Significant**

Legend: If p-value <0.05, Reject Ho; If p-value>0.05, Accept Ho

Table 11
Significant difference in the frequency of mental health support received when grouped according to their demographic profile in terms of age

Friends Support	P-value	Decision	Conclusion
1. My friends help me handle stress and worries.	0.071	Accept Ho	Not Significant
2. My friends make me feel accepted and important.	0.627	Accept Ho	Not Significant
3. My friends include me in group activities.	0.399	Accept Ho	Not Significant
4. My friends let me express my feelings freely.	0.202	Accept Ho	Not Significant
5. My friends keep my personal stories private.	0.116	Accept Ho	Not Significant
6. My friends encourage me to do my best.	0.929	Accept Ho	Not Significant
7.My friends make me happy and support me emotionally.	0.724	Accept Ho	Not Significant
Overall	**0.438**	**Accept Ho**	**Not Significant**

Legend: If p-value <0.05, Reject Ho; If p-value>0.05, Accept Ho

Table 12
Significant difference in the frequency of mental health support received when grouped according to their demographic profile in terms of age

Barangay Support	P-value	Decision	Conclusion
1. The Barangay gives helpful advice through its mental health programs.	0.610	Accept Ho	Not Significant
2. The barangay encourages me to take care of my mental and emotional health.	0.969	Accept Ho	Not Significant
3. Barangay staff or leaders help me build good habits, like staying positive or managing stress.	0.162	Accept Ho	Not Significant
4. The barangay motivates me to keep going and do my best.	0.637	Accept Ho	Not Significant
5. The barangay provides emotional support through talks, programs, or activities.	0.121	Accept Ho	Not Significant
6. Barangay programs help me make better choices for my life and mental health.	0.970	Accept Ho	Not Significant
7. The barangay shows genuine care for the mental well-being of the youth.	0.185	Accept Ho	Not Significant
Overall	**0.522**	**Accept Ho**	**Not Significant**

Legend: If p-value <0.05, Reject Ho; If p-value>0.05, Accept Ho

C. Significant difference between the respondents' level of frequency of mental health support received when grouped according to their demographic profile

In table 10 shows the significant difference in family support when respondents were grouped according to age. The overall p-value of 0.384 exceeded the 0.05 level of significance, indicating no significant difference in the frequency of family support received across age groups. Only the indicator related to encouragement to work hard and achieve goals (p = 0.030) showed a significant difference, while all other indicators remained non-significant.

These findings suggest that respondents generally experience similar levels of family support regardless of age. The significant result for encouragement toward goal achievement may indicate that families have varying expectations depending on the age of the youth. This finding is consistent with Qian et al. (2024), who reported that parental emotional support positively influences adolescent well-being regardless of age. Similarly, Brodkin et al. (2024) noted that family support remains a significant factor in the psychosocial development of out-of-school youth, although specific forms of support may vary across developmental stages.

In Table 11 presents the significant difference in friends' support when grouped according to age. The overall p-value of 0.438 is greater than the 0.05 level of significance, indicating no significant difference in the frequency of support received from friends among different age groups. All indicators yielded non-significant results, supporting the acceptance of the null hypothesis.

The findings imply that friendships provide a stable source of emotional and social support regardless of age. Respondents appear to receive similar levels of peer encouragement, acceptance, and emotional assistance despite age differences. This result supports Archer et al. (2019), who found that age does not significantly moderate the relationship between peer support and adolescent well-being.

Table 13
Summary of significant difference in the frequency of mental health support received when grouped according to their demographic profile in terms of age

Variables	P-value	Decision	Conclusion
Family Support	0.384	Accept Ho	Not Significant
Friends Support	0.438	Accept Ho	Not Significant
Barangay Support	0.522	Accept Ho	Not Significant
Overall	**0.448**	**Accept Ho**	**Not Significant**

Legend: If p-value <0.05, Reject Ho; If p-value>0.05, Accept Ho

Table 13 presents the summary of significant differences in mental health support when respondents were grouped according to age. Barangay Support obtained the highest p-value (0.522), followed by Friends Support (0.438) and Family Support (0.384), with an overall p-value of 0.448. Since all

Table 14
Significant difference in the frequency of mental health support received when grouped according to their demographic profile in terms of gender

Family Support	P-value	Decision	Conclusion
1. My family listens when I talk about my problems or feelings.	0.499	Accept Ho	Not Significant
2. My family shows that they love and care for me.	0.124	Accept Ho	Not Significant
3. My family encourages me to think positively.	0.378	Accept Ho	Not Significant
4. My family helps me when I have personal problems.	0.171	Accept Ho	Not Significant
5. My family comforts me when I am going through something difficult.	0.461	Accept Ho	Not Significant
6. My family talks openly about feelings.	0.767	Accept Ho	Not Significant
7. My family encourages me to work hard and reach my goals.	0.157	Accept Ho	Not Significant
8. My family guides me when I need to make important decisions.	0.711	Accept Ho	Not Significant
9. My family makes me feel emotionally safe.	0.756	Accept Ho	Not Significant
Overall	**0.447**	**Accept Ho**	**Not Significant**

Legend: If p-value <0.05, Reject Ho; If p-value>0.05, Accept Ho

Table 15
Significant difference in the frequency of mental health support received when grouped according to their demographic profile in terms of gender

Friends Support	P-value	Decision	Conclusion
1. My friends help me handle stress and worries.	0.217	Accept Ho	Not Significant
2. My friends make me feel accepted and important.	0.750	Accept Ho	Not Significant
3. My friends include me in group activities.	0.590	Accept Ho	Not Significant
4. My friends let me express my feelings freely.	0.545	Accept Ho	Not Significant
5. My friends keep my personal stories private.	0.577	Accept Ho	Not Significant
6. My friends encourage me to do my best.	0.987	Accept Ho	Not Significant
7.My friends make me happy and support me emotionally.	0.942	Accept Ho	Not Significant
Overall	**0.658**	**Accept Ho**	**Not Significant**

Legend: If p-value <0.05, Reject Ho; If p-value>0.05, Accept Ho

Table 16
Significant difference in the frequency of mental health support received when grouped according to their demographic profile in terms of gender

Barangay Support	P-value	Decision	Conclusion
1. The barangay gives helpful advice through its mental health programs.	0.670	Accept Ho	Not Significant
2. The barangay encourages me to take care of my mental and emotional health.	0.154	Accept Ho	Not Significant
3. Barangay staff or leaders help me build good habits, like staying positive or managing stress.	0.696	Accept Ho	Not Significant
4. The barangay motivates me to keep going and do my best.	0.029	Reject Ho	Significant
5. The barangay provides emotional support through talks, programs, or activities.	0.513	Accept Ho	Not Significant
6. Barangay programs help me make better choices for my life and mental health.	0.581	Accept Ho	Not Significant
7. The barangay shows genuine care for the mental well-being of the youth.	0.537	Accept Ho	Not Significant
Overall	**0.454**	**Accept Ho**	**Not Significant**

Legend: If p-value <0.05, Reject Ho; If p-value>0.05, Accept Ho

computed p-values exceeded the 0.05 level of significance, the null hypothesis was accepted.

The findings indicate that age does not significantly influence the frequency of mental health support received from family, friends, or the barangay. This suggests that support systems remain relatively consistent across different age groups of out-of-school youth. The result is supported by Van Harmelen et al. (2023), who found no significant associations between age and perceived social support, suggesting that supportive relationships remain beneficial throughout adolescence and young adulthood.

In Table 14 below presents the significant difference in family support when respondents were grouped according to gender. The overall p-value of 0.447 exceeded the 0.05 level of significance, indicating no significant gender-based difference in family support. All indicators also yielded non-significant results, leading to the acceptance of the null hypothesis. These findings suggest that male and female respondents experience comparable levels of family support. Families appear to provide emotional care, guidance, and encouragement without substantial differences based on gender.

This supports Kamaryati and Malathum (2020), who emphasized that family support contributes to emotional stability and well-being regardless of gender. Similarly, Ferreira et al. (2025) found that supportive family relationships positively affect the emotional well-being of both male and female youth.

Table 15 shows the significant difference in friends' support when respondents were grouped according to gender. The overall p-value of 0.658 exceeded the 0.05 level of significance, indicating no significant gender-based difference in support received from friends. All indicators were likewise found to be non-significant.

The findings imply that friendships provide similar levels of support to both male and female respondents. Peer relationships appear to function as an important source of acceptance, encouragement, and emotional assistance regardless of gender. This finding supports Alsarrani et al. (2022), who found that supportive friendships contribute positively to emotional well-being and mental health among youth regardless of gender differences.

Table 16 presents the significant difference in barangay support when respondents were grouped according to gender. The overall p-value of 0.454 exceeded the 0.05 level of significance, indicating no significant difference in barangay support between male and female respondents. Although one indicator, motivation to keep going and do their best ($p = 0.029$), showed a significant difference, the overall result remained non-significant.

These findings suggest that barangay support programs are generally experienced similarly regardless of gender. The results are consistent with the principles of the Mental Health

Act and the Local Government Code (RA 7160), which promote equitable access to community-based services. Furthermore, the Social Support Theory of Cohen and Wills (1985) explains that social support functions as a protective factor that benefits individuals regardless of demographic characteristics such as gender.

Table 17
Summary of significant difference in the frequency of mental health support received when grouped according to their demographic profile in terms of gender

Variables	P-value	Decision	Conclusion
Family Support	0.447	Accept Ho	Not Significant
Friends Support	0.658	Accept Ho	Not Significant
Barangay Support	0.454	Accept Ho	Not Significant
Overall	**0.519**	**Accept Ho**	**Not Significant**

Legend: If p-value <0.05, Reject Ho; If p-value>0.05, Accept Ho

Table 17 presents the summary of significant differences in mental health support when respondents were grouped according to gender. Friends Support recorded the highest p-value (0.658), followed by Barangay Support (0.454) and Family Support (0.447), with an overall p-value of 0.519. Since all p-values exceeded the 0.05 level of significance, the null hypothesis was accepted for all variables.

The findings indicate that gender does not significantly influence the frequency of mental health support received from family, friends, and the barangay. This suggests that respondents generally experience similar levels of support regardless of whether they are male or female. The result supports Duncan et al. (2021), who emphasized that effective community-based mental health interventions rely on coordinated support systems involving families, peers, and local communities, resulting in comparable levels of support across different groups.

Table 18
Summary of significant difference in the frequency of mental health support received when grouped according to their demographic profile

Variables	P-value	Decision	Conclusion
Family Support	0.415	Accept Ho	Not Significant
Friends Support	0.548	Accept Ho	Not Significant
Barangay Support	0.488	Accept Ho	Not Significant
Overall	**0.484**	**Accept Ho**	**Not Significant**

In Table 18 below presents the summary of the significant difference in the frequency of mental health support received from family, friends, and the barangay when grouped according to their demographic profile. When grouped by age, and gender all p-values exceeded 0.05, with an overall of p-0.484 resulting to not significant. These findings indicate that neither age nor gender significantly influences the frequency of mental health support received by out-of-school youth. The age result is supported by Van Harmelen et al. (2023), who found no significant link between social support and symptom of distress across age groups, while the gender result is consistent with Kamaryati and Malathum (2020), who found that family support promotes well-being regardless of gender.

D. Proposed Mental Health Extension Program for Out-Of-School Youth

The proposed "Okay Ka Lang?: Barangay-Led Mental Health Support Program for Out-of-School Youth" was developed based on the findings of the study Assessment of Mental Health Support Program for Out-of-School Youth: Basis for Implementation in Extension Program. The study found that OSYs received strong support from their families and friends, while barangay support was experienced only sometimes. This shows the need for a more consistent, accessible, and organized barangay-led mental health support program for OSYs in Barangay San Fernando Sur, Cabiao, Nueva Ecija. Guided by Social Support Theory, the program recognizes the importance of family, friends, and community support in helping OSYs deal with emotional and personal challenges. It combines mental health education, peer support, life-skills training, referral services, and youth development activities to strengthen the support they already receive and improve the barangay's role in their well-being.

Training Needs Analysis and Mental Health Awareness serve as the foundation of the program. Coordination with barangay officials, the MSWDO, and partner agencies will be conducted, and the OSY registry will be updated to identify the intended beneficiaries. A baseline assessment and pre-test will also be administered to understand the OSYs' mental health concerns, support needs, and preferred interventions, which will guide the succeeding activities.

The second is the Monthly Kumustahan, Peer Support, and Volunteer Training, which will provide OSYs with a safe space to communicate, connect with others, and learn more about mental health. Sessions will cover basic mental health concepts, stigma, emotional concerns, available support services, and appropriate help-seeking behaviors. Barangay volunteers will also receive basic training in Mental Health First Aid and referral procedures so they can better identify and assist OSYs who may need further support.

Life Skills, Financial Literacy, and ALS Bridging focus on helping OSYs develop practical skills for everyday life. Workshops will cover budgeting, saving, basic income management, decision-making, resilience, and stress coping. The program will also coordinate with Alternative Learning System (ALS) providers to connect interested OSYs with educational re-engagement and other livelihood opportunities.

The Youth Development, Referral, and Program Evaluation promotes confidence, resilience, and social connection through activities such as sports, Zumba, team-building, and sharing sessions. A referral system will also be established with the MSWDO to assist OSYs who need counseling or other professional services. Post-tests and evaluation activities will be conducted to assess changes in mental health awareness, coping skills, emotional well-being, and use of support services.

Overall, the program aims to strengthen the barangay's mental health support system for OSYs by making support more accessible and responsive to their needs. Through these activities, OSYs can gain mental health knowledge, practical skills, stronger social connections, educational opportunities,

Table 19
Action plan for the proposed barangay-led mental health extension program for Out-of-School Youth

Year	Project Focus / Component	Major Activities	Expected Outcomes
3 Months March 2027- May 2027	Training Needs Analysis and Mental Health Awareness	-Conduct Training Needs Analysis (baseline assessment and pre-test) -Conduct Mental Health Awareness Seminar -Identify the mental health needs and concerns of OSYs -Orient participants on the objectives of the program	-Baseline data on the mental health needs of at least 80% of identified OSYs established. -At least 80% of participating OSYs demonstrate increased awareness of mental health concepts and available support services based on post-test results.
9 Months June 2027- February 2028	Monthly Kumustahan, Peer Support Program, and Volunteer Training	- Conduct Monthly Kumustahan Sessions - Organize peer support group discussions -Facilitate stress management and coping strategy activities -Monthly Barangay Mental Health Check-in Sessions facilitated by trained volunteers and barangay representatives.	-At least 75% of participating OSYs regularly attend monthly kumustahan sessions. -At least one active peer support network is established and maintained throughout the program. -At least 75% of participants demonstrate improved coping strategies based on self-assessment and facilitator observations.
9 Months March 2028- November 2028	Life Skills, Financial Literacy, and ALS Bridging	-Conduct financial literacy workshops -Implement ALS bridging and educational orientation activities -Facilitate resilience and life-skills development sessions	- At least 80% of participants complete financial literacy activities successfully. - At least 50% of interested OSYs are referred to ALS or livelihood opportunities. - At least 75% of participants demonstrate improved resilience and decision-making skills during workshops.
8 Months December 2028- July 2029	Youth Development, Referral, and Sustainability	-Conduct sports and team-building activities -Administer post-test and program evaluation -Compare pre-test and post-test results -Prepare recommendations and sustainability plan with the barangay -Creation of a Barangay Mental Health Support Committee composed of barangay officials, trained volunteers, youth representatives, and MSWDO partners.	- At least 75% of participants report improved emotional well-being and social connectedness. - At least 80% of participants show improvement in mental health awareness and coping skills based on post-test results. - A Barangay Mental Health Support Committee is formally organized and operational before project completion.
8 Months August 2029- March 2030	Program Evaluation	Data collection (attendance records; facilitator observation checklist; participant feedback forms).	Strengthened barangay-led mental health support system that contributes to improved mental health awareness, coping skills, and peer interconnections.

and access to appropriate professional assistance.

5. Summary of Findings, Conclusion, and Recommendations

This section presented the summary of research results, the conclusions, and recommendations based on the data in the previous chapter. This study assessed the frequency of mental health support received by out-of-school youth (OSY) in Barangay San Fernando Sur, Cabiao, Nueva Ecija.

A. Summary of Findings

1. The majority of the 163 respondents belonged to the 19-24 age group (74.85%), while 24.15% were aged 15-18 years old. Most of the respondents were male (69.33%), while 30.67% were female.
2. The respondents rated the support received from their families with an overall weighted mean of 4.33, interpreted as Always. Support from friends obtained an overall weighted mean of 4.46, interpreted as Always. The overall weighted mean for support received from the barangay was 2.81 which is interpreted as Sometimes.
3. When grouped according to age, all p-values exceeded 0.05 with an overall of 0.448, so the null hypothesis was accepted for all. When grouped according to gender, all p-values exceeded 0.05 with an overall of 0.519, so the null hypothesis was accepted for all. Furthermore, there is no significant difference was found in frequency of mental health support received by the respondents when grouped according to their demographic profile.

B. Conclusion

1. The respondents' demographic profile shows that most out-of-school youth in Barangay San Fernando Sur belong to the 19–24 age group and are predominantly male.
2. The frequency of mental health support received by the respondents from family and friends is generally high, while support from the barangay is only moderately experienced.
3. There is no significant difference in the frequency of mental health support received by the respondents when grouped according to their demographic profile in terms of age and gender. In relation to Social Support Theory, the findings confirmed that strong interpersonal relationships, particularly with family and friends, serve as protective factors that help reduce

stress and promote psychological well-being among OSYs.

C. Recommendation

Considering the results, the following recommendations were proposed:

1. Because the barangay support got the lowest mean 2.81, interpreted as Sometimes. Strengthen the mental health programs in the barangay and establish partnerships with the local city health unit and social work institutions to provide free monthly mental health first aid seminars and referral support for residents needing professional counseling; Organize an activity such as Zumba or a running marathon event at the barangay with a 15-minute sharing circle after the activity, using physical activity as an icebreaker to lower the barrier to talking about mental health; Implement targeted mental health activities for OSY, and monthly small-group workshops combining financial literacy, ALS bridging, and stress coping techniques.
2. *Okay ka lang?*: A Barangay-Led Mental Health Support Program for Out-of-School Youth, this aims to strengthen the mental health support system for out-of-school youth through barangay-led activities, awareness campaigns, peer support initiatives, and integrated life-skills development sessions.
3. Future researchers may conduct similar studies involving a larger population or different locations to further validate the findings, to address this research's gap, and explore other factors affecting the mental health support received by OSYs.

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