

Compassion Satisfaction among School-Based Mental Healthcare Providers amidst Covid-19 Lockdown

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ABSTRACT

This phenomenological research delves into the lived experiences of school-based mental healthcare providers who engaged in counseling during and after the COVID-19 lockdown. Through qualitative analysis, the study identifies key themes that depict the providers' adaptation to evolving counseling methods and the personal meaning they derive from their professional roles. Themes emerged around the challenges of technological adaptation, heightened student mental health needs, expanded professional roles, pandemic-related impacts, and contemplation of career trajectories. Providers attribute significance to their roles by navigating complexities in balancing personal and professional considerations, finding purpose in meaningful connections, and evolving responsibilities within their practice. Policy recommendations derived from the findings highlight the imperative to enhance technological proficiency, ensure financial stability with job security measures, provide ongoing professional development opportunities, and foster mental well-being through self-care initiatives and equitable resource allocation. These recommendations aim to bolster provider resilience and optimize support for students in future emergencies, contributing to a more robust and adaptive school-based mental healthcare system.

Keywords: compassion satisfaction, compassion fatigue, school-based mental healthcare providers, phenomenological qualitative research, COVID-19

INTRODUCTION

Helping or wanting to assist individuals who are wounded or experiencing intense emotional distress can lead to a type of stress known as compassion fatigue. This phenomenon commonly affects healthcare professionals across various disciplines and is characterized by emotional exhaustion, interpersonal difficulties, and physical symptoms (Sabo, 2011). Compassion fatigue, although related to burnout, differs significantly in its onset and management. In contrast to burnout, which typically develops gradually over time, compassion fatigue can sometimes arise suddenly and unpredictably.

On the other hand, compassion satisfaction is the positive aspect of caring for others in distress, which can provide a sense of fulfillment and satisfaction. It contrasts with compassion fatigue and involves feelings of pleasure and gratification from helping others (Stamm, 2010).

Healthcare professionals who work in front-line environments are particularly susceptible to COVID-19, which has had a significant impact on their quality of life. Among the many challenges they face, authors have highlighted factors such as inadequate access to proper protective equipment (Pfefferbaum, 2020), fatigue from wearing personal protective equipment throughout the day, and a sense of insufficient support (Rajkumar, 2020). They also contend with concerns about transmitting the virus to their families, long and unpredictable work hours (Galli et al., 2020), and the emotional toll of witnessing patient deaths amidst uncertainty about disease containment and evolving treatment protocols (Estacio, 2019).

Those with knowledge of mental health may be categorized as health care professionals. In order to effectively serve all students, including those with mental health concerns, guidance counselors, who are mental health professionals, combine their skills in educational leadership with their understanding of mental health (Estacio, 2019). Some people think that as the long-term effects of the coronavirus disease 2019 (COVID-19) pandemic

continue to reverberate across society, the risk of compassion fatigue for counselors may become even greater. It has been demonstrated that these events negatively affect their emotional and physical health as well as their overall wellness. The therapeutic treatments that mental healthcare professionals perform may subject individuals to a great amount of stress and trauma (Sabo, 2011). Compassion fatigue undoubtedly has a negative impact on many areas of mental healthcare providers' health, making it challenging for them to continue giving their patients care that complies with ethical norms (Sabo, 2011).

Counselors nowadays are expected to do a variety of tasks. In order to perform their positions professionally. They must be proficient in their duties toward their students. According to Jack (Jack, 2017), school counselors are balancing the argument over role definition in addition to trying to meet the demands of numerous people. Guidance counselors in the Philippines struggle with a number of specific worries and problems (Abrenica, 2012). In a similar way, guidance counselors are concerned about the fact that their duties are often assigned to discipline officers (Villar, 2007). Some responsibilities that are connected to their employment but are not their function, such as verifying attendance and being designated as liaison officers, caused them anxiety (Abrenica, 2012). It is recommended that school counselors get involved in both the students' academic and mental health problems. With these diverse obligations, it can be difficult to live up to these expectations.

The degree to which people feel about their work as providers determines the quality of their professional lives. It offers advantages and disadvantages for helping professionals that impact their quality of work life. According to Banganciso (2022), the changing demands and culture of the Filipino people have made guidance and counseling increasingly important and essential in the Philippine educational system. The definition of a guidance counselor and the duties associated with this position were made explicit in Article 1, Section 3 of the Guidance and Counseling Act of 2004. Apparently, R.A. A career in guidance counseling takes an integrated approach to help people develop into well-functioning persons, especially by helping them realize their full potential and make plans for the future that are in keeping with their needs, interests, and talents. Despite being the first to employ such a strategy, counselors frequently do not get the benefits that other professions do.

Many of the research that have examined the situations and experiences of mental health professionals during the COVID-19 pandemic have focused on the challenges they encountered and the adjustments they made during this tough time.

According to Sibeoni et al. (Sibeoni et al., 2021), psychiatrists from 26 various nations reported that the adjustments and restrictions had a detrimental impact on their wellness, causing them to feel lonely, sad, and distressed psychologically. Due to the strain and changes brought about by the pandemic, such as the increased demand for mental health treatment and the swift transition to virtual care. Ashcroft et al. (2021) stated that mental health care workers in Canada felt worn out, alone, and burned out. While few studies have been conducted in the Philippines on the topic of compassion fatigue during the COVID-19 pandemic, those who work in the field of mental health have received less attention than nurses, paramedics, and other medical personnel (Rico & Namoca, 2022).

This phenomenological research focuses on mental health care providers working in educational settings, including counselors, school psychologists, guidance counselors, and psychometricians. As a school guidance associate at a boarding school in Cavite, the researcher's role entails supporting students through various challenges and transitions. Amidst the COVID-19 lockdown, the dynamics of her work underwent significant changes, presenting unique obstacles for both students and staff. While navigating these adjustments within her school community, the researcher couldn't help but wonder about the experiences of guidance counselors in other schools facing similar circumstances.

Witnessing firsthand the toll that the pandemic took on her students' mental health and well-being, she recognized the importance of understanding how professionals in her field managed their own adjustments and coped with the heightened demands of the pandemic era. The researcher personally encountered numerous breakdowns and fatigue during the lockdown period, and she can only imagine the additional pressures that her colleagues elsewhere endured.

Therefore, her interest in studying this topic stems from a desire to gain insight into the diverse experiences and coping strategies of guidance counselors during and after the lockdown.

By exploring their perspectives and recommendations, the researcher aimed to evaluate the present severity of compassion fatigue experienced by school-based mental health care professionals working in a school environment. The connection between the COVID19 lockdown, the switch from in-person to online therapy, and back to in-person counseling, as well as the personal experiences of school-based mental healthcare providers with the pandemic, were examined. Lastly, the researcher aims to provide policy recommendations to enhance the preparedness and effectiveness of school-based mental healthcare providers during future emergencies.

METHODOLOGY

For this study, a qualitative research approach that encouraged the development of rich descriptions vividly explaining the participants' experiences was adopted. Suter (Suter, 2006) asserted that a qualitative method offered several opportunities for investigation, enabling a different and comprehensive understanding of people's reported experiences and observations relevant to the study's topic. The researcher was able to obtain data directly from each of the school-based mental healthcare practitioners due to this research design. These data comprised concise accounts of the life experiences of the school-based mental healthcare practitioners, including the traits and difficulties of their clients as significant considerations in handling the type of job they did, personal experiences of the pandemic, and the sharing of ideas to be learned by others from them.

The phenomenological qualitative research design was employed in this study. Phenomenology, in its widest definition, is the study of how an event is seen by a person as opposed to how it is perceived by others. An investigation using the phenomenological method focuses on the experiences people have in relation to a phenomenon and how they interpret those experiences. Attempting to comprehend people's views, viewpoints, and understandings of a certain circumstance is the goal of phenomenological research studies (or phenomenon). To put it another way, phenomenological research studies aim to provide a response to the query, "What is it like to experience such and such?" Without making assumptions about their objective truth or logical explanations, phenomenology's goal is to directly examine and describe events as they are consciously experienced. Therefore, it aims to comprehend how individuals create meaning.

This research specifically employed Moustakas' phenomenological methodology. Reviewing professional and research procedures, developing research questions, outlining the subject and research questions, and choosing participants were all preparatory approaches, according to Moustakas (1994). The questions in phenomenological research had to be meaningful from both a societal and a personal perspective. It was important to follow the ethical guidelines for human scientific research, and participants' privacy should also be protected. Furthermore, participants could verify data.

Research Site

The interviews were conducted both in person and online, primarily in Manila and Cavite, utilizing platforms such as Zoom and MS Teams. While these locations were chosen because the researcher resided, worked, and was enrolled in school there at the time of data collection, efforts were made to include other provinces across the Philippines.

Selection Criteria and Participants

To identify the participants, this study used a purposive sampling technique. This technique involves choosing a predetermined criterion for participant selection into the study prior to selecting participants. The participants in this study are mental health practitioners from Philippine private and public schools. They are full-time, school-based mental healthcare providers who have been working for at least three years. Additionally, they were at least twenty-four (24) years old at the time of the study. Moreover, these school-based mental healthcare providers scored 22 or less on compassion satisfaction and 42 or higher on compassion fatigue using Stamm's Professional Quality of Life Version 5 (ProQOL), the pre-screening tool.

A total of 139 school-based mental healthcare providers participated in the pre-screening assessment. Among them, 81 participants scored 23 or higher in compassion satisfaction and scored 41 or lower in compassion fatigue, thus not meeting the criteria for inclusion in this research. There were 28 participants who scored 22 or less in compassion satisfaction but 41 or lower in compassion fatigue; 16 participants scored 42 or higher in compassion fatigue but scored 23 or higher in compassion satisfaction, also not meeting the criteria to be research participants. Overall, only 14 participants scored 22 or less in compassion satisfaction and 42 or higher in compassion fatigue. However, three of these participants were no longer working in a school setting, and one was unreachable. Thus, only 10 participants were able to participate in this study.

Table 1. Demographic Characteristics of the Participants

Name*	Age**	Job title	Years in service***	Place of work (Region)	Type of school
Emily	28	Psychometrician / Guidance Associate	3 years	CAR	Private
Sophia	41	Guidance Counselor	7+8 years	Region 5	Public
Jacob	35	Guidance Counselor	3+3 years	Region 4A	Private
Ethan	33	Guidance Counselor	5+6 years	NCR	Public
Olivia	29	Guidance Associate	6 years	Region 4A	Private
Liam	28	Guidance Associate	6 years	Region 4A	Public
Noah	32	Guidance Mentor	7 years	NCR	Public
Ava	55	Guidance Counselor	27+8 years	Region 10	Public
Mia	27	Psychometrician / Guidance Associate	3 years	Region 3	Private
Emma	42	Guidance Counselor	14+8 years	Region 6	Private

* Names are fictional to protect the identity of the participants

** As of the date of the interview

*** Number of years before licensure + years working as a registered guidance counselor

Table 1 presents the demographic characteristics of participants in the study. The participants, whose names have been fictionalized for anonymity, encompass the details of their respective ages, job titles, and years of service. Additionally, it includes the region where the participants are employed and the type of school they work at, whether it is a public or private institution.

Data Collection

This study's planning and data collection were modeled after the recommendations made by Moustakas (1994). To prepare for data collection, the following steps were taken: formulating the questions, defining terms of questions, conducting a literature review, assessing the originality of the study, developing criteria for participant selection, setting up a contract, obtaining informed consent, assuring confidentiality, agreeing to place and time commitments, and obtaining permission to record and publish; developing instructions and guide questions or topics needed for the study; and developing instructions and guide questions or topics for the study.

Additionally, the following techniques were used to gather data: (1) performing a qualitative research interview; (2) conducting an informal discussion with the interviewee using open-ended questions, and topic-guided questions; and (3) using the epoché process to build rapport with the participant.

In the data collection phase, which took place from the first quarter of 2023 to the first quarter of 2024, informed consent was obtained from participants prior to their involvement in the study. The informed consent form was administered electronically, with participants receiving detailed information about the study's objectives, their rights as participants, and the voluntary nature of their involvement. An example of a signed consent form is included in the appendix for reference.

Participants in this study were interviewed in a setting that ensured both their safety and the privacy of the information gathered from the interview. The information was gathered through semi-structured, in-person, and online interviews with each participant. The first part of the interview, which lasted for 15 minutes, was dedicated to clarifying basic information and obtaining informed consent. Afterward, each participant was asked a series of questions that had been checked and validated by experts prior to the interview. These questions were intended to collect information on their overall experiences with and attitudes toward working in schools, as well as their own individual encounters during the pandemic. These interviews were conducted in less than 2 hours. Additional inquiries were made to gather pertinent information. A follow-up interview was conducted after the initial interview to obtain further comments or clarification from each participant and to verify the results of the initial interviews. Each interview was recorded on audio to ensure the validity of the data and transcribed to help identify any common themes.

Data Analysis

In this research, a simplified version of the Stevick-Colaizzi-Keen method as outlined by Moustakas (1994) and Creswell (2008), guided the analysis of acquired data. The approach involved bracketing the researcher's knowledge of the phenomena to maintain focus on participants. After conducting interviews and recording responses, significant phrases reflecting participants' experiences were selected using Moustakas' horizontalization procedure. These phrases were organized into non-repeating, non-overlapping "meaning units," which were then grouped into themes. A table was created to present these themes alongside descriptions and supporting sample responses.

Furthermore, the analysis process extended beyond data organization to include interpreting findings and drawing conclusions. This involved identifying overarching themes, examining patterns or trends across participants' experiences, and considering the implications of the findings. Additionally, the analysis may have entailed comparing participants' experiences, explored similarities and differences, and synthesizing the data to develop a comprehensive understanding of the phenomenon under investigation. Through this iterative process, the researcher sought to uncover the richness and complexity of participants' lived experiences as mental health care providers.

The themes identified and inferred from the transcriptions were utilized to generate a "textual description" of the experiences the participants had. Additionally, verbatim samples from the textual description that highlighted the feelings they experienced while providing mental healthcare were included. Subsequently, the phenomenon's "structural description," which provides a comprehensive explanation of how it occurred, was constructed. Using the participants' interpretations of their experiences as school-based mental healthcare providers as examples, considerations were made for structural descriptions. Finally, the experiences of each participant were converted into a textual-structural description (Moustakas, 1994), which served as the foundation for discussing therapeutic interventions aimed at addressing compassion fatigue and promoting well-being among school-based mental healthcare providers.

RESULTS AND DISCUSSION

The study's findings are presented and analyzed across three sections. The first section offers the lived experiences of school-based mental healthcare providers during and after the COVID-19 lockdown, examining the nuances and challenges faced in providing both online and in-person counseling. The subsequent section

delves into the participants' efforts to give meaning to their experiences, highlighting how school-based mental healthcare providers interpreted and derived significance from their roles amidst the pandemic. Finally, the chapter explores what policy recommendations can be made to enhance the effectiveness of school-based mental healthcare providers during future emergencies.

How may the lived experiences of individuals who provided online and in-person counseling during and after COVID-19 lockdown be described?

This section delves into the lived experiences of school-based mental healthcare providers, tracing their journey from the early stages of the pandemic lockdown to the current phase of face-to-face interactions post-pandemic. Table 2 encapsulates the core themes extracted from participant interviews, offering insights into the lived experiences they have encountered.

Table 2. Generated Themes on How the Ten Participants Described Their Lived Experiences

Generated Themes <i>Sub-themes</i>	Description	Participants	Sample Text	
			<i>Online counseling</i>	<i>In-person counseling</i>
1. Adapting to transitions in counseling mode or method a. Technological Proficiency and Connectivity Challenges b. Loss of Non-verbal Cues c. Adaptation Strategies d. Transition back to traditional face-to-face counseling	School-based mental healthcare professionals delve into the challenges faced by professionals as they adapt to counseling methods, emphasizing technological proficiency, connectivity issues, and the loss of non-verbal cues. Moreover, they examine the complexities of transitioning back to traditional face-to-face counseling.	Emily, Sophia, Jacob, Ethan, Olivia, Noah, Ava, Mia, Emma	<i>"Nahihirapan na rin talagang mag adjust nong time na yon tapos kalagitnaan ng activities naming yon sa previous work ko. Nong nagkaroon ng lockdown, una talaga nagkaroon kami ng panic nong time na yon kasi hindi naming alam ang gagawin tapos lahat ng interactions ay cut, lahat ay restricted."</i> [It was really difficult to adjust during that time, especially in the middle of our activities at my previous job. When the lockdown happened, we really panicked because we didn't know what to do, and all interactions were cut off, everything was restricted].	<i>"(Mas mahirap) Lockdown to new normal. Kasi from pre pandemic to pandemic, papasok ka pa lang eh. Kumbaga ma-eexperience mo pa lang yung pandemic. So ngayon naranasan mo na marami ka ng experiences in between. Ngayon babalik ka sa new normal, mag-adjust ka with new experiences. Imagine 2 years of isolation, so then mag readjust ka ulit sa school, with the entire new set up."</i> [Lockdown to the new normal is harder. Going from pre-pandemic to pandemic was like stepping into it. It's like you're just beginning to experience the pandemic. Now, you've experienced a lot in between. Now you're going back to the new normal, adjusting with new experiences. Imagine

				two years of isolation and then you have to readjust to school with an entirely new setup.]
2. Handling students with mental health problems	School-based mental healthcare professionals note a marked increase in severity of cases among students, including anxiety, depression, and social isolation.	Emily, Sophia, Ethan, Olivia, Noah, Ava, Emma, Liam	" <i>Hindi ko po makakalimutan noong 2021, may case po kami noon na suicide</i> " [I will never forget in 2021, we had a case of suicide.]	" <i>Neto na lang face to face, (lumala) yung may suicidal ideation, depression. May mga parents na mahirap kumbinsihin (ipa-check and student).</i> " [Now that we're doing face-to-face sessions, cases of suicidal ideation and depression have increased. Some parents are difficult to convince.]
3. Going beyond the expected roles	School-based mental healthcare professionals discuss taking on expanded roles beyond traditional counseling duties. The blurred boundary between personal time and work.	Emily, Sophia, Olivia, Emma	" <i>Parang half-half. 1 week online, 1 week onsite. Magpapalitan yung mga tao sa office. Pero kami sa guidance, almost half of the counselors resigned. Kasi 11 kami dati, half of them resigned. 5 na lang kaming bumalik. Yes, so kailangan naming i-handle lahat. So naghahati-hati kami from kinder to college na estudyante, pinag hati hati naming lima.</i> " [It's like half-half. One week online, one week onsite. People in the office take turns. But in our guidance department, almost half of the counselors resigned. We were 11 before, half of them resigned. Only 5 of us returned. Yes, so we need to handle everything. So we divide the work among ourselves from kindergarten to college	" <i>May mga students na nagme-message sa amin, kasi nasanay sila na pwede naman online at hindi na nila kailangan pumunta sa office mismo, nagkukwento sila ng problems nila kahit weekends.</i> " [There are students who message us because they got used to being able to do it online, and they don't need to come to the office anymore. They talk about their problems even on weekends.]

			students, the five of us share the workload.]	
4.Surviving the effects of the pandemic	School-based mental healthcare professionals explore the profound repercussions of the COVID-19 pandemic on both professional trajectories and personal well-being.	Emily, Olivia, Ethan, Noah, Liam	<i>"For me as guidance counselor, it was a rollercoaster emotion. First and foremost, we were laid off. Yung feeling na natanggal sa trabaho nang biglaan. Parang sinabi na hindi kami importante, hindi kami essential as guidance counselors."</i> [For me as a guidance counselor, it was a rollercoaster of emotions. First and foremost, we were laid off. The feeling of being suddenly removed from work. It felt like we were told that we were not important, that we were not essential as guidance counselors.]	<i>"Nasa public na ako ngayon. May mga problema rin sa public na wala sa private tulad nong trabaho natin sa private na may program sila sa guidance pero sa public wala or hindi masyadong nagagawa. Pero kahit nag anon, masaya kasi supportive mga kasama ko sa trabaho."</i> [I am now in public (school). There are also problems in public (schools) that are not present in private, like the programs we had in private guidance but are not implemented or done much in public. But even so, I am happy because my colleagues at work are supportive.]
5.Contemplating for career change	School-based mental healthcare professionals contemplate the efficacy of their counseling methods amidst the pandemic while considering a potential career change.	Emily, Sophia, Jacob	<i>"Opo madalas din po na ganon. Kasi po may instances na nageself doubt ka kasi tingin mo hindi mo natutulungan yung clients mo kasi yung workload mo na rin tapos yung own capabilities mo na rin. So napapaisip ka na mas maganda siguro na magchange na lang ng career, yung less interaction with people kasi baka maidisplay ko rin yung frustration ko sa kanila, mas lumala pa yung kinakaharap nilang mga issues. There are times na I seriously considered it."</i> [Yes, it's often like	<i>"Recently, I started to question myself kung para sa akin ba talaga ang pagiging GC. Pero don't get me wrong I'm thankful sa pagpasa ko sa GC pero siguro factor na rin yung pinanggalingan kong school. After that school, don ako nagkaroon ng questioning kung worth it ba sa akin yung nangyayari after ko makapasa."</i> [Recently, I started to question myself if being a guidance counselor is really for me. But don't get me

			that. Because there are instances when you doubt yourself because you feel like you're not helping your clients due to your workload and your own capabilities. So you start to think that maybe it's better to change careers, to have less interaction with people because I might end up displaying my frustration to them, which could worsen the issues they're facing. There are times when I seriously considered it.]	wrong, I'm thankful for passing the guidance counselor licensure exam, but maybe the factor is also the school I came from. After that school, that's where I started questioning if what's happening to me after passing is worth it.]
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How do school-based mental healthcare providers give meaning to their experiences?

This section delves deeper into the insights gathered from discussions with the ten school-based mental healthcare professionals. It specifically examines how these professionals interpreted their experiences during and after the COVID-19 lockdown. By delving into the depth of their experiences, this part aims to highlight the significance of these encounters in shaping their current perspectives and lives. Table 3 outlines the generated themes distilled from the interview transcripts, shedding light on how these professionals ascribe meaning to their roles and experiences in the workplace.

Table 3. Generated Themes on How the School-based Mental Healthcare Providers Gave Meaning to their Experiences

Generated Themes	Description	Participants	Sample Text	
			Online counseling	In-person counseling
1. Performing a pivotal role as a counselor	School-based mental healthcare professionals reflect on their ability to adapt to rapidly changing circumstances and continue providing support to students despite the challenges posed by the pandemic. They find meaning in their ability to pivot their approach to counseling in	Sophia, Ethan	<i>"Napag-aralan namin ng mabilis. Kasi diba ang daming mga seminars non na libre about online counseling and everything, so ayun during those 4 months na walang pasok, hindi makalabas, yun yung parang ginawa naming way, na libre, sayang na to, seminar-seminar. So pagdating ng pwede na kaming bumalik sa office, yun, nagamit naming lahat. Mabilisan na lahat online kasi yun din yung naging way ng school.</i>	<i>"Napansin ko tayo as a guidance counselor, ang bilis natin makakuha ng friends, ang bilis mag adapt, nakukuha agad natin ang loob ng tao, ganon tayo." [I've noticed that as guidance counselors, we quickly make friends and adapt easily. We're able to gain people's trust quickly; that's how we are.]</i>

	<p>response to evolving needs.</p>		<p><i>Lahat naman na siguro ng school, online na lahat. Nagawan naming ng paraan na maging online lahat ng referrals, counseling, ganon.” [We learned quickly. Because there were so many free seminars about online counseling and everything, so during those 4 months with no classes, unable to go out, that became our way—attending seminars. So, when we were allowed to return to the office, we were able to utilize everything we learned. Everything became online quickly because that was also the school's way. I think all schools transitioned to online. We found a way to make all referrals, counseling, and everything else online.]</i></p>	
<p>2.Finding purpose in being a mental health professional</p>	<p>School-based mental healthcare professionals derive meaning from the impact they have on students' lives, recognizing the significance of their role in supporting mental health and well-being during a time of crisis. They find purpose in knowing they've made a difference, even in the face of adversity.</p>	<p>Ethan, Jacob</p>	<p><i>"Noong pandemic mas kilala tayo. Kasi noong pre pandemic hindi tayo masyadong pinapansin, now madami ng job opening, nag iinvest na sila dahil na rin sa sa RA 11036 (mental health act). Somehow nakikita na natin yung progress ng profession natin. Yung importance natin, nakikita na nila.” [During the pandemic, we became more recognized. Before the pandemic, we weren't paid much attention, but now there are many job openings, and they're investing more because of the Mental Health Act (RA 11036). Somehow, we can see the progressiveness of our</i></p>	<p><i>"Mas nagkaroon ako ng motivation na ipagpatuloy kaya naman nagtuloy na rin ako sa Phd. Imbis na lumihis, mas lalo akong na motivate.” [I became more motivated to continue, so I pursued my Ph.D. Instead of straying, I became even more motivated.]</i></p>

			profession. They're starting to see the importance of what we do.]	
3. Balancing professional and personal considerations	School-based mental healthcare professionals reflect on their personal and professional considerations, encompassing struggles with financial stability, setting boundaries, maintaining self-worth, coping with emotional burdens, and considering career transitions	Sophia, Emily, Jacob, Olivia, Liam, Noah, Ava	<i>"Parang I don't deserve this. Ayun, dumating ako sa desisyon na I should leave kasi baka mabaliw ako don. Una sa lahat, kailangan gusto mo at mahal mo yung ginagawa mo kasi if you don't like this, kailangang kilalanin mo yung sarili mo, kung gusto mo' to or ayaw mo kasi kapag hindi mo naman siya talaga gusto, ikaw lang din yung mahihirapan."</i> [It's like I don't deserve this. So, I came to the decision that I should leave because I might go crazy there. First of all, you need to enjoy and love what you're doing because if you don't, you'll be the one to suffer.]	<i>"Pag nasa helping profession ka, love your job. You will learn a lot of experiences and have time for yourself."</i> [When you're in the helping profession, love your job. You will learn a lot from experiences and have time for yourself.]
4. Navigating connections and support from others	School-based mental healthcare professionals derive meaning from the connections and relationships they form with students, colleagues, and the broader school community. They find fulfillment in the bonds they've built and the support networks they've fostered even amidst physical distancing measures.	Emily, Jacob, Ethan, Liam, Mia	<i>"Sa akin pong experience ma'am, I am happy and blessed that my support system is there no'ng time ng pandemic... Super strong kahit pandemic at naka isolate."</i> [In my experience, I am happy and blessed that my support system was there... It was super strong even during the pandemic and being isolated.]	<i>"Right now, sabi ko nga sa kasama ko, good thing na may supportive coworkers sa office... supportive ang mga kasamahan ko."</i> [Right now, as I mentioned to my colleague, it's a good thing that we have supportive coworkers in the office... My colleagues are supportive.]

<p>5. Evolving role and responsibilities</p>	<p>School-based mental healthcare professionals acknowledge the gaps in their training and resources for addressing mental health issues, particularly in a context where mental health education and support systems may be lacking. They advocate for increased professional development opportunities, access to training programs, and resources to enhance their skills and competencies.</p>	<p>Sophia, Noah, Mia, Emma</p>	<p><i>"Ngayon with the changing times, career pa rin ba ang focus o kailangan na ang counselor mag mitigate ng mga traumatized, isang generation kasi ang na-trauma with the pandemic?" [However, with the changing times, should the focus still be on careers or do counselors now need to mitigate the traumas experienced by a whole generation due to the pandemic?]</i></p>	<p><i>"Yon din napansin ko kasi, guidance staff were really not so equipped with basic counseling skills, attending skills." [I also noticed that the guidance staff were not really equipped with basic counseling skills.]</i></p>
<p>6. Experiencing dissatisfaction in one's career</p>	<p>School-based mental healthcare professionals express a sense of discouragement with their current career trajectories, citing issues such as inadequate support, overwhelming workloads, and unmet professional development needs.</p>	<p>Sophia, Olivia, Noah, Liam</p>	<p><i>"Nawala yung mga leave credits. Pag absent, absent. Walang pay. So talagang struggling and hindi kami handa, 'yung school, sa online." [The leave credits are gone. If absent, no pay. So, we're really struggling, and we're not prepared, the school, for online.]</i></p>	<p><i>"Eventually mag move na rin ako from counselor then maging professor. Magturo na lang, nagsawa na ako sa counseling." [Eventually, I plan to transition from being a counselor to becoming a professor. I want to teach instead; I've grown tired of counseling.]</i></p>

Based on the findings, what policy recommendations can be made to enhance the effectiveness of school-based mental healthcare providers during future emergencies?

The COVID-19 pandemic has profoundly impacted school-based mental healthcare professionals, challenging their ability to support students effectively while also affecting their own well-being. This strain was exacerbated by increased empathetic demands and exposure to trauma among clients, as highlighted by Mababa (2023). These challenges underscore the critical need for policies aimed at mitigating the negative impact of remote counseling and bolstering the resilience of mental health professionals (Stamm, 2002).

As practitioners shifted to remote counseling methods, they encountered significant obstacles, including technological proficiency and connectivity issues, which heightened stress and emotional strain. The severity of student cases, marked by rising rates of anxiety and depression, further exacerbated compassion fatigue among practitioners (Stamm, 2002). These insights emphasize the necessity of addressing the emotional toll of remote counseling through supportive policies and training initiatives.

Moreover, the pandemic compelled mental healthcare professionals in schools to assume expanded roles beyond traditional counseling duties, blurring boundaries between work and personal life (Watson, 2008). This shift intensified the challenges of managing stress and preventing burnout, as practitioners navigated prolonged uncertainty and increased professional demands.

Drawing from resilience and stress adaptation theories (Smith et al., 2008), practitioners' ability to adapt to evolving circumstances reflects their resilience and dedication. However, the ongoing stressors and heightened demand for services can strain coping mechanisms, leading to emotional exhaustion and reduced resilience over time (Lazarus & Folkman, 1984).

Additionally, practitioners derive fulfillment from supporting students during crises (Frankl, 1985). However, the pressure to consistently deliver meaningful outcomes can contribute to burnout and compassion fatigue (Maslach & Leiter, 2016). Addressing these challenges requires policies that support mental health professionals' well-being and ensure equitable access to resources across different regions and school types.

Policy recommendations should prioritize improving technological infrastructure, providing ongoing training, and establishing clear support mechanisms for mental health professionals in both public and private schools. This includes provisions for financial stability and job security, especially in sectors affected by enrollment fluctuations. Furthermore, policies should foster collaboration between educational institutions, local governments, and community organizations to strengthen emergency response systems and resource allocation during crises.

In summary, implementing these policy recommendations is crucial to facilitate the effectiveness of school-based mental healthcare providers in future emergencies. By addressing technological, financial, and regional disparities, policymakers can support these professionals in delivering essential mental health services to students and communities during times of crisis.

CONCLUSION

Based on the findings obtained from the research conducted, several key conclusions emerged. These conclusions are derived from the analysis and interpretation of data collected and provide insights into the implications and recommendations arising from the study. Each conclusion represents a synthesized understanding of the research findings and serves to inform further discussion, action, or decision-making in the relevant field or context.

- 1. Resilience, dedication, and commitment of mental health providers.** During the COVID-19 pandemic, mental health professionals have demonstrated unwavering determination and care despite facing numerous challenges including fatigue and dissatisfaction. Despite the transition to online counseling and increased workloads, they remain focused on providing support to those in need. Their adaptability and use of technology underscore their commitment to their profession ensuring that people continue to receive necessary assistance, even amidst personal difficulties.
- 2. Expanding, Training, and Valuing Mental Healthcare Professionals.** Given the rising mental health issues in schools, it is urgent to expand the presence of mental healthcare professionals, provide comprehensive training, and ensure they are valued. With increasing concerns about students' mental health, the current workforce may not suffice; therefore, recruiting and training more professionals specialized in mental healthcare in educational settings is crucial. Additionally, recognizing their contributions and creating a supportive environment is vital. Prioritizing the expansion, training, and appreciation of mental healthcare

professionals will enable schools to better address students' complex mental health needs and foster a supportive learning environment.

- 3. Policies for Future Emergencies to Enhance the Effectiveness of School-Based Mental Healthcare.** The policy recommendations outlined in this study are designed to enhance the effectiveness of school-based mental healthcare providers during future emergencies and calamities. Drawing from the lived experiences of these professionals during and after the COVID-19 pandemic, these policies emphasize the necessity of addressing both technological and financial challenges, ensuring equitable distribution of resources, and fostering robust support systems. By implementing these recommendations, schools and relevant agencies can better support mental health professionals, thereby improving the quality of mental health services available to students in times of crisis. This proactive approach not only aims to mitigate the negative impacts on the well-being of mental healthcare providers but also ensures that they are well-equipped to meet the evolving needs of their students, thereby strengthening the overall resilience of the school community.

RECOMMENDATIONS

For school-based mental healthcare providers:

1. Invest in ongoing training programs to improve proficiency in using digital counseling platforms.
2. Advocate for better technological infrastructure and reliable internet connectivity to ensure smooth remote counseling sessions.
3. Create comprehensive adaptation strategies for transitioning between remote and face-to-face counseling.
4. Incorporate methods to compensate for the loss of non-verbal cues during virtual sessions.
5. Implement regular self-care practices and mental health support for providers to prevent burnout and compassion fatigue.
6. Establish peer support networks to foster a sense of community and shared resilience.

For school administrators and policymakers:

1. Ensure financial stability for mental health professionals, especially in private schools, by developing policies that provide job security and emergency funds during crises.
2. Address the financial struggles faced by professionals due to layoffs and decreased enrollment in private schools.
3. Allocate funds to improve technological infrastructure, especially in underserved regions.
4. Provide comprehensive training for school-based mental healthcare providers to enhance their technological skills and ensure seamless service delivery during emergencies.
5. Offer continuous professional development opportunities to help mental health professionals stay updated with the latest practices and resources.
6. Facilitate access to training programs that focus on handling severe mental health issues among students.
7. Clearly define the roles and responsibilities of school-based mental healthcare providers to manage workload effectively and prevent job dissatisfaction.
8. Provide additional support staff to distribute responsibilities more evenly and reduce the burden on individual professionals.

9. Encourage collaboration between schools, local government units, and community organizations to enhance support systems for mental health professionals.
10. Establish partnerships to facilitate resource sharing, mutual aid networks, and coordinated responses to crises.

For interested and future researchers in the field of school-based mental health:

1. Increase the sample size in future studies to enhance the generalizability of findings and obtain a more comprehensive understanding of the phenomenon.
2. Carry out longitudinal studies to observe the long-term effects of pandemic-related changes on school-based mental healthcare providers.
3. Investigate the potential for positive outcomes, such as compassion satisfaction, in response to crises. This shift in focus can provide a more balanced understanding of the emotional responses among school-based mental healthcare providers.

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