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Prolonged COVID-19 School Closures Adversely Impacted Mental and Social Health of Selected School-aged Children and Adolescents in Metro Manila, Philippines

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Abstract

Background

Mental health concerns among Filipino children and adolescents were substantial before the COVID-19 pandemic and worsened during prolonged school closures and social isolation. This study explored the mental and social impacts of school closures and assessed the adequacy of mental health and academic support for school-aged children in Metro Manila.

Methods

A qualitative formative study was conducted from June to November 2023. Data were collected through focus group discussions with adolescents aged 12–17 years, interviews with children aged 8–11 years and their caregivers, and key informant interviews with educators, mental health providers, advocates, and policymakers. Participants were purposively selected from public and private schools. Data were transcribed verbatim and analyzed thematically using NVivo.

Results

Seventy-nine children and adolescents, 29 caregivers, and 11 stakeholders participated. Participants reported loneliness, emotional withdrawal, identity struggles, and uncertainty about the future. Limited peer interaction, household conflict, academic pressure, and poor learning environments contributed to distress. Coping strategies included hobbies and online social support, but also excessive gaming, social withdrawal, and self-harm. Schools and local government units provided counseling, curriculum adjustments, and academic support, but access was uneven. Key barriers included shortages of trained guidance counselors, inconsistent protocols, and limited community-based services.

Conclusions

Pandemic-related restrictions and school closures negatively affected the mental health of Filipino children and adolescents. Strengthening integrated school- and community-based mental health systems, supported by coordinated multisectoral action, is essential to protect youth well-being during future public health emergencies.

Background

Growing mental health concerns among Filipino youth have become increasingly evident over the past decade. Data from the UP Population Institute (2022) demonstrated that the proportion of young people aged 15–24 years who reported often feeling depressed, lonely, or sad in the past week nearly doubled between 2013 and 2021. [1] Furthermore, during the same period, reports of severe psychological distress and self-harm-related behaviors also increased, highlighting growing mental health challenges among adolescents and young adults in the Philippines.[1]

The country established its first national policy on mental health in 2018 through the Mental Health Act - Republic Act 11036, setting forth a rights-based mental health policy that outlined a comprehensive framework for effective implementation of optimal mental healthcare in the Philippines (Republic of the Philippines, 2018). Yet, since its introduction, persistent barriers such as limited funding, stigma, workforce shortages, and weak community-based mental health services [2,3] plagued efforts to fully achieve the policy goals and objectives. The COVID-19 pandemic

further exacerbated these challenges as it not only heightened the risks to adolescent mental well-being but also further hindered the ability to achieve the goals outlined in the 2018 national mental health policy.

In the Philippines, COVID-19 associated community quarantines started in March 2020, which led to school closures affecting nearly 25 million students [4]; [5]. Schools resumed in October 2020 through online classes and modular lessons [6,7], which remained the main methods of teaching for almost two years. In-person learning gradually returned by August 2022, with schools fully reopening in November 2022 [8] representing one of the longest school closures, globally.

Worldwide, numerous studies indicate that younger individuals experienced significant impacts on both their social and mental health during the COVID-19 pandemic compared to adults (Hechanova et al., 2022; Malolos et al., 2021; Tee et al., 2020). Extended lockdowns, school closures, and restricted in-person social interactions negatively impacted young people's social and mental health by disrupting social connectedness, peer engagement, and support systems. Without these, young people experienced increased social isolation, as well as mental and psychological distress [9–13]. School-aged children were reported to experience anxiety, depression, and post-traumatic stress symptoms, as well as behavioral challenges such as inattention, academic difficulties, and social isolation during the COVID-19 pandemic (Meade, 2021 & Malolos et al., 2021). Adolescents, particularly females and older youths, reported elevated anxiety, depression, stress, and behavioral problems, with an increase in emergency department visits for mental health concerns [14].

In the Philippines specifically, a Department of Education report revealed a growing student mental health crisis, recording 404 suicides and 2,147 suicide attempts in 2021 [15]. The prevalence of moderate to severe depressive symptoms among Filipino youth ages 15–24 years old also rose from 9.6% in 2013 to 20.9% in 2021. [16] The isolation brought on by the pandemic restrictions and disruptions to education severely affected adolescent well-being and indicated a growing need for urgent mental health support and interventions. To address these needs, the government and private agencies launched several initiatives, including free telemedicine services and nationwide mental health campaigns. However, these efforts largely focused on the general population, with child-specific mental health interventions remaining limited and inconsistently available across different regions. [17]. At present, the rise in mental health concerns has outpaced the growth of available mental health services. Pre-pandemic, the number of mental health professionals relative to the adolescent population was already insufficient [3,18]. And although additional private counseling providers and suicide prevention hotlines became available during and after the pandemic, access to mental health care in the Philippines remains inadequate, as systemic gaps in service delivery, workforce capacity, and access persist despite ongoing policy efforts to strengthen the national mental health system [19].

This study examines the impact of the COVID-19 pandemic and related measures, particularly prolonged school closures, on the social and mental health of children and their adult parents/caregivers in Metro Manila. This analysis builds on a previously published paper from the same study, which focused on the impact of COVID-19 on children's education and learning environment [18]. The Philippine context represents a unique setting characterized by pre-existing adolescent mental health challenges and gaps in policy implementation, both exacerbated by the pandemic and prolonged school closures that were among the longest globally [19]. These findings may inform future interventions and strengthen existing mental health programs and policies at the national and school levels, specifically for school-aged children and adolescents.

Methods

Study Design and Setting

The study was conducted in the Philippines, a lower-middle-income country in Southeast Asia characterized by marked urban-rural disparities in access to health and social services. This qualitative study included focus group discussions (FGDs) with students aged 12–17 years and in-depth interviews (IDIs) with children aged 8–11 years and their parents/caregivers. The FGDs and IDIs were carried out in Metro Manila, Philippines, which is the National Capital Region and the country's most urbanized and densely populated area. Data collection for these were collected from 5 public schools and 2 private schools. Key informant interviews (KIIs) with stakeholders, including educators, health providers, researchers, mental health advocates, and policy makers were conducted.

Ethics Clearance

Ethics clearance was obtained from Columbia University Irving Medical Center Institutional Review Board (IRB-AAAU5835) and St. Cabrini Medical Center - Asian Eye Institute Ethics Review Committee (ERC#2023-009) for protocol, including participant consent and assent forms and data collection tools.

Sampling and Recruitment

For both IDIs and FGDs among students and parents/caregivers, a list of potential study sites (schools) was created. The list was developed according to school type (public or private) and the mode of learning during school closures (full modular, online/virtual, or a blended approach) and included only schools that were conducting in-person classes at the time of the study, either fully or in a hybrid format. The Nutrition Center of the Philippines (NCP) then met with the Department of Education (DepEd) to introduce the study and proposed a list of sites and requested a formal letter of endorsement to allow public schools to participate. With this approval, the study team from NCP engaged and coordinated with heads of schools and teachers at the pre-identified public and private schools. Students and their parents/caregivers were purposively recruited through their teachers or via room-to-room visits and announcements made at the school. Written informed consent was obtained from participants aged 18 years and older. For participants under 18 years of age, written parental consent and participant assent were provided prior to participation.

For the KIIs, the NCP research team prepared a list of stakeholders to serve as key informants. Eligible candidates were required to have current or prior professional or academic experience in children's health, education, and/or policy areas related to the COVID-19 pandemic lockdown. These stakeholders included educators (i.e., principals and teachers) from public or private schools, health service providers (i.e., psychologists, psychiatrists, pediatricians, guidance counselors), researchers, child health and mental health advocates, and policymakers, including representatives from the Departments of Health and Education. Stakeholders were identified through publicly available information from local organizations and agency websites, as well as through the professional networks. of the research team and collaborating institutions. Potential participants were contacted directly by the research team via email or other professional communication channels and invited to participate in the study.

All interviewed stakeholders signed informed consent forms prior to the interview. Participants were provided with a non-monetary token of appreciation.

Data Collection

The study was conducted between June and November 2023. All FGDs, IDIs, and KIIs were conducted by experienced and trained local researchers and made use of culturally appropriate language and approaches. These methods assessed how the COVID-19 pandemic-related school closures impacted participants, specifically regarding physical health, mood and behavior, peer and family relations, daily activities, and risk-taking behavior. Participants were also

asked about their experiences with remote learning and the transition back to in-person classes. While the same domains were explored with both children and adolescents (8–17 years old) and their caregivers/parents, the IDIs were structured to be age-appropriate for younger children (i.e., use of narrative storytelling, use of visual tools, etc.). For FGDs among parents/caregivers, questions focused on their own experiences within these domains alongside those of their children. Finally, KIIs explored the impact of COVID-19 pandemic-related policies such as school closures among children, adolescents, and teachers while also exploring efforts made during this period and recommendations to address the emerging needs of this group.

FGDs were conducted in private school spaces, and lasted between 1 to 3 hours, while IDIs lasted approximately 1 hour in private settings. Similarly, KIIs lasted about 1 hour and were conducted either online or at private venues agreed upon with stakeholders. All interviews and group discussions were audio-recorded to ensure accuracy during transcription.

All personnel who conducted interviews and group discussions were equipped with local referrals for psychosocial support. Any participant who disclosed experiences of self-harm or psychological distress during their participation were provided with this information on local available mental health support services..

Data Analysis

Audio recordings were uploaded to a secure, internet-based storage drive accessible only to authorized team members. These recordings were transcribed verbatim in the original language used during the interviews and group discussions, with transcripts translated into English where necessary. Qualitative data were analyzed using NVivo software (Release 1.7.1; QSR International, Doncaster, Australia).

Researchers conducted line-by-line initial coding, continuing the process until theoretical saturation was reached and key themes emerged. Transcripts were independently reviewed by a trained team to identify broad analytic categories based on the FGD, IDI, and KII guide topics, as well as inductively derived themes. Finally, a structured coding framework was developed and systematically applied to all transcripts.

Results

Demographics

A total of seven schools participated in the study - two public elementary schools, three public high schools, and two private schools (one elementary and one high school). Across these sites, 12 parent-child IDIs, five FGDs with adolescents aged 12–14, five FGDs with adolescents aged 15–17, and three FGDs with caregivers were conducted, engaging 108 respondents: 12 (15%) children aged 8–11, 32 (41%) adolescents aged 12–14, and 35 (44%) adolescents aged 15–17 (Table 1). A total of 29 parent/caregivers were enrolled; among them, 12 (41%) joined the caregiver-child IDIs and 17 (59%) participated in the FGDs **(**Table 1**)**. A total of 11 stakeholders participated in the KIIs (Table 2**)**.

Table 1
Number of IDI respondents, FGD participants, and FGD sessions per type of school

Type	Qnty	Level	Parent - Child IDIs	12–14 y/o (FGDs)	15–17 y/o (FGDs)	Parent/ Caregiver (FGDs)
Public	2	Elementary School	6	-	-	-
	3	High School	-	24 (3)	22 (3)	11 (2)
Private	2	Elementary and High School	6	8 (2)	13 (2)	6 (1)
TOTAL			**12***	**32 (5)**	**35 (5)**	**17 (3)**

*1 parent/ caregiver and 1 child per interview

Table 2
Number of KII respondents per type

Type	Number of respondents
National Government Agencies	2
Policymakers/Local Government Unit	2
School Representatives	5
Civil Society Organizations (CSO) Partners	1
Psychologist in a Public Hospital	1
TOTAL	**11**

Themes and Sub-themes

Through thematic analysis, codes were refined and categorized into core themes illustrated in Fig. 1.

Mental and Social Health Experiences

Isolation and loneliness

Most of the students, from both public and private schools, reported negative feelings about the limited interaction with friends during the height of the pandemic. The prolonged school closures deprived the children and adolescents of the freedom to have regular and frequent social interactions. As adolescents were accustomed to having this time with peers rather than being limited to only family engagement, many struggled during the quarantine period as they felt uncomfortable sharing their emotions with family members, leading to loneliness. Some chose to suppress their feelings, believing that their parents would not validate their concerns, lacked the time to communicate, or would present other barriers to open dialogue.

Student, 12 years old, female, public school, 20201F

It is difficult to become distant [with friends]. I seldom talked to friends during the pandemic. My coping mechanism is to cry on my pillow. Sometimes, it is difficult to open up to the parents since they keep on telling me that I am sensitive, and more.

The pandemic also led to a noticeable decline in students' social skills due to the extensive period of isolation and limited in-person communication beyond the household. Adolescents who were previously talkative and socially active

became increasingly reserved, shy, or socially awkward. Quarantine restrictions and school closures led to diminished confidence in engaging with peers and lower self-esteem among many students. Consequently, some developed social avoidance behaviors, while others experienced social anxiety in large crowds or during public presentations. Many students reported feeling hesitant and lacking confidence in class recitations or public speaking upon returning to face-to-face classes.

Student, 16-year-old, female, public school, 20202B

After COVID-19, it became awkward for us to interact with one another; some became shy to approach others. In the middle of the pandemic, that was the time when our self-esteem lowered, breakdowns happened, so after COVID-19, we became more shy.

Student, 13-year-old, female, public school, 20201D

The interaction with the large crowd is a problem; my confidence in reporting was lost. I felt nervous, since there were only a few reporting activities during the online class. I have a fear of the crowd, and it is very troublesome to do reporting because you need to modulate your voice.

The transition from online to in-person classes following the easing of quarantine restrictions highlighted students' heightened sensitivity regarding their physical appearance and social interactions. Adolescents often rely on peer acceptance to build confidence; however, pubertal changes that took place during the lockdown—the appearance of acne, the deepening of voices in male students, or the growth of facial hair—led to increased insecurity.

Guidance Counseling Unit Head, Public School, Female, 10033B

I had one client whom I worked with extensively because he was deeply affected. He told me, 'Ma'am, I used to be popular in our batch because they said I was handsome.' Although his concerns about pimples could be considered minor, they were exaggerated in his mind, requiring a long time to process.

Student, 12 years old, female, public school, 20201F

Adjusting to our physical appearance… I am scared that some people will judge me.

Struggles with identity and self-expression

Adolescence is a critical period for self-discovery, identity formation, and the assertion of individuality. As one respondent noted, conflicts often emerge during this stage as adolescents begin to question authority, express stronger opinions and test boundaries in their pursuit of self-definition.

Public Hospital Psychologist, Male, 10039

There are a lot of points of conflict with adolescents because this is the period of questioning, a period of asserting their own individuality. Breaking the rule … may be part of that striving to find their own identity.

Pandemic restrictions and school closures amplified these challenges by limiting peer interactions and confining adolescents to their homes. Deprived of adequate avenues for self-expression and validation, many struggled to navigate this already complex developmental life stage.

Student, 14 years old, female, private school, 20401A

I was sad at that time because I couldn't hang out with my friends every time I went out to eat. When the pandemic came, I'm always with my family and we were quiet unlike at school, we were really noisy.

Lack of emotional support and conflicts in the household

Some students experienced a lack of emotional support at home often due to their specific family dynamics. They cited the physical unavailability of family members or the presence of communication barriers, such as discomfort or a lack of familiarity in openly expressing emotions among family members.

Student, 17 years old, male, public school, 20102C

In my family, I don't have someone to talk with…then sometimes my family has problems. The family members have no time to talk to each other.

Student, 17 years old, 20101H

I had a hard time because I'm a chatty person and then the pandemic came. I felt like I'm all alone. My parents go to work outside. My brother is still young, so I have no one to share my feelings with.

Student, 13-year-old, male, public school, 20201H

Because during that time, my mother was still suffering from her illness, so she was venting all her ill feelings/frustrations on me. I always get entangled whenever she and my father fight. When I used to go to school [before the pandemic], my friends welcomed me, hugged me, and comforted me. I could also tell my problems to my teachers.

Adolescents' natural inclination toward independence, self-expression, and prioritizing peer relationships over family connections can often contribute to heightened conflicts in the household. During the pandemic, these dynamics were intensified as prolonged isolation and school closures confined families to shared spaces and limited adolescents' access to non-familial support systems. Increased time at home, disruptions in daily routines, and increased screen time also caused friction within the household. These emotional disconnects widened the gap between parents and children, prompting some adolescents to internalize their struggles. In households with already tense or toxic dynamics, this pervasive negativity further eroded adolescents' mental well-being.

Mother of a 15-year-old, 20103B

At the time when there were no online classes, the only thing he did was play Mobile Legends instead of doing something else. Sometimes we fight because of it. They say it's only their hobby. So that affected me a lot. He does nothing but eat, just sleep, even if you want him to do other work.

Student, 13-year-old, female, public school, 20201D

Sometimes I can't attend to our duties at home, my parents will be angry even though I am still busy with school work. They will still be angry even when I explained my situation, they will even say 'Oh, now you're talking back?'

Some stakeholders also mentioned an increase in reported verbal and physical abuse within the household during the lockdown. However, no such cases were disclosed during the FGDs among caregivers or students.

DOH Representative, Female, 10008

We also know that there is a possibility of abuse. When children are in school, they are shielded. But now that they're back home, the violence continues. The social determinants side also has to be taken care of, aside from just mental health

services.

Public Hospital Psychologist, Male, 10039

Even referrals for VAWC, (Violence Against Women and Children) increased too.

Academic pressure and burnout

The combination of academic pressure, household responsibilities, and an unsuitable learning environment left many students overwhelmed and struggling to cope. Suboptimal learning conditions, characterized by limited interaction, unreliable internet, and household noise, exacerbated their frustration and fatigue. Without adequate support or understanding, many became emotionally drained and demotivated, burdened by expectations that felt impossible to meet.

Student, 17 years old, male, public school, 20102C

It's kind of irritating because they don't give consideration. It's hard on us, they don't consider our circumstances, like a slow internet connection. There's a lot of noise inside the house; they don't consider the difference between the school environment and the house environment. What they want is high-quality work. There should be no stutter, no background noise, which is so impossible. That's the reason why I had too many breakdowns.

Overwhelming workloads and unrealistic expectations from both parents and teachers compounded the students' stress, leading to late submissions and emotional breakdowns. Additionally, the lack of emotional support from parents worsened the situation, as many students felt that their parents prioritized academic performance over their well-being.

Guidance Counseling Unit Head, Public School, Female, 10033B

I talked with the students first. What is the concern? Then, they will say that their parents will always just tell them "Have you submitted it [school assignment] yet? But they never asked if I [the child] was okay. I'm [the child] not okay anymore, so I can't do my acads anymore." Most of the students I've talked to are really annoyed with their parents.

Feelings of uncertainty of the future

The COVID-19 pandemic created significant uncertainty among students, particularly around their educational futures and stability within their daily and family lives, affecting not only their schooling but also their sense of identity and purpose. Disrupted learning, emotional detachment, and diminished motivation left many struggling to find direction in both their academic and personal life. For some, this loss of meaning made it difficult to maintain the motivation required for daily tasks, ultimately hindering their ability to progress forward. At the same time, many children experienced instability at home, including changes in family routines, financial strain, or caregiver stress, which contributed to a broader sense of unpredictability.

Psychologist, NGO employee, Female, 10018A

It felt hopeless. They have a feeling that they can't study anymore because they're not sure when the pandemic will end. I had clients who were confused and unsure of their current grade level. The impact was big in terms of learning because there are of course lessons, there are concepts in school that should be learned on-site, face-to-face.

Mental Health Committee Head, Public School, 10033A

So, that's the ambiance, the fear and idea of confusion or uncertainty… They are thinking until when, or what we do then.

Student, 13 years old, male, private school, 20501A

It's not that I don't want to study anymore, but I feel distracted because all the subjects feel the same. The presentation – they're all the same.

Students' Coping Mechanisms

Positive coping mechanisms

In the absence of traditional school-based social interactions, students pursued alternative methods to maintain their social and physical well-being. Some parents and children explored new hobbies and engaged in shared leisure activities, strengthening familial bonds. For others, creative activities, such as playing the guitar and writing poems, became a tool to counteract the effects of isolation.

Parent, 20103F

Because the others are not doing anything, you need to teach them something to learn. So, I showed them how to bake. We have indoor activities that they can do. I also bought coloring books.

Student, 13 years old, male, public school, 20304B

My hobby since childhood is writing poems, then during pandemic when I was bored - I challenged myself to make a poem in under 10 minutes.

Others sought emotional support and a sense of belonging through online communities. As a result, some students were able to establish meaningful relationships and form new friendships, including connections with people from different countries. This illustrates a positive dimension of online gaming, where digital platforms served as essential spaces for social networking and connectivity during the lockdown.

Student, 16 years old, male, public school, 20302B

*There's this *online group* with international members. So I tried that one for mental health because at that time, I also wanted to talk to other people but because all of us have poor interpersonal skills…In a way, it helped with my mental state because I was able to talk with them during the pandemic, though I was kind of isolated. I got to bond with them.*

Student, 16 years old, 20201B

In a RG (rank game), there are 5 members in a team. We met randomly. And I became friends with one of them.

Some students also used this period for self-reflection, discovery, and self-understanding, investing more quality time in their personal growth.

Student, 15 years old, 20102H

When we are not together, I have quality time for myself. I learned to know myself.

Student, 16 years old, 20202E

During the pandemic, we had more time to focus on ourselves. Some people had their glow-up because they were able to see their real self.

Negative coping mechanisms

In response to isolation and emotional distress during the pandemic, students adopted a range of coping strategies to manage their feelings and cope with disrupted routines. Some students resorted to diversions such as online gaming

to distract themselves from isolation. Although for some using online gaming as a coping mechanism had positive effects as described above, other students were more negatively impacted as they were easily distracted from schoolwork and other responsibilities. Others resorted to excessive sleeping, reportedly as a means of escaping feelings of sadness and emotional distress.

Student, 16-year-old, 20102A

[I think I got low grades because] I got COVID, then my family gave up. We had many problems. Then I don't get enough sleep. It was really stressful. I just fill my day with playing online games or doing basic origami. I think I am just doing things to escape my problems at school.

Student, 13 years old, 20201E

Since we are always online, we did not realize that it consumes a lot of our time, which results in us being always awake.

Mother of 14 years old. 20303C

During the pandemic, a lot of parents are really complaining that their kids are sleeping from time to time.

Participants reported abrupt changes in social interactions and limited emotional support, which often coincided with experiences of anxiety, depression, and emotional distress. Feelings of isolation and reduced communication were common; while some students adopted harmful coping behaviors, others exhibited social withdrawal.

Student, 16-year-old, 20401C

I also had issues with mental health. So it's like my coping mechanism became toxic. I do self-harm.

Parent of 14-year-old, 20303B

In the second year, my son's depression was a big problem for us. He closed the doors and thought everything was already too much. He reached the moment of shutting things down.

Mental Health Services during the Pandemic

Mental health support services

To support the community, various local government units (LGUs), non-government organizations, and academic institutions implemented a range of interventions. These included counseling hotlines and webinars on self-awareness, self-management, and mental health for students, as well as for parents/caregivers to help them navigate the challenges of the pandemic.

Guidance Counseling Unit Head, Public School, Female, 10033B

We also teach the parents on how to understand the nature of their children…We tried to fund a webinar on understanding the executive functioning of their children at their age. We also teach them how to help their children cope with the situation.

Academic support and curriculum modifications

During the pandemic, DepEd and some LGUs provided essential support by distributing internet load and devices to students. Additionally, free tutoring services were offered by one LGU and one of the participating schools. Schools also followed transition protocols both for the initial shift to remote setup and the subsequent return to hybrid and

onsite learning, based on government recommendations and the school's institutional assessments. These included modifying the frequency of in-person sessions in a week, the number of subjects taught, and the type of academic output assigned to students. Further, some schools adopted more lenient grading systems and flexible guidelines for schoolwork to accommodate the heightened challenges students faced in a remote learning environment.

Grade-level Guidance Teacher, Public Primary School, Female, 10032

Actually at that time, there were no honor students considered because we will never know who finishes their output.

Mental Health Committee Head, Public Secondary School, 10033A

With regard to submission of requirements, it is really hard of course, since it is pandemic. So we give a lot of accommodation. We don't have late submissions anymore as long as you just submit for the whole school year so we can mark you as passing in this particular subject.

Personal follow-ups with parents and/or children

Several schools tasked class advisors or guidance counselors with monitoring students who exhibited academic difficulties. Parent-teacher associations (PTAs) in both public and private schools also played a vital role, assisting in home visits for students facing challenges. Further, class advisors in public schools were required to conduct regular check-ins with students who were frequently absent or remained unresponsive during online classes.

Student, 16 years old, Public School, 20302C

Yes, the Guidance Counselor called and held a meeting just to ask how I am.

Parent of a Public High School Student, 20103F

During my first term as an officer of the PTA during the pandemic, the time came when we went door-to-door.

Mental Health Needs and Recommendations

Although mental health services were made available in various forms during the pandemic, students, caregivers, and stakeholders described gaps in coverage, accessibility, and timeliness of support. In response, they outlined a range of unmet needs and recommendations for improving mental health services during and beyond the pandemic.

Expand access to mental health services

There was a critical demand for mental health support systems during the pandemic, a need that persists in the current educational landscape. Counseling services were identified as essential for helping students navigate with the stressors of remote learning and for facilitating a smoother transition back to in-person classes. Consequently, the demand for guidance counselors increased significantly, particularly for students who experienced personal losses or family difficulties related to COVID-19.

Guidance Counseling Unit Head, Public School, Female, 1033B

From the lens of a Guidance Counselor, I really noticed that the need for our services during that time increased…Some students lost their parents; some are also worried about their parents, since they're doctors, etc.

Guidance Counselor, private school, 10040

When we transitioned back to face-to-face, the number of reported cases of mental health concerns increased compared to online, because we can't monitor the interaction too much. It became more visible and the teachers became our partners in monitoring.

Despite the implementation of mental health interventions by LGUs and various schools, these measures remained insufficient and inaccessible for many students. The number of accredited guidance counselors remained inadequate, both at the school level and in community health facilities. In the absence of trained guidance counselors, schools assigned teachers as guidance advocates who lacked the necessary training in diagnosing and managing mental health issues. City Health Offices (CHOs) require augmented resources and specialized training to effectively deliver mental health support at the grassroot level.

Psychologist, NGO employee, Female, 10018A

Their specialization is actually math or social studies, but they were assigned as guidance advocates. So the skill, how to process the things that are brought to your attention, solving problems in relation to being a guidance advocate, that's what they need to learn.

DOH Representative, Female, 10008

We have basic screening taught to the RHUs, but not all of them are confident. We are actually promoting community-based mental health services. However, because of the lack of confidence, they kept referring clients to the professionals. But ideally, some cases can already be managed at the community level… It seems that we are not yet at a level where the primary care provider is confident to do some of the basic counseling work. So what happens is, everyone goes to psychiatrists and psychologists who have long lines and are expensive.

Respondents suggested employment of more qualified and registered guidance counselors and mental health advocates, specifically within the school systems. They also proposed the development of comprehensive guidelines to formalize mental health support in academic settings. A key emphasis was placed on providing clear job descriptions that ensure designated counseling roles remain distinct and exclusive of teaching responsibilities. To achieve this, an increased budgetary allocation to support mental health infrastructure and personnel is necessary.

Politician/Congressman, 10002

We need a qualified Guidance Counselor who knows how to communicate, identify the problem, and provide a solution. We need additional Guidance Counselors and other experts in the field.

Psychologist, NGO employee, Female, 10018A

I think it [the problem] is the cascading of the instructions from the government agencies. There must be specific guidelines as in all schools, all school divisions will follow. I do believe that when there is an instruction or a memo, programs can be implemented properly. Because there was no expected output or call to action after the training. There is no uniform, nothing standardized to do. It seems that if the guidance advocate or related personnel in the school does not initiate, no program will happen in their school.

Furthermore, the availability and accessibility of counseling services beyond traditional school hours must be considered. One respondent highlighted significant barriers to seeking help during regular class hours, as students are often unable to miss classes for appointments.

Student, 16-year-old, 20305A

More Guidance Counselors. Everyone's health is suffering no matter what age. They encourage us to talk with Guidance Counselors, but there is a difficulty in our batch, because the schedule of the assigned Guidance Counselor for our batch conflicts with our afternoon classes. Although they give a list of the schedule, it is really difficult to skip the class; they might suddenly give us a quiz.

Training for parents on mental health support

A key gap identified was the limited capacity of parents to provide appropriate emotional and psychosocial support to their children at home. Students mentioned that they needed moral support from their parents, with some feeling that their parents invalidated their feelings.

Student, 14-year-old, 20101B

[We need] empathy from the family so we will feel that there is still someone willing to understand us.

Student, 16-year-old, 20202C

Our family doesn't give mental health support. Feels like you just want to sleep.

Stakeholders recommended training programs focused on positive parenting to support the psychosocial well-being of children. These interventions could be delivered through community-based programs, integrated into the school curriculum, or as a prerequisite for couples during pre-marital or post-wedding orientations.

Psychologist, NGO employee, Female, 10018A

What if even the family members do not know how to handle their own children? So there is a gap there. So I think training for students and also for family members is very important through the help of mental health professionals…But the barrier, I think, is the difficulty for parents to find the time to engage in this kind of training aside from the cost as well. Maybe the support they need at least for now, would it be from the schools or from the government?

Increase opportunities for social connectedness

Both students and stakeholders observed a decline in children's social skills resulting from the isolation. They emphasized the need for activities that promote socialization, as well as school-sponsored extracurricular programs. These initiatives are seen as vital for mitigating academic burnout and providing respite from their scholastic demands. Students and parents appreciated extracurricular school activities held upon the resumption of in-person classes.

Student, 16 years old, male, public school, 20302B

I realize, most of us are struggling because of poor interpersonal skills. It was not taught much and then my other classmates were not so considerate if there's an outburst [of emotions].

Student, 17-year-old, female, public school, 20202F

I think they should add more activities like camping. Because when we did that, we were so happy even if it was hot. It's good because we are able to process and do the things we couldn't do before.

Parent, female, public school, 20103C

Let them participate in extracurricular activities. That's why they can cope easily because covid is not talked about much anymore. Because they put the children in their minds that are no longer there but they are still there to protect them.

Overall, participants highlighted that rebuilding opportunities for peer interaction and structured social engagement is essential for helping children regain interpersonal skills, emotional expression, and a sense of normalcy following prolonged isolation.

Discussion

Mental and Social Health Experiences

The findings of this study demonstrate that the COVID-19 pandemic and subsequent quarantine restrictions and school closures significantly limited adolescents' social interactions, increasing feelings of loneliness and emotional detachment. As most of the students regularly interacted with peers prior to the pandemic, the loss of this social outlet resulted in a critical lack of emotional support. These findings are consistent with a 2020 systematic review reporting that social and generalized anxiety are moderately to strongly associated with loneliness and social isolation, as well as suicidal ideation, self-harm, and eating disorder–related behaviors [20]. Furthermore, children subjected to enforced isolation have been found to be five times more likely to need mental health services and showed heightened post-traumatic stress [20].

Local evidence further supports these findings. National data showed a substantial increase, nearly doubling, in reported depression, loneliness, psychological distress, and self-harm-related behaviors among individuals aged 15–24 years between 2013 and 2021. [1]. A study in Bicol, Philippines also indicated that the prevalence of moderate to severe anxiety and depression among adolescents were 57.3% and 47.5%, respectively. These outcomes were strongly associated with personal factors, such as feelings of uncertainty, confusion, and reduced self-confidence, alongside academic stressors, including the difficulty of adapting to a new educational setup and an increased workload [21].

These concerns are particularly amplified among adolescents, as they are in a developmental stage characterized by identity formation, increasing autonomy, and a strong need for peer relationships. Thus, limited emotional support and validation from peers, and communication barriers with peers, family members, and teachers—such as reduced face-to-face interaction, reliance on digital communication, limited access to devices or stable internet, and difficulties in expressing emotions online—and other stressors intensified their vulnerability, contributing to mental health issues such as isolation, anxiety, depression, and suicidal tendencies [20,22,23]. These findings reinforce the results of our study, demonstrating that pandemic-related restrictions contributed to adolescents' mental health problems through reduced social interaction, emotional isolation, and increased academic and personal stress.

The abrupt shift to remote learning further disrupted established learning habits and created confusion regarding academic expectations. Studies consistently indicate that increased academic workloads burdened students, leading to difficulties in maintaining concentration and emotional stability, with many experiencing low concentration levels and emotional exhaustion [24,25]. Findings from Hsu et. al —drawing on the same study as this paper but focused on the impact on student academics and learning—also noted that school closure resulted in trouble adjusting with remote learning formats, increased workload, limited social interaction with peers and teachers [18]. Moreover, evidence shows that adolescents' academic motivation declined during online learning relative to in-person schooling [26]. In addition, a U.S. study found that adolescents under fully remote learning model were more than twice as likely to have seriously considered suicide compared to those attending in-person classes (PR 2.45; 95% CI 1.22–4.90). Students in hybrid learning also showed a higher, though less certain, prevalence of suicide-related thoughts (PR 1.95; 95% CI 0.69–5.52) [23]. These challenges were more pronounced in families of low-socioeconomic status, where limited financial resources and constrained learning environment exacerbated academic stress [27,28]. Notably, economic difficulties were significantly correlated with depression among the student population [21].

Findings from several studies indicate that school closures and reduced social interaction are associated with poorer psychosocial well-being among students. This highlights the critical role of the school environment in fostering social connectedness among children and adolescents, which is closely tied to mental health outcomes. A 2022 systematic review showed the positive impact of school connectedness interventions in preventing mental health problems among youth [29].

Coping mechanisms

Many of the respondents in the study relied on the use of social media and online gaming as coping mechanisms. It was observed to have both positive and negative effects. Both foster communities that enable support, interactions, and opportunities for self-expression and developing social relationships [30]. On the downside, a study observed that long exposure to social media significantly risks mental health problems, as it affects life satisfaction, self-esteem, and quality of sleep [31,32]

Among younger children, some parents in our study reported relying on media entertainment to manage distress during periods of social isolation. Alarmingly, a large-scale study involving children and adolescents found that excessive smartphone use and internet addiction were directly linked with higher levels of depression [14].

Findings from our study also indicate that these coping behaviors often aggravated household conflict, specifically excessive gaming and exposure to social media. A qualitative study covering 28 countries found an increased prevalence of behavioral disorders, including eating disorders, video game/screen addiction, substance abuse, delinquency, and self-harm [33].

The same study also found some students coping with negative behaviors such as emotional withdrawal, or self-harm. Another study in the Philippines had similar finding with 80% of the respondents agreeing that self-harm is a coping mechanism for dealing with personal struggles and emotional distress [34]

Mental health needs and recommendations to address these

Our study showed the need for positive parenting and emotional support from the family, as communication among family members was observed to be constrained. This was also noted by key stakeholders in the study. During the pandemic, parents play a vital role in providing emotional and psychological support to help children manage uncertainty, particularly by maintaining a stable and reassuring home environment [35]. Positive parent-child relationships are consistently linked with better adjustment during the pandemic [36]. However, findings suggest that the pandemic also contributed to heightened familial tension and increased conflict, a pattern similarly reported in other studies [37,38]. Conversely, higher resilience was observed among adolescents who benefited from individual, family, and community support [39]. Thus, fostering meaningful social connections and a sense of belonging within the home and community is essential. In addition, equipping parents with accurate information to guide healthy online interactions allows young people to maintain social support during periods of physical isolation [20].

A key finding in our study was the significant shortage of qualified guidance counselors and trained mental health staff across schools and community health facilities. In many cases, teachers were tasked with counseling responsibilities without sufficient training, while existing mental health protocols were inconsistently applied. This insufficient access of mental health services in educational institutions and communities were also observed from other low-income countries [40,41]. Respondents in this study underscored the need for clearer national guidance, accelerated hiring of licensed counselors, enhanced capacity-building for school personnel, and stronger community-based mental health services to alleviate pressure on limited specialists.

Furthermore, schools must also holistically address the psychological and emotional needs of children and adolescents by integrating mental health services into a supportive structure of interventions [42]. Policies must be implemented to reduce barriers such as stigma, lack of awareness, limited access to services, financial constraints, and institutional gaps to psychological support services [35,42].

Ultimately, there is a clear need to develop comprehensive and adequately funded school-based mental health services that integrate emotional, academic, and family-oriented support. This effort is most effective when grounded in collaboration among parents, teachers, and mental health professionals to facilitate early identification and timely interventions. Interventions such as providing resources and training to recognize early warning signs of mental health deterioration can also help prevent the adverse effects of the pandemic [42]. Notably, in December 2024, the Philippines passed the Basic Education Mental Health and Well-Being Promotion Act, mandating the establishment of care centers in all public schools staffed by trained mental health professionals [43]; [44]). Moving forward, sustained policy action is required to ensure the full implementation of this Act alongside broader, multi-sectoral approaches.

Limitations of the Study

This study has several limitations. It was conducted in selected schools in Metro Manila, which may limit the generalizability of the findings to children and adolescents in rural or geographically isolated areas with different educational, technological, and mental health resources.

The study used purposive sampling, which may have introduced selection bias, as participants who agreed to take part may have had stronger or more relevant experiences related to school closures and mental health compared to those who did not participate.

Although the study benefited from the unique context of prolonged school closures in the Philippines—allowing in-depth exploration of the impacts on academic, social, and home life—it relied on self-reported accounts that may be affected by recall bias, particularly since data were collected nearly a year after the return to in-person classes.

While the timing of data collection provided valuable insights into the transition back to face-to-face learning, it also meant that some experiences during the height of lockdown may have been less accurately recalled over time. The study did not include quantitative measures of learning loss or social development, which limits the ability to assess the magnitude of the impact of school closures.

Conclusion

In conclusion, this study highlights the impact of the COVID-19 pandemic on the mental and social health and well-being of schoolchildren and adolescents in Manila, Philippines, reflecting trends observed globally. Prolonged social isolation, disrupted learning environments, and academic pressures significantly heightened risks of loneliness, anxiety, depression, and poor coping behaviors. Although interventions, including implementation of mental health support services such as counselling hotlines, community and school-based webinars, and flexible learning modalities, to respond to the emerging needs were implemented by schools and LGUs, access remained uneven. These efforts underscored systemic gaps in resources, trained personnel, and coordinated execution.

The findings further emphasize the importance of strong family relationships, peer connections, and community support in fostering resilience. However, conflict and stress were observed in households during the pandemic, thus affecting the mental and social health of the children. Importantly, many of the challenges described by participants were observed beyond the period of school closures and strict pandemic-related restrictions, suggesting that the mental and social health impacts of the pandemic persisted well after the acute phase of the crisis. These findings

point to longer-term ramifications that may continue to influence children's well-being, learning experiences, and academic trajectories. There is a clear need for a comprehensive, collaborative, and well-resourced school- and community-based mental health framework to ensure early identification, timely intervention, and the long-term protection of children’s and adolescents’ mental health during future public health crises.

The findings underscore the importance of balancing physical health measures with the protection of mental and social well-being in responding to public health crises. With the recent enactment of the Basic Education Mental Health and Well-Being Promotion Act and the launch of the Mental Health Strategic Framework for 2024–2028, strong national guidance, effective enforcement, and a coordinated, holistic approach involving multiple sectors are critically needed.

Declarations

Competing interests policy

The authors declare they have no competing interests.

Ethical Statement

This study was approved by the Columbia University Irving Medical Center Institutional Review Board (Protocol IRB-AAAU5835) and the St. Cabrini Medical Center–Asian Eye Institute Ethics Review Committee (ERC No. 2023-009). The study was conducted in accordance with the ethical requirements of the approving institutional review boards and the National Ethical Guidelines for Health and Health-related Research (2017) of the Philippine Health Research Ethics Board (PHREB).

Informed consent

was obtained from all adult participants prior to study participation. For participants younger than 18 years of age, informed consent was obtained from a parent or legal guardian, and informed assent was obtained from the participating child or adolescent before participation. For participants interviewed remotely, signed electronic copies of the consent and assent forms were obtained prior to data collection.

Consent to publish

Not Applicable

Clinical Trial Number

Not Applicable

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Author Contribution

NCP, and ICAP at Columbia University designed the study. NCP collected and analyzed the data. MC, CM, and JS drafted the manuscript with technical assistance from AH, JZ, AZ, LR and EA (ICAP at Columbia University). All authors reviewed, read, and approved the final version of the manuscript.

Data Availability

The thematic analyses used to inform this manuscript are on Figshare at the following link: https:/figshare.com/articles/dataset/Philippines_students_caregivers_and_stakeholders_thematic_analysis/30456161.

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Figures

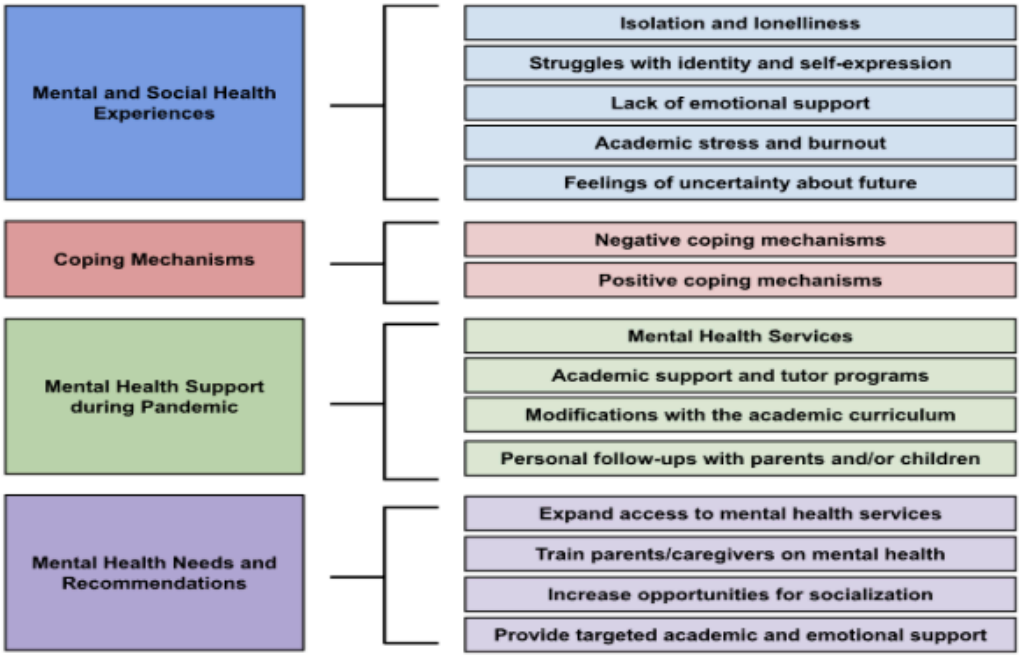


Figure 1

Study thematic analysis core themes and sub-themes