



2025 - 08 - 00293

Republic of the Philippines
Department of Education
REGION II - CAGAYAN VALLEY
SCHOOLS DIVISION OF BATANES

DIVISION MEMORANDUM
SGOD-2025 038

To: Valugan Integrated School Head
School Health and Nutrition Unit

From: **ALFREDO B. GUMARU., JR. EdD, CESO V**
Schools Division Superintendent

For the Schools Division Superintendent:


DANTE J. MARCELO PhD, CESO VI
Assistant Schools Division Superintendent

Date: August 07, 2025

Subject: **HEALTHY LEARNING INSTITUTION: SCHOOL MENTAL HEALTH
PEER FACILITATOR TRAINING FOR SECONDARY STUDENTS**

1. The Schools Division Office of Batanes through School Governance and Operations Division - Health Nutrition Unit in Partnership with the Provincial Health Office, shall conduct Peer Facilitator Training for the identified 48 secondary students and 2 teachers secondary from 8:00 am to 5:00 pm on August 09, 2025 at VIS covered court.
2. The Healthy Learning Institution initiative is designed to promote a culture of wellness and healthy habits among our students, teachers and staff. The program aims to create a conducive environment that supports physical, emotional and mental well-being, ultimately leading to improved academic performance and overall development.

The objectives of the activity:

- a. **Educate adolescents:** Provide comprehensive education on mental health
- b. **Empower Peer Support:** Train adolescents to become peer health navigators, equipping them with the skills to support their peers on making informed health decisions and accessing necessary services.
- c. **Promote Healthy Decision-Making:** Encourage informed decision making by fostering an understanding of reproductive rights, gender equality, and the importance of mental and emotional well-being.



Address: Basco, Batanes, 3900
Contact No.: 09687467949, 09539704860
Email Address: batanes@deped.gov.ph
Facebook: facebook.com/deped.batanes
Website: <https://depedbatanes.ph>

Doc Code:	FM-ORD-003	Rev:	01
As of:	Jan 25, 2021	Page:	1

- d. **Community Partnership and Engagement:** Advocate for supportive community involvement, engagement, and referral in adolescent health.
3. Snacks and Meals related to the following activities shall be charged against the sponsoring agency.
4. Attached is the matrix of activities for the conduct of Peer Facilitator Training.
5. For your information, guidance and compliance.

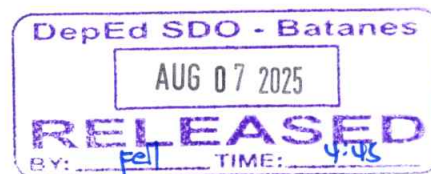
Encl: As stated

References:

To be indicated in the Perpetual Index
Under the following subjects:

STUDENTS
HEALTH EDUCATION
POLICY
SERVICE

SGOD/myn/gdac



Address: Basco, Batanes, 3900
Contact No.: 09687467949, 09539704860
Email Address: batanes@deped.gov.ph
Facebook: facebook.com/deped.batanes
Website: <https://depedbatanes.ph>

Doc Code:	FM-ORD-003	Rev:	01
As of:	Jan 25, 2021	Page:	2

ANNEX 1 PROGRAM FLOW

PEER FACILITATOR TRAINING		
TIME	ACTIVITY	RESPONSIBLE PERSON
8:00 – 8:30 AM	Registration	PHO STAFF
08:30 – 09:00 AM	Preliminaries	PHO STAFF
9:00 – 10:00 AM	Overview of Mental Health and its Importance	Resource Speaker
10:00 – 10:15 AM	AM HEALTH BREAK	
10:15 – 11:00 AM	Mental Health Myths and Facts	Resource Speaker
11:00 – 12:00 NN	Common Mental Health Issues affecting students	Resource Speaker
12:00 – 1:00 PM	LUNCH BREAK	
1:00 – 2:00 PM	Identifying warning signs and symptoms	Resource Speaker
2:00 – 3:00 PM	Building Support Networks (peer support groups, etc) and Referral Skills	Resource Speaker
03:00 PM – 03:15 PM	BREAK	
03:15 – 04:00 PM	Role Playing to practice referring peers to resources and services	Resource Speaker
04:00 – 04:30 PM	Closing Program	PHO STAFF

PARENTAL CONSENT

I/We, _____, as parent/guardian allows and support my son/daughter _____ to attend and participate to the conduct of the **HEALTHY LEARNING INSTITUTION: SCHOOL MENTAL HEALTH PEER FACILITATOR TRAINING FOR SECONDARY STUDENTS** for School Year 2025-2026 on August 9, 2025, 8:00am to 5:00pm at the VIS covered court.

I/We hereby confirm that I/We agree and understand the commitment of my/our son/daughter as a identified participant. As the parent/guardian, I/We hereby release, defend, indemnify and hold harmless the SDO Batanes and its representatives from and against any claims, damages or liability arising from or related to the conduct of the abovementioned activity.

Parent's/Guardian's Signature over Printed Name

Date