



Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

March 22, 2024

REGIONAL MEMORANDUM

No. **340** s. 2024

**ADDENDUM TO RM NO. 298 s. 2024 RE: REQUEST FOR REPORT ON THE
CONDUCT OF HEEADSSS ASSESSMENT AT ORMOC CITY SENIOR HIGH
SCHOOL**

To: Schools Division Superintendent } Ormoc City Division
All Others Concerned

1. Attached is an Addendum to the Memorandum from Atty. Suzette T. Gannaban-Medina, OIC-Director IV, Bureau of Learner Support Services and Learner Rights and Protection Office, requesting for a **post-activity report on the conduct of HEEADSSS Assessment to the 22 Ormoc City Senior High School learners**, using the enclosed forms.
2. The accomplished forms must be submitted on **April 1, 2024** to **blss.shd@deped.gov.ph**, cc: **angelica.rodriguez001@deped.gov.ph** and **eden.dadap001@deped.gov.ph**.
3. Immediate dissemination of and compliance with this Memorandum are desired.


EVELYN R. FETALVERO CESO IV
Regional Director

Enclosures: As stated

References: As stated

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

MENTAL HEALTH

POST-ACTIVITY REPORT

ESSD-SPPS-ACR





Department of Education Region VIII <region8@deped.gov.ph>

Request for Report on the Conduct of HEEADSSS Assessment at Ormoc City Senior High School

School Health Division <blss.shd@deped.gov.ph>

Wed, Mar 20, 2024 at 5:11 PM

To: Region VIII Eastern Visayas <region8@deped.gov.ph>, DepEd Ormoc City <ormoc.city@deped.gov.ph>

Cc: Bureau of Learner Support Services Office of the Director <blss.od@deped.gov.ph>, BLSS-SHD School Mental

Health Program <schoolmentalhealth@deped.gov.ph>, schoolhealth region8 <schoolhealth_region8@deped.gov.ph>

EVELYN R. FETALVERO, CESO IV

Regional Director, Region VIII

Attn: **CARMELINO P. BERNADAS**

Schools Division Superintendent, SDO Ormoc City

Dear **RD Fetalvero**:

Greetings!

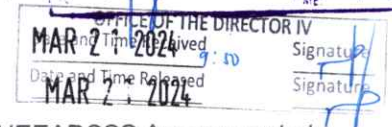
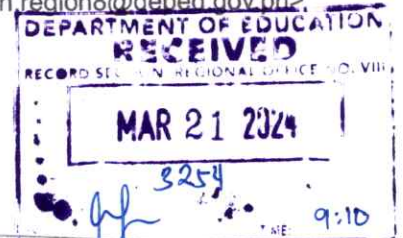
We received the reports from RO VIII and SDO Ormoc City regarding the conduct of HEEADSSS Assessment at Ormoc City Senior High School. We were also informed that appropriate actions were taken to ensure that interventions were provided to learners in need.

In relation to this, **we would like to request a post-activity report** from SDO Ormoc City using the attached template. Among the data requested are the number of learners who have experienced mental health-related concerns and the interventions provided to them.

For your appropriate action. Thank you.

Sincerely,

[Quoted text hidden]



Annex-1-RAPID-PSYCHOSOCIAL-ASSESSMENT-TOOL.docx

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DepEd Ormoc
3/21/24

Annex I:

Psychosocial Assessment for Grades 6-12, and ALS using the Rapid HEEDSSS Tool

Pangalan:		Kasarian:	
Kapanganakan:		Edad:	
Katayuan:	<input type="radio"/> Walang Asawa <input type="radio"/> May Asawa, Kasal	<input type="radio"/> Live-in, Hindi Kasal <input type="radio"/> Naninirahan kasama ang mga magulang	<input type="radio"/> Naninirahan mag-isa <input type="radio"/> Naninirahan kasama ang mga magulang
Trabaho:	<input type="radio"/> Estudyante: Grade _____ Section _____	<input type="radio"/> Nagtatrabaho	<input type="radio"/> Estudyante at Nagtatrabaho Grade _____ Section _____
Tirahan:	<input type="radio"/> Wala		
Cellphone:		Email:	
Landline:		Landline:	
Ang checklist na ito ginamit sa:	<input type="radio"/> School <input type="radio"/> Usapang Teen Moms	<input type="radio"/> Hospital <input type="radio"/> Usapang Barkadahang	<input type="radio"/> Lying-in <input type="radio"/> Youth Congress
		<input type="radio"/> RHU <input type="radio"/> U4U session	<input type="radio"/> NGO Clinic <input type="radio"/> atbp.
Sagutin ng tapat ang mga sumusunod na katanungan. Ang sagot ay <u>CONFIDENTIAL</u>.			
Date:			
Questions on Home, Education, Employment, Activities, Substance Use, Reproductive Health (HEEDSSS)			
1. Ikaw ba ay nakaranas ng pananakit o pananakot sa inyong tahanan/ bahay?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
2. May mga pagkakataon ba na pinag-isipan mong maglayas o umalis ng inyong bahay?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
3. Nakaranas ka ba ng bullying at pananakit sa paaralan o sa trabaho?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
4. May pagkakataon ba na seryoso mong naisip na wakasan ang iyong buhay?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
5. Naninigarilyo ka ba?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
6. Umiinum ka ba ng alak?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
7. Nakakita ka na ba ng mga ipinagbabawal na "gamut" o drugs?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
8. Ikaw ba ay nakaranas ng magka boyfriend / girlfriend?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
9. Ikaw ba ay nakaranas ng makigpag sex o makipagtalik?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
10. Nakaranas ka ba na ikaw ay pinilit makipag sex?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
11. Ikaw ba ay nakaranas nang mabuntis, o makabuntis?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
12. Gusto mo bang mag pa counsel o komunsulta para matulungan ka?	<input type="radio"/> Hindi	<input type="radio"/> Oo	
Additional Questions on Mental Health			
1. Hiniling mo ba ang iyong kamatayan sa mga nakalipas na linggo? (Did you wish you were dead in the past few weeks?)	<input type="radio"/> Hindi	<input type="radio"/> Oo	
2. Pakiramdam mo ba na mas bubuti ang iyong kalagayan at pamilya kung nawala ka na sa mga nakalipas na linggo? (Have you felt that you and your family would be better if you were dead in the past few weeks?)	<input type="radio"/> Hindi	<input type="radio"/> Oo	
3. Nakakaisip ka bang magpakamatay sa mga nakalipas na linggo? (Have you been having thoughts about killing yourself in the past week?)	<input type="radio"/> Hindi	<input type="radio"/> Oo	
4. Nasubukan mo na bang magpakamatay dati? (Have you ever tried to kill yourself?)	<input type="radio"/> Hindi	<input type="radio"/> Oo	
5. Nakakaisip ka bang magpakamatay ngayon? (Are you having thoughts of killing yourself right now?)	<input type="radio"/> Hindi	<input type="radio"/> Oo	
PAALALA: Ibalik sa envelope o lagayan ng modules na nakatupi at naka selyo gamit ang tape o stapler.			
-----Cut this part for your Reference if you need to call your Guidance Designate/ Coordinator/ Counselor later-----			
Maari kang tumawag sa: _____		(Guidance Designates' Name and Number)	
O mag-email o bisitahin kami sa FB page: _____			



Republic of the Philippines
Department of Education

**CONDUCT OF SCHOOL-BASED MENTAL HEALTH INTERVENTIONS
POST-ACTIVITY REPORT**
(To be accomplished by SDO)

DATE OF ACCOMPLISHMENT:	
REGION:	DIVISION:
SCHOOL (if applicable):	

A. PURPOSE OF THE CONDUCT OF THE SCHOOL-BASED MENTAL HEALTH INTERVENTIONS

- In line with conduct of a mental health screening activity. Specify screening tool/s used: _____
- In response to a mental health crisis incident. Specify type of incident: _____
- Others, please specify: _____

B. SUMMARY OF NUMBER OF LEARNERS' MENTAL HEALTH STATUS

Grade Levels	Gender	Experienced Bullying (HEEADSSS, Item No. 3)	Suicidal Ideation (HEEADSSS, Item No. 4)	Seeks counseling (HEEADSSS, Item No. 12)	History of Suicide Attempt (ASQ, Item No. 4)
Grade 7	Male				
	Female				
Grade 8	Male				
	Female				
Grade 9	Male				
	Female				
Grade 10	Male				
	Female				
Grade 11	Male				
	Female				
Grade 12	Male				
	Female				
TOTAL					

B.1. Describe how the school and/or field offices (i.e., Schools Division Office and Regional Office) identified and validated the mental health status of the learners.

B.2. Describe how the school and/or field offices (i.e., Schools Division Office and Regional Office) validated the mental health status of the learners.

C. SUMMARY OF NUMBER OF LEARNERS PROVIDED MENTAL HEALTH INTERVENTIONS (In line with the MHPSS Interventions pyramid)

Grade Levels	Gender	Psychoeducation	Psychosocial Support	Psychological First Aid (PFA)	Mental Health First Aid (MHFA)	Psychological Interview or Assessment with Licensed Mental Health Professional	Counseling with Registered Guidance Counselor	Facilitation of Referral for Specialized Mental Healthcare (ex. Psychotherapy)
Grade 7	Male							
	Female							
Grade 8	Male							
	Female							
Grade 9	Male							
	Female							
Grade 10	Male							
	Female							
Grade 11	Male							
	Female							
Grade 12	Male							
	Female							
TOTAL								

Prepared by:

Validated by:

NAME
Position

NAME
Chief, School Governance and
Operations Division

Approved by:

NAME
Schools Division Superintendent