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Crisis Intervention Skills on the Biopsychosocial Wellness of Students in Selected Secondary Schools in Kampala and Wakiso Districts of Uganda

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Abstract: *This study examined the influence of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts, Uganda. Guided by Self-Determination Theory and the Biopsychosocial Approach, the study adopted a cross-sectional survey design using mixed methods. The study population comprised 6,692 students, teachers, and school counsellors, from which a sample of 410 respondents was selected using simple random, stratified, and purposive sampling techniques. Data were collected through questionnaires, interviews, and focus group discussions. Quantitative data were analyzed using descriptive statistics, Pearson correlation, and linear regression, while qualitative data were analyzed through thematic content analysis. Findings showed that students generally held positive perceptions of crisis intervention skills and counselling services (M = 3.359, SD = 0.784) and reported moderate to high levels of biopsychosocial wellness (M = 3.420, SD = 0.643). Intellectual and social wellness recorded the highest scores. Correlation analysis revealed a significant positive relationship between crisis intervention skills and biopsychosocial wellness ($r = .554$, $p < .001$). Regression results indicated that crisis intervention skills significantly predicted students' wellness ($\beta = .454$, $t = 13.84$, $p < .001$), explaining 30.5% of the variance in wellness outcomes (Adjusted $R^2 = .305$). The study concludes that crisis intervention skills significantly enhance students' emotional stability, resilience, coping abilities, social adjustment, and overall wellness. It recommends strengthening school crisis-response systems, training counsellors and teachers in crisis management, and establishing formal referral networks to support students experiencing psychological and emotional challenges.*

Keywords: *Crisis intervention skills, Biopsychosocial wellness, Crisis counselling, Psychological resilience, Emotional regulation, Secondary school students, Mental health, School counselling, Kampala District, Wakiso District, Uganda*

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1. Introduction

Crisis intervention skills have become an increasingly important component of school counselling services due to the growing number of adolescents experiencing emotional, psychological, social, and behavioural challenges. Secondary school students are frequently exposed to crises such as family conflicts, bereavement, substance abuse, violence, bullying, academic pressure, mental health difficulties, traumatic events, and suicidal ideation. These experiences often disrupt normal functioning and negatively affect students' biopsychosocial wellness. Crisis intervention counselling seeks to provide immediate, structured, and supportive responses that help students regain emotional stability, reduce distress, and develop appropriate coping strategies. Consequently, crisis intervention skills are considered an essential mechanism for promoting the holistic well-being of learners in school settings (James & Gilliland, 2017; Roberts, 2005).

Crisis intervention refers to the immediate and short-term assistance provided to individuals experiencing psychological, emotional, social, or behavioural crises that exceed their normal coping abilities. According to Roberts (2005), crisis intervention focuses on restoring equilibrium, preventing psychological deterioration, and

facilitating adaptive functioning following a stressful event. In school settings, counsellors employ crisis intervention skills such as active listening, psychological first aid, emotional support, risk assessment, problem-solving, referral, and follow-up support to help students cope with traumatic and distressing situations. These interventions are designed to minimize the negative effects of crises and promote healthy adjustment among learners.

The relevance of crisis intervention skills is particularly evident during adolescence, a developmental stage characterized by rapid biological, cognitive, emotional, and social changes. Adolescents frequently encounter challenges that may trigger crises, including academic pressure, peer conflicts, relationship difficulties, identity concerns, family instability, substance abuse, and exposure to traumatic experiences. When such challenges are not adequately managed, they may result in emotional distress, depression, anxiety, self-harm, school dropout, poor academic performance, and other adverse psychosocial outcomes. Crisis intervention counselling therefore plays a critical role in helping students navigate difficult experiences and maintain positive biopsychosocial functioning (Santrock, 2020; Corey, 2016).

The Biopsychosocial Model advanced by Engel (1977) provides a useful framework for understanding the contribution of crisis intervention skills to student wellness. The model emphasizes that human well-being is influenced by the interaction of biological, psychological, and social factors. During crises, students may experience physical symptoms such as sleep disturbances and fatigue, psychological symptoms such as anxiety and depression, and social difficulties such as isolation and conflict. Effective crisis intervention addresses these interconnected dimensions simultaneously, thereby promoting comprehensive recovery and wellness. Consequently, crisis intervention skills are central to enhancing students' biopsychosocial wellness within educational environments (Engel, 1977; Borrell-Carrio et al., 2004).

The Self-Determination Theory (SDT) advanced by Deci and Ryan further explains the significance of crisis intervention skills in promoting student wellness. The theory posits that individuals have fundamental psychological needs for autonomy, competence, and relatedness. During periods of crisis, these needs are often threatened, resulting in emotional instability and reduced wellbeing. Through crisis intervention counselling, students receive emotional support, guidance, and practical assistance that help restore their sense of control, confidence, and connectedness. Such support enables learners to regain motivation, resilience, and positive psychological functioning, thereby contributing to overall biopsychosocial wellness (Ryan & Deci, 2017; Deci & Ryan, 2000).

Empirical evidence suggests that effective crisis intervention programmes significantly improve students' mental health outcomes and ability to cope with adversity. Studies have shown that immediate counselling support following traumatic events reduces psychological distress, suicidal ideation, anxiety, and depression among adolescents. Crisis intervention has also been associated with increased resilience, emotional regulation, self-esteem, and adaptive coping skills. Furthermore, students who receive timely support during crises are more likely to maintain healthy relationships, continue their education, and successfully adjust to challenging circumstances (Brock et al., 2009; Everly & Lating, 2017).

In Uganda, secondary school students face numerous crises arising from poverty, family instability, violence, substance abuse, mental health challenges, and academic pressures. Reports from schools and mental health institutions indicate increasing cases of emotional distress, self-harm, substance misuse, suicide attempts, school strikes, and behavioural disorders among adolescents. Such challenges pose a significant threat to students' biopsychosocial wellness and academic success. Although counselling services exist in many schools, concerns remain regarding the extent to which crisis intervention skills adequately address emerging student crises and contribute to holistic wellness (Kalema, 2018; Ministry of Education and Sports, 2007).

Within Kampala and Wakiso Districts, rapid urbanization, social change, family disruptions, and exposure to diverse social pressures have increased students' vulnerability to emotional and psychological crises. Many learners experience stress arising from academic competition, peer influence, financial hardships, family conflicts, and social expectations. These circumstances require effective counselling interventions capable of providing immediate and practical support. Crisis intervention counselling therefore serves as a critical strategy for helping students overcome stressful experiences, restore emotional balance, and maintain positive psychological and social functioning.

Despite the growing recognition of crisis intervention skills in school counselling, limited empirical evidence exists regarding their influence on the biopsychosocial wellness of secondary school students in Uganda. Most available studies focus on mental health outcomes, emergency response, or general counselling services without specifically examining crisis intervention as a determinant of biopsychosocial wellness. Furthermore, many investigations have been conducted in Western contexts whose social, cultural, and educational realities differ from those of Uganda. Therefore, this study sought to examine the influence of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

1.1 Problem Statement

Crisis intervention skills have increasingly been recognized as an essential component of school counselling services for promoting students' mental health, emotional stability, social adjustment, and overall well-being. Schools across both developed and developing countries have integrated crisis intervention

programmes to address challenges such as traumatic experiences, anxiety, depression, suicidal ideation, substance abuse, violence, school unrest, and other psychosocial emergencies affecting adolescents. These interventions are intended to provide immediate psychological support, strengthen coping mechanisms, reduce distress, and restore normal functioning among learners. Despite the existence of such interventions, studies continue to report increasing levels of emotional distress, behavioural problems, mental health disorders, and crisis-related challenges among secondary school students, raising concerns regarding the effectiveness of school-based crisis intervention services in enhancing students' biopsychosocial wellness (World Health Organization [WHO], 2021; UNESCO, 2021).

In Uganda, and particularly in Kampala and Wakiso Districts, secondary schools have established counselling services aimed at helping students cope with emotional, behavioural, and psychosocial challenges. In addition, the Ministry of Education and Sports introduced psychosocial support initiatives intended to strengthen students' resilience and mental well-being through counselling and mental health awareness programmes (Republic of Uganda, 2009). However, despite the availability of these services, students continue to experience numerous crises manifested through school indiscipline, school unrest, examination malpractice, substance abuse, defiance of authority, suicidal ideation, self-harm behaviours, and risky sexual practices (UNEB, 2005, 2006; Kalema, 2018; UNESCO, 2011). These persistent challenges suggest possible inadequacies in the effectiveness of crisis intervention skills and related counselling services in addressing students' immediate psychosocial needs.

The problem is further reflected in the growing prevalence of mental health difficulties among young people in Uganda. According to Asiimwe (2018), six to seven out of every ten patients admitted to Butabika National Referral Mental Hospital were students experiencing social, emotional, and behavioural difficulties. Similarly, Batte et al. (2024) reported increasing cases of anxiety, depression, traumatic stress, emotional dysregulation, oppositional behaviour, and anger-related challenges among school-going adolescents. These conditions often require prompt and effective crisis intervention to prevent escalation into more severe psychological and behavioural outcomes. Nevertheless, Uganda continues to face limitations in specialized child and adolescent mental health services, relying heavily on Butabika National Referral Hospital as the major public mental health facility, thereby leaving significant gaps in school-based crisis response and early intervention services (Anyanwa, 2012).

Furthermore, reports indicate that between 60% and 70% of students have been exposed to alcohol and illicit drugs, while approximately 75% of young people below the age of 25 years admitted to rehabilitation centres are affected by substance abuse, particularly in Kampala and Wakiso Districts (Kalema, 2018; Uganda Alcohol Policy Conference, 2022). Adolescent pregnancy also remains a concern, with 34% of adolescents becoming pregnant before the age of 18 years and 27% giving birth before attaining the age of 18 years (Marie Stopes Uganda, 2018). Such situations often constitute crises that require immediate counselling support and effective intervention strategies. However, the extent to which crisis intervention skills contribute to improving students' biopsychosocial wellness remains unclear. Therefore, this study sought to investigate the influence of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

1.2 Study Objective

In recognition of the growing psychological, emotional, and social challenges faced by secondary school students, schools increasingly rely on counselling interventions to support students during periods of crisis. Crisis intervention skills are essential in helping learners cope with traumatic experiences, academic pressures, family-related difficulties, grief, and other adverse life events that may affect their overall well-being. Despite the importance of these interventions, limited empirical evidence exists regarding their contribution to students' holistic wellness in the Ugandan secondary school context. Therefore, this study sought to examine the role of crisis intervention skills in promoting students' biopsychosocial wellness.

Objective

- To investigate the impact of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

2. Literature Review

Crisis intervention skills constitute an essential component of school counselling services aimed at providing immediate and short-term assistance to students experiencing emotional, psychological, social, or behavioural crises. Adolescents often encounter situations such as traumatic events, academic pressures, family conflicts, substance abuse, violence, suicidal ideation, bereavement, and mental health emergencies that exceed their normal coping abilities. Crisis intervention seeks to stabilize affected individuals, reduce emotional distress, promote adaptive coping mechanisms, and restore normal functioning. Within school settings, counsellors utilize various crisis intervention skills, including active listening, psychological first aid, emotional support, risk assessment, problem-solving, referral services, and follow-up care to assist students during periods of acute distress (James & Gilliland, 2017; Roberts, 2005).

The importance of crisis intervention skills among adolescents is explained by the developmental challenges associated with this stage of life. Adolescence is characterized by significant biological, emotional, cognitive, and social changes that may increase vulnerability to stress and crisis situations. When such challenges are not effectively managed, students may experience anxiety, depression, emotional instability, behavioural problems, academic failure, social withdrawal, or self-harming behaviours. Consequently,

schools play a critical role in providing timely counselling interventions that enhance students' ability to cope with crises and maintain healthy psychosocial functioning (Santrock, 2020; Corey, 2016).

The Self-Determination Theory advanced by Deci and Ryan provides a useful framework for understanding the role of crisis intervention skills in promoting students' wellness. According to the theory, psychological well-being is enhanced when individuals experience autonomy, competence, and relatedness. During a crisis, these fundamental psychological needs are often threatened, resulting in emotional imbalance and reduced functioning. Through crisis intervention counselling, students receive emotional support, guidance, and reassurance that help restore a sense of control, strengthen confidence in dealing with challenges, and promote positive relationships with significant others. As a result, crisis intervention contributes significantly to psychological adjustment and overall biopsychosocial wellness (Ryan & Deci, 2017; Deci & Ryan, 2008).

The Biopsychosocial Approach advanced by Engel (1977) further highlights the importance of crisis intervention in promoting holistic wellness. The approach recognizes that human health and well-being are influenced by the interaction of biological, psychological, and social factors. A crisis may affect students physically through fatigue, sleep disturbances, appetite changes, or health-risk behaviours; psychologically through anxiety, depression, traumatic stress, and emotional instability; and socially through isolation, conflict, or damaged relationships. Effective crisis intervention addresses these interconnected dimensions simultaneously, thereby facilitating recovery and promoting optimal functioning across all aspects of wellness (Engel, 1977; Melchert, 2007).

Research indicates that crisis intervention programmes positively influence students' psychological well-being and resilience. Bonanno (2004) observed that early intervention following traumatic experiences significantly reduces psychological distress and enhances individuals' capacity to adjust successfully following adversity. Similarly, Brock et al. (2016) reported that students who receive timely crisis counselling demonstrate lower levels of stress, anxiety, and emotional disturbances compared to those who do not receive immediate support. These findings suggest that crisis intervention skills serve as an important protective mechanism against adverse psychological outcomes among adolescents.

Crisis intervention also contributes to social wellness by helping students maintain positive relationships and reintegrate into their social environments following stressful events. During periods of crisis, learners often experience feelings of loneliness, isolation, rejection, and reduced social participation. Through counselling interventions such as emotional support, communication training, and peer-support facilitation, students are assisted in rebuilding relationships and strengthening social support systems. Positive social support has been associated with improved coping abilities, increased resilience, and enhanced psychosocial adjustment among adolescents (Witmer & Sweeney, 1992; Renger et al., 2000).

Furthermore, crisis intervention plays an important role in reducing the risk of self-harm, suicidal behaviour, and substance abuse among students. Schools increasingly encounter cases involving suicidal ideation, depression, alcohol abuse, drug misuse, and behavioural crises, all of which require immediate and professional responses. Effective crisis intervention equips students with coping strategies, emotional regulation skills, and access to appropriate support services before their situations worsen. Such interventions not only promote safety but also strengthen students' capacity to recover from adversity and continue functioning effectively within their school environment (James & Gilliland, 2017; Roberts, 2005).

In Uganda, secondary school students continue to face numerous challenges that place them at risk of crisis situations. These include poverty, family instability, domestic violence, substance abuse, academic pressure, mental health difficulties, school unrest, and exposure to traumatic experiences. Reports have shown increasing cases of emotional distress, suicidal tendencies, alcohol and drug abuse, and behavioural disorders among adolescents. Consequently, the availability of effective crisis intervention services within schools is essential for promoting students' emotional stability, resilience, and overall biopsychosocial wellness (Kalema, 2018; Ministry of Education and Sports, 2007).

Within Kampala and Wakiso Districts, rapid urbanization and changing social environments have created additional pressures that affect adolescents' well-being. Students frequently encounter stress arising from family conflicts, peer pressure, financial constraints, academic competition, and social expectations. Such circumstances make crisis intervention counselling particularly relevant in helping learners manage emergencies and prevent escalation into severe psychological and behavioural problems. Effective crisis intervention services can therefore contribute significantly to improved emotional regulation, social adjustment, academic engagement, and healthy development among students.

Despite growing evidence regarding the benefits of crisis intervention, several gaps remain evident in the existing literature. Most available studies have focused primarily on mental health outcomes such as anxiety, depression, and trauma recovery, with limited attention to biopsychosocial wellness as a multidimensional construct. Additionally, many studies have been conducted in developed countries and may not adequately reflect the educational, social, and cultural realities of Ugandan secondary schools. Methodologically, a substantial proportion of the literature is descriptive and theoretical, providing limited empirical evidence regarding the relationship between crisis intervention skills and students' biopsychosocial wellness. Therefore, the present study sought to address these conceptual, contextual, and methodological gaps by examining the influence of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

3. Methodology

This study adopted a cross-sectional survey research design to examine the influence of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda. The cross-sectional survey design enabled the researcher to collect data from respondents at a single point in time and was considered appropriate for assessing the relationship between crisis intervention skills and students' biopsychosocial wellness. The design facilitated the collection of information from a large number of respondents and enabled the researcher to establish the extent to which crisis intervention counselling services contribute to students' biological, psychological, and social well-being. To obtain a more comprehensive understanding of the phenomenon under investigation, the study employed a mixed-methods approach, integrating both quantitative and qualitative methods of data collection and analysis. The study was guided by the pragmatist paradigm, which supports the use of multiple methods to provide a deeper and more holistic understanding of research problems.

The study was conducted in selected secondary schools located in Kampala and Wakiso Districts of Uganda. These districts were purposively selected because they have diverse student populations and established counselling programmes that provide crisis intervention services to learners. The target population comprised 6,692 respondents, including students, teachers, and school counsellors from both private and government-aided secondary schools. Specifically, the study population consisted of 6,380 students, 306 teachers, and 6 school counsellors. These categories of respondents were considered appropriate because they are either direct recipients or providers of counselling services and were therefore capable of providing relevant information regarding crisis intervention practices and students' biopsychosocial wellness.

A sample size of 410 respondents was selected using both probability and non-probability sampling techniques. The student sample of 376 respondents was determined using Yamane's (1967) formula and selected through simple random sampling to ensure that every student had an equal chance of participating in the study.

$$n = \frac{N}{1 + Ne^2}$$

Where:

n = Sample Size

N = Total Population

e = error margin (0.05)

Therefore;

$$n = \frac{6380}{1 + 6380(0.05)^2}$$

$$n = \frac{6380}{1 + 6380(0.0025)}$$

$$n = \frac{6380}{16.95}$$

n = 376.4 ≈ 376 Respondents

Additionally, 31 teachers and 3 school counsellors were selected through purposive sampling because of their direct involvement in counselling services and their experience in managing student crises. Stratified sampling was first used to categorize respondents into students, teachers, and counsellors before applying the appropriate sampling procedures. This sampling approach enhanced representativeness and ensured that all key categories of respondents were adequately included in the study.

Data were collected using structured questionnaires, interview guides, and focus group discussion guides. Questionnaires were administered to students to obtain quantitative data regarding their experiences with crisis intervention services and their levels of biopsychosocial wellness. Semi-structured interviews were conducted with school counsellors to gather in-depth information concerning the nature of crises experienced by students, crisis response strategies, and challenges affecting the implementation of crisis intervention services. Focus group discussions were conducted with teachers to obtain collective views regarding the effectiveness of crisis intervention counselling in promoting students' emotional stability, resilience, and overall well-being. The validity of the research instruments was established through expert review and computation of the Content Validity Index (CVI), while reliability was assessed using Cronbach's Alpha Coefficient, with values of 0.70 and above considered acceptable for the study.

Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS) through descriptive statistics such as frequencies, percentages, means, and standard deviations to summarize respondents' views regarding crisis intervention skills and biopsychosocial wellness. Inferential statistics, including Pearson Product Moment Correlation Analysis and Linear Regression Analysis, were used to determine the nature and extent of the relationship between crisis intervention skills and students' biopsychosocial wellness. Qualitative data obtained from interviews and focus group discussions were analyzed using thematic content analysis, whereby responses were transcribed, coded, grouped into themes, and interpreted according to the study objectives. Throughout the study, ethical principles were strictly observed to ensure the credibility, integrity, and trustworthiness of the research process and findings. Ethical approval was obtained from the Clarke International University Research Ethics Committee (CIUREC), and research clearance was subsequently obtained from the Uganda National Council for Science and Technology (UNCST). Informed consent was obtained from all participants prior to their involvement in the study. Participants were assured of voluntary participation, confidentiality, anonymity, and the right to withdraw from the study at any stage without any penalty. Respect for respondents' rights, privacy, and dignity was maintained throughout the research process, and all information collected was used solely for academic purposes and securely stored to prevent unauthorized access. Adherence to these ethical principles ensured

ethical compliance and enhanced the credibility, integrity, and trustworthiness of the study findings.

4. Results and discussion

4.1 Student Characteristics

This section presents the demographic characteristics of the students who participated in the study, including gender, age, class level, and religion. These characteristics provide background information about the respondents and help in understanding variations in students' experiences of individual and group counselling and their biopsychosocial wellness.

Table 1: Student characteristics

Characteristic	Freq.	Percent
Gender		
Female	259	59.54
Male	176	40.46
Age		
12-14 years	36	8.28
15-17 years	235	54.02
18-20 years	164	37.7
Class		
S1	103	23.68
S2	59	13.56
S3	98	22.53
S4	9	2.07
S5	104	23.91
S6	62	14.25
Religion		
Catholic	210	48.28
Moslem	62	14.25
Pentecostal	114	26.21
Born Again Christian	42	9.66
Seventh Day Adventist (SDA)	5	1.15
Buddhism	1	0.23
Latter Day Saints	1	0.23

Source: Primary data 2025

The findings revealed that the majority of respondents were female (59.54%), while 40.46% were male, indicating a higher representation of female students in the study. This gender distribution suggests that the study captured perspectives from both male and female students regarding crisis intervention skills and their influence on biopsychosocial wellness, although females constituted the larger proportion of participants.

In terms of age, the majority of respondents (54.02%) were aged 15–17 years, followed by 37.70% who were aged 18–20 years, while only 8.28% were aged 12–14 years. These findings imply that the study largely captured views from adolescents who are at a critical stage of biological, psychological, emotional, and social development. This age group is particularly relevant to the study because adolescents are more susceptible to various crises, including academic stress, peer conflicts, emotional distress, family-related challenges, and identity struggles, which may require effective crisis intervention support.

Regarding class level, respondents were drawn from all levels of secondary education, with the highest proportions coming from Senior Five (23.91%) and Senior One (23.68%), followed by Senior Three (22.53%), Senior Six (14.25%), Senior Two (13.56%), and Senior Four (2.07%). This distribution indicates that the study incorporated views from students across both lower and upper secondary sections, thereby providing a broad understanding of how crisis intervention services influence students' biopsychosocial wellness at different stages of secondary education.

With respect to religious affiliation, the majority of respondents were Catholics (48.28%), followed by Pentecostals (26.21%), Muslims (14.25%), and Born-Again Christians (9.66%), while a small proportion

belonged to other religious denominations. The diversity of religious backgrounds among respondents reflects the multicultural nature of the study population and provides an important context for understanding students' perceptions and experiences relating to crisis intervention services and biopsychosocial wellness. Overall, these demographic characteristics provided valuable background information for interpreting the influence of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

4.2 Crisis Intervention Skills and Education Counselling

Table 2 presents students' perceptions of **crisis intervention skills and educational counselling services** in selected secondary schools in Kampala and Wakiso Districts of Uganda. Specifically, the table examines the availability and effectiveness of counselling interventions designed to support students during periods of crisis, emotional distress, trauma, grief, and other challenging experiences. The indicators assessed include access to crisis counselling services, trauma and grief support, referral procedures for students experiencing suicidal thoughts, counselling support for emotional regulation, active listening practices, and programmes aimed at developing positive coping strategies and resilience. The findings are presented using a **five-point Likert scale**, showing the proportions of respondents who strongly disagree, disagree, are neutral, agree, or strongly agree with each statement. In addition, the mean scores and standard deviations provide insights into the overall level of students' agreement and the degree of variability in their responses. The analysis of these indicators is important in evaluating the contribution of crisis intervention skills and educational counselling services to students' biopsychosocial wellness by enhancing emotional stability, promoting effective coping mechanisms, strengthening resilience, and supporting healthy psychological and social adjustment within the school environment.

Table 2: Crisis Intervention skills and education counseling

Crisis Intervention skills and education counseling	Freq	Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)	Likert Mean	Stand Dev
My school has crisis counselling services	435	21.38%	13.79%	20.46%	33.10%	11.26%	2.991	1.334
My school offers grief and trauma counselling to the students	435	9.89%	13.10%	23.45%	36.09%	17.47%	3.382	1.202
When a student expresses suicidal thoughts, they are referred to the school counsellor for immediate help.	435	13.33%	11.03%	18.39%	39.54%	17.70%	3.372	1.270
The school has and offers programs that teach positive coping skills to the students in times of crisis	435	9.66%	11.95%	22.30%	40.92%	15.17%	3.400	1.168
My school counselor offers guidance and counseling on emotional regulation.	435	10.80%	9.20%	20.46%	39.54%	20.00%	3.487	1.219
My school counselor often emphasizes the importance of active listening in times of crisis.	435	7.82%	11.03%	21.84%	39.54%	19.77%	3.524	1.157
Overall	435						3.359	0.784

Source: Primary data 2025

My school has crisis counselling services. Out of 435 respondents, 21.38% strongly disagreed and 13.79% disagreed, showing that about 35% of the students believe their school lacks crisis counselling services. Meanwhile, 33.10% agreed and 11.26% strongly agreed, totaling 44.36% who acknowledged the presence of such services. A neutral view was expressed by 20.46%. The mean of 2.991 suggests a near-neutral perception leaning toward disagreement, while the standard deviation (1.334) shows considerable variation in student responses indicating that the availability of crisis counselling may differ across schools. Qualitative findings strongly explain this variation. One key informant stated, *"Some schools have a counselling office, but it is not fully structured for crisis response"* (KII003). A student added, *"We are not always sure where to go in case of serious emergencies"* (FGD018). However, another participant noted, *"In our school, there is a designated counsellor for urgent cases"* (FGD010). These mixed accounts clarify why perceptions vary widely.

My school offers grief and trauma counselling to the students. Approximately 36.09% agreed and 17.47% strongly agreed, resulting in 53.56% who recognized that their school provides grief and trauma counselling. On the other hand, 22.99% disagreed or strongly disagreed, and 23.45% were neutral. The mean of 3.382 indicates moderate agreement that such services exist, while the

standard deviation (1.202) reflects moderate variation among respondents. Qualitative evidence supports this moderate agreement. One participant shared, *"When we lose a fellow student or experience tragedy, the counsellor talks to us as a group"* (FGD015). A key informant explained, *"Grief counselling is provided especially after major incidents affecting learners"* (KII002). These narratives reinforce the quantitative findings.

When a student expresses suicidal thoughts, they are referred to the school counsellor for immediate help.A combined 57.24% (39.54% agreed and 17.70% strongly agreed) confirmed that students expressing suicidal ideations are referred for counselling. About 24.36% disagreed or strongly disagreed, and 18.39% were neutral. The mean score of 3.372 signifies agreement that counsellors respond promptly to such crises, while the standard deviation (1.270) indicates moderate variability in responses, suggesting that referral systems may not be uniformly implemented across schools. Qualitative findings provide deeper context. One counsellor noted, *"Any learner expressing suicidal thoughts is immediately referred to the counselling office and followed up"* (KII001). However, a student remarked, *"Sometimes cases are handled by teachers first before reaching the counsellor"* (FGD016). This explains both the general agreement and the variability reflected in the data.

The school has and offers programs that teach positive coping skills to the students in times of crisis.A total of 56.09% of respondents agreed or strongly agreed that their schools provide programs focused on positive coping during crises. Meanwhile, 21.61% disagreed or strongly disagreed, and 22.30% remained neutral. The mean of 3.400 demonstrates moderate agreement, and the standard deviation (1.168) shows consistent responses overall. Qualitative data confirm this. One participant stated, *"We are taught coping strategies like staying calm and seeking help during stressful situations"* (FGD012). A key informant added, *"Life skills training is integrated into guidance sessions to help students handle crises constructively"* (KII004). This convergence supports the quantitative results.

My school counsellor offers guidance and counselling on emotional regulation. Most respondents (59.54%) agreed or strongly agreed that their counsellor provides support on managing emotions, while only 20% disagreed or strongly disagreed. Neutral responses stood at 20.46%. The mean of 3.487 indicates general agreement, with a standard deviation of 1.219, suggesting that while most students benefit from emotional regulation guidance, the extent may vary slightly between schools. Qualitative findings reinforce this positive perception. One student shared, *"The counsellor teaches us how to control anger and manage strong emotions"* (FGD017). Another noted, *"Emotional regulation is one of the key topics emphasized during counselling sessions"* (KII002).

My school counsellor often emphasizes the importance of active listening in times of crisis. A large proportion (59.31%) agreed or strongly agreed, showing that counsellors prioritize active listening when students face crises. Only 18.85% disagreed or strongly disagreed, while 21.84% remained neutral. The mean of 3.524 indicates a strong level of agreement, and the relatively lower standard deviation (1.157) suggests more consistent responses among students. Qualitative data strongly support this finding. One participant stated, *"The counsellor listens carefully without interrupting when we explain our problems"* (FGD019). A key informant emphasized, *"Active listening is essential in crisis counselling to make students feel heard and valued"* (KII001). This explains why this item recorded the highest mean score.

The overall mean of 3.359 (SD = 0.784) indicates that students moderately agree that their schools provide crisis intervention and life skills counselling services, though experiences vary across institutions. Triangulated evidence shows strong convergence in areas such as active listening (Mean = 3.524) and emotional regulation guidance (Mean = 3.487), supported by qualitative testimonies (FGD017; FGD019; KII001) highlighting counsellors' empathy and support during crises. Moderate agreement regarding coping skills programs and referral systems reflects qualitative findings that implementation differs between schools, with some having clearer procedures than others. The lowest-rated item (Mean = 2.991) aligns with qualitative concerns (FGD018; KII003) about inconsistent or unclear crisis counselling structures. Overall, while emotional support and coping guidance are reasonably available and valued, more structured and uniformly implemented crisis counselling systems are needed to ensure consistency and accessibility across schools.

4.3 Biopsychosocial Wellness

Table 3 presents the findings on students' perceptions of their biopsychosocial wellness, encompassing four key dimensions: bio-physical wellness, psycho-emotional wellness, social wellness, and intellectual wellness. The table summarizes students' responses regarding their habits, physical and emotional health, social connections, and confidence in learning, using a five-point Likert scale ranging from Strongly Disagree to Strongly Agree. The results provide insight into the extent to which students experience wellbeing across multiple domains, highlighting areas where they may feel supported or challenged. The Likert mean and standard deviation for each item offer an understanding of the general tendency of responses and the variability among students' perceptions.

Table 3: Students' perception on Biopsychosocial wellness

Biopsychosocial wellness	Freq	Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)	Likert Mean	Stand Dev
Bio-physical wellness								
I experiment some habits like drinking alcohol and smoke cigarettes.	435	34.48%	9.43%	12.64%	33.10%	10.34%	2.754	1.471
I have medical problems that negatively affect my life.	435	14.94%	9.66%	19.77%	38.85%	16.78%	3.329	1.284
I have physical changes as a result of adolescence that make me feel awkward	435	15.40%	9.66%	18.62%	37.93%	18.39%	3.343	1.309
I am affected by my family history of having chronic illnesses like Asthma	435	21.15%	11.26%	15.40%	36.09%	16.09%	3.147	1.395
I have a bad body odor that make feel uncomfortable in school	435	22.30%	10.80%	17.93%	34.02%	14.94%	3.085	1.391
Psycho-emotional Wellness								
I often feel emotionally down.	435	17.24%	10.34%	25.06%	33.79%	13.56%	3.161	1.285
I experience disturbing negative memories, thoughts, or perceptions.	435	10.11%	13.56%	21.38%	38.39%	16.55%	3.377	1.203
I feel detached from my family and friends	435	14.71%	12.64%	20.69%	34.48%	17.47%	3.274	1.299
I always have the tendency of being alone and isolated from people, places or any activity	435	12.64%	11.26%	20.69%	36.55%	18.85%	3.377	1.265
Social Wellness								
I belong to more than one community, club or association	435	15.86%	13.79%	17.01%	36.09%	17.24%	3.251	1.328
I feel a strong sense of belonging in my school or community.	435	8.28%	10.80%	18.39%	45.75%	16.78%	3.520	1.141
My family is available when I need emotional support.	435	7.13%	8.51%	18.85%	42.53%	22.99%	3.657	1.134
My friends are willing and capable of supporting me when I have problems.	435	8.51%	9.89%	20.69%	42.30%	18.62%	3.526	1.154

Biopsychosocial wellness	Freq	Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)	Likert Mean	Stand Dev
I can openly talk with others about my feelings and challenges.	435	13.33%	14.25%	19.31%	36.78%	16.32%	3.285	1.272
Intellectual Wellness								
I feel confident in understanding what I learn at school.	435	12.87%	5.29%	13.79%	45.75%	22.30%	3.593	1.253
I try to learn new things and improve my skills whenever I can.	435	4.14%	5.75%	10.80%	50.57%	28.74%	3.940	0.998
I set goals for my studies and work hard to achieve them.	435	4.83%	3.91%	14.25%	46.90%	30.11%	3.936	1.016
I use what I learn at school to solve problems and plan for my future.	435	4.37%	5.29%	10.57%	45.52%	34.25%	4.000	1.027
Overall	435						3.420	0.643

Source: Primary data 2025

I experiment some habits like drinking alcohol and smoke cigarettes. Out of 435 respondents, 34.48% strongly disagreed and 9.43% disagreed, showing that nearly 44% denied engaging in such habits. However, 33.10% agreed and 10.34% strongly agreed, indicating that about 43% admitted experimenting with alcohol or smoking. The mean score of 2.754 suggests overall disagreement, while the high standard deviation (1.471) reflects diverse experiences among respondents. Qualitative findings confirm this mixed pattern. One participant reported, *"Some learners are influenced by peers and end up experimenting with alcohol and smoking"* (FGD012). A key informant added, *"Substance use is not openly discussed, but cases exist among students"* (KII001). These accounts explain the high variability reflected in the quantitative results.

I have medical problems that negatively affect my life. About 38.85% agreed and 16.78% strongly agreed, showing that more than half (55.63%) experience medical problems affecting their lives. A smaller proportion (24.6%) disagreed or strongly disagreed. The mean of 3.329 shows a moderate agreement level, while the standard deviation (1.284) indicates some variation in responses. Qualitative evidence aligns with this. One teacher explained, *"Some students frequently miss classes due to recurring health complications"* (KII003). Another participant noted, *"Health challenges at home and personal illness affect learners' performance and wellbeing"* (FGD015). These narratives support the moderate agreement observed quantitatively.

I have physical changes as a result of adolescence that make me feel awkward. Most respondents (37.93% agreed and 18.39% strongly agreed) acknowledged feeling awkward due to physical changes. About 25% disagreed, while 18.62% remained neutral. The mean of 3.343 indicates agreement, and the standard deviation (1.309) shows moderate variation. Qualitative findings reinforce this: *"Many adolescents feel shy about the physical changes they experience"* (FGD009). Another respondent stated, *"Students rarely talk openly about puberty because they feel embarrassed"* (KII002). These quotes directly support the agreement reflected in the survey results.

I am affected by my family history of having chronic illnesses like Asthma. A total of 52.18% agreed or strongly agreed that their family history of chronic illness affects them. Meanwhile, 32.41% disagreed or strongly disagreed. The mean score of 3.147 suggests moderate agreement, and the standard deviation (1.395) shows noticeable variation in perception. One participant shared, *"Some learners worry about inheriting diseases that run in their families"* (FGD014). A key informant added, *"Family medical history creates anxiety among certain students"* (KII004). These insights explain both the agreement and variability in responses.

I have a bad body odor that makes me feel uncomfortable in school. While 34.02% agreed and 14.94% strongly agreed (48.96% total), a substantial 33.1% disagreed or strongly disagreed. The mean score of 3.085 indicates slight agreement, and the standard deviation of 1.391 shows a moderate spread in responses. Qualitative findings highlighted hygiene-related concerns. One respondent noted, *"Poor hygiene lowers some learners' confidence and makes them uncomfortable around peers"* (FGD011). This supports the slightly agreeing quantitative pattern.

I often feel emotionally down. About 47.35% agreed or strongly agreed that they often feel emotionally down, while 27.58% disagreed. The mean of 3.161 reflects a moderate emotional struggle, with a standard deviation of 1.285. Qualitative findings support this result. One key informant stated, *"Many students struggle silently with emotional stress"* (KII001). A student shared, *"Academic pressure and family problems make some learners feel overwhelmed"* (FGD016).

I experience disturbing negative memories, thoughts, or perceptions. Over half (54.94%) agreed or strongly agreed, while 23.67% disagreed. The mean score of 3.377 shows a tendency toward agreement, and the standard

deviation (1.203) implies moderate consistency. Participants explained, *"Some learners carry painful memories from home which affect their concentration"* (FGD018). This qualitative evidence aligns closely with the quantitative trend.

I feel detached from my family and friends. A total of 51.95% agreed or strongly agreed, while 27.35% disagreed or strongly disagreed. The mean of 3.274 suggests mild agreement, and the standard deviation (1.299) shows a fairly wide distribution. One participant observed, *"There are students who withdraw from friends when facing family conflicts"* (FGD013). This explains the reported detachment levels.

I always have the tendency of being alone and isolated from people, places or any activity. About 55.4% agreed or strongly agreed, showing a significant level of social withdrawal. Only 23.9% disagreed or strongly disagreed. The mean of 3.377 indicates general agreement, and the standard deviation (1.265) reflects moderate variation. A respondent stated, *"Some learners prefer staying alone when stressed instead of sharing their problems"* (FGD017). This supports the quantitative findings.

I belong to more than one community, club, or association. A total of 53.33% agreed or strongly agreed, while 29.65% disagreed or strongly disagreed. The mean of 3.251 indicates moderate social involvement, and the standard deviation (1.328) suggests wide variation. One participant noted, *"Clubs and religious groups help students build friendships and confidence"* (FGD010).

I feel a strong sense of belonging in my school or community. Most respondents (62.53%) agreed or strongly agreed, while only 19.08% disagreed. The mean of 3.520 indicates agreement, and the standard deviation (1.141) suggests fairly consistent responses. A respondent shared, *"The school promotes unity and teamwork among learners"* (KII002).

My family is available when I need emotional support. A strong majority (65.52%) agreed or strongly agreed. The mean of 3.657 is high, with a standard deviation of 1.134. One participant affirmed, *"Family remains the primary source of emotional support for many learners"* (FGD015).

My friends are willing and capable of supporting me when I have problems. Around 60.92% agreed or strongly agreed. The mean of 3.526 reflects agreement, while the standard deviation (1.154) denotes moderate variation. A student explained, *"Peer support helps us cope with challenges at school"* (FGD019).

I can openly talk with others about my feelings and challenges. Slightly over half (53.1%) agreed or strongly agreed, while 27.58% disagreed. The mean of 3.285 indicates moderate openness, and the standard deviation (1.272) shows moderate variability. However, a contrasting view emerged: *"Some students fear being judged when they open up"* (FGD012). This explains why not all respondents reported openness.

I feel confident in understanding what I learn at school. Most respondents (68.05%) agreed or strongly agreed. The mean score of 3.593 reflects a positive intellectual outlook, with a standard deviation of 1.253. A teacher observed, *"Students are generally confident in their academic abilities"* (KII005).

I try to learn new things and improve my skills whenever I can. A large majority (79.31%) agreed or strongly agreed. The mean score of 3.940 shows high intellectual wellness, with a relatively low standard deviation (0.998). One participant said, *"Learners are eager to acquire new knowledge and skills for their future"* (FGD020).

I set goals for my studies and work hard to achieve them. A combined 77.01% agreed or strongly agreed, while only 8.74% disagreed. The mean of 3.936 shows strong agreement, and the standard deviation (1.016) suggests uniformity in responses. Qualitative data confirm this: *"Many students have clear academic and career goals"* (KII004).

I use what I learn at school to solve problems and plan for my future. The majority (79.77%) agreed or strongly agreed, with minimal disagreement (9.66%). The high mean of 4.000 reflects a strong sense of practical learning, while the standard deviation (1.027) suggests consistency. A respondent stated, *"Education is seen as the key to solving life challenges and securing a better future"* (FGD021).

The overall mean score of **3.420** and a standard deviation of **0.643** indicate that respondents generally *agreed* with the statements about biopsychosocial wellness, though with moderate variability. Intellectual and social wellness aspects scored highest, suggesting positive development in learning and interpersonal relationships, whereas bio-physical and psycho-emotional aspects reflected more challenges related to health, habits, and emotional wellbeing.

The integration of qualitative findings shows strong convergence in intellectual and social wellness, while bio-physical and psycho-emotional domains reveal greater vulnerability, explained qualitatively by peer influence, stigma, health challenges, emotional stress, and fear of judgment. The qualitative findings therefore reinforce and contextualize the quantitative results without altering them, providing a comprehensive understanding of students' biopsychosocial wellness.

4.4 Correlation and Regression Analysis

Table 4: Correlational analysis showing the impact of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso districts of Uganda

Variable	1	2	*p*

1. Crisis Intervention Skills	1.00		
2. Biopsychosocial Wellness	.554***	1.00	< .001

N = 435. Pearson product-moment correlation coefficients are reported. **p < .001 (two-tailed).
Source: Primary data 2025

The results in Table 4 indicate a moderately strong positive and statistically significant correlation between crisis intervention skills and students' biopsychosocial wellness (r = 0.5539, p < .001). This suggests that as teachers' or counselors' crisis intervention skills improve, students tend to experience higher levels of biopsychosocial wellness. In other words, effective crisis management in schools contributes positively to students' overall well-being in physical, psychological, and social domains.

Table 5: Regression analysis showing the impact of crisis intervention skills on the biopsychosocial wellness of students in selected secondary schools in Kampala and Kampala and Wakiso districts of Uganda

Predictor	B	SE	*t*	*p*	95% CI for B	R^2	Adj. R^2	*F*(1, 433)
Constant	1.895	0.113	16.76	< .001	[1.673, 2.117]			
Crisis Intervention Skills	0.454	0.033	13.84	< .001	[0.389, 0.518]	.307	.305	191.62***

N = 435. Dependent variable = Biopsychosocial Wellness. B = unstandardized regression coefficient; SE = standard error; CI = confidence interval. ***p* < .001.
Source: Primary data 2025

A simple linear regression analysis was conducted to determine the influence of crisis intervention skills on students' biopsychosocial wellness. The results presented in Table 7.3 revealed that crisis intervention skills significantly predicted students' biopsychosocial wellness (β = 0.4539, t = 13.84, p < .001). The positive regression coefficient indicates that improvements in crisis intervention services are associated with corresponding improvements in students' emotional stability, psychological well-being, social adjustment, and overall resilience. This finding suggests that students who receive timely and effective crisis counselling support are better able to cope with traumatic experiences, stress, emotional challenges, and other adverse life events, thereby enhancing their overall biopsychosocial wellness.

Furthermore, the model explained a substantial proportion of the variance in students' wellness, with an Adjusted R^2 value of 0.3052, indicating that approximately 30.5% of the variation in biopsychosocial wellness was attributable to crisis intervention skills. The overall regression model was statistically significant (F(1, 433) = 191.62, p < .001), confirming the predictive effect of crisis intervention services on students' wellness outcomes. These findings underscore the importance of strengthening school-based crisis intervention programmes, including trauma counselling, psychological first aid, emotional support, referral systems, and life skills education, as vital strategies for promoting students' mental health, resilience, and holistic well-being. Consequently, enhancing crisis intervention capacity within secondary schools can significantly improve students' ability to manage academic, personal, and social challenges while fostering positive biopsychosocial development.

4.5 Hypothesis Testing

A simple linear regression was conducted to test H_{03}, which stated that crisis intervention skills have no statistically significant impact on students' biopsychosocial wellness in selected secondary schools in Kampala and Wakiso Districts of Uganda. The results (Table 7.3) revealed that crisis intervention skills significantly predicted students' wellness levels (β = 0.454, t = 13.84, p < .001). Since the p-value is less than 0.05, the null hypothesis is rejected. The positive regression coefficient indicates that effective crisis intervention programs and life education counselling are associated with improved emotional stability, social functioning, and psychological resilience among students. The Adjusted R^2 of 0.305 suggests that approximately 30.5% of the variance in students' biopsychosocial wellness is explained by crisis intervention skills. The overall model was statistically significant (F(1, 433) = 191.62, p < .001), confirming the meaningful impact of crisis intervention on students' wellbeing. These findings highlight the critical role of school-based crisis counselling in promoting mental health and holistic wellness, suggesting that strengthening life education and crisis management programs can enhance students' ability to navigate academic, personal, and social challenges effectively.

4.6 Discussion

The findings of this study are consistent with the Biopsychosocial Approach advanced by Engel (1977), which emphasizes that biological, psychological, and social dimensions of human functioning are closely interconnected. Crisis situations such as emotional distress, trauma, family conflicts, substance abuse, bullying, bereavement, violence, and academic pressures often affect several dimensions of students' well-being simultaneously. Effective crisis intervention provides

timely support that helps students manage distress, restore emotional balance, and maintain positive social functioning. Consequently, crisis intervention contributes significantly to enhancing students' biopsychosocial wellness by minimizing the negative effects of crises and promoting holistic adjustment. These findings further support Poland and Poland (2004), who observed that school-based crisis intervention programmes help learners cope effectively with traumatic experiences and emotional distress by strengthening coping skills and emotional regulation. Similarly, Bonanno (2004) established that appropriate crisis intervention fosters resilience by enabling individuals to recover successfully from adversity and stressful life events. The present findings therefore suggest that crisis intervention skills enhance students' resilience, emotional stability, and overall well-being.

The findings are also in agreement with Brock et al. (2016), who noted that crisis intervention services facilitate the early identification of students experiencing psychological, emotional, or behavioural difficulties. Early intervention enables schools to provide immediate support and referrals where necessary, thereby preventing the escalation of emotional and behavioural challenges. Likewise, Lohmann and Neidermeyer (1991) argued that effective crisis counselling equips individuals with skills for managing anxiety, grief, depression, interpersonal conflicts, substance abuse, and suicidal ideation. In educational settings, crisis intervention programmes help students develop adaptive coping strategies that enable them to navigate difficult situations while maintaining emotional balance and positive social relationships. These findings demonstrate that crisis intervention skills play a critical role in improving students' ability to cope with personal, academic, and social challenges.

Furthermore, the positive relationship between crisis intervention skills and biopsychosocial wellness supports the views of Gladding (2004), who observed that crisis counselling assists individuals in regaining psychological equilibrium during periods of distress. Through crisis intervention, students are able to express emotions, understand their situations, access support systems, and develop constructive approaches to problem-solving. The regression results further revealed that crisis intervention skills accounted for approximately 30.5% (Adjusted R^2 = 0.305) of the variation in students' biopsychosocial wellness, indicating that while crisis intervention makes a substantial contribution to students' well-being, other factors such as individual and group counselling, peer-relational and family counselling, school climate, counselling environment factors, and socioeconomic conditions may also influence wellness outcomes. Overall, the findings confirm that crisis intervention skills constitute a vital component of school counselling programmes and significantly contribute to students' emotional resilience, psychological stability, social adjustment, and overall biopsychosocial wellness. Therefore, schools should strengthen crisis intervention services, referral mechanisms, and life-skills education programmes to support students in effectively managing crises and achieving positive developmental outcomes.

s5. Conclusion and Recommendations

5.1 Conclusion

The study concludes that crisis intervention skills significantly contribute to the biopsychosocial wellness of students in secondary schools. Effective crisis intervention services enable students to cope with emotional distress, traumatic experiences, academic pressures, family conflicts, substance abuse challenges, and other crisis situations that may negatively affect their well-being. Through timely counselling support, active listening, emotional reassurance, problem-solving assistance, and appropriate referral services, students are better able to regain emotional stability, develop resilience, and maintain positive psychological and social functioning. The findings further indicate that crisis intervention skills enhance students' ability to manage stress, regulate emotions, adapt to challenging situations, and prevent the escalation of mental health and behavioural problems. Consequently, crisis intervention remains an essential component of school counselling programmes, as it promotes emotional resilience, psychological recovery, social adjustment, and overall biopsychosocial wellness among secondary school students. School counselling programmes should therefore prioritize the strengthening of crisis response mechanisms to support students in effectively addressing personal, academic, and social challenges and achieving holistic development.

5.2 Recommendations

Considering the findings of this study, the following recommendations have been made:

1. **Training in Crisis Management**: Schools should provide systematic training for counsellors, teachers, and selected student leaders in psychological first aid, trauma-informed care, and crisis response techniques to ensure preparedness for mental health emergencies.
2. **Development of School-Based Crisis Protocols**: Each school should establish clear emergency response frameworks, including suicide prevention protocols, substance abuse intervention procedures, and post-crisis recovery plans.
3. **Strengthened Referral Networks and Policy Backing**: The Ministry of Education and Sports should require schools to formalize referral linkages with mental health institutions and community service providers to ensure continuity of care beyond the school setting.

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