



Journal of Education, Learning, and Management (JELM)

ISSN: 3079-2541 (Online)

Volume 2 Issue 2, (2025)

 <https://doi.org/10.69739/jelm.v2i2.849>

 <https://journals.stecab.com/jelm>



Published by
Stecab Publishing

Research Article

Building Resilient Protectors: A Study of Mental Health Stigma and Support Systems among Police Trainees at Regional Training Center XI

¹Ana Veronica M. Concepcion, ¹Kristine Joy D. Galvez-Rentillo, ¹Gladys May A. Sabado, ²Jerwin P. Embolode, ^{*2}Jinnifer D. Arroyo,

²Alvin Q. Romualdo

About Article

Article History

Submission: July 17, 2025

Acceptance : August 20, 2025

Publication : September 05, 2025

Keywords

*Cultural Barriers, Cultural Stigma,
Psychological Resilience, Public Safety*

About Author

¹ Police Regional Office 12, Philippine
National Police, Philippines

² National Police College-Davao
Campus, Philippine Public Safety
College, Philippines

Contact @ Jinnifer D. Arroyo
jinnifer.arroyo@ppsc.gov.ph

ABSTRACT

This study investigates about whether mental health stigma persists and if support systems work well for police trainees in Davao City's Regional Training Center 11 (RTC 11). Trainees' mental health needs are often neglected by cultural stigma and the lack of formal support programs though they are physically and tactically prepared. The research, using a qualitative case study along with thematic analysis of 20 participants, confirms the persistence of stigma, the inadequacy of institutional programs such as "Bantay Kaisipan," and the cultural pressures that discourage trainees from seeking help. Importantly, the study contributes toward policy and practice underscoring that curricula need to integrate mental health literacy, systems need to support confidentially and accessibly, professionals need to deploy, and RTC staff need to build capacity. The study identifies these gaps as well as recommends actionable reforms. This study is what informs institutional policies that have the aim to foster a police force that is more resilient and compassionate.

Citation Style:

Concepcion, A. V. M., Galvez-Rentillo, K. J. D., Sabado, G. M. A., Embolode, J. P., Arroyo, J. D., & Romualdo, A. Q. (2025). Building Resilient Protectors: A Study of Mental Health Stigma and Support Systems among Police Trainees at Regional Training Center XI. *Journal of Education, Learning, and Management*, 2(2), 116-122. <https://doi.org/10.69739/jelm.v2i2.849>



Copyright: © 2025 by the authors. Licensed Stecab Publishing, Bangladesh. This is an open-access article distributed under the terms and conditions of the [Creative Commons Attribution \(CC BY\)](https://creativecommons.org/licenses/by/4.0/) license.

1. INTRODUCTION

1.1. Background

The mental health of law enforcement personnel increases as a worry worldwide, notably as the job constantly needs staff discipline, strength, and mental courage. The stressors that are encountered during police training are intense. These stressors are multidimensional within the Philippines. Even from what are the earliest stages of their careers, police trainees are thrust into what are high-pressure environments. These challenge their physical capabilities, mental strength, together with emotional stamina. Mental health is often clouded by stigma, by cultural beliefs, and by institutional silence; it remains an issue within many police training institutions.

Police recruits from Regional Training Center 11 (RTC 11) in Davao City undergo the Public Safety Basic Recruit Course (PSBRC), a strict program preparing them for law enforcement. Though the training covers tactical, legal, and physical aspects comprehensively, the psychological aspect of policing is addressed inadequately. Discussions about mental health are scarce emotional vulnerability is often perceived as weakness. Internalized or dismissed stress along with psychological challenges in this silence foster a culture possibly leading to burnout, misconduct, or long-term emotional difficulties among future officers.

A central contributor regarding the mental health gap involves the thoroughly ingrained stigma within police training. Law enforcement institutions stress attributes such as strength and control along with stoicism. These attributes deter officers from admitting emotional pain or getting aid. This stigma affects institutions and individuals; trainees fear superiors, instructors, and peers will judge them, worrying that mental struggles could affect their career trajectory or reputation if they disclose them. Mental health resources often go unused or remain unknown. This does often happen even when they exist because of this.

Despite the Philippine National Police (PNP) Memorandum Circular No.'s release. Because it is even known to us as the "Bantay Kaisipan" Mental Health Program, 2021-115 has meant many training institutions including RTC 11 struggled in its full implementation. Trainees have minimal awareness and a lack of on-site mental health professionals in the absence of structured mental health orientation. In order to cope with stress, most trainees rely on informal support systems such as peer encouragement, Squad Weekly Interactive Meeting (SWIM), or pep talks from instructors at times. These are efforts to provide some relief. They do not substitute professional psychological support, however.

Existing work also notes dangers if mental health is ignored during police training. Studies have found that if psychological stress during training is untreated then it can affect the officer's well-being and their decision-making use of force and interactions with the community (Jones *et al.*, 2019). Because police officers act in the capacity of frontline agents for law and for order, their mental wellness ties intrinsically to public safety and to trust.

Thus, this study seeks to address the pressing gap within mental health stigma and support systems in police training. RTC 11 acts as a case study that can explore this issue within both knowledge and practice. This research employs qualitative

inquiry for exploration of trainee as well as staff lived experiences. It also uncovers institutional gaps then proposes actionable recommendations. When we make certain about psychological resilience for future law enforcement officers, we answer to a public safety imperative but do more than just address a wellness concern.

1.2. Problem statement

Despite PNP Memorandum Circular 2021-115 issuing as well as establishing the "Bantay Kaisipan" Mental Health Program, implementers and trainees remain little aware. Trainees face some difficulty when they recognize those signs of emotional distress, access that professional support, or discuss mental health challenges without a fear of judgment. These conditions could pose a threat to their personal development. Also, these conditions might jeopardize institutional integrity here.

1.3. Objectives

This study seeks to examine the extent as well as the impact of mental health stigma among police trainees, assessing the availability also the effectiveness of support systems within RTC 11. The research accounts for all these dynamics. It seeks to improve policies promoting psychological resilience as police training institutions train. The study specifically seeks to evaluate the awareness and perceptions of RTC 11 trainees and staff regarding mental health stigma by assessing existing support systems and their effectiveness, and by identifying institutional and cultural barriers that hinder help-seeking behavior; and to recommend strategies to institutionalize mental health care in police training.

2. LITERATURE REVIEW

Mental health has for long overlooked law enforcement training and development, especially since institutions stress fortitude and cultures can suppress emotions. Globally, many inquiries confirmed police officers experience emotional distress therefore mental health programs are increasingly important, given academies begin training. To harrowing incidents, law enforcement personnel are exposed more often than people in other jobs. Papazoglou and Andersen (2014) suggest the idea that we must teach to them proactively just how to maintain psychological well-being for them. Since police institutions foster cultures characterized by secrecy and constraint, enduring ramifications frequently materialize such as debilitation, despondency, unease, post-traumatic stress disorder (PTSD), and self-destruction.

Acknowledgement is gradually expanding regarding psychological well-being within Philippines police instruction even though obstacles persist. Republic Act No.'s enactment came about. 11036, otherwise the Mental Health Act of 2018, constituted a legislative landmark as it integrated mental health awareness within diverse sectors, inclusive of uniformed services. PNP Memorandum Circular No. occasioned the Philippine National Police response. The "Bantay Kaisipan" Program, identified as 2021-115, endeavors to furnish guidance concerning mental health programs among police units plus training institutions. Nevertheless, notwithstanding its textual existence, units enact this dictate diversely, and numerous



training hubs continue wanting the staff, wherewithal, and instruction to realize it (PNP, 2021).

In law enforcement, mental health stigma substantially impedes actions to obtain aid. As stated by Corrigan and Watson (2002), mental health stigma typically presents in two forms: public stigma, denoting the negative views of the overall populace, and self-stigma, arising when persons assimilate said convictions. Organizational tenets that venerate impassivity emotional constraint in addition to impregnability fortify such kinds of opprobrium inside the police environment. Officers as well as trainees are often reluctant to seek psychological help because they fear they will appear weak, they will lose credibility among peers, or they will jeopardize their careers (Karaffa & Koch, 2016).

This apprehension local investigations additionally corroborate. Magpantay *et al.* (2021) undertook a phenomenological investigation with police recruits. Their inquiry revealed that emotional quandaries were not frankly addressed throughout instruction. Novices assimilated tension and restrained affective suffering. Even when visibly challenged, trainees refrained from seeking help. Strengthened by skilled psychological wellness practitioners and a transformation in organizational ethos, the study advocated for the incorporation of mental well-being segments into instructional programs. David *et al.* (2022) scrutinized the function regarding peer assistance likewise. Although it grants momentary respite, professional intervention cannot be superseded, they discerned. Deficient adaptation techniques may be standardized, and sentiments additionally restrained, if companion networks require official procedures.

Worldwide situations have highlighted the divide linking regulation and application for psychological wellness endeavors amid jurisprudence. The accentuation transpired within global settings. Violanti *et al.* (2018) observed that many police agencies have embraced wellness programs. Nevertheless, scarce organizations have executed approaches grounded in evidence. Some programs do not establish proactive and engaged support frameworks, as they focus solely upon responsive interventions that address mental health apprehensions after emergencies. Furthermore, absent leader dedication plus organizational aid, even carefully created programs often decline.

A connected aspect is gendered stigma. By reason of being frequently examined more severely about affective articulation, female officers encounter supplementary duress. Per studies (Morash & Haarr, 2012), female officers might redress deficiencies to seem "tough". Investigations intimate too that they chance designation alongside affective volatility upon articulating susceptibility. Concerning gender roles, social conventions have a large impact upon conduct within that area especially throughout educational establishments for example RTC 11. This dynamic is relevant. Disclosing affective difficulties can represent a cause for dismay among trainees regardless of gender. Stigma with isolation is strengthened consequently.

The mental health culture is molded via the function of training instructors and command staff in explored literature. According to a study from Berg *et al.* (2006), instructors considerably shaped recruits' views about appropriate conduct. In the event instructors lacked valuing of emotional wellness or provided no support for psychological assistance, trainees potentially

participated to a lesser degree with resources available. Novices demonstrated an increased proclivity for assistance when instructors exhibited compassion with transparent dialogues. The relevance of leadership behavior gains validation, mirroring mental health literacy instruction. This is notably applicable for instructors in law enforcement.

Encouraging outcomes have emerged from institutional support systems, implemented and designed with correctness. Numerous constabulary organizations have utilized appointed welfare agents, PFA instruction, and collaborative assistance groups for approachable, destigmatized psychological well-being aid. As an example, the Royal Canadian Mounted Police and New York Police Department dedicated resources to initiatives in which colleagues take charge regarding mental well-being and specialists administer psychological assistance (McCanlies *et al.*, 2017). The basis of these initiatives is discretion, proactive support, and instruction. Collectively, this constructs a much more encouraging communal environment as it aids in stigma reduction.

Certain endeavors at promoting well-being are present regionally within law enforcement academies per casual accounts though they are frequently detached and not aligned with established psychological aims. RTC 11's Squad Weekly Interactive Meeting constitutes one endeavor. These initiatives exist principally as spiritual or moral in nature, being not consistently a constituent of a larger mental health framework. Although they engender fellowship and briefly assuage tension, they do not substantially affect enduring emotional fortitude per research.

The literature shows that mental health and public safety also converge consistently. Diminished judgment, protracted reaction times, with heightened aggression can affect emotionally compromised officers posing serious risks to public safety (Andersen *et al.*, 2015). Agents displaying communal rapport, exhibiting efficacious actions, and maintaining law enforcement's moral code are apt to possess psychological fortitude with sound adaptive behaviors. Accordingly, officers gain advantages when they allocate resources to psychological well-being throughout instruction. Fostering communal reliance coupled with structural dependability remains imperative.

In summary, the literature stresses central viewpoints. These concepts pertain within this analysis incorporating three. Prevailing masculine standards with institutional expectations strengthen mental health stigma as a deeply embedded impediment within police culture initially. Subsequently, mental well-being protocols are present, though numerous educational institutions lack the framework, workforce, or administrative endorsement. These hubs, accordingly, cannot enact the regulations efficiently. Subsequently, interceding promptly alongside integrating established psychological wellness instruction within police training initiatives augments officer preparedness markedly, curtails enduring emotional vulnerabilities, and improves social consequences.

Regarding Davao City's distinct RTC 11 context, this study seeks to analyze these matters for erudition provision. It endeavors to furnish data-centric, granular guidance connecting policy and practice via accentuated firsthand accounts from staff and trainees. It additionally corresponds with the wider national



ambition of fortifying the Philippine National Police's mental health skill since it acts in that manner from the foundation.

2.1. Conceptual framework

This study is based on how stigma, support systems, and resilience impact mental health of RTC 11 police trainees. Rooted inside cultural and institutional attitudes, stigma often discourages trainees from acknowledging mental health concerns or seeking help, reinforcing silence and avoidance. Support systems, be they formal or informal, like institutional programs such as "Bantay Kaisipan" or peer and instructor support, mediate effects of stigma since their accessibility, confidentiality, as well as professional grounding, prove effective. As we reduce stigma and we strengthen support systems, we foster resilience so trainees adapt and thrive despite stressors. Because of persistent stigma and also inadequate support, resilience is weakened, and thus these risks of burnout, poor performance, and diminished well-being are heightened. However, resilience is not improved then.

3. METHODOLOGY

This research harnessed a format that was a qualitative case study. Twenty participants were designated through convenience sampling: 14 police trainees attended the Public Safety Basic Recruit Course (PSBRC), and 6 staffed RTC 11. Data collection included semi-structured interviews, document analysis, also observation of training dynamics. It involved several methods.

3.1. Data collection

The interviews were performed directly at RTC 11 territory, also each spanned 30–45 minutes. They affirmed anonymity as well as confidentiality. Consent forms delineated participation's elective character, procedure, and objective.

The study recognized that researchers' sample in a way that is convenient, which methodologically limits the representativeness and generalizability of the findings. This limitation was due to the very limited number of classes admitted for training during the course term. To capture the lived experiences of trainees, the researchers' included 14 police trainees and 6 RTC personnel. This inclusion also seized staff perspectives involved in support mechanisms facing mental health stigma directly. This distribution was intended to provide balance and holistic view of how stigma coupled with support systems interact in the training environment.

3.2. Data analysis

Braun and Clarke's six-step thematic analysis method was utilized because there existed familiarization, coding, theme development, reviewing, defining themes, and report production. Parallels depicting trainees' comprehension of mental health programs, their coping mechanisms, and obstacles against support were employed to classify and arrange responses.

3.3 SWOC Analysis

Interview data with policy review undergirded a SWOC (Strengths, Weaknesses, Opportunities, and Challenges) analysis. This evaluation assessed institutional preparedness through this data.

4. RESULTS AND DISCUSSION

This section presents the key findings of the study, researchers derived findings through reflexive thematic analysis of interview transcripts as well as observations including policy reviews at RTC 11. Nine interrelated themes were developed and organized around the study's four objectives. This was accomplished using the Braun and Clarke framework. These findings comprehensively understand the mental health stigma's persistence in uniformed police training and the current support systems' functioning or failing within RTC 11.

Table 1. Key thematic findings

Theme	Description
Program Awareness	Low knowledge of official mental health programs
Cultural Stigma	Emotional suppression and peer ridicule common
Informal Support	Peer-based coping, reliance on instructors
Emotional Fatigue	Reports of burnout, withdrawal, and self-isolation
Suggested Interventions	Calls for licensed counselors and structured training modules

Source: Field data

A Strengths, Weaknesses, Opportunities, and Challenges (SWOC) analysis of RTC 11's mental health landscape confirmed that peer bonding instructor compassion as well as a structured training environment are internal strengths. Weaknesses included people not being aware of mental health, stigma still existing, and people then lacking a dedicated program or professionals. Opportunities were identified in that mental health was integrated within curricula, in collaborating alongside external experts, and in wellness initiatives that are being launched. Institutional culture, resource constraints, also leadership inertia are, even so, deeply rooted challenges.

The findings offer a perspective that remains sobering. This perspective is actionable too. Informal support is what characterizes mental health at RTC 11, and in addition, stigma is secured. Policies are implemented inconsistently. Trainees show strong peer solidarity also cope spiritually but they cannot access professional services or structured programs. A new culture that regards proactive care, formal education, and vulnerability must replace the culture of silence regarding mental health.

4.1. Limited awareness of formal mental health programs

Data revealed that general awareness was in fact low for the Bantay Kaisipan program. As shown in Table 1, trainees often confused the policy with routine activities like SWIM. A national directive seems indicated here. Violanti *et al.* (2018) argue mental health programs often remain symbolic unless operationalized so that communication as well as implementation are inconsistent.

One of the most important findings was that trainees were generally unfamiliar with the PNP Mental Health Program



"Bantay Kaisipan" (PNP MC No. 2021-115). The policy mandates that police units along with training centers adopt mental health initiatives. However, most of the trainees had not ever heard about the program or could not distinguish the program from lectures that managed stress or even conducted activities like SWIM (Squad Weekly Interactive Meeting).

"I didn't hear anything about this during training... almost everyone is dealing with some kind of problem.— Police Trainee 5 (Translated)

"There are no specific activities about mental health... but we can feel the support." – Police Trainee 10 (Translated)

This difference between policy and practice reflects arguments by Violanti *et al.* (2018) that law enforcement puts many mental health programs more on paper than in training. Well-intended policies suffer from the absence of regular orientation. Inconsistent messaging as well as a lack of professional facilitators may dilute their impact. Effective mental health programs require that institutions not just endorse but visibly, sustainably, as well as communicably implement them.

4.2. Mental health stigma: labels, behavior, and silence

The presence of derogatory labels such as "GGI" depicts just how stigma normalizes itself whenever peers interact (Table 1) since such practices do reinforce silence as well as suppress emotion, aligning with Corrigan and Watson's (2002) framework of public and self-stigma. This topic highlights obstacles for getting support. They are mutually reinforced by cultural and institutional norms.

Stigma stays a main barrier blocking mental health care for RTC 11 trainees. Participants described just how people ridiculed emotional expressions like that. The participants described those emotions shown often met ridicule. Classmates who expressed vulnerability were commonly labeled with the term "GGI" (Gulo-Gulo Isip), for example. One trainee shared, "some of our classmates were called as GGI when they express their feelings (translated response)". This casual labeling discourages open communication and promotes silence.

The trainees did reveal some further internal conflicts. Help-seeking was the focus of these conflicts. Some feared social repercussions though others believed asking for help demonstrated strength of character. One participant noted, "Seeking for psychological help... should be normalized... frequently misinterpreted as weak and shamed upon" since they were seeking it. Because these statements perpetuate emotional suppression, they depict how stigma operates externally in peer judgment together with internally in self-doubt.

4.3. Coping through faith and peer relationships

Trainees highlighted that they relied upon SWIM as they had faith so they supported peers. These foster belonging plus temporary relief. These do represent compensatory mechanisms instead of institutional ones. David *et al.* (2022) state that trainees use self-made systems because professional structures are lacking since they warn against normalizing support that is informal instead of interventions that are formal.

In the absence of formal support systems, trainees often depend on informal networks and faith-based practices to manage emotional stress. The Squad Weekly Interactive Meeting (SWIM) along with similar activities were frequently cited. These opportunities provided emotional relief. "To SWIM on every Wednesday is refreshing for me... it helps us relax," one trainee shared, while some others highlighted the emotional conversations and spiritual connections within that familial barracks.

Though they build resilience plus belonging, these strategies do not replace expert mental health support. As one trainee aptly stated, "We are the only ones supporting each other now." While this self-reliance is admirable, it does highlight that the institution failed to support trainees psychologically by way of structure, so their emotional well-being depends on individual efforts as well as peer initiative.

4.4. The role of RTC staff as informal mental health support

RTC 11 personnel often function by unofficially providing mental health support. Tactical officers as well as course coordinators regularly deliver motivational talks. In order to check on the well-being of trainees, they also provide "open time". However, these same efforts are largely of an informal type. They are lacking in proper training. "My approach is much more like a motherly guidance and with pep talks," one staff member shared then, while another admitted, "I want to help them, but I'm limited in the things I can offer now."

RTC personnel provide basic emotional support, with motivational talks, together with mentorship. These efforts are praiseworthy though unfocused. They are limited since professional training is often absent. Inadequate preparation puts staff in a position as being "first responders" for the mental health concerns of trainees, showing an inconsistency in the dynamic support that is provided.

4.5. Systemic barriers to professional support

One of the most frequently mentioned concerns during these interviews was that absolutely no licensed mental health professional worked there at RTC 11. Personnel assignment requests such as these were often ignored or outright denied. One participant pointed out, "The main challenge is that no mental health practitioner is available." Staff members also said insufficient funding, bureaucratic red tape, coupled with deep-seated cultural resistance continue toward creating barriers.

A mental health initiative from one staff member was dismissed by higher authorities because she lacked a psychology license. This gave emphasis to the reluctance of the institution to then accept at internal efforts for reform. Dedicated professionals are needed because RTC 11's ability to assess practices, manage crises, or implement wellness strategies is quite limited. If no experts get involved, institutions will still regard mental health as a low priority.



4.6. SWOC Analysis of institutional readiness

Table 2. SWOC Matrix of mental health support at regional training center 11

Strengths	Weaknesses
Peer solidarity and camaraderie	Low awareness of Bantay Kaisipan
Existing SWIM sessions	Lack of licensed professionals
Willingness of staff to provide mentorship	Informal and inconsistent support delivery
Opportunities	Challenges
Integration of mental health into the curriculum	Cultural stigma discouraging help-seeking
Partnership with external professionals	Limited institutional resources
Expansion of Bantay Kaisipan	Resistance to institutional change

The SWOC analysis depicts RTC 11 shows readiness through peer networks and staff commitment, meaningful challenges are presented despite stigma persistence and professionalized systems absence. Existing strengths as well as structural gaps are mismatched within data, obstructing the long-term resilience-building.

Findings indicate mental health stigma is still present for police trainees due to peer dynamics plus cultural norms. Some backing comes through informal pathways like staff mentoring plus SWIM. Because these mechanisms remain insufficient, professional guidance is needed. SWOC analysis reveals also that the institution is ready, but systemic weaknesses as well as cultural barriers weaken it.

5. CONCLUSION

This study has revealed that police training at Regional Training Center 11 contains a vital but unaddressed issue: mental health. Even with the Philippine National Police issuing PNP Memorandum Circular 2021-115 (Bantay Kaisipan) plus the nation increasingly discussing mental wellness, the RTC still implements fragmentarily and symbolically. Due to a persistent stigma that is surrounding emotional vulnerability, trainees continue to experience psychological challenges within silence. There is no licensed mental health experts present plus no structured education for mental health. This reinforces such a culture that it either ignores mental health concerns or addresses those same concerns inadequately through informal means. Showing resilience and compassion and solidarity, trainees and staff, the findings stress, still need institutionalized mental health systems now. A reliance upon peer support as well as spiritual practices risks normalizing superficial coping mechanisms for people. If there is a reliance on untrained RTC personnel, that risks normalizing inconsistent coping mechanisms, and these supports are helpful for use in the short term. Trainees carry an emotional burden that the transition from civilian to uniformed

life compounds, so we should immediately attend along with offer structured support.

RTC 11 must institutionalize mental health support within its training program as a core component to build a truly resilient police force. Visible leadership, resource investment, professional personnel, and cultural transformation demand beyond policy issuance. It is necessary to create a safe space for emotional expression as well as provide access to trained mental health practitioners. Police trainees are physically, intellectually, and mentally prepared to serve the public using empathy, sound judgment, and personal well-being because of these steps.

This study calls for broader systemic reform given highlighting trainee experiences plus persistent institutional gaps. To address the shortcomings identified such reform is necessary. It champions a future where each guardian's creation views mental health as strength's pillar, not frailty.

Since mental illness impairs judgment and causes community mistrust with public safety implications in policing, police must address mental health from training's very start; it is not optional, it is critical. Reforms at institutions like RTC 11 begin a mental health-literate police force.

REFERENCES

- Berg, A. M., Hem, E., Lau, B., & Ekeberg, Ø. (2006). Help-seeking in the Norwegian police service. *Journal of Occupational Health, 48*(3), 145–153. <https://doi.org/10.1539/joh.48.145>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Carson, H., & Jamal, M. (2020). Building Mental Resilience in Law Enforcement. *International Journal of Police Science, 4*(2), 132–145.
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry, 1*(1), 16–20.
- David, L., Bautista, M., & Sevilla, J. (2022). Mental Health and Police Performance: An Empirical Review. *Journal of Public Safety Research, 9*(1), 22–39.
- Egeberg, H. M., McConney, A., & Price, A. (2016). Classroom management and national professional standards for teachers: A review of the literature on theory and practice. *Australian Journal of Teacher Education, 41*(7), 1–18.
- Jones, R., Smith, E., & Torres, M. (2019). Cultural Barriers to Mental Health in Law Enforcement. *Criminal Justice Review, 44*(3), 255–270.
- Karaffa, K. M., & Koch, J. M. (2016). Stigma, pluralistic ignorance, and attitudes toward seeking mental health services among police officers. *Criminal Justice and Behavior, 43*(6), 759–777.
- Magpantay, J. R., Yazon, A. D., Tan, C. S., Buenvinida, L. P., & Bando, M. M. (2021). Lived Experiences on Varied



- Dimensions of Police Recruits' Training and Practice Basis for Quality Police Performance. *International Journal of Management, Entrepreneurship, Social Science and Humanities*, 4(2), 193–203. <https://doi.org/10.31098/ijmesh.v4i2.783>
- McCanlies, E. C., Mnatsakanova, A., Andrew, M. E., Burchfiel, C. M., & Violanti, J. M. (2014). Positive psychological factors are associated with lower PTSD symptoms among police officers: post Hurricane Katrina. *Stress Health*, 30(5), 405–415. <https://doi.org/10.1002/smi.2615>.
- Morash, M., & Haarr, R. (2012). *Doing, Redoing, and Undoing Gender: Variation in Gender Identities of Women Working as Police Officers*. *Feminist Criminology - FEM CRIMINOL*. 7. 3-23. <https://doi.org/10.1177/1557085111413253>.
- Papazoglou, K., & Andersen, J. P. (2014). A guide to utilizing police training as a tool to promote resilience and improve health outcomes among police officers. *Traumatology*, 20(2), 103–111.
- Papazoglou, K., Milliard, B., Neofytou, E., Davis, J., Bellon, S., & Thompson, J. (2021). To tell or not to tell: Systemic and organizational stigma of police officers seeking mental health support. *Crisis, Stress, and Human Resilience: An International Journal*, 3(3), 85-103.
- Philippine National Police. (2021). *PNP Memorandum Circular No. 2021-115: Bantay Kaisipan Program*.
- Republic of the Philippines. (2018). RA 11036 - Mental Health Act.
- Violanti, J., Charles, L., McCanlies, E., Hartley, T., Baughman, P., Andrew, M., Fekedulegn, D., Ma, C., Mnatsakanova, A., Burchfiel, C. (2017). Police stressors and health: A state-of-the-art review. *Policing: An International Journal of Police Strategies Management*, 40(4), 642–656. <https://doi.org/10.1108/PIJPSM-06-2016-0097>.

