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Mental Health for High School Students: A Proposed Program

Mariel B. Qua, Hazel Vergara[1], PhD, RGC, RPm[2]
[1]*MAEd-GC, Graduate School, University of Santo Tomas-Legazpi, Legazpi City, Philippines*
[2]*Adviser, Graduate School, University of Santo Tomas-Legazpi, Legazpi City, Philippines*

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Email of Corresponding Author: marielqua@gmail.com

Abstract

Adolescence is a critical developmental period in which academic demands, peer relationships, family concerns, and post-pandemic adjustment may significantly influence mental health. This study assessed the mental health status of high school students at Laguna Eastern Academy of Santa Rosa, Inc. (LEASRI) and used the findings as basis for a proposed school-based mental health program. Anchored on Social-Emotional Learning (SEL), the study employed a mixed-methods design during the 2025–2026 school year. Quantitative data were collected from 406 junior and senior high school students using the Mental Health Inventory-38 (MHI-38), while qualitative data were obtained through focus group discussions with 45 students identified as needing closer attention based on their anxiety, depression, and behavioral/emotional control scores. Descriptive statistics were used for the survey data, and thematic analysis was applied to the qualitative responses. Results showed that students generally experienced mild anxiety and mild depression, minimal loss of behavioral and emotional control, and mild psychological distress. Despite these concerns, students demonstrated moderate positive affect, moderate emotional ties, moderate life satisfaction, and an overall high level of psychological well-being. The overall Mental Health Index indicated high mental health or high well-being. Qualitative findings revealed that academic pressure, simultaneous school requirements, family-related concerns, overthinking, burnout, and fear of judgment were the most common sources of distress. Students also emphasized the need for visible, accessible, confidential, and non-judgmental support systems, including counseling services, safe spaces, mental health awareness activities, and reduced academic overload. Based on the findings, a school-based mental health program is proposed to strengthen mental health literacy, social-emotional competencies, support systems, and early intervention mechanisms in the school setting. The study underscores the need for schools to treat mental health as an essential component of student development and academic success.

Keywords: Mental Health, High School Students, Psychological Distress, Psychological Well-being, MHI-38, School-based Mental Health Program, Social-emotional Learning

1. Introduction

Mental health is a vital component of adolescent development because it influences how young people think, feel, behave, form relationships, and respond to daily stressors. During the high school years, students undergo rapid physical, emotional, cognitive, and social changes that may heighten their vulnerability to anxiety, depression, emotional dysregulation, and other psychological concerns. Academic pressure, peer expectations, family difficulties, social media exposure, and uncertainty about the future may further intensify these experiences. When left unaddressed, such concerns may affect attendance, classroom behavior, learning, motivation, and overall quality of life.

In the school context, mental health is directly linked to student engagement, resilience, and academic performance. Emotionally healthy students are more likely to participate actively in school, develop positive relationships, and cope effectively with challenges. Conversely, students experiencing mental health difficulties may struggle with concentration, memory, motivation, and behavior regulation. This makes the school an important setting not only for education but also for mental health promotion, prevention, and early intervention.

At Laguna Eastern Academy of Santa Rosa, Inc. (LEASRI), concerns emerged regarding students' increasing use of "mental health" as an explanation for misconduct or difficulty in managing academic and personal demands. This situation highlighted the need to move beyond assumptions and examine students' actual psychological status using a systematic and evidence-based approach. The present study was therefore conducted to determine the mental health status of LEASRI high school students, identify mental health services that may be offered to address their needs, and propose a school-based mental health program grounded in empirical findings.

The study was anchored on the Social-Emotional Learning framework, which emphasizes self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. These competencies are central to mental health promotion because they help students understand emotions, manage stress, build supportive relationships, and make sound choices. By combining quantitative assessment and qualitative insight, the study sought to generate a comprehensive understanding of student mental health and translate the results into a practical and responsive intervention framework.

2. Material and methods

2.1 Research Design

The study used a mixed-methods design, specifically combining quantitative and qualitative approaches to obtain a comprehensive picture of the mental health status of high school students at LEASRI. The quantitative component measured students' levels of psychological distress and psychological well-being using the Mental Health Inventory-38 (MHI-38). The qualitative component, conducted through focus group discussions, explored students' lived experiences, perceived stressors, coping patterns, support systems, and suggestions for school-based mental health services. The integration of these methods enabled the researcher to support numerical findings with rich contextual explanations and to formulate a data-informed proposed program.

2.2 Locale of the Study

The study was conducted at Laguna Eastern Academy of Santa Rosa, Inc. (LEASRI), located in the City of Santa Rosa, Laguna, Philippines. The school served as the research setting because it had no existing formal mental health program for high school students at the time of the study. As such, the school provided a relevant context for assessing student mental health needs and designing a school-based intervention appropriate to its student population.

2.3 Respondents of the Study

The respondents were junior and senior high school students enrolled at LEASRI during the 2025–2026 school year. A total of 406 students participated in the quantitative phase, consisting of 379 junior high school students and 27 senior high school students. For the qualitative phase, 45 students were selected for focus group discussions based on their scores in the MHI-38 subscales related to anxiety, depression, and loss of behavioral or emotional control. These students were considered appropriate participants for deeper exploration of mental health concerns, support needs, and possible interventions.

2.4 Sample and Sampling Procedure

For the quantitative phase, the study used total population or census sampling, as all enrolled high school students during the study period were included in the survey. This allowed the researcher to capture a broad and inclusive picture of student mental health across grade levels. For the qualitative phase, purposive sampling was employed. Forty-five students whose MHI-38 results indicated greater need for attention in the relevant subscales were invited to participate in the focus group discussions. This procedure ensured that the qualitative inquiry reflected the perspectives of students who could provide meaningful insight into school-related stressors, help-seeking behavior, and mental health support needs.

2.5 Research Instrument

The principal quantitative instrument used in the study was the Mental Health Inventory-38 (MHI-38), a self-report tool developed by Veit and Ware. The MHI-38 assesses mental health across six subscales: Anxiety, Depression, Loss of Behavioral/Emotional Control, General Positive Affect, Emotional Ties, and Life Satisfaction. It also provides two summary dimensions—Psychological Distress and Psychological Well-Being—as well as an overall Mental Health Index. The instrument was selected because of its established reliability and usefulness in measuring both negative and positive dimensions of mental health.

For the qualitative component, a validated focus group discussion guide was used. The guide included open-ended questions on recent emotional experiences, trusted support persons, preferred mental health programs and facilities, appropriate school subjects for discussing mental health, aspects of school life that should be improved, and overall perceptions of how the school addresses mental health concerns.

2.6 Data Gathering Procedure

Data gathering was conducted during the first semester of the 2025–2026 school year. After securing the necessary permissions and observing ethical procedures, the MHI-38 was administered to participating students, primarily through Google Forms. Students were informed of the purpose of the study and were assured that their responses would remain confidential and be used only for research purposes.

After the survey results were processed, students identified for the qualitative phase were invited to join the focus group discussions. Five sessions were conducted to gather detailed information about their stressors, emotional experiences, coping strategies, awareness of available support systems, and suggestions for school-based mental health interventions. The qualitative phase enabled the researcher to clarify, enrich, and contextualize the survey findings.

2.7 Data Analysis Techniques

Quantitative data from the MHI-38 were analyzed using descriptive statistics, particularly mean scores and corresponding descriptive interpretations. These were used to determine the levels of anxiety, depression, loss of behavioral and emotional

control, general positive affect, emotional ties, life satisfaction, psychological distress, psychological well-being, and the overall mental health index.

Qualitative responses from the focus group discussions were analyzed using thematic analysis. Student responses were organized into recurring themes and subthemes, and representative statements were examined to identify common stressors, preferred support mechanisms, desired services, and perceptions of the school's current mental health efforts. The results of the thematic analysis were then compared with the quantitative findings to strengthen interpretation.

2.8 Ethical Considerations

Ethical principles were observed throughout the conduct of the study. Participants were informed of the nature, purpose, and procedures of the research before participation. Consent was obtained, and respondents were assured that participation was voluntary. Confidentiality and anonymity were protected, and the information gathered was used solely for academic and research purposes. The researcher also observed honesty, proper citation of sources, and respect for the well-being and dignity of all participants throughout the research process.

3. Results and Discussion

3.1 Psychological Distress among High School Students

The results showed that LEASRI high school students generally experienced mild anxiety, with an overall mean score of 30.58. Among grade levels, Grades 8 and 11 posted relatively higher anxiety scores compared with the other groups, although most remained within the mild range. Students' responses suggested that anxiety was strongly connected to academic performance, examinations, grades, deadlines, and fear of failure. These findings indicate that school-related demands remain a central source of emotional strain for adolescents.

Students also registered mild depression, with an overall mean score of 11.84. Although the general level did not indicate severe depressive symptomatology, some groups showed relatively elevated scores, particularly among Grade 11 HUMSS students. Qualitative accounts revealed that sadness often stemmed from uncertainty about grades, pressure to succeed, lack of emotional release, and personal or family concerns. In several cases, students described feeling "okay" outwardly while internally carrying emotional heaviness, self-doubt, or numbness. This suggests that mild depressive experiences may still be meaningful and should not be overlooked simply because they do not reach a severe clinical level.

In terms of loss of behavioral and emotional control, students obtained an overall mean score of 18.47, interpreted as minimal. This indicates that most students retained a considerable degree of emotional regulation despite the presence of stress. Students' narratives supported this result, as many showed awareness of their feelings and described efforts to manage sadness, worry, or frustration. Their responses suggested that while they were not free from distress, many were still able to regulate emotions and maintain day-to-day functioning.

When combined under the summary scale of psychological distress, the overall mean score was 67.58, interpreted as mild psychological distress. However, some groups, such as Grade 8 and Grade 11, reached the moderate range, suggesting the presence of subgroups that may require additional support. The results imply that although LEASRI students are not, as a whole, in a state of severe distress, they do experience meaningful emotional burdens that warrant preventive and supportive intervention.

These findings align with literature indicating that anxiety and emotional distress are common among adolescents, particularly in relation to academic demands and developmental pressures. The results further support the need for school systems to address not only misconduct or visible behavioral manifestations but also the underlying emotional and psychological factors affecting students.

3.2 Psychological Well-Being among High School Students

Despite the distress indicators, the students also demonstrated encouraging levels of positive mental health. The mean for general positive affect was 41.04, interpreted as moderate positive affect. This suggests that many students still experienced hopefulness, enjoyment, and a generally positive orientation toward life. Their responses indicated that joy often came from simple experiences such as spending time with classmates, enjoying classroom activities, laughing with friends, and taking breaks from stressful routines. These positive experiences functioned as emotional buffers against stress.

The students' mean score for emotional ties was 7.81, interpreted as moderate emotional ties. This result reflects the presence of meaningful connections with friends, classmates, teachers, and family members. Students frequently identified social relationships as major sources of comfort, healing, and emotional stability. However, not all students experienced this equally; some reported having no one to talk to because of fear of judgment, trust issues, or discomfort with opening up. Thus, while emotional connectedness exists for many students, gaps in social support remain a concern.

For life satisfaction, the overall mean was 4.18, interpreted as moderate. Grade 7 students posted the highest life satisfaction scores, while the older groups generally remained in the moderate range. Students' accounts suggested that life satisfaction among adolescents is closely tied to day-to-day school experiences, peer support, family relationships, and the ability to enjoy small but meaningful moments. This moderate level indicates a generally functional and hopeful outlook, though not a consistently high state of contentment across all groups.

The overall mean for psychological well-being was 59.05, interpreted as high. Furthermore, the general Mental Health Index was 69.62, placing the student population in the category of high mental health or high well-being. These findings indicate that although students face various forms of distress, many still possess protective factors such as resilience, positive social relationships, emotional awareness, and adaptive coping strategies.

The coexistence of mild distress and high well-being is important. It suggests that students may experience anxiety, sadness, or pressure while still maintaining functional coping, meaningful relationships, and hopefulness. This supports the understanding that adolescent mental health is multidimensional and cannot be reduced to the absence of symptoms alone. Schools should therefore strengthen protective factors rather than wait for severe dysfunction before intervening.

3.3 Thematic Findings on Students' Mental Health Needs

The focus group discussions offered deeper insight into students' actual experiences and perceptions. One major theme was academic pressure as the central source of distress. Students repeatedly described simultaneous assignments, projects, quizzes, and examinations as overwhelming. The burden of academic performance was not limited to workload alone; it was also linked to self-worth, honor status, and fear of disappointing others. These findings suggest that school systems themselves may contribute significantly to student distress when academic expectations are not balanced with psychosocial support.

A second major theme was emotional heaviness, overthinking, and burnout. Students spoke of mixed emotions, unexplained sadness, mental exhaustion, and feeling emotionally "heavy" or "numb." Some could not clearly identify the exact cause of their distress, which suggests that adolescent emotional struggles may sometimes be diffuse and cumulative rather than triggered by a single event. This points to the importance of regular emotional check-ins, not just crisis intervention.

A third theme involved the student support system. Many students identified friends, mothers, cousins, trusted teachers, and faith as important sources of support. At the same time, a notable number reported having no one to confide in because of fear of being judged, being misunderstood, or becoming a burden. This duality shows that while informal support systems are valuable, they are not consistently accessible to all students.

Students also expressed a strong desire for visible and practical mental health services. They asked for open forums, regular mental health talks, monthly check-ins, counseling sessions, mental health breaks, and one-on-one conversations with mental health professionals. In terms of facilities, they wanted anonymous outlets such as confession walls or drop boxes, safe and quiet rooms for calming down, welcoming clinic or guidance spaces, and recreational or creative areas where they could decompress.

Another notable theme was the need to integrate mental health into the curriculum and school culture. Students suggested discussing mental health in subjects such as Values Education, Health, MAPEH, and Personality Development. They also wanted teachers to be more open, understanding, and proactive in checking on students' emotional condition. Overall, students rated the school's response to mental health as caring but still limited. They acknowledged that the school was trying to help, yet felt that support was often reactive, rushed, or overshadowed by academic demands.

Taken together, these themes reveal that students are not simply asking for more information about mental health. They are calling for a school environment where support is visible, accessible, confidential, non-judgmental, and embedded into everyday school life.

3.4 Proposed School-Based Mental Health Program

Based on the results, a proposed school-based mental health program was developed for LEASRI. The program is grounded in Social-Emotional Learning and adopts a tiered structure that includes universal promotion, targeted early intervention, and more intensive support for students with greater needs.

At the universal level, the program seeks to improve mental health literacy, reduce stigma, and strengthen SEL competencies among all students. This may be done through classroom-based mental health lessons, awareness campaigns, school assemblies, advisory sessions, and student activities that promote emotional regulation, empathy, resilience, and help-seeking behavior.

At the targeted level, the program provides early intervention for students showing signs of elevated anxiety, depression, social withdrawal, or emotional difficulty. Suggested strategies include small-group counseling, peer-support initiatives, stress management workshops, guided reflection activities, and regular check-ins by advisers or the guidance office.

At the intensive level, the program recommends coordinated support for students with more serious mental health needs. This includes individual counseling, referral pathways, collaboration with parents or guardians, and partnerships with licensed mental health professionals such as guidance counselors, psychologists, psychometricians, or psychiatrists when necessary.

The proposed program also emphasizes supportive facilities and systems. These include a more student-friendly guidance office, designated safe spaces for emotional regulation, confidential reporting or sharing mechanisms, and a clearer school-wide protocol for mental health concerns. In addition, teacher training is recommended so that staff can identify warning signs, respond appropriately, and refer students when needed.

Overall, the proposed program moves beyond a purely reactive approach and supports the development of a school culture in which mental health is treated as a core educational concern. Such a program may help reduce stigma, improve student

well-being, strengthen school connectedness, and create conditions that support both emotional health and academic success.

4. Conclusion & Recommendations

The study concludes that LEASRI high school students generally exhibit a positive overall mental health profile, as reflected in their high Mental Health Index and high psychological well-being. At the same time, the results also show the presence of mild anxiety, mild depression, minimal loss of behavioral and emotional control, and mild psychological distress, with some groups showing relatively higher vulnerability. Academic pressure, emotional burnout, overthinking, family concerns, and fear of judgment emerged as major contributors to student distress. The findings indicate that although students are generally resilient, their support needs are real and require a more visible, structured, and proactive school response.

Based on these findings, it is recommended that LEASRI implement the proposed school-based mental health program under the close supervision of a registered guidance counselor. The school should provide dedicated spaces for individual and group counseling, strengthen peer-support and mental health awareness activities, integrate mental health into relevant subject areas, and improve communication between students and school personnel. Reducing excessive academic workload, improving the timing of school requirements, and training teachers to respond more supportively to student mental health concerns are likewise recommended. Regular monitoring and evaluation of the program should also be conducted to determine its effectiveness and guide future improvements.

The study is limited to one private school setting and relied primarily on self-reported data, which may be affected by response bias, social desirability, or students' varying levels of self-awareness. The qualitative phase included only selected students and may not represent all student perspectives equally. In addition, the study focused on descriptive assessment rather than causal explanation. Future studies may expand the sample to multiple schools, use additional mental health measures, include parent or teacher perspectives, and examine the long-term impact of school-based mental health interventions.

Compliance with ethical standards

This study complied with applicable institutional and academic ethical standards in the conduct of research involving human participants. Participation in both the survey and focus group discussion phases was voluntary, and respondents were informed of the purpose of the study, the nature of their participation, and the confidentiality of the data gathered. Informed consent was secured prior to data collection, and all responses were treated with confidentiality and used strictly for academic and research purposes. The researcher observed honesty, proper attribution of sources, and respect for participant welfare throughout the study. No conflict of interest was declared, and the manuscript remains the intellectual work of the author, with all cited materials duly acknowledged in accordance with scholarly and ethical standards.

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