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Assessing the Mental Health Conditions of Filipino High School Teachers

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Abstract

This study explored their socio-demographic and socio-economic profiles, along with emotional, social, and behavioral mental health indicators. It assessed differences in these indicators across demographic groups and examined how mental health parameters correlate with these factors. Employing a descriptive- correlational research design, data were collected from high school teachers (N=34) using a validated survey questionnaire. Descriptive statistics, mean and standard deviation, and t-test Analysis of Variance (ANOVA) were carried out to analyze the data. The study reveals a predominantly young (71% aged 18–30), female (71%), and single (76%) teaching workforce, with moderate income levels (59% earning Php 21,000–30,000 monthly) and mid-level experience (65% with 1–10 years of service). While mental health levels were generally normal, moderate stress emerged in areas like reactivity and relaxation, suggesting job-specific pressures. Notably, no significant mental health differences were found across demographics, indicating resilience or balanced support systems. High job and communication satisfaction contrasted with moderate compensation satisfaction, revealing a potential retention risk. Strong correlations linked lower stress to higher job satisfaction and better communication, while social/organizational factors positively shaped compensation perceptions—highlighting non-monetary influences on remuneration satisfaction. Recommendations include: (1) institutionalizing mental health support (counseling, mindfulness training); (2) enhancing communication transparency (anonymous feedback systems); (3) integrating compensation strategies with cultural investments (recognition programs); and (4) teacher-led peer support networks.

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Future research should investigate workload impacts and test targeted interventions to break stress-communication cycle.

***Keywords*:** correlation; mental health indicators; mental health parameters; socio-demographic profile; socio-economic profile; stress.

1. Introduction

Teaching is a noble yet highly demanding profession that shapes the minds and futures of students. However, educators—whether in public or private schools—face numerous challenges that jeopardize their mental health, including excessive workloads, administrative pressures, low compensation, inadequate institutional support, and pandemic-related stressors. These factors contribute to emotional, social, and behavioral difficulties, such as chronic stress, anxiety, depression, burnout, and strained workplace relationships. If unaddressed, these mental health issues can impair teachers' well-being, job performance, and, ultimately, the quality of education they provide.

Studies reveal alarming trends: nearly two-thirds of educators report poor mental health (American Federation of Teachers), while half experience daily stress (Pennsylvania State University). In the Philippines, tragic cases—such as the suicide of a public-school teacher in Leyte (2018) and another during the pandemic—highlight the severe consequences of unmanaged mental health struggles. Investigations linked these incidents to depression, excessive workloads, financial strain, and pandemic-induced anxiety.

Mental health conditions among teachers encompass emotional, social, and behavioral challenges that significantly impact their well-being and professional effectiveness. According to the author in [1], mental health is a critical yet neglected aspect of public health, with nearly 1 billion people globally suffering from mental disorders, including educators. Studies reveal that teachers experience high levels of stress (30%), anxiety (17%), and depression (19%) [2]. In the Philippines, limited mental health infrastructure, stigma, and lack of professional support exacerbate these issues, forcing many educators to rely on folk healers rather than medical professionals [3].

The emotional toll on teachers is evident in conditions like stress—a state of physical, emotional, and mental exhaustion caused by overwhelming demands. Prolonged stress can escalate into depression, characterized by persistent sadness, fatigue, insomnia, and even suicidal thoughts, or anxiety, marked by excessive worry, irritability, and panic attacks. Socially, teachers often struggle with supervisor and co-worker relationships, work-life imbalance, and a lack of organizational trust. Behaviorally, burnout—a state of chronic exhaustion—emerges when job demands consistently outweigh available resources and support. Given these challenges, prioritizing teachers' mental health is not just an individual concern but a systemic necessity, as their psychological well-being directly influences classroom dynamics and student success.

1.1 Teachers' Profile and Mental Health

Teachers' socio-demographic and professional backgrounds significantly influence their mental health, with

certain groups being particularly vulnerable. Studies show that female teachers with 11-15 years of experience often face severe stress, anxiety, and depression according to the authors in [4] while single teachers report higher stress levels [5]. Stress is also more prevalent among female educators, those with lower incomes, longer tenures, or specific living arrangements [6]. In the Philippines, financial insecurity remains a key stressor, as many teachers perceive their salaries—despite government increases—as inadequate for their needs. Public school teachers benefit from standardized pay raises under the Career Progression System, with Master Teachers seeing significant salary growth (e.g., Master Teacher I: P46,725 by 2023). However, private school teachers' salaries vary widely, often leaving them financially strained. The exhausting nature of teaching—long hours, work brought home, and blurred personal boundaries—exacerbates stress, straining familial relationships. Both personal support (from family and friends) and social support (from colleagues and administrators) are critical in mitigating these challenges [7]. Addressing these disparities requires systemic improvements in compensation, work-life balance, and institutional support to safeguard teachers' mental well-being.

1.2 Mental Health Indicators

Teachers worldwide face significant emotional mental health challenges, with stress, anxiety, and depression being the most prevalent. Studies reveal that stress is the most common issue, affecting 30% of educators [2] while 72.2% report high stress levels [8]. The COVID-19 pandemic exacerbated these struggles, with 82.3% of teachers experiencing at least one mental health issue, including increased alcohol use (7.1%), sleep disorders (33.4%), and reliance on medication (30.4%) [9]. Anxiety levels are particularly high among schoolteachers in Asia, whereas university instructors report greater stress. In the UK, 78% of educators experience stress—a 6% rise since 2022—with 36% suffering burnout and 51% battling insomnia [10]. Female teachers exhibit higher stress (mean = 7.61) than anxiety (7.26) or depression (6.47), though a significant portion face severe symptoms, including 30.7% with anxiety and 15.3% with depression [11]. Contributing factors include excessive workload, student behavior, poor administrative support, and lack of resources [12, 13]. Despite schools prioritizing student mental health, teacher well-being remains neglected, with little institutional support. Given that 75% of UK teachers report depression or anxiety symptoms—marking teaching as a high-risk profession as reported by the author in [14] —urgent interventions are needed to sustain educators' mental health and, by extension, their ability to teach effectively.

Teachers face significant social challenges that impact both their professional effectiveness and personal well-being. Their relationships with supervisors, colleagues, and students, along with difficulties maintaining work-life balance, play crucial roles in their mental health. The author in [15] highlights that trust in school leadership directly influences teachers' perceptions of support and organizational culture—when principals demonstrate care, teachers feel more valued and engaged. Professional Learning Networks (PLNs) also contribute to job satisfaction, offering educators collaboration opportunities, emotional support, and professional growth [16].

However, maintaining work-life balance remains a persistent struggle. Teachers often extend work beyond school hours, planning lessons and responding to student and parent demands via digital platforms like messaging apps and learning management systems. While technology facilitates communication, it also blurs boundaries, as parents and students frequently expect immediate responses outside working hours [17]. This

constant accessibility exacerbates stress, particularly for teachers managing family responsibilities alongside professional duties. Personal and financial struggles further compound these pressures, negatively affecting mental health according to the author in [18]. Without adequate institutional support and clear boundaries, the teaching profession risks burnout, underscoring the need for policies that promote healthier work-life integration and stronger social support systems.

Teachers, like other professionals, can experience behavioral health issues that impair their effectiveness, with burnout being a particularly concerning problem. Characterized by physical, emotional, and mental exhaustion, burnout stems from chronic stress and overwork. Educators bring their emotions, values, and experiences into the classroom, making their mental well-being crucial for a positive learning environment [19, 20]. However, the profession's heavy demands—including excessive workloads, insufficient support, and challenges in managing student behavior—often lead to stress, demotivation, and high attrition rates. Nearly 40–50% of teachers leave within their first five years, a critical "vulnerability period" [21]. In the Philippines, additional stressors such as resource shortages, administrative pressures, educational reforms, and student misbehavior further contribute to emotional burnout [22]. Without systemic changes to reduce these burdens, teacher burnout will continue to undermine both educator well-being and educational quality.

1.3 Mental Health Parameters

Job satisfaction, communication satisfaction, and compensation satisfaction are key indicators of teachers' mental health. The authors in [23] highlight that effective academic supervision improves job satisfaction, while poor communication and lack of administrative support contribute to burnout [24]. Effective academic supervision significantly enhances both teamwork and job satisfaction among educators, as demonstrated in Binjai City's public high schools [23]. This correlation is reinforced by findings from Merauke district, where satisfied teachers show greater commitment to their schools [25]. However, chronic stress can undermine these benefits, leading to burnout, substance use, and even attrition [24]. Communication quality, while not overwhelmingly impactful, still contributes to job satisfaction and performance [26]. Motivation—both intrinsic and extrinsic—plays a pivotal role, with the authors in [27] emphasizing the need for adequate resources, emotional support, and fair compensation to sustain teacher performance. While awareness of educators' mental health is growing, the authors in [28] argue for a paradigm shift: teacher well-being must be valued intrinsically, not merely for its ripple effects on students. Addressing these parameters holistically—through supportive supervision, open communication, and meaningful incentives—is essential to fostering resilient, effective educators.

In the Philippines, low salaries, heavy workloads, and inadequate resources further diminish job satisfaction [13]. Additionally, the authors in [27] found that motivation, rewards, and emotional support significantly influence teacher performance, emphasizing the need for systemic improvements in workplace conditions.

1.4 Related Studies on Mental Health

Studies indicate that gender, age, and institutional level influence teachers' emotional well-being. Female teachers report higher stress levels (mean = 7.61) compared to anxiety (mean = 7.26) and depression (mean = 6.47) [29].

Meanwhile, university teachers experience more stress than schoolteachers, though anxiety is more prevalent in primary and secondary educators [2]. In the Philippines, workload, student behavior, and lack of administrative support are major stressors across all demographics [12].

There is a significant correlation between mental health indicators (stress, anxiety, depression) and job-related parameters (satisfaction, communication, compensation). Teachers with low job satisfaction are more likely to experience burnout and depressive symptoms [30]. Poor communication within schools also exacerbates stress, while supportive environments enhance resilience [26]. Furthermore, financial dissatisfaction is linked to higher emotional exhaustion, particularly in underfunded educational systems [22].

The Alliance of Concerned Teachers (ACT) Philippines has urged DepEd to address work-related stressors, emphasizing that teachers grapple not only with health and economic worries but also with the challenges of distance learning. Research confirms that teacher well-being directly affects student performance according to the author in [31], making mental health support a critical component of educational quality. Some schools have introduced wellness programs (e.g., online Zumba, meditation, peer support groups), yet systemic solutions are still lacking.

Recognizing this urgency, the Philippine government enacted Republic Act No. 11036 (the Mental Health Act) to promote mental health awareness and support. The Department of Education (DepEd) has also introduced initiatives to bolster teachers' resilience, particularly after the COVID-19 pandemic exacerbated existing stressors. Tragically, reports of teacher suicides—linked to depression, overwhelming workloads, and pandemic-related distress—highlight the dire consequences of unaddressed mental health struggles. Studies confirm that teacher well-being significantly impacts student achievement and school climate as based on the authors in [31, 32], underscoring the need for targeted interventions.

1.5 Theoretical Framework of the Study

This study on teachers' mental health conditions is anchored in three key theoretical frameworks. First, the *School Mental Health Theoretical Framework* which is based on the author in [33] identifies three critical domains: (1) promoting social-emotional competence, which enhances teachers' ability to manage emotions and relationships [34]; (2) fostering resilience through dynamic risk-protective factors according to the authors in [35, 36], crucial for sustaining educators during challenges like the pandemic; and (3) addressing behavioral-emotional problems, an area often overlooked for teachers despite its focus for students.

Second, the *Job Demands-Resources (JD-R) Model* posits that imbalance between demands (e.g., lesson planning, classroom management) and resources (e.g., administrative support, professional development) predicts burnout or engagement. Schools can mitigate mental health risks by optimizing this balance through targeted interventions.

Third, *Bandura's Social Cognitive Theory* highlights reciprocal interactions among personal, behavioral, and environmental factors. Key concepts—observational learning (e.g., stress-management modeling among peers), self-efficacy (beliefs in overcoming challenges), and institutional coping supports (e.g., counseling, wellness

programs)—collectively shape teachers' mental health resilience. Together, these theories provide a multidimensional lens to assess and address teachers' mental well-being systematically.

1.6 Research Questions

With the gaps mentioned above, this study sought to comprehensively assess teachers' mental health by examining:

1. their socio-demographic and socio-economic profile;
2. the levels of mental health conditions (emotional, social, and behavioral aspects);
3. whether significant differences exist when teachers are grouped by demographic profile;
4. the levels of key mental health satisfaction parameters (job satisfaction, communication satisfaction, and compensation satisfaction); and
5. the relationship between mental health indicators and satisfaction parameters.

By identifying key stressors and evaluating existing support mechanisms, this research aims to inform data-driven interventions that enhance teacher well-being. The findings will benefit school administrators in designing mental health programs, teachers in developing coping strategies, and policymakers in crafting supportive educational policies. Ultimately, fostering teachers' mental health is an investment in the entire education system—ensuring a healthier, more productive environment for both educators and students.

2. Methods

2.1 Research Design

The study employed a descriptive correlational research design, which is particularly suited for examining relationships between variables without inferring causality. This approach aligns with the study's objective of exploring relationships among teachers' socio-demographic factors, emotional states, social aspects and behavioral responses of mental health in the workplace. As noted by the author in [37], descriptive research is widely used in institutional studies to document existing conditions, making it an appropriate framework for capturing the current state of the phenomena under investigation. The survey method, a key component of this design, was selected as the primary data collection strategy due to its efficiency in gathering standardized responses from a targeted population [38]. Surveys are particularly effective for studies involving large groups, as they allow researchers to systematically collect, quantify, and analyze data from a representative sample. In this study, the survey instrument comprised structured questionnaires, ensuring clarity and ease of comprehension for participants. The correlational aspect of the design further enabled the researcher to identify patterns and linkages between variables—such as how socio-economic status might relate to stress levels—while avoiding claims of causation. By combining descriptive and correlational techniques, this research design provided a comprehensive yet non-experimental approach to understanding the complex interplay of factors affecting teachers' well-being and professional experiences. The choice of a questionnaire-based survey also facilitated efficient data aggregation and statistical analysis, reinforcing the study's methodological rigor and practical applicability.

This design, while robust in its ability to describe and correlate variables, acknowledges inherent limitations, such as the inability to establish causal relationships and potential biases associated with self-reported data. Nevertheless, its systematic approach ensures that the findings contribute valuable insights into the studied phenomena, fulfilling the research objectives effectively.

2.2 Respondents

The study included the entire population of high school teachers ($N = 34$) from a private college institution in Region IVA, Calabarzon, Philippines in the academic year 2023-2024. A census approach was adopted due to the small, manageable population, eliminating sampling error. Participants comprised 24 females and 10 males, selected because high school teachers face heightened mental health challenges from student and parent interactions.

2.3 Research Instrument

The study utilized a structured survey questionnaire composed of three distinct parts, each designed to gather specific data relevant to the research objectives. The instrument was carefully developed, validated, and refined to ensure validity, reliability, and cultural appropriateness for the target respondents.

The first part is the Socio-Demographic and Socio-Economic Profile which captured background information such as age, sex, civil status, year level taught, salary level, educational attainment and length of teaching experience. These factors were essential for contextualizing responses and examining potential correlations with emotional, social and behavioral variables.

The second part is the Depression, Anxiety, and Stress Scale (DASS-21) which is a standardized psychological assessment tool consisting of 21 items divided into three subscales - Depression (e.g., low mood, hopelessness); Anxiety (e.g., nervousness, panic), and Stress (e.g., irritability, difficulty relaxing). The respondents rated each item on a 4-point Likert scale - 0 – *Did not apply to me at all;* 1 – *Applied to me to some degree, or some of the time;* 2 – *Applied to me to a considerable degree, or a good part of the time, and* 3 – *Applied to me very much, or most of the time.* The DASS-21 was selected due to its well-established validity and reliability in measuring emotional distress.

The third part is a Self-Made Questionnaire on Behavioral and Social Variables which assessed workplace behaviors, social interactions, and burnout tendencies among teachers. Development sources were also used - Work Environment Survey (Public Service Secretariat, Canada) which provided insights into job satisfaction and workplace dynamics and Maslach Burnout Inventory (MBI) which guided the assessment of emotional exhaustion, depersonalization, and personal accomplishment. For this questionnaire, a 5-point Likert scale was used-1 – *Strongly Disagree;* 2 – *Disagree;* 3 – *Moderately Agree;* 4 – *Agree and* 5 – *Strongly Agree.*

To ensure the content validity of the instrument, the researcher engaged three expert validators - a Social Science Team Leader (MA degree holder), a Social Studies Teacher (MA degree holder) and a Licensed Psychometrician and Guidance Facilitator (MA degree holder). These three experts validated the tool using a 9-

item checklist (rated 1-5 for validity) assessing clarity of questions, relevance to research objectives, appropriateness of response scales and cultural sensitivity.

Pilot testing with 30 teachers ensured clarity and reliability. Cronbach's alpha confirmed internal consistency ($\alpha > 0.7$ for all scales) as indicated in Table 1.

Table 1: Reliability Analysis

	Cronbach Alpha	Number of Items	Interpretation
Self-made Questionnaire	**0.728**	**56**	**Acceptable**

Legend: $a \geq 0.9$ excellent; $0.9 > a \geq 0.8$ good; $0.8 > a \geq 0.7$ acceptable; $0.7 > a \geq 0.6$ questionable; $0.6 > a \geq 0.5$ poor; $0.5 > a$ unacceptable

2.4 Research Procedure

The research procedure was systematically designed to ensure methodological rigor and ethical compliance throughout the data collection process. To initiate the study, the researcher secured formal approval from the school administration, including the Human Resources Director and Research Officer, by submitting a detailed request letter outlining the study's objectives and protocols. Upon approval, the researcher prepared the survey questionnaire addressing socio-demographic variables and mental health factors.

With administrative support from the High School Principal and Deputy Principal of Junior High School, the questionnaire was disseminated online to ensure efficient and wide-reaching data collection. Respondents were provided ample time to complete the survey, ensuring thoughtful and voluntary participation. To uphold ethical standards, the online format included a consent statement and a clear explanation of the study's purpose, adhering to the Data Privacy Act of 2012 and safeguarding participants' confidentiality. Once the target sample size was achieved, the collected data underwent systematic sorting, encoding, and tabulation for analysis. This structured approach facilitated accurate data organization, enabling the researcher to tally responses, identify patterns, and derive meaningful insights. By integrating administrative coordination, expert validation, ethical safeguards, and meticulous data management, the research procedure ensured reliability, validity, and integrity in the study's execution.

2.5 Statistical Treatment of Data

The study employed a rigorous and multi-faceted statistical approach to analyze the collected data, ensuring both descriptive clarity and inferential depth. To present the socio-demographic and socio-economic profiles of the teachers, tabular representations were utilized, offering a visual breakdown of variables such as age, sex, civil status, teaching level, salary range, educational attainment, and employment type. For numerical data (e.g., age, years of service, salary), measures of central tendency (Mean) and dispersion (Standard Deviation) were

computed to determine typical values and variability within the sample. Meanwhile, categorical variables (e.g., gender, marital status, teaching level) were analyzed using frequency counts and percentages, providing a clear distribution of responses across subgroups.

To assess mental health conditions—particularly depression, anxiety, and stress—the study calculated the Mean and Standard Deviation of respondents' scores on the DASS-21, allowing for an understanding of average emotional states and their variability. Additionally, inferential statistics were applied to enhance the robustness of findings. T-tests were conducted to examine significant differences in mental health levels when respondents were grouped by age, sex, civil status, teaching level, salary, and educational attainment. For comparisons involving length of service, which typically has more than two categories, Analysis of Variance (ANOVA) was employed to determine whether mean differences were statistically significant. To explore relationships between mental health social, emotional, and behavioral factors and parameters, Pearson r correlation analyses were performed, identifying the strength and direction of linear associations.

The study further reinforced its analytical rigor by incorporating confidence intervals (95%), margin of error, and significance levels ($p < 0.05$) to ensure the reliability of statistical inferences. These measures, combined with prior validity and reliability testing of the questionnaire (e.g., Cronbach's alpha), guaranteed that the findings were both accurate and generalizable. By integrating descriptive, comparative, and correlational analyses, the statistical treatment provided a comprehensive exploration of the dataset, aligning seamlessly with the study's objectives and enabling a nuanced understanding of the interplay between demographic factors, workplace conditions, and mental health outcomes.

2. Results

The table below shows the information about the respondents' socio-demographic and socio-economic profile in terms of age, sex, civil status, teaching level taught, length of service, salary level, highest educational attainment and employment status.

Table 2: Socio-demographic and socio-economic profile of the respondents

Characteristic	Category	Responses	Category	Responses	Category	Responses
Age	18-30 y. old	24 (71%)	31-45 y. old	10 (29%)		
Sex	Male	10 (29%)	Female	24 (71%)		
Civil Status	Single	26 (76%)	Married	8 (24%)		
Teaching Level Taught	Junior HS	18 (53%)	Senior HS	16 (47%)		
Length of Service	< 1 year	6 (17.50%)	1- 10 years	22 (65%)	> 10 years	6 (17.50%)
Salary Level	< PhP20,000	14 (41%)	Php 21,000 to Php 30,000	20 (59%)		
Highest Educational Attainment	With master's degree	5 (15%)	With bachelor's degree	29 (85%)		
Employment Status	Full time	21 (62%)	Contractual/Temporary	13 (38%)		

The next three (3) tables show the mean level of emotional mental health conditions (stress, anxiety, depression), social mental health conditions (supervisor relationship, co-worker relationship, work-life balance, organizational trust and, learning and environment, and behavioral mental health condition (burnout).

Table 3: Mean level of emotional mental health conditions

Stress	Mean	SD	Description
I found it hard to wind down.	1.50	0.71	Moderate
I tended to over-react to situations.	1.56	0.82	Moderate
I felt that I was using a lot of nervous energy.	1.26	0.93	Normal
I found myself getting agitated.	1.18	0.76	Normal
I found it difficult to relax.	1.32	0.91	Normal
I was intolerant of anything that kept me from getting on with what I was doing.	1.06	0.78	Normal
I felt that I was rather touchy.	0.91	0.71	Normal
Composite Mean	**1.26**	**0.58**	**Normal**
Anxiety	Mean	SD	Description
I was aware of the dryness of my mouth.	1.76	0.89	Moderate
I experienced breathing difficulty (e.g. excessively rapid breathing, breathless in the absence of physical exertion).	1.18	1.00	Normal
I experienced trembling (e.g. in my hands).	0.91	0.93	Normal
I was worried about situations in which I might panic and make a fool of myself.	1.24	0.85	Normal
I was close to panic.	1.03	0.90	Normal
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat).	1.59	0.78	Moderate
I felt scared without any good reason.	0.85	0.78	Normal
Composite Mean	**1.22**	**0.59**	**Normal**
Depression	Mean	SD	Description
I couldn't seem to experience any positive feelings at all.	0.71	0.76	Normal
I found it difficult to work up the initiative to do Things.	1.15	0.74	Normal
I felt that I had nothing to look forward to.	0.62	0.65	Normal
I felt downhearted and blue.	1.15	0.78	Normal
I was unable to become enthusiastic about Anything.	0.82	0.72	Normal
I felt I wasn't worth much as a person.	0.76	0.89	Normal
I felt that life was meaningless.	0.50	0.71	Normal
Composite Mean	**0.87**	**0.55**	**Normal**

Legend: 2.50-3.00 severe; 1.50-2.49 moderate; 1.00-1.49 normal

Below is the table that shows the mean level of social mental health conditions among the respondents in terms of supervisor relationship, co-worker relationship, work-life balance, organizational trust and, learning and development.

Table 4: Mean level of social mental health conditions

Supervisor Relationship	**Mean**	**SD**	**Description**
My immediate superior treats me with respect and cares about me as a person.	4.41	0.61	Agree
I receive meaningful recognition for my work and useful feedback on job performance.	4.18	0.76	Agree
My immediate superior effectively manages people, assigns work fairly, and allows me to provide input into decisions.	4.26	0.86	Agree
My immediate superior is a good communicator, and I can disagree on work-related issues without fear of reprisal.	4.32	0.94	Agree
Overall, I am satisfied with the quality of supervision I receive.	4.32	0.81	Agree
Composite Mean	**4.30**	**0.70**	**Agree**
Co-worker relationships	**Mean**	**SD**	**Description**
I have positive working relationships with my co- workers, and we work well together as a team.	4.59	0.61	Strongly Agree
My co-workers treat me with respect, are good communicators, and are helpful to me.	4.59	0.61	Strongly Agree
I enjoy socializing with my co-workers in the workplace.	4.59	0.71	Strongly Agree
Composite Mean	**4.34**	**0.56**	**Agree**
Work-life balance	**Mean**	**SD**	**Description**
My work occasionally interferes with my personal activities, including family and friends, but I am generally satisfied with the number of hours I work.	3.91	1.00	Agree
I am satisfied with the balance between my work and personal life, and I feel supported at work to manage this balance.	3.65	1.23	Agree
Composite Mean	**4.21**	**0.56**	**Agree**
Organizational Trust	**Mean**	**SD**	**Description**
Senior leaders in my department treat employees with respect, do a good job leading, and appear honest, fostering confidence in their leadership.	4.32	0.73	Agree
Senior leaders in my department look out for the best interests of employees, and I have confidence in their leadership abilities.	4.24	0.82	Agree
Composite Mean	**4.07**	**0.67**	**Agree**
Learning and Development	**Mean**	**SD**	**Description**
I receive adequate support and opportunities from my department for work-related learning and development, and I am generally satisfied with these opportunities.	4.21	0.73	Agree
I have a role in supporting and meeting my work-related learning needs, contributing to my professional development.	4.21	0.64	Agree
Composite Mean	**3.57**	**0.68**	**Agree**

Legend: 4.50-5.00 Strongly Agree; 3,50-4.49 Agree; 2.50-3.49 Neutral; 1.50 2.49 Disagree; 1.00-

1.49 Strongly Disagree

Table 5: Mean level of behavioral mental health conditions

Behavioral	Mean	SD	Description
I feel emotionally drained, burned out, and frustrated due to work demands, leading to a lack of energy and feeling at my wit's end.	2.97	1.09	Moderately Agree
I feel worn out, and tired in the morning, and find it hard to maintain energy throughout the day due to work-related stress	2.97	1.09	Moderately Agree
I can easily understand my colleagues' actions, but sometimes feel detached, treating some clients or colleagues impersonally or becoming callous towards people.	2.68	0.81	Moderately Agree
Working with people all day is stressful for me, but I successfully handle other people's problems and create a relaxed atmosphere at times.	3.03	1.00	Moderately Agree
Despite feeling burned out, I feel stimulated by rewarding objectives at work and believe I positively influence others, but I'm afraid my work might make me emotionally harder.	3.24	0.82	Moderately Agree
I sometimes feel disinterested in colleagues' affairs and worry about being blamed by colleagues for their problems.	3.24	0.82	Moderately Agree
Composite Mean	**2.95**	**0.69**	**Moderately Agree**

Legend: 4.50-5.00 Strongly Agree; 3,50-4.49 Agree; 2.50-3.49 Neutral; 1.50 2.49 Disagree; 1.00-1.49 Strongly Disagree

Table 6 shows the test of difference on the level of emotional mental health indicators based on demographic profile (each grouped in two categories). Table 7 presents an analysis of emotional mental health indicators grouped according to their length of service in three categories. Using ANOVA (Analysis of Variance), the study delves into the variability within this condition, examining the sum of squares, degrees of freedom (df), mean square, F-value, and significance (Sig.).

Table 6: Test of difference on the level of emotional mental health indicators based on (a) age, (b) sex, (c) civil status, (d) teaching level taught, (e) educational attainment, (f) salary level

Indicator	**Age Group**	Mean	Mean Difference	t-value	Cohen's d	**Sex**	Mean	Mean Difference	t-value	Cohen's d
Stress	18-30 years	1.31	0.18	0.82*	0.32 (Small)	Male	1.26	0.99	0.350*	0.00 (Small)
	31-45 years	1.13				Female	1.26			
Anxiety	18-30 years	1.29	0.21	0.96*	0.37 (Small)	Male	1.09	0.36	1.273*	0.36 (Small)
	31-45 years	1.07				Female	1.28			
Depression	18-30 years	0.90	0.10	0.50**	0.18 (Small)	Male	1.01	0.05	0.198*	0.37 (Small)
	31-45 years	0.80				Female	0.82			

(a) Based on Age (b) Based on Sex

Indicator	**Civil Status**	Mean	Mean Difference	t-value	Cohen's d	**Teaching Level**	Mean	Mean Difference	t-value	Cohen's d
Stress	Single	1.29	0.15	0.628*	0.25 (Small)	Junior HS	1.48	0.47	2.54**	0.88 (Medium)
	Married	1.14				Senior HS	1.01			
Anxiety	Single	1.25	0.11	0.431*	0.18 (Small)	Junior HS	1.43	0.44	2.28*	0.79 (Medium
	Married	1.14				Senior HS	0.99			
Depression	Single	0.92	0.21	0.945**	0.35 (Small)	Junior HS	1.03	0.33	1.85*	0.63 (Medium)
	Married	0.71				Senior HS	0.70			

(c) Based on Civil Status (d) Based on Teaching Level Taught

Indicator	**Educational Attainment**	Mean	Mean Difference	t-value	Cohen's d	**Salary Level**	Mean	Mean Difference	t-value	Cohen's d
Stress	Bachelor's degree	1.27	0.10	0.350*	0.19 (Small)	Less than Php20,000	1.22	-0.054	-0.264	0.10 (Small)
	Master's degree	1.17				Php21000 - Php30,000	1.28			
Anxiety	Bachelor's degree	1.28	0.37	1.273**	0.61 (Medium)	Less than Php20,000	1.07	-0.257	-1.258	0.47 (Small)
	Master's degree	0.91				Php21000 - Php30,000	1.33			
Depression	Bachelor's degree	0.88	0.05	0.198*	0.08 (Small)	Less than Php20,000	0.83	-0.081	-0.419	0.15 (Small)
	Master's degree	0.83				Php21000 - Php30,000	0.91			

(e) Based on Educational Attainment (f) Based on Salary Level

*df = 32; *Significant at .05 level; Cohen's d: 0.20 (Small); 0.50 (Medium); 0.80 (Large)*

Table 7: Test of difference on the level of mental health indicators based on length of service using ANOVA

Indicator	Groups	Sum of Squares	Df	Mean Square	F	p-value	Interpretation
Stress	Between Groups	0.725	2	.362			Not Significant
	Within Groups	10.237	31	.333	1.088	.349	
	Total	11.052	33				
Anxiety	Between Groups	1.035	2	.518			Not Significant
	Within Groups	10.523	31	.339	1.525	.233	
	Total	11.559	33				
Depression	Between Groups	0.64	2	.302			Not Significant
	Within Groups	9.223	31		1.016	.374	
	Total	9.827	33	.298			

Legend: Significant if p-value is less than .05 level of significance; Not significant if the p-value is greater than .05 level of significance

Table next three (3) tables show the mean levels of the satisfaction parameters namely, job satisfaction, communication satisfaction and compensation satisfaction.

Table 8: Mean level of the satisfaction parameters of mental health

Job Satisfaction	**Mean**	**SD**	**Description**
Innovation is valued, and I understand my role in achieving organizational goals.	4.41	0.61	Agree
My work provides a sense of accomplishment and meaning.	4.32	0.59	Agree
My skills and interests align well with my job, keeping it challenging and interesting.	4.29	0.68	Agree
I receive support, meaningful recognition, and valuable feedback from my supervisor	4.24	0.70	Agree
My supervisor treats me respectfully, communicates effectively, and encourages my input in decision-making.	4.29	0.76	Agree
Composite Mean	**4.31**	**0.51**	**Agree**
Communication Satisfaction	**Mean**	**SD**	**Description**
I am satisfied with the quality and quantity of information communicated by my department to staff.	4.12	0.73	Agree
Essential information effectively reaches faculty and staff from superiors within the department.	4.09	0.75	Agree
Composite Mean	**4.18**	**0.63**	**Agree**
Compensation Satisfaction	**Mean**	**SD**	**Description**
I am generally satisfied with my salary or hourly wage, pension plan, and insurance benefits.	2.71	1.17	Moderately Agree
I have a clear understanding of how my salary or hourly wage is determined and associated with my benefits.	3.32	1.15	Moderately Agree
Composite Mean	**3.43**	**0.62**	**Moderately Agree**

Table 9 shows the relationship between the indicators (stress, anxiety, depression, supervisor relationship, co-worker relationship, work -life balance, organization trust, learning & development, and burnout) and parameters (job satisfaction, communication satisfaction and compensation) of mental health of the respondents.

Table 9: Relationship between the indicators and parameters of mental health

Indicators of Mental Health	**Parameter of Mental Health in Terms of Job Satisfaction**	p-value	Interpretation
	Pearson r		
Stress	-0.471	0.005	Significant
Anxiety	-0.182	0.304	Not Significant
Depression	-0.307	0.077	Not Significant
Supervisor relationship	0.832	0.000	Significant
Co-worker relationship	0.720	0.000	Significant
Work-life balance	0.789	0.000	Significant
Organization trust	0.802	0.000	Significant
Learning and development	0.683	0.000	Significant
Behavioral (Burnout)	-0.497	0.003	Significant
Indicators of Mental Health	**Parameter of Mental Health in Terms of Communication Satisfaction**	p-value	Interpretation
	Pearson r		
Stress	-0.561	0.001	Significant
Anxiety	-0.307	0.077	Not Significant
Depression	-0.364	0.034	Significant
Supervisor relationship	0.824	0.000	Significant
Co-worker relationship	0.837	0.000	Significant
Work-life balance	0.757	0.000	Significant
Organization trust	0.727	0.000	Significant
Learning and development	0.599	0.000	Significant
Behavioral (Burnout)	-0.411	0.016	Significant
Indicators of Mental Health	**Parameter of Mental Health in Terms of Compensation Satisfaction**	p-value	Interpretation
	Pearson r		
Stress	-0.288	0.101	Not Significant
Anxiety	-0.092	0.607	Not Significant
Depression	-0.101	0.571	Not Significant
Supervisor relationship	0.424	0.012	Significant
Co-worker relationship	0.537	0.001	Significant
Work-life balance	0.685	0.000	Significant
Organization trust	0.669	0.000	Significant
Learning and development	0.857	0.000	Significant
Behavioral (Burnout)	-0.134	0.451	Not Significant

Legend: Significant if the p-value is less than 0.05 level of significance; Not Significant if the p- value is greater than 0.05 level of significance

1– perfect relationship; 0.80 to 0.99 very high relationship; 0.60 to 0.79 moderately high relationship; 0.40 to 0.59 high relationship; 0.20 to 0.39 moderately low relationship; 0.01 to 0.19 very low relationship; 0 – no relationship

4. Discussion

4.1 Teachers' Socio-Demographic and Socio-Economic Profiles

The data (Table 2) reveals that the majority of respondents fall within the younger age group (18–30 years old), suggesting a workforce with high energy and enthusiasm, which may positively influence teaching effectiveness. However, younger teachers may also require more mentorship and support in decision-making and problem-solving, as they are more susceptible to emotional exhaustion—a finding supported by the author in [5], who observed that younger teachers experience higher burnout levels compared to their older counterparts.

A notable gender disparity exists among respondents, with female teachers (24) significantly outnumbering male teachers (10). This aligns with global and national trends, where teaching remains a female-dominated profession—87% of teachers worldwide are women [39], and in the Philippines, 89.58% of public elementary and 77.06% of public secondary teachers are female [40].This imbalance may stem from cultural expectations, hiring biases, and societal perceptions of teaching as a nurturing role.

Marital status also appears to influence mental health, with single teachers (26) reporting higher levels of depression and stress compared to married teachers (8). The author in [5] found that unmarried individuals exhibited greater emotional distress, possibly due to lack of social support systems that marriage often provides.

The distribution of respondents shows more junior high school (JHS) teachers (18) than senior high school (SHS) teachers (16), reflecting national data where JHS teachers vastly outnumber SHS teachers [41]. This discrepancy may be attributed to limited SHS program offerings due to facility shortages and curriculum constraints. In terms of experience, the largest group (22 respondents) had 1–10 years of service, indicating a relatively inexperienced teaching population. Research by the authors in [42] suggests that female teachers with 11–15 years of experience face severe stress, implying that the current cohort may encounter similar challenges as they progress in their careers. Salary levels further compound stressors, with most respondents (20) earning Php 21,000–30,000 monthly—still insufficient given the rising cost of living. Studies by the authors in [43] confirm that low wages, heavy workloads, and poor infrastructure contribute to stress-related health issues among teachers. Despite the Salary Standardization Law V setting a P27,000 minimum for entry-level teachers, 93.3% earn below the P33,000 family living wage, exacerbating financial strain [44]. The data also reveals a significant disparity in the highest educational attainment of the participating teachers. The majority (85% or 29 teachers) hold only a bachelor's degree, while a much smaller proportion (15% or 5 teachers) have attained a master's degree. This aligns with broader national trends reported by [41], which show that out of 808,528 public school teachers, only 59,972 hold Master Teacher positions. The low percentage of teachers with advanced degrees suggests potential gaps in professional development opportunities, which could impact teaching quality and career progression. Encouraging further education through scholarships, incentives, or flexible graduate programs could help bridge this gap and enhance the overall competency of the teaching workforce. Finally, in terms of employment status, the study indicates that 62% (21 teachers) are full-time employees, while 38% (13 teachers) are under contractual or temporary arrangements. This raises concerns about job security and career stability, particularly for those in non-permanent positions. According to the [45], probationary teachers must

complete three consecutive years of satisfactory service before being granted permanent status. However, those who fail to meet performance standards may face contract termination or extended probation, leaving them in a precarious professional position. The high percentage of contractual teachers in this study suggests that many educators remain in vulnerable employment conditions, which could contribute to job-related stress and reduced motivation. Addressing this issue requires clearer pathways to regularization, fair evaluation systems, and stronger labor protections to ensure stability and retention in the teaching profession.

4.2 Teachers' Mental Health Conditions

4.2.1 Emotional Mental Health Indicators

The data (Table 3) reveals that teachers experience moderate stress levels, particularly in unwinding and reacting to stressful situations, with mean scores of 1.50 and 1.56, respectively. While most stress-related indicators, such as nervous energy and difficulty relaxing, fall within normal ranges, variability in responses suggests differing stress experiences among teachers. The composite mean of 1.26 confirms an overall normal stress level, aligning with research by the authors in [46], which emphasizes the role of recovery opportunities—such as weekend relaxation—in mitigating weekday stress. This supports the observed variations and underscores the need for effective stress management strategies in teaching professions.

Anxiety symptoms among teachers also show moderate levels in specific areas, such as dry mouth (mean = 1.76) and heightened heartbeat awareness (mean = 1.59), while other symptoms like panic-related worries remain within normal ranges. The composite anxiety score of 1.22 suggests that, on average, anxiety is not severe, though variability indicates differing individual experiences. The authors in [47] highlight anxiety as a key factor affecting teacher well-being, reinforcing the connection between workplace stressors and mental health. Their findings align with the data, suggesting that while most teachers manage anxiety effectively, some may require additional support.

Depressive symptoms were generally mild, with mean scores for key indicators—such as inability to feel positive emotions (mean = 0.71) and feeling down-hearted (mean = 1.15)—falling within normal ranges. The composite depression score of 0.87 further confirms low overall severity. However, as the authors in [47] note, variability in responses indicates that a subset of teachers may still struggle with depressive symptoms, necessitating targeted mental health interventions. These findings collectively highlight the importance of recognizing and addressing emotional and mental health challenges in educational settings to support teacher well-being effectively.

4.2.1 Social Mental Health Indicators

As indicated in Table 4, teachers reported highly positive relationships with their supervisors, with strong agreement on respect, recognition, and effective communication (composite mean = 4.30). These findings align with the research of the authors in [26], which links supervisory communication to job satisfaction, reinforcing that supportive leadership enhances mental well-being. Similarly, co-worker relationships were rated exceptionally high (mean = 4.59), emphasizing teamwork and mutual respect, consistent with the findings of the

authors in [23] that positive peer interactions bolster job satisfaction and social mental health. Work-life balance showed moderate satisfaction (composite mean = 4.21), though higher variability in responses (SD = 1.23) suggests some teachers struggle with workload interference. The study of the authors in [48] supports this, noting that while many teachers manage balance well, others face challenges, highlighting the need for institutional support. Organizational trust in leadership was strong (mean = 4.32), with the authors in [49] affirming that transparent, caring leadership fosters trust, which is crucial for a healthy work environment. Finally, learning and development opportunities were well-regarded (mean = 4.21), though the lower composite score (3.57) suggests some areas for improvement. Trust and his colleagues (2016) emphasize that continuous professional growth, facilitated by collaborative networks, enhances teacher competence and satisfaction. Overall, these findings indicate that while teachers generally experience supportive work conditions, variability in work-life balance and professional development may require targeted interventions to optimize mental and social well-being.

4.2. 3 Behavioral Mental Health Indicators

The data (Table 5) reveals moderate levels of emotional exhaustion and burnout among teachers, with mean scores of 2.97 for feeling emotionally drained and 3.00 for morning fatigue, indicating that work demands significantly impact their well-being. Variability in responses (SD = 1.09–1.18) suggests differing stress tolerance levels, with some teachers coping better than others. Interpersonal detachment was also moderately present (mean = 2.68), reflecting occasional impersonal interactions with colleagues and students, though with less variability (SD = 0.81). Despite these challenges, teachers reported finding their work stimulating (mean = 3.24), balancing stress with a sense of purpose. The composite mean of 2.95 (SD = 0.69) underscores that behavioral mental health conditions are neither overwhelmingly negative nor entirely positive, highlighting the nuanced reality of teaching professions. The authors in [50] support these findings, linking teacher burnout to student outcomes and emphasizing how emotional exhaustion can affect classroom dynamics. Their research aligns with the observed variability in burnout symptoms, reinforcing the need for systemic support to mitigate stress and sustain teacher well-being. Addressing these challenges is crucial not only for educators' mental health but also for maintaining effective, compassionate learning environments.

4.3 Mental Health Indicator Differences Between Groups

Table 6 presents an analysis of mental health differences involving two groups (age, sex, civil status, teaching level taught, educational attainment, salary level). Table 7 presents an analysis of mental health differences based on length of service involving three groups.

4.3.1 Between Younger and Older Groups of Teachers

The results indicate that younger teachers (18-30 years) report higher mean stress levels (1.31) compared to their older (31-45 years) counterparts (1.13), with a mean difference of 0.18. While the t-value of 0.82, marked with an asterisk, suggests a possible trend, it does not reach conventional statistical significance. The effect size (Cohen’s d = 0.32) further indicates a small difference. Similarly, younger teachers exhibit higher mean anxiety levels (1.29 vs. 1.07), with a difference of 0.21, a t-value of 0.96 (also marked with an asterisk), and a slightly larger but

still small effect size (d = 0.37). For depression, the difference between the groups is minimal (0.90 vs. 0.80), with a t-value of 0.50 (marked with two asterisks) and a negligible effect size (d = 0.18).

Overall, while there are observable differences in stress, anxiety, and depression between the two age groups, these variations are relatively small and lack strong statistical significance, suggesting they should be interpreted cautiously as tentative trends rather than definitive findings. These results align with a rapid systematic review and meta-analysis by the authors in [2], which examined mental health disparities among teachers during the COVID-19 pandemic. Their study found that younger teachers were more prone to stress and anxiety, supporting the observed trend in this analysis. The findings underscore the influence of age on teachers' mental health responses to occupational stressors, though further research is needed to establish more conclusive evidence.

4.3.2 Between Male and Female Teachers

The analysis of mental health indicators between male and female teachers reveals nuanced differences, though most are not statistically significant. Both genders reported identical mean stress levels (1.26), with a t-value of 0.350 and a Cohen's *d* of 0.00, confirming no meaningful difference. However, female teachers exhibited slightly higher anxiety levels (mean = 1.28) compared to males (mean = 1.09), with a mean difference of 0.36. While the t-value (1.273, marked with two asterisks) suggests a potential trend, it does not reach conventional significance, and the small effect size (*d* = 0.36) indicates only a modest difference. Conversely, male teachers reported marginally higher depression levels (mean = 1.01 vs. 0.82 for females), though the difference (0.05) was statistically insignificant (t = 0.198, marked with an asterisk) with a small effect size (*d* = 0.37). Overall, the findings suggest minimal gender-based disparities in mental health conditions among teachers, with stress levels being equal, females showing slightly higher anxiety, and males reporting marginally elevated depression—none of which are strongly significant.

These results align with a scoping review by the authors in [24] which examined gender differences in teacher mental health. Their research similarly found that while minor variations exist in anxiety and depression between male and female teachers, these differences often lack statistical significance. The study advocates for gender-neutral interventions in addressing teacher burnout and mental health, reinforcing the present findings that gender may play only a limited role in stress, anxiety, and depression among educators.

4.3.3 Between Single and Married Teachers

The analysis of mental health conditions among teachers based on civil status reveals subtle differences between single and married respondents. Single teachers reported slightly higher stress levels (mean = 1.29) compared to their married counterparts (mean = 1.14), with a mean difference of 0.15. While the t-value (0.628, marked with an asterisk) suggests a minor trend, it does not reach statistical significance, and the small effect size (Cohen's *d* = 0.25) indicates only a marginal difference. Similarly, single teachers exhibited marginally higher anxiety levels (mean = 1.25 vs. 1.14 for married teachers), with a mean difference of 0.11, a non-significant t-value (0.431, asterisked), and a negligible effect size (*d* = 0.18). Depression, however, showed a more pronounced (though still modest) difference, with single teachers reporting a higher mean level (0.92 vs. 0.71), a

mean difference of 0.21, and a t-value of 0.945 (marked with two asterisks). The effect size (*d* = 0.35) remained small but suggests a slightly elevated depression level among single teachers.

These findings align with a study by the authors in [51] on Brazilian public school teachers during the COVID-19 pandemic, which found that while anxiety and depression were prevalent across all teachers, marital status did not appear to be a major differentiating factor. The current analysis supports this perspective, indicating that while civil status may have a minor influence on mental health outcomes—particularly in depression—the differences are neither statistically robust nor substantial. Instead, broader occupational and environmental stressors likely play a more significant role in shaping teachers' mental health, regardless of marital status. This underscores the need for systemic mental health support tailored to the teaching profession as a whole, rather than interventions segmented by civil status.

4.3.4 Between Teaching in the Junior and Senior High School

The comparative analysis reveals striking differences in mental health conditions between Junior High School (Junior HS) and Senior High School (Senior HS) teachers. Junior HS teachers reported significantly higher stress levels (mean = 1.48) compared to Senior HS teachers (mean = 1.01), with a substantial mean difference of 0.47. This disparity is statistically significant (t = 2.54) and supported by a medium effect size (Cohen's *d* = 0.88), indicating that Junior HS educators experience markedly greater stress. A similar pattern emerges for anxiety, where Junior HS teachers show higher mean levels (1.43 vs. 0.99), a significant mean difference of 0.44 (t = 2.28), and a medium effect size (*d* = 0.79). While depression levels also trend higher among Junior HS teachers (1.03 vs. 0.70), the difference (0.33) is marginally significant (t = 1.85, asterisked) but still reflects a medium effect size (*d* = 0.63). These findings collectively suggest that Junior HS teachers face disproportionately greater mental health challenges than their Senior HS counterparts.

The findings align with research by the authors in [52] on Nigerian secondary school teachers, which identified teaching level as a key factor in occupational stress. Their study suggests that Junior HS environments—often requiring greater classroom management efforts and catering to younger adolescents—may intensify stressors, particularly for less experienced teachers who are still developing coping strategies. The pronounced differences in stress and anxiety, coupled with emerging trends in depression, underscore the need for targeted mental health support tailored to the unique demands of Junior HS educators. These results highlight how institutional and developmental factors in educational settings can significantly influence teacher well-being, with Junior HS staff facing compounded psychological pressures that warrant systemic intervention.

4.3.5 Between BS degree and MS degree Graduates

The analysis of mental health conditions across different educational attainment levels reveals subtle but noteworthy patterns among teachers. Those with Bachelor's degrees reported marginally higher stress levels (mean = 1.27) compared to their counterparts with Master's degrees (mean = 1.17), though this difference (0.10) was not statistically significant (t = 0.350) and showed only a small effect size (Cohen's d = 0.19). A more pronounced disparity emerged in anxiety levels, where Bachelor's degree holders demonstrated substantially

higher means (1.28 vs. 0.91), with a medium effect size (d = 0.61) that approached but did not reach statistical significance (t = 1.273). Depression levels showed minimal variation (0.88 vs. 0.83) with an insignificant difference (t = 0.198) and negligible effect size (d = 0.08).

These results align with a research by the authors in [24] suggesting that higher educational attainment may serve as a protective factor against certain mental health challenges. The observed trend of reduced anxiety among Master's degree holders could reflect several potential advantages: greater professional confidence, more developed coping strategies, or potentially different work assignments. However, the lack of statistical significance across all measures indicates that educational level alone does not substantially determine mental health outcomes. Rather, it likely interacts with other factors such as teaching experience, workplace environment, and institutional support systems. These results underscore the importance of considering multiple variables when addressing teacher mental health, with educational attainment representing just one piece of a complex psychological well-being puzzle in the teaching profession.

4.3.6 Between Two Salary Levels

The analysis of mental health conditions across different salary brackets reveals only marginal differences between teachers earning less than Php 20,000 and those earning Php 21,000–30,000. Teachers in the lower salary group reported slightly lower stress levels (mean = 1.22) compared to their higher-paid counterparts (mean = 1.28), though the difference (-0.054) was statistically insignificant (t = -0.264) with a negligible effect size (Cohen's *d* = 0.10). Anxiety levels showed a more pronounced but still non-significant disparity, with the lower-salary group averaging 1.07 versus 1.33 for higher earners (mean difference = -0.257, t = -1.258), yielding a small-to-moderate effect size (*d* = 0.47). Similarly, depression levels differed minimally (0.83 vs. 0.91; mean difference = -0.081, t = -0.419), with a trivial effect size (*d* = 0.15).

Collectively, these findings suggest that salary variations within this range have limited influence on teachers' mental health outcomes. This aligns with research by the authors in [24] on socio-economic factors and teacher mental health, which found that salary alone rarely predicts significant differences in stress, anxiety, or depression. While compensation may contribute to overall well-being, the absence of robust statistical associations here implies that other factors—such as workload, institutional support, or workplace environment—likely play more pivotal roles in shaping educators' psychological health. These results underscore the need for holistic interventions addressing systemic stressors beyond financial remuneration to meaningfully improve teacher well-being.

4.3.7 Length of Service in Three Groups

The ANOVA results indicate that stress, anxiety, and depression levels among teachers do not significantly differ based on their length of service. For stress (F = 1.088, *p* = 0.349), anxiety (F = 1.525, *p* = 0.233), and depression (F = 1.016, *p* = 0.374), all *p*-values exceeded the conventional significance threshold (α = 0.05), suggesting that years of service do not substantially influence these mental health outcomes. These findings align with research by the authors in [28] which similarly found no significant mental health differences among

teachers grouped by tenure. This consistency implies that other factors—such as workload, institutional support, or personal resilience—may play more critical roles in educators' mental well-being than years of experience alone.

4. 4 Parameters of Mental Health

The findings (Table 8) reveal consistently high levels of job satisfaction among teachers, with particularly strong agreement regarding workplace innovation (mean = 4.41), role clarity (mean = 4.41), and a sense of accomplishment (mean = 4.32). The composite mean of 4.31 (SD = 0.51) underscores an overwhelmingly positive perception of their work environment. Notably, teachers reported strong alignment between their skills and job requirements (mean = 4.29) as well as supportive supervisory relationships (mean = 4.24), though slightly higher standard deviations (0.68–0.76) suggest minor variability in these experiences. These results align with the authors in [25] who identified organizational support and goal clarity as key drivers of teacher satisfaction. The study reinforces the current findings, particularly the importance of a respectful, communicative work environment in fostering professional fulfillment. The high satisfaction levels observed likely contribute to teachers' mental well-being, as meaningful work and institutional support buffer against occupational stressors. However, the subtle variations in responses indicate opportunities for targeted improvements, such as further enhancing supervisory feedback mechanisms or ensuring equitable access to professional growth opportunities across all teaching roles. Overall, the data paints an encouraging picture of teacher satisfaction, with systemic strengths that other institutions might emulate.

The data also indicates generally positive perceptions of communication within teachers' departments, with satisfactory ratings for both the quality and quantity of information shared (mean = 4.12) as well as the effectiveness of information dissemination from superiors (mean = 4.09). The composite mean of 4.18 (SD = 0.63) suggests that, overall, teachers are content with departmental communication, though the moderate standard deviations (0.63–0.75) reveal some variability in individual experiences. These findings align with research by the authors in [26] which underscores the critical link between communication satisfaction and job satisfaction in educational settings. The study supports the current results by demonstrating that clear, effective communication fosters a supportive work environment, enhancing both professional fulfillment and mental well-being. While the generally high satisfaction levels reflect strong institutional communication practices, the observed variability indicates opportunities for refinement—such as ensuring more consistent information flow across all staff members or addressing specific departmental communication gaps. Ultimately, these findings highlight the importance of maintaining transparent and efficient communication channels to sustain teacher satisfaction and a healthy workplace culture.

The findings also reveal neutral satisfaction levels regarding teachers' compensation, with general satisfaction scoring 2.71 (SD=1.17) and understanding of compensation processes at 3.32 (SD=1.15). The composite mean of 3.43 (SD=0.62) confirms this moderate satisfaction, suggesting significant room for improvement in compensation structures and transparency. The high standard deviations indicate substantial variability in teachers' perceptions, with some feeling adequately compensated while others express dissatisfaction. These results align with research by the authors in [53] demonstrating that while intrinsic motivation drives teacher

satisfaction, extrinsic factors like salary and benefits remain crucial for overall job satisfaction. The neutral ratings suggest compensation packages may not be fully meeting teachers' expectations, potentially impacting morale and retention. To enhance satisfaction, institutions should consider reviewing compensation benchmarks, improving communication about benefit structures, and ensuring fair, transparent compensation policies. Addressing these extrinsic factors could complement teachers' intrinsic motivation, leading to improved job satisfaction and performance. The variability in responses particularly highlights the need for more personalized compensation approaches to meet diverse teacher needs.

4. 5 Relationship Between Mental Health Indicators and Parameters of Mental Health

4.5.1 Between Mental Health Indicators and Job Satisfaction

The correlation analysis (Table 9) reveals significant relationships between mental health indicators and job satisfaction among teachers. Stress and burnout demonstrate strong negative correlations with job satisfaction ($r = -0.471$ and $r = -0.497$, respectively), confirming that heightened stress and emotional exhaustion substantially reduce job satisfaction. In contrast, anxiety and depression show weaker, non-significant associations, suggesting they play a less direct role in job satisfaction compared to acute stressors like burnout. Conversely, social and organizational factors exhibit robust positive correlations with job satisfaction. Supervisor relationships ($r = 0.832$) and organizational trust ($r = 0.802$) have the strongest effects, highlighting that supportive leadership and institutional credibility are critical for teacher satisfaction. Similarly, co-worker relationships ($r = 0.720$), work-life balance ($r = 0.789$), and learning development opportunities ($r = 0.683$) significantly enhance job satisfaction, emphasizing the importance of collegiality, personal-professional equilibrium, and growth prospects. These findings suggest that interventions to improve teacher well-being should prioritize reducing workplace stress and burnout while strengthening supervisory support, organizational trust, and professional development. By fostering a positive work environment and addressing key stressors, institutions can significantly elevate job satisfaction and overall mental health among educators.

4.5.2 Between Mental Health Indicators and Communication Satisfaction

The correlation analysis also reveals significant relationships between mental health indicators and communication satisfaction. Stress, burnout, and depression exhibit strong negative correlations with communication satisfaction, indicating that as these emotional and behavioral challenges increase, satisfaction with communication declines. Specifically, stress shows the highest negative impact (-0.561), followed by burnout (-0.411) and depression (-0.364), all with statistically significant p-values. This suggests that mental health struggles, particularly chronic stress and emotional exhaustion, hinder effective communication, likely due to reduced engagement, focus, and interpersonal energy. In contrast, anxiety has a weaker negative correlation (-0.307) with communication satisfaction and is not statistically significant ($p = 0.077$), implying that while anxiety may slightly reduce communication satisfaction, its influence is less pronounced compared to other mental health factors. On the other hand, social indicators—such as strong supervisor relationships (0.824), positive co-worker dynamics (0.837), work-life balance (0.757), organizational trust (0.727), and learning development opportunities (0.599)—demonstrate highly significant positive correlations with communication satisfaction. These findings

highlight that supportive workplace relationships and a healthy organizational culture play a crucial role in fostering effective communication. Overall, the results suggest that improving communication satisfaction requires a dual approach: mitigating negative mental health factors like stress and burnout while actively promoting positive social and structural workplace conditions. Organizations should prioritize mental health support, strengthen interpersonal relationships, and cultivate a trusting, growth-oriented environment to enhance both employee well-being and communication effectiveness.

4.5.3 Between Mental Health Indicators and Compensation Satisfaction

Finally, the analysis reveals a strong positive relationship between key social and organizational factors and compensation satisfaction. Supervisor relationships (0.424), co-worker relationships (0.537), work-life balance (0.685), organizational trust (0.669), and learning development opportunities (0.857) all demonstrate significant positive correlations with compensation satisfaction, with learning development showing the strongest association. This suggests that employees who experience supportive workplace relationships, a balanced work-life dynamic, trust in their organization, and opportunities for professional growth are more likely to feel satisfied with their compensation, even if monetary rewards remain unchanged. These findings imply that compensation satisfaction is not solely tied to financial remuneration but is also heavily influenced by the quality of the work environment and professional development prospects.

Conversely, stress, anxiety, depression, and burnout exhibit weak negative correlations with compensation satisfaction, none of which reach statistical significance ($p > 0.05$). This indicates that while these mental health challenges are critical to overall well-being, they do not directly diminish perceptions of compensation satisfaction in this context. This distinction is important—while poor mental health may reduce job satisfaction or performance, its impact on how employees perceive their ~~pay~~ and benefits appears minimal. Instead, compensation satisfaction seems more closely linked to relational and structural workplace factors, such as trust, growth opportunities, and work-life balance. These findings align with existing research, such as the one by the authors in [54] which highlights how workplace pressures can erode job satisfaction and contribute to anxiety and burnout, though these factors may not directly affect compensation perceptions. Similarly, Thompson and Henderson's work supports the idea that positive supervisor relationships and organizational trust play a pivotal role in employee well-being, reinforcing the current study's results. Together, these insights underscore the importance of fostering a supportive, trusting, and development-oriented workplace culture—not only to improve mental health but also to enhance how employees value their compensation. For educational institutions, this means investing in leadership, professional growth, and work-life balance initiatives may be just as crucial as competitive salaries in ensuring teacher satisfaction and retention.

5. Conclusion

The study reveals a predominantly young teaching workforce, with 71% of respondents aged 18–30 years and an equal proportion (71%) being female. A significant majority (76%) are single, potentially reflecting distinct social dynamics in their professional experiences. Most participants teach at the junior high school level (53%), suggesting a relatively inexperienced teacher population. In terms of length of service, 65% had 1–10 years of

service, indicating mid-level experience. Economically, 59% earn between Php 21,000–30,000 monthly, while 85% hold a bachelor's degree, underscoring a moderately educated group. Employment stability is evident, with 62% working full-time. These findings highlight a youthful, early-career demographic with moderate income levels, which may influence their workplace perceptions and mental health outcomes.

The assessment of teachers' mental health reveals generally normal levels of stress, anxiety, and depression overall. However, moderate stress was observed in specific areas, particularly in difficulty relaxing and heightened reactivity to situations. These findings suggest that while the majority of respondents maintain stable psychological well-being, certain job-related pressures and coping challenges may warrant attention. The results highlight the need for targeted support mechanisms to address these specific stress factors while maintaining overall mental health stability.

The analysis reveals no significant differences in mental health conditions across various demographic profiles, including age, sex, civil status, year level taught, salary level, educational attainment and length of service. This suggests that these factors may not substantially influence psychological well-being among the surveyed teachers, or that their effects are mitigated by other professional or personal support systems. The findings highlight the potential resilience of this teaching population, where mental health outcomes appear relatively consistent regardless of demographic background.

The study reveals a generally positive work environment, as evidenced by consistently high levels of job satisfaction and communication satisfaction among respondents. However, the moderate agreement regarding compensation satisfaction suggests a notable area for improvement. While employees appear largely content with their roles and workplace interactions, compensation emerges as a potential pain point that could affect long-term retention and motivation. These findings indicate that while organizational culture and communication structures are effectively meeting employee needs, compensation packages may require reevaluation to align with employee expectations and maintain overall workforce satisfaction. The results highlight the importance of addressing both intrinsic and extrinsic factors to sustain a fully engaged and satisfied workforce.

The study also highlights that higher levels of job satisfaction are strongly associated with lower levels of stress, anxiety, and depression. This relationship underscores the critical role that job satisfaction plays in the overall well-being of teachers. Additionally, the findings indicate that positive relationships with supervisors and a supportive organizational environment are essential for maintaining good mental health. These aspects of work life contribute to a sense of security and belonging among teachers, which are crucial for their emotional and psychological well-being.

The study's correlation analysis reveals a compelling inverse relationship between mental health indicators and communication satisfaction, with stress, burnout, and depression showing strong negative associations with perceived communication quality. These findings suggest that workplace communication functions not merely as an operational necessity but as a critical psychological resource—when communication falters, emotional strain appears to intensify. The robust correlations imply that deteriorating mental health may both result from and contribute to communication breakdowns, creating a potentially vicious cycle. For organizations, these results

underscore communication quality as a modifiable factor that could buffer against employee distress. While the study demonstrates association rather than causation, the strength of these relationships positions communication satisfaction as a key leverage point for workplace mental health interventions. Future research should explore whether targeted improvements in communication practices—such as transparency, feedback mechanisms, or conflict resolution protocols—could mitigate the progression of stress and burnout among employees.

The analysis demonstrates a robust positive relationship between key social and organizational factors—such as workplace relationships, recognition systems, and organizational culture—and employees' satisfaction with compensation. This finding challenges conventional assumptions that compensation satisfaction stems solely from monetary factors, instead highlighting how psychosocial workplace elements fundamentally shape employees' perceptions of their remuneration. The strength of these associations suggests that fair pay alone cannot guarantee compensation satisfaction; employees appear to evaluate their earnings through the lens of their broader organizational experience, where supportive colleagues, transparent leadership, and valued contributions may enhance perceptions of compensation fairness. For organizations, these results indicate that compensation strategies should be integrated with cultural and relational investments—what employees earn matters, but so does the environment in which they earn it. Future research could investigate which specific social or organizational practices (e.g., peer recognition programs, equity initiatives) most powerfully amplify compensation satisfaction, offering actionable pathways to improve retention and motivation without immediate salary adjustments.

6. Recommendations

Based on the study's conclusions, here are consolidated recommendations for school administrators, teachers, and future researchers:

1. School Administrator may develop robust support systems that include access to mental health resources and stress management programs. Schools can offer counseling services, providing access to confidential counseling services for stress management, coping strategies, and emotional support. Another example is mindfulness workshops, offering workshops or training sessions on mindfulness, meditation, and relaxation techniques. The next example is stress reduction resources, distributing resources such as stress balls, relaxation guides, or mindfulness apps. Promoting a positive workplace culture through training in communication and conflict resolution can enhance job satisfaction and community support among staff.
2. Administrators may regularly assess and respond to teachers' job satisfaction and implement a responsive feedback mechanism that encourages open communication without fear of reprisal. An example is Anonymous Feedback Mechanisms: Implementing anonymous feedback mechanisms allows teachers to provide input to different programs and suggest improvements.
3. Teachers may actively participate in professional development opportunities that address both pedagogical skills and emotional resilience. Forming or joining peer support networks can provide mutual support, which is essential for managing stress. An example is peer support groups, teachers join support groups where they can discuss common challenges and share strategies for maintaining well-being. It is also important for teachers to advocate for their needs and practice consistent self-care to maintain their mental and physical

well-being. Teachers may take advantage of available support services and resources for mental health and well-being. This includes participating in mental health awareness programs, accessing counseling services, and actively engaging in peer support networks.

4. Future researchers may explore additional factors that influence a teacher's mental health and well-being. For example, they may focus on how specific demographic factors influence teacher mental health in various educational settings. They may also include the workload distribution and external stressors on teachers' psychological health.

7. Limitations of the Study

This study focused on high school teachers utilizing the DASS-21 scale (Depression, Anxiety, Stress Scale) which was composed of 21 questions to measure stress, anxiety, and depression. The differences on mental health indicators based on the demographic profile were determined as well as the relationship between these indicators and satisfaction parameters (job satisfaction, communication satisfaction and compensation satisfaction). While limited to high school educators, the findings will contribute to broader discussions on teacher mental health and inform targeted support strategies. Nevertheless, the findings will offer valuable insights for future research and policy development.

Acknowledgement

The researcher would like to express her profound gratitude to the people who helped make this study complete and successful.

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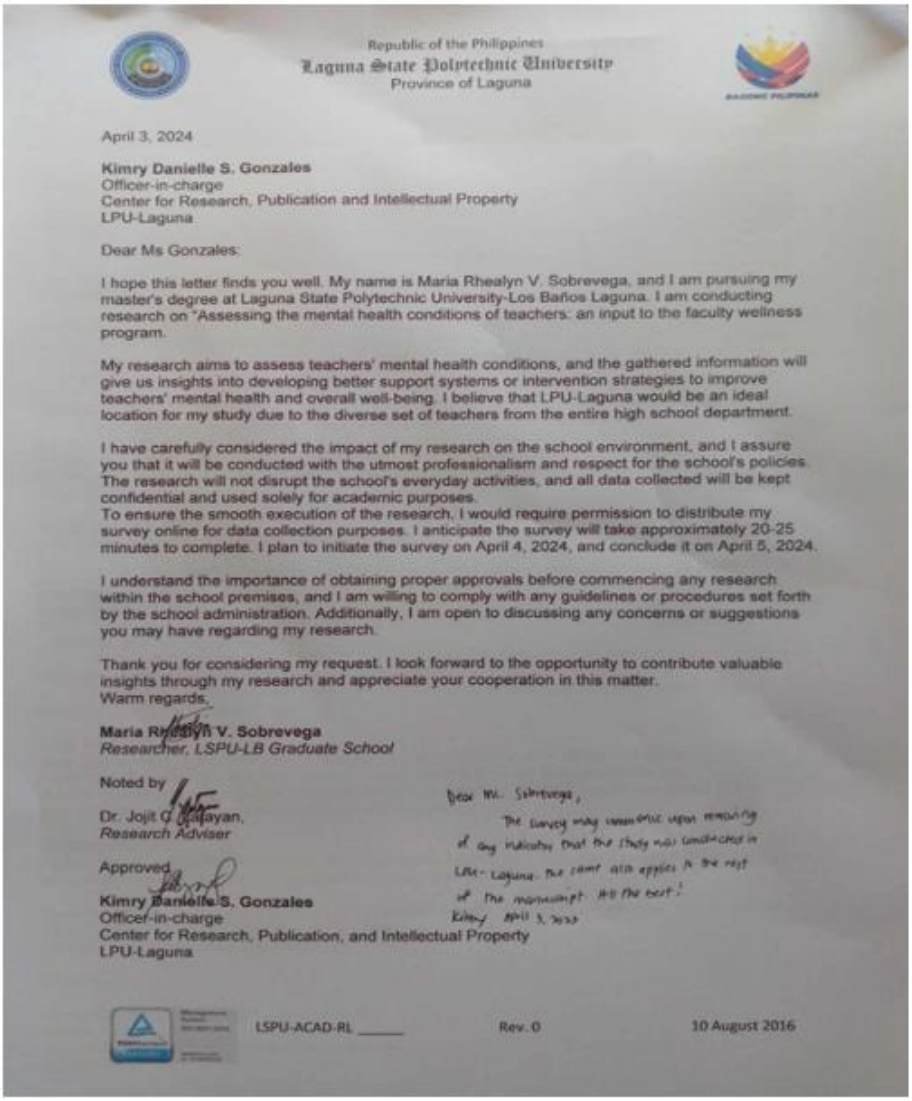
APPENDIX

REQUEST LETTER A



Republic of the Philippines
Laguna State Polytechnic University
Province of Laguna

April 3, 2024

Kimry Danielle S. Gonzales
Officer-in-charge
Center for Research, Publication and Intellectual Property
LPU-Laguna

Dear Ms Gonzales:

I hope this letter finds you well. My name is Maria Rhealyn V. Sobrevega, and I am pursuing my master's degree at Laguna State Polytechnic University-Los Baños Laguna. I am conducting research on "Assessing the mental health conditions of teachers: an input to the faculty wellness program.

My research aims to assess teachers' mental health conditions, and the gathered information will give us insights into developing better support systems or intervention strategies to improve teachers' mental health and overall well-being. I believe that LPU-Laguna would be an ideal location for my study due to the diverse set of teachers from the entire high school department.

I have carefully considered the impact of my research on the school environment, and I assure you that it will be conducted with the utmost professionalism and respect for the school's policies. The research will not disrupt the school's everyday activities, and all data collected will be kept confidential and used solely for academic purposes.
To ensure the smooth execution of the research, I would require permission to distribute my survey online for data collection purposes. I anticipate the survey will take approximately 20-25 minutes to complete. I plan to initiate the survey on April 4, 2024, and conclude it on April 5, 2024.

I understand the importance of obtaining proper approvals before commencing any research within the school premises, and I am willing to comply with any guidelines or procedures set forth by the school administration. Additionally, I am open to discussing any concerns or suggestions you may have regarding my research.

Thank you for considering my request. I look forward to the opportunity to contribute valuable insights through my research and appreciate your cooperation in this matter.
Warm regards,

Maria Rhealyn V. Sobrevega
Researcher, LSPU-LB Graduate School

Noted by

Dr. Jojit G. Balayan,
Research Adviser

Approved

Kimry Danielle S. Gonzales
Officer-in-charge
Center for Research, Publication, and Intellectual Property
LPU-Laguna

Dear Ms. Sobrevega,
The survey may commence upon receiving of any indicator that the study will conducted in LPU- Laguna. The same also applies to the rest of the manuscript. Ace the rest!
Kimry April 3, 2024

LSPU-ACAD-RL _____ Rev. 0 10 August 2016

VALIDATION LETTER A

Republic of the Philippines
Laguna State Polytechnic University
Province of Laguna

March 26, 2024

Agnes I. Pelo, M.Ed.-GC, RPm
Officer-in-Charge
Guidance and Testing Center
LPU Laguna
Calamba City

Dear Ms. Pelo:

I hope this message finds you well. My name is Maria Rhealyn V. Sobrevega, and I am reaching out to request your assistance in validating the survey questionnaire attached to this email for my research project titled "Assessing the Mental Health Conditions of Teachers: An Input to the Faculty Wellness Program.

Attached, you will find the survey questionnaire, along with a validation tool. The research aims to assess teachers' mental health conditions, and the gathered information will give me insight into developing better support systems or intervention strategies to improve teachers mental health and overall well-being.

The Statement of the Problem (SOP) is included in the document to provide you with detailed information about the research objectives of my study. I believe this will offer you a comprehensive understanding of the context and purpose behind our survey.

Your role as a survey questionnaire validator is crucial in ensuring the effectiveness of the research and the reliability of the data collected. I appreciate your time and dedication to this task and understand the importance of your expertise in maintaining the integrity of our survey.

If you have any questions or require additional information, please feel free to reach out to me at mariarhealyn.sobrevega@lpulaguna.edu.ph/ sobrevegalen@gmail.com or 09263894781. I look forward to your prompt response and sincerely thank you for your valuable contribution to this study.

Thank you for your time and cooperation.

Best regards,

Maria Rhealyn V. Sobrevega
Researcher, LSPU-LB Graduate School

Noted by:

Dr. Jojit C. Latayan,
Research Adviser

FILLED-OUT VALIDATION TOOL A

QUESTIONNAIRE VALIDATION TOOL

Direction: This tool asks for your evaluation of the questionnaire to be used in the data gathering for the investigation stated above, to establish its validity. You are requested to give your honest assessment using the criteria stated below; please check (/) only one from the selection.

Scale	Interpretation	Description
5	Very Highly Valid	The questionnaire is valid and can provide unbiased data for the investigation, allowing 0 - 5% error.
4	Highly Valid	The questionnaire is valid and can provide unbiased data for the investigation, allowing 6 - 10% error.
3	Valid	The questionnaire is valid and can provide unbiased data for the investigation, allowing 11 - 15% error
2	Less Valid	The questionnaire is valid and can provide unbiased data for the investigation, allowing 16 - 20% error.
1	Not Valid at All	The questionnaire is valid and can provide unbiased data for the investigation, allowing 21 - 25% error.

Validator's Questionnaire Assessment	1	2	3	4	5
1. The indicators in the questionnaire consistently and accurately measure each variable of the investigation.				/	
2. The questionnaire fits with the variables under investigation, thus measuring what it intends to measure.					/
3. The questionnaire has the capability to measure items or variables within given time frame.				/	
4. The questionnaire has the ability to distinguish the characteristic or properties of differing attributes of subjects under study.			/		
5. The questionnaire has the ability to gather factual data, eliminating biases and subjectivity.				/	
6. Quick and complete data can be generated by the questionnaire within the time frame allowed to obtain data.				/	
7. The questionnaire has no influence on the variables being measured.				/	
8. The questionnaire is framed and clear, simple and in order to avoid risk of errors.				/	
9. The questionnaire is capable of generating data that will be of value and practical use to the sectors concerned in the investigation.					/

Comments and Suggestions: This questionnaire appears comprehensive and covers many important aspects of mental health at work. This can serve as a valuable instrument for evaluating mental health status and understanding how teachers are feeling and for creating a program to help them stay well.

AGRESTI. PELO

Signature over Printed Name of the Validator