

# WORLD EDUCATION CONNECT

ISSN (Online) 2799-0842

ISSN (Print) 2799-130X

**MULTIDISCIPLINARY E-PUBLICATION**

Vol. IV Issue VIII, August 2024

Monthly Issue

*International Circulation*



*Pinagpala*  
PUBLISHING SERVICES

NBDB Reg. No. 3269

DTI Business Reg. No. 3054433

TIN 293-150-678/ Business Permit No. 8183

San Vicente, Tarlac City, Philippines, 2500

pinagpalapublishingservices@gmail.com

+639985799958

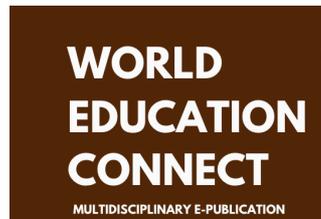
*"Write. Connect.  
Educate."*

 @pinagpalapublishing

 pinagpala\_publishing

 [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)





**World Education Connect**  
**Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
Publisher: Pinagpala Publishing Services  
DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

---

## LIVED EXPERIENCES OF AT-RISK SENIOR HIGH SCHOOL STUDENTS

A Thesis Presented  
To the Faculty of the Graduate School  
Osias Colleges, Inc.  
Tarlac City

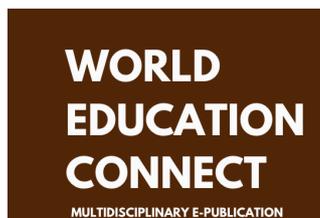
In Partial Fulfilment  
Of the Requirements for the Degree  
Master of Arts in Education  
Major in Guidance and Counselling

**FRITZIE RESSEL C. ROBLES**  
December 2023

---

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.  
**Managing Editor:** Rolando D. Cervantes, DHum      **International Editor:** Ji Young Lee, EdD.



**World Education Connect**  
**Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International

**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**

Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)

Publisher: Pinagpala Publishing Services

DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183

**National Book Development Board (NBDB) Reg. No. 3269**

---

**ABSTRACT**

**Title:** LIVED EXPERIENCES OF AT-RISK SENIOR HIGH SCHOOL STUDENTS  
**Researcher:** FRITZIE RESSEL C. ROBLES  
**Institution:** OSIAS COLLEGES INC. TARLAC CITY  
**Course:** MASTER OF ARTS IN EDUCATION  
**Major:** GUIDANCE AND COUNSELING

Mental health is one of the most important factors people need to take care, that is why in this study, it aimed to uncover the lived experiences of at-risk Senior High School students who shows signs of mental health concerns like anxiety, depression and post traumatic syndrome disorder. To satisfy the purpose of the study, the researcher used a phenomenological approach and gather information through the use of self-made interview guide and answered by the participants from Senior High School students of Makabulos Memorial High School.

The finding indicates that the participants are aged 16-18 years old. Mostly female with conditionally separated family structure. The signs of mental health concern on anxiety are physical and emotional anxiety, communication anxiety and social anxiety. While participants with depression possess a depressive episode with social stressors and physical and emotional stress. Additionally, for post traumatic syndrome disorder (PTSD) they are triggered from their childhood sexual abuse, anxious trauma and emotional distress. A guidance and counseling program was proposed to address the mental health concerns of at-risk senior high school students.

Finally, recommendations are offered to promote mental health like an open and a continuous dialogue with the students, staff, faculty, and community about mental health well-being. Explore relaxation or wellness programs that incorporate meditation and other healthy activities and implement the proposed Guidance and Counseling Program-addressing the Mental Health concerns of the students.

*Keywords: anxiety, depression, post-traumatic syndrome disorder*

## **1. INTRODUCTION**

Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Protective and supportive environments in the family, at school, and in the wider community are important.

Multiple factors affect mental health. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers, and exploration of identity. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future. Other important determinants include the quality of their home life and relationships with

---

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



## **World Education Connect Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International

**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**

Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)

Publisher: Pinagpala Publishing Services

DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183

**National Book Development Board (NBDB) Reg. No. 3269**

peers. Violence (especially sexual violence and bullying), harsh parenting and severe socioeconomic problems are recognized risks to mental health.

Risky behaviour is defined as any consciously, non-consciously controlled behaviour with a perceived uncertainty about its or about its possible benefits, or cost for the economic or psychosocial well-being of oneself or others. Engaging in acts in which a person, who has been informed is inflected with a communicable disease of public health significance, may infect other persons without taking appropriate precautions to protect the health of another person. Behavioural choices are made when individuals have lost the perception of the risk associated with the choice or mistakenly believe the risk to be significant or justified (Morin, 2022).

Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services. These include adolescents living in humanitarian and fragile settings; adolescents with chronic illness, autism spectrum disorder, an intellectual disability, or other neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other discriminated groups.

The World Health Organization (2020) describes Mental health as a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in. Mental health is a basic human right. The WHO constitution states: "Health is a state of complete physical and social well-being and not merely the absence of disease or infirmity. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different clinical outcomes. It includes mental disorders and psycho-social disabilities as well as other mental states with significant distress, impairment in functioning, or risk of self-harm (Mental Health Atlas 2020).

An established method to identify students who may have difficulties with anxiety or depression is through systematic screening of the school population. For school students, screening involves teachers and students completing brief questionnaires regarding students' emotions and classroom behaviors. At the middle and high school levels, screening primarily relies on student questionnaires regarding the frequency or severity of any emotional concerns. Teachers also may be asked to nominate students who appear to be excessively anxious or frequently sad. Students can complete questionnaires using paper-and-pencil surveys or, more appropriately for online instruction phases, through online, secure questionnaires. School mental health professionals (e.g., counselors, and school psychologists) use scores on these questionnaires to identify students who appear at risk for anxiety or depression difficulties. Sometimes, these at-risk students are asked to complete the questionnaire again a few weeks later to determine whether their mental health challenges are enduring (American Psychological Association, 2020).

Adolescence is a unique and formative time. Physical, emotional, and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Korenblum (2014), stated that one in five youth under the age of 18 has a diagnosable mental disorder. So, in a classroom of 25 children, you can expect five to be struggling with significant emotional problems. Kids develop along different

---

### **WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



## World Education Connect Multidisciplinary e-Publication

Volume IV, Issue VIII (August 2024), p.242-273 International

**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**

Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)

Publisher: Pinagpala Publishing Services

DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183

**National Book Development Board (NBDB) Reg. No. 3269**

dimensions: physical, social, familial, emotional, cultural, and psychological. And there's a continuum between "normal" and "abnormal" illness represents an interaction between nature and nurture, and fails that child to be able to meet his "developmental tasks" (age-appropriate expectations).

Most mental disorders begin in adolescence; however, there are gaps in our understanding of youth mental health. Clinical and policy gaps arise from our current inability to predict, amongst all youth who experience mild behavioural disturbances, who will go on to develop a mental illness, what that illness will be, and what can be done to change its course and prevent its worsening to a serious mental illness (SMI). There are also gaps in our understanding of how known risk factors set off neurobiological changes that may play a role in determining who will develop an SMI (Addington, Goldstein et. al. 2018).

In the Diagnostic and Statistical Manual of Mental Disorders (5th ed.), a mental disorder is described as a clinically significant behavioural or psychological dysfunction that impairs functioning (Stein, Philips, et., al 2010). Students in school bring many stressors and personal traumas with them every day. One in five students will experience a mental illness in their lifetime (Moon, et al., 2017). According to the American School Counselor Association (ASCA), there are school counselors who provide responsive services that support the students who need emotional responsive services that support students who need emotional support but do not address the diagnosed psychological disorders (ASCA, 2012). However, this appears to be a limited amount of research on the perspectives of school counselors and how they perceive this mental health crisis in school (Svirydzenka, et al., 2016). The perspectives of school counselors who work with illness are important to help understand the thoughts, experiences, and actions of students with emotional dysregulations. Many students in schools are experiencing trauma, depression, and anxiety and are being diagnosed with mental health illness.

Based on the study of SAMSHA or Substance Abuse and Mental Health Services Administration (2023), Post-traumatic Stress Disorder (PTSD) is a real disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event. These stressful or traumatic events usually involve a situation where someone's life has been threatened or severe injury has occurred. It is caused by living through or seeing traumatic events, such as war, a natural disaster, sexual assault, physical abuse, or bad accidents. Feeling stressed and afraid after the danger is over may affect your life and the people around you.

According to Asgari & Naghavi (2020), education in school is considered to be the most important part of every adolescent's life, and exposure to a traumatic experience in this disturbing period can greatly affect it. However, trauma does not only lead to negative consequences and psychological trauma, as sometimes it also induces positive changes called "post-traumatic growth". While, Bryngeirsdottir (2021), stated that many people suffer psychological trauma during their lifetime. Suffering trauma can play a large role in the development of various psychological problems. Trauma occurs due to threatening and unexpected events that the individual does not control and may have challenged the perception of living in a safe and predictable world. The more the event affects the person directly, the greater the risk of emotional harm to life.

Signs and symptoms of post traumatic syndrome disorder (PTSD) are the following flashbacks, or feeling like the event is happening again; trouble sleeping or nightmares; feeling alone or detached from others; losing interest in activities; having angry outbursts or other extreme reactions; feeling worried, guilty, or sad; frightening thoughts; having trouble

---

### WORLD EDUCATION CONNECT EDITORIAL TEAM:

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



## **World Education Connect Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International

**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**

Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)

Publisher: Pinagpala Publishing Services

DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183

**National Book Development Board (NBDB) Reg. No. 3269**

concentrating; having physical pain like headaches or stomach aches; avoidance of memories, thoughts, or feelings that are closely associated with traumatic events; problem remembering; negative beliefs about themselves or others; irritability; feeling very vigilant; startling easily.

The pathophysiology of posttraumatic stress disorder involves alterations in the neurotransmitter and neurohormonal functioning. Individuals with PTSD are shown to have normal to low levels of cortisol and elevated levels of corticotropin-releasing factor (CRF) despite their ongoing stress. CRF stimulates the release of norepinephrine by the anterior cingulate cortex, which leads to an increased sympathetic response, that manifests in increased heart rate, blood pressure, increased arousal, and startle response. Also, some studies have shown altered functioning of other neurotransmitter systems such as GABA, glutamate, serotonin, neuropeptide Y, and other endogenous opioids in patients with PTSD. There is a decrease in GABA activity and an increase in glutamate, which fosters dissociation and derealization. Serotonin concentration is also decreased in the dorsal/median raphe, which likely changes the dynamic between the amygdala and the hippocampus. Plasma neuropeptide Y concentration is also reduced (Sherin and Nemeroff, 2011).

Also, PTSD is associated with changes in the neurophysiology and anatomy of the brain. The size of the hippocampus is reduced, and the amygdala (processing emotions and modulating fear response) is overly reactive in individuals with PTSD. The medial prefrontal cortex (inhibitory control over the emotional reactivity of the amygdala) appears to be smaller and less responsive in patients with PTSD (Tural and Iosifescu, 2020).

In 2017, there were 3.3 million cases of depressive disorders in the Philippines. While this condition can be seen from adolescents to the elderly, it's especially common among younger adults. In a study by Flores (2018), 1203 participants from the Philippines showed that 29% had depression, 39% had anxiety, and 82% had some degree of distress. In a more recent local study by Puyat et al (2021), data on depression was collected from 19, 017 young adults using the Center of Epidemiological Studies- Depression scale. The results of this study showed that almost 1 in every 10 young adult Filipinos suffer from Major Depressive Disorder. This creates a serious economic burden, as a significant amount of the country's workforce is composed of these young Filipinos (Healthphilipinas. ph).

A person with major depressive disorder is characterized by hopelessness, lack of energy in their usual activities, crying for unexplained reasons, and low self-esteem. More so, they experience a loss of interest in their activities, cannot make decisions, and tend to blame and hurt themselves. The Diagnostic and Statistical Manual of Mental Disorders IV (2013) states that if five or more of the following symptoms have been presented during the same two-week period, an individual may be diagnosed with major depressive disorders. The following criteria are the diagnostic criteria: Depressed mood most of the day; diminished interest in all or most of the activities of the day; significant weight loss or weight gain; insomnia or hypersomnia; psychomotor agitation or retardation; fatigue or loss of energy nearly every day; feelings of worthlessness or excessive and inappropriate guilt; diminished ability to think or concentrate; recurrent thoughts of death, suicide ideation, or suicide attempt (Personal Development p. 70).

Due to the clinical and etiological heterogeneity of major depressive disorder, it has been difficult to elucidate its pathophysiology (Hasler, 2010). Neurobiological theories with the most valid empirical foundation and the highest clinical relevance are reviewed concerning their strengths and weaknesses. The theories are based on studies investigating psychosocial stress and stress hormones, neurotransmitters such as serotonin, norepinephrine,

---

### **WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



## World Education Connect Multidisciplinary e-Publication

Volume IV, Issue VIII (August 2024), p.242-273 International

**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**

Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)

Publisher: Pinagpala Publishing Services

DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183

**National Book Development Board (NBDB) Reg. No. 3269**

dopamine, glutamate and gamma-aminobutyric acid (GABA), neurocircuitry, neurotrophic factors, and circadian rhythms. Two (2) theories in the pathophysiology of depression involve dysregulation of the neuroendocrine system. The first one focuses on stress and the Hypothalamic-Pituitary-Adrenal system. The hypothalamic-pituitary-adrenal system (HPA) plays an essential role in an individual's ability to cope with stress. Chronic activation of the HPA system and chronic glucocorticoid secretion are found in 30-70% of individuals with major depression suggesting the correlation between the dysfunctional system and depression. Chronic cortisol release in the body results in the secretion of pro-inflammatory cytokines which causes immunosuppression and inflammation. Also, there is a Neurotrophic Hypothesis of depression. It is thought to focus on neuronal atrophy of the hippocampus resulting in no cell growth consequently causing a reduction of the hippocampal brain-derived neurotrophic factor (BDNF) and has been proposed as an extension of the monoamine hypothesis of depression.

The second neuroendocrine dysregulation is in the hypothalamic-pituitary-thyroid system. While this dysfunction is not completely understood, 20-30% of cases of major depression have been shown to have an altered hypothalamic-pituitary-thyroid (HPT) system. There is an increase in the thyrotropin-releasing hormone, blunted thyroid stimulating hormone in response to TRH challenge, and decreased nocturnal rise in TSH level that normally occurs. This all increases the risk of relapse (McCance & Huether, 2014).

On the other hand, anxiety is an emotion characterized by feelings, worries, thoughts, and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness, or rapid heartbeat. Anxiety is not the same as fear, but they are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to an identifiable and specific threat (APA Dictionary of Psychology).

According to (Bhatt, 2019 et. al), the central nervous system (CNS), the major mediators of the symptoms of anxiety disorders appear to be norepinephrine, serotonin, dopamine, and gamma-aminobutyric acid (GABA). Other neurotransmitters and peptides, such as corticotropin-releasing factors, may be involved. Peripherally, the autonomic nervous system, especially the sympathetic nervous system, mediates many of the symptoms (Ferrari MC, 2010 et al).

Mental illness knows no boundaries of age, gender, socioeconomic status, or culture, affecting people from all walks of life Cleofe, (2016). Many people have mental health concerns from time to time. However, a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. A mental illness can make you miserable and can cause problems in your daily life, such as at school or work, or in relationships. In most cases, symptoms can be managed with a combination of medication and talk therapy (psychotherapy) (Bitsko, 2019).

There is no single cause of mental health disorders; instead, they can be caused by a mixture of biological, psychological, and environmental factors. People who have a family history of mental health disorders may be more prone to developing one at some point. Changes in brain chemistry from substance abuse or changes in diet can also cause mental disorders. Psychological factors and environmental factors such as upbringing and social exposure can form the foundations for harmful thought patterns associated with mental disorders (PsychGuides.com). On the other hand, mental health problems can affect many

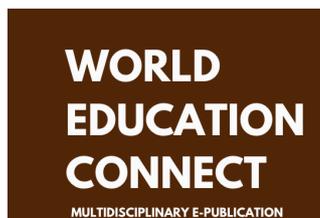
---

### WORLD EDUCATION CONNECT EDITORIAL TEAM:

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



## **World Education Connect Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International

**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**

Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)

Publisher: Pinagpala Publishing Services

DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183

**National Book Development Board (NBDB) Reg. No. 3269**

areas of students' lives, reducing their quality of life, academic achievement, physical health, and satisfaction with the high school experience, negatively impacting relationships with friends and family members and worse committing suicide. This issue can also have long-term consequences for students, affecting their academic performances, earning potential, and overall health (APA Psyc Net).

In recent years, there has been a growing recognition of the detrimental effects of mental health stigma on individuals, communities, and society as a whole. Stigmatizing attitudes and stereotypes not only perpetuate discrimination but also contribute to social isolation reduced self-esteem, and delayed or inadequate treatment-seeking behaviour among those affected by mental health disorders, especially students.

Mckinsty, MacGorry (2016), the prevalence of mental health illness is high for Australian young people and the onset of depression, anxiety, and substance-use disorders commonly occurs when the individual is at school. The prevalence is reported to be higher for rural young people and barriers to treatment exist. Current evidence suggests that 40% of young people experiencing depression or anxiety disorders are not completing secondary school. On the other hand, as stated by Cebu (2023), he determined the relationship between the predicting factors of depression, anxiety, and stress to suicidal ideation among senior high school students. Using the DASS21 Scale the results revealed normal levels of all psychological conditions depression (46.5 %), anxiety (40.9%), and stress (91.8%) out of 320 respondents with the majority of the students reported mid-moderate level of suicidal ideation.

The researcher is concerned about the welfare of at-risk Senior High School students with mental health concerns. so that, an appropriate design may be developed for an intervention program. With the increasing percentage of teenagers suffering from different mental illnesses in the Philippines, this study may be of great help to root the lived experiences of those at-risk students with mental health concerns. This study may scrutinize the respondents' beliefs regarding mental health, the factors that teenagers perceived as convincing them to involve themselves with it, and the experiences they have encountered.

Women have a significantly higher frequency of mental health issues, while men have a larger prevalence of substance use disorders and antisocial behaviors. Women also have a higher prevalence of depression and anxiety disorders due to genetic and biological factors. At least one in five youth aged 9-17 years old currently has a diagnosable mental health disorder that causes significant impairment (acog.org). Family structure affect the mental health of the participants as there are more emotional and behavioural problems that occur in the families. Children fare better when parents work at maintaining their marriage. Family and friends are often the first line of defence in fight against depression.

Family members can notice the problem in a depressed loved one before they do, and the families influence and concern can motivate them to seek help.

And lastly, it is important to understand that post-traumatic syndrome, depression, and anxiety are not something that is simply made up in one's head, or as people would say "gawa-gawa lang". Nor it is a fad that people actively choose to have, or "kaartehan lang". These things are serious, chronic, and life-threatening disorder based on brain changes, that significantly impairs and debilitates the people suffering from these. Mental Health Matters! Hence, this study.

---

### **WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

### Statement of Objectives

The main purpose of this study was to describe the lived experiences of the Senior High School Students with mental health conditions that would be the basis for the input to the proposed guidance counseling program.

Specifically, it sought answers to following objectives:

1. To describe the participants' profile in terms of:
  - 1.1 Year level;
  - 1.2 Age;
  - 1.3 Gender; and
  - 1.4 Family structures.
2. To uncover the signs of mental health concerns, based on the lived experiences on
  - 2.1 Anxiety;
  - 2.2 Depression; and
  - 2.3 Post traumatic syndrome disorder.
3. To develop and implement a guidance counseling program to address the mental health concerns.
- 4.

### Conceptual Framework

In the study of the Australian Bureau of Statistic (2020-2023), mental health is a key component of overall health and well-being. A mental disorder is characterized by the clinically significant disturbance in an individual's cognition, emotional regulation and behaviour. The term itself covers a range of disorders including anxiety, depression, and trauma. Similarly, the lived experiences of the respondents facing mental health issues were revealed in this study. The strategies of the teachers and the guidance coordinator in handling issues related to mental health problem and their lived experiences contribute to the remarkable results of the study. On the other hand, the results of the study would serve as a basis for Guidance and Counseling Program to strengthen their campaign in promoting Mental Health awareness. From all of these, an appropriate design of guidance services may be developed for intervention to promote optimum mental and emotional health of the adolescents.

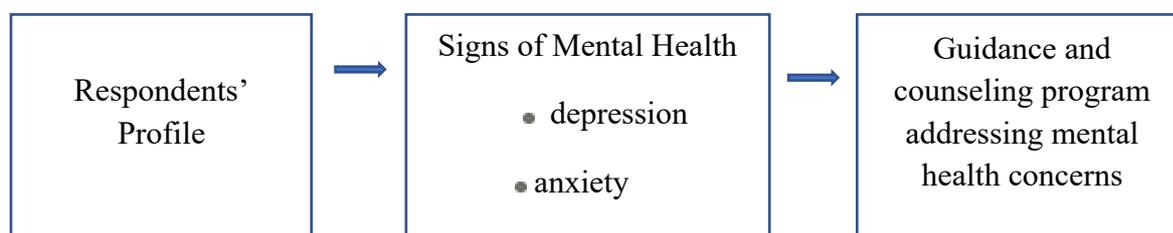


Figure 1. Paradigm of the Study

---

#### WORLD EDUCATION CONNECT EDITORIAL TEAM:

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

## 2. METHODS

The research report was guided by the research design, description of the subjects, data gathering tools and procedure and the statistical treatment to facilitate the transcription and analysis of data.

### Research Design

The researcher used phenomenological research design that determines the lived experiences of those at-risk senior high school students with mental health concern. According to Neubauer et al. (2019) "Phenomenology is uniquely positioned to help Health Professions Education (HPE) scholars learn from the experiences of others. Phenomenology is a form of qualitative research that focuses on the study of an individual's lived experiences within the world." The rationale for using this approach is to gather information through an interview, to uncover the lived experiences of those at-risk senior high students with mental health concerns.

### Research Locale

Makabulos Memorial High School is one of the oldest private schools in Tarlac Province. It was founded way back in 1939 by the spouses, Sinforoso Pascual and Iluminada Baluyot-Pascual. It is a family-owned business that caters Junior and Senior High School students under the Academic Track HUMSS and STEM. Makabulos Memorial High School is well known as a "college preparatory school" that envisions to prepare the learners holistically-developed and globally-competent of acquiring the knowledge, skills and values for the 21<sup>st</sup> century education. Further the school is described in acronym where:

- Makabulos Memorial High School aims to provide its learners sufficient knowledge, attitude and skills,
- Maintain cleanliness and orderliness in the school community
- Help enrich the experience, talents and capabilities of the learners through full participation in performing arts, sports and other school activities
- Support the need of the learner in terms of moral, emotional, physical, intellectual and spiritual values.

### Research Participants

The respondents came from the Senior High School Students (Grade 11 & 12), of Makabulos Memorial High School during the school year 2023-2024. This are the at-risk students that shows signs of mental health concerns like anxiety, depression and post traumatic syndrome disorder. This was referred by the teachers and advisers were addressed initially with guidance services by the Registered Guidance Counselor (RGC) Consultant.

### Research Instruments

In order to satisfy the purpose of the study an in-depth interview (one-on-one interview) with the respondents was used. The researcher used an interview guide question that was answered by the participants from Grade 11 and 12 of Makabulos Memorial High School. The questionnaire was divided into three categories (depression, anxiety and trauma) with 4 questions each category. The instrument used was validated by the oral examination committee.

---

#### WORLD EDUCATION CONNECT EDITORIAL TEAM:

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



## **World Education Connect Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International

**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**

Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)

Publisher: Pinagpala Publishing Services

DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183

**National Book Development Board (NBDB) Reg. No. 3269**

---

### **Data Gathering Procedure**

Before the study was conducted, a letter of request was forwarded to the School's Division Superintendent for his approval. Likewise, a permission to interview the participants was sought from the principal of Makabulos Memorial High School. Before the start of the interview, the participants consent was sought. An interview was conducted personally wherein a detailed explanation of the questions was done so that they could give their honest answers and also that the participants were greatly assured of the confidentiality of their answers. Open-ended questions were used in the interview so that the participants may clearly explain all the answers to the questions. The interview guide was composed of 3 questions. The questions were constructed to determine the discernment on the issue of mental health and to get the participants confidence to talk freely and comfortably that pertains to the topic under study. The goal was for participants to speak in their own words; hence, questions was tended to be simple and translated in Filipino allowing for a range of possible responses. Sensitivity was applied cautiously for the openness and protection of the participants. The interviews were recorded with the cooperation of the participants, and the entire dialogue were transcribed verbatim and rebuilt immediately following the interview session to ensure that no important information was going to be missed. Through this method the researcher was able to come up with a timely and advanced approach in data gathering. The interview results were examined. Moreover, basic coding method was used to recognize the answers of the respondents. To analyze the data, the researcher used thematic analysis and followed the steps as cited by Mortensen D. (2020).

1. Familiarization. The researcher went through all the data in the interview including the recording and transcriptions and started taking notes. This was when the preliminary ideas for the codes that can describe the content were made.
2. Generating initial codes. In this part the researcher assigned codes to the data.
3. Searching for themes. The researcher sorted the code into themes. She started by looking at the list of the codes and their associated extracts and tried to collate the codes into broader themes.
4. Reviewing themes. In this part the researcher reviewed and refined the themes identified during step 3 to make sure that all of them support the theme.
5. Defining and naming themes. The researcher named and defined the themes.
6. Producing the report. After coming up with the codes and themes, the researcher made the write up.

### **Data Analysis**

After spending considerable time and effort interviewing persons for research, the researcher ensures to get the most out of the data gathered. One method that gives an excellent opportunity to connect with the data on a very human and personal level is a thematic analysis. In this method it analysed qualitative data that involves reading through a set of data and looking for patterns in the meaning of the data to find themes. It is an active process of reflexivity in which the researcher's subjective experience is at the center of making sense of the data. It was used to describe a group of texts, like an interview or set of transcripts. The researcher looked closely at the data to find common themes: repeated ideas, topics, or ways of putting things.

---

#### **WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

### 3. RESULTS AND DISCUSSION

This part discussed the results of the study from the data gathered through the questionnaires, documentations and interviews.

#### 3.1 Respondents' Profile

Demographic data in this research refers to the information about the characteristics of the participants involved in the study. These characteristics include the grade level, gender, age, and family structure. Collecting and analyzing demographic data is important to understand how groups may be affected by a particular study or as to assess potential bias (Conroy, 2023). The researcher gains insights into reliability and validity of survey data and make informed decisions about the data collection strategies and interpretation.

**Table 1. Participants' Profile (Anxiety)**

Participants	Year Level	Age	Gender	Family Structure
M18ST	Grade 12	18	Male	Nuclear
F16SJ	Grade 11	16	Female	Nuclear
M17LA	Grade 11	17	Male	Blended
F18HU	Grade 12	18	Female	Extended
F16ST	Grade 11	16	Female	Nuclear
F16LA	Grade 11	16	Female	Extended
M16SJ	Grade 11	16	Male	Conditionally Separated
F17ST	Grade 12	17	Female	Nuclear
F17SJ	Grade 11	17	Female	Conditionally Separated

Table 1 shows the number of SHS participants having the signs of anxiety with a total of nine (9). Six (6) of them are Grade 11 and the three came from Grade 12. They are aged 16-18 years old. Six (6) are female and three (3) are male. Four (4) of them describes their family structure as nuclear which means both parents are living together in the same roof or the so-called traditional family. Two (2) came from a conditionally separated family where one of the family members is working abroad or away from home. Two (2) are extended family which means they are living with their extended families such as their lolo, lola, auntie, uncle. And one (1) participant came from blended family blended which means he is living with his father and his present family and kids.

**Table 2. Participants Profile (Depression)**

Participants	Year Level	Age	Gender	Family Structure
F16LA	Grade 11	16	Female	Single
M16LA	Grade 11	16	Male	Conditionally Separated
F17HU	Grade 12	17	Female	Conditionally Separated
F16HU	Grade 11	16	Female	Extended
M16SJ	Grade 11	16	Male	Conditionally Separated
F16ST	Grade 12	17	Female	Extended

#### WORLD EDUCATION CONNECT EDITORIAL TEAM:

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

Table 2 reveals the participants profile with depression. There are six (6) participants with age range of 16-17 years old. Four (4) are Grade 11 students and two (2) are grade 12. Majority are female which has a total number of four (4) and two (2) are male. Three (3) describes their family structure as conditionally separated as one of the members of their family is working abroad. Two (2) came from extended family (lolo, lola), and one (1) is a single parent raising his children alone due to the death of his wife. Families are often the very foundation of who we are. Being separated from your closest support system can exponentially increase the feeling of depression.

**Table 3. Participants' Profile (Post Traumatic Syndrome Disorder)**

Participants	Year Level	Age	Gender	Family Structure
F17S	Grade 12	17	Female	Single
F17E	Grade 12	17	Female	Extended
F17E	Grade 12	18	Female	Conditionally Separated
F16N	Grade 11	16	Female	Nuclear

Table 3 states that there are four (4) students with post traumatic syndrome disorder. Three (3) are Grade 12 and one (1) Grade 11 student. They are all female, with a family structures of single, blended, conditionally separated and nuclear family.

### 3.2 Signs of Mental Health Concerns

Mental Health problems are common, so it's important to be aware of possible signs. It includes psychiatric disorders and other problems with mental and social well-being such as anxiety, depression, and trauma. These are conditions that can have a substantial effect on all areas of life, such as school or academic performance, relationships with the family and friends and the ability to participate in the community (Felman and Tee-Melgrito, 2024).

#### 3.2.1 Anxiety

Occasional anxiety is a normal part of life. People worry about things such as health, money, of family problems. But anxiety disorder involves more than temporary worry or fear. For people with an anxiety, it does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, school works, and relationships (National Institute of Mental Health). It is an emotion characterized by feelings, worried, thoughts, and physical changes. People with anxiety usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of a worry. They may also have physical symptoms such as sweating, trembling, dizziness, or rapid heartbeat. Anxiety is not the same as fear, but they are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat (APA Dictionary of Psychology).

#### WORLD EDUCATION CONNECT EDITORIAL TEAM:

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

**Table 4. Coded Response for Research Question No. 1**

<b>Question:</b> Can you describe what it feels like when anxiety takes hold both physically and emotionally? (Maaari mo bang ilarawan kung ano ang iyong nararamdaman kapag ikaw ay inaatake ng iyong anxiety, physical man o emotional na pakiramdam?)			
<b>Participants</b>	<b>Key points</b>	<b>Code</b>	<b>Category</b>
<b>M18ST</b>	Usually po nagtrembling po ako mam, tumataas po iyong heart beat ko. Madalas din po akong nagpapanic na parang anxious sa kung anong possible na mangyayari sa isang bagay na ako iyong nagcacause.	Anxious, trembling hands, panic attack	Uneasy worried
<b>F16SJ</b>	Madalas po akong kinakabahan. Nanginginig, mabilis ang tibok ng puso ko. Hindi rin po ako maka focus sa isang bagay	Nervous, increased heartbeat, trembling, cannot focus	Overthinking
<b>M17LA</b>	Mahirap kasi hindi ako nakakapag isip ng maayos.Mahirap mag focus sa acads	Hard time focusing on study	Overthinking
<b>F18HU</b>	Pag may naiisip kang isang bagay na hindi naman nangyari o hindi naman dapat pero madalas pumapasuk sa isip mo.	Overthinking	Stress
<b>F16ST</b>	Iyong parang blanco na ang isip ko, tapos madalas akong nagiisip ng negative thoughts. Madalas nanginginig iyong kamay ko, tapos sobrang lamig. May times din na umiiyak ako sa gabi without reasons.	Mental block, trembling hands, crying without reason	Anxiety attacks
<b>F16LA</b>	Parang ang sikip sa dibdip. Iyong kamay mo may nanginginig.	Trembling hands, irregular heartbeat	Panic attack
<b>F16SJ</b>	Hindi po mapakali at lagging kinakabahan. Tapos po madalas nag iisip ng mga kung ano-ano.	Anxious	Chronic stress
<b>F17ST</b>	Minsan po, ang dami mong iniisip na mga bagay pero wala naman po. Na parang	Worrying too much, heavy load	Anxiety caused by depression

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

	super bigat ng dinadala mo.		
<b>F17SJ</b>	Mahirap I express ang sarili.	Hard time to express oneself	Uncontrollable feelings

**Theme: Physical and Mental Stress**

Stress is a normal reaction to everyday pressure, but can become unhealthy when it upsets your day-day functioning. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave. It is a feeling of emotional and physical tension. The trigger can be short-term such as a work deadline, or a fight with a loved one or long-term, such as being unable to work, discrimination, or chronic illness. It can come from any event or thought that makes you feel frustrated, angry or nervous. It significantly affects your health, both mentally and physically (MedinePlus(.gov).

By causing mind-body changes, stress contributes directly to physical and psychological disorder and disease and affects mental, physical and emotional health, reducing quality of life (APA Dictionary of Psychology). Anxiety feels different for everyone. Your body reacts to stress by releasing hormones. These hormones make your brain more alert, cause your muscles to tense, and increase your pulse. It might some experience of physical and mental effects, as well as effects in other areas of life. It is an emotion characterized by feelings, worried, thoughts, and physical changes.

People under stress experience mental and physical symptoms, such as irritability, anger, fatigue, muscle pain, digestive troubles, and difficulty sleeping. with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of a worry. They may also have physical symptoms such as sweating, trembling, dizziness, or rapid heartbeat. Anxiety disorders are real, serious medical conditions – just as real and serious as physical disorders (APA Dictionary of Psychology).

**Table 5. Coded Response for Research Question No. 2**

<b>Question:</b> How do you communicate your needs and emotions to friends and family when you're dealing with anxiety? (Paano mo ipapahiwatig ang iyong pangangailangan o emosyon sa iyong kaibigan at pamilya sa tuwing ikaw ay may anxiety?)			
<b>Participants</b>	<b>Key points</b>	<b>Code</b>	<b>Category</b>
<b>M18SJ</b>	Hindi ko naman po ugali na magsabi minsan I take vices. But ang parents ko na din nag iinsist na kausapin ako, I chat kapag nakikita nila sa akin na parang may problema ako	Not open up to parents, but parents insist to talk to him. Parents feel that something is wrong	Parents support
<b>F16SJ</b>	Minsan sa mga friends kapag ok ng mag kwento pero madalas sinosolo ka lang din	Open up to friends	Friends' support
<b>M17LA</b>	Tahimik lang ako, kasi mas gusto na ako na lang akin na iyong nararamdam ko dahil hindi rin	Avoid sharing his feelings	Avoidance

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



**World Education Connect  
Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
 Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
 Publisher: Pinagpala Publishing Services  
 DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

	naman nila ako maiintindihan		
<b>F18HU</b>	May isa lang ako kaibigan na siyang pinagsasabihan ko na kung anu nangyari, para maisan iyong nararamdam ko.	Sharing with close friends	Friends' support
<b>F16ST</b>	Since wala akong makausap sa bahay. Magchachat ako sa bf ko na tatanungin ko na hindi baa ko enough. Kahit gawin ko ang best ko. Parang hindi pa rin sapat.	Chatting partner, Feeling insecure	Partner' support
<b>F16LA</b>	Hindi ko pinapahiwatig mam. Nagkwekwento lang ako pag kaya.	Takes time to tell the story	Avoidance
<b>M16SJ</b>	Kapag nananhimik po ako. Napapansin na lang po nila. Tapos umiiyak ako ng tago, nahuhuli na lang po nila ako.	Crying alone secretly. Silence calls familys' attention	Pact of silence
<b>F17ST</b>	Mag isa ko lang po sa bahat wala naman po ako madalas kausap kaya nasanay Narin ako na sinosolo ung problema. Dahil sasabjihin lang din namn ni o.a ako	Minding own problems	Avoidance
<b>F17SJ</b>	Dahil si papa ko lang naman po kasama ko hindi na man po ako nakakapag open sa kanya. Minsan mga friends ko kapag nakikita nilang tahimik lang ako mag isa lalapitan nila ako.	Does not open to father Friends insist when they see me alone	Friends' support

**Theme: Communication Anxiety**

Communication anxiety is the fear or anxiety associated with either real or anticipated communication with others. This anxiety manifest in various settings, such as public speaking, small group discussions, or even one-on-one conversations. People with communication anxiety may experience symptoms such as increased heart rate, sweating, trembling, dry mouth, or a feeling of panic when faced with the prospect of communicating. This can affect their ability to effectively convey their thoughts and interact with others, potentially impacting personal and professional relationships (Girardelli, 2021).

Effective communication is a crucial component of maintaining healthy relationships. When communicating well with those around us, including family and friends, we can help strengthen our relationships and feel adequately supported. However, having anxiety can disrupt the abilities to communicate and make us feel increasingly isolated from those around us. It can be helpful to remind ourselves of the different ways we can communicate with each other and to practice strategies to increase the odds of being heard and understood by those around us. A lot of people with anxiety just need to be heard (McBain, 2018). When you feel anxious, you might behave in ways that are designed to avoid

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

communicating with others. If the person can give them space to talk and really explain what their worries are, where they are coming from, what the background is, that actually helps alleviate those students with anxiety. When one or both partners experience anxiety, communication can become a challenge. People with anxiety may avoid sensitive conversation due to fear or conflict or rejection. This avoidance can lead to a lack of open discussion about important issues inhibiting understanding and intimacy in the relationship. The best thing is simply to listen.

**Table 6. Coded Response for Research Question No. 3**

<b>Question:</b> Are there specific situations or triggers that tend to worsen your anxiety? (Mayroon bang mga sitwasyon na karaniwang nagpapaalala ng iyong anxiety?)			
<b>Participants</b>	<b>Key points</b>	<b>Code</b>	<b>Category</b>
<b>M18SJ</b>	Kapag nag iisa po ako, naalala ko po iyong past relationships ko po, kung paano ngaing emotional abusive sa akin ung partner ko, na dumating po sa point na minamanipulate niya ako.	Relationships	Manipulative
<b>F16SJ</b>	Kapag may nalaman po akong story tungkol sa family na pareho ng sa akin. Naalala ko iyong pamilya ko.	Issues	Family story A reminder to her own story
<b>M17LA</b>	Kapag nakakakita ako ng kumpletong pamilya. Kahit may pamilya akong kasama sa bahay, gusto ko pa din iyong kadugo	Preference to original (biological) family	Family (biological)
<b>F18HU</b>	Madalas kapag namumura ako o napapagalitan kasama dito iyong mga kalabog. Natatakot na ako	Insulting nsulting	Fears of being scolded
<b>F16ST</b>	Iyong bigla may dadalaw sa bahay. Tapos ipapakila iyong iba kong sibling, eto ganito ganito. Iyong parang pinagcocompare kame ng kambal ko at naiingit ako ng sobra sa achievements nya.	Envy/Jealousy – Siblings rivalry	Being compared with her twin siblings
<b>F16LA</b>	Kapag iyong time na walang ginagawa, napapaisip ka ng kung anu ano.	Intrapersonal	Increased Anxiety Being lonely
<b>M16SJ</b>	Kapag may nagawa kang mali. Madalas akong mapagsabihan na walang kwenta ng mga kamag anak pa namen.	Self-esteem	Branded as worthless by other people
<b>F17ST</b>	Ang iba tao mam. Bumababa ang self-confidence ko na jinajudge ka physically.	Bullying	Judgement physically

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

<b>F17SJ</b>	Ang crowd. Dala po siguro nong nagyari sa amin nong Garde 10 ako ng madisgrasya kame.	Trauma	Met an accident in Grade 10
--------------	---	--------	-----------------------------

**Theme: Social Anxiety**

Anxiety in teens can be completely normal. However, teen's anxiety is so great that they cannot think rationally. It is time to seek help. Anxiety is a widespread mental health issue. Mental health challenges may come about as a reaction to environmental stressors, including trauma, school issues, and or experiencing bullying. Everyone's experience of anxiety is different. Some of the factors involved are past childhood experience, their current life situations and physical and mental health problems. Big changes to day-to-day life can be a particular trigger for anxiety.

Social anxiety occurs when we are overly concerned about being humiliated, embarrassed, evaluate, or rejected by others in social situations (Kashdan, 2024). Everyone experiences social anxiety some of the time, but for a minority of people, the frequency and intensity is intense enough to interfere with meaningful activities (e.g., relationships, academic, career aspirations).

**3.2.2 Depression**

Depression is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. According to Lim et al. (2018), depression in the general population is a common mental health condition. It is highly associated with sadness, low self-esteem, poor concentration, anxiety, interest loss, and a feeling of being a quilt. It can lead to variety of physical problems and can decrease your ability to function at work and at home. It alters one's mood, making one feel sad and lose interest in people, events and objects, and thus may cause physical and emotional problems. It may involve treatment in the long run if it persists, which includes medication and psychotherapy.

**Table 7. Coded Response for Research Question No. 1**

<b>Question:</b> Can you describe what it feels like when you're in the midst of a depressive episode? (Maaari mo bang ilarawan ang pakiramdam ng may depresyon?)			
<b>Participants</b>	<b>Key Points</b>	<b>Code</b>	<b>Category</b>
<b>F17S</b>	Wala akong ganang gamawa ng mga bagay, na gagawin ko lang kasi kailangan. Iyong mga dating ginagawa ko, di ko na sya ginagawa ngayon. Marami akong iniisip kasama na dito na suicidal thoughts ako. Na mamatay ako ng natural death.	Loss of interest with suicidal thoughts	Frustration
<b>F17E</b>	Mabigat, nakaka trigger ng suicide thoughts mam.	Triggering suicidal thoughts	Hopelessness
<b>F18E</b>	Gusto kong palaging saktan ang sarili ko. Feeling ko mag isa lang ako. Ayaw kong lumabas sa	Feeling alone and hurting myself.	Emptiness and hopelessness

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

	lungga ko mam.		
<b>F16N</b>	Sa akin po kasi mam, sobrang down na down ako. Feeling ko wala akong malalapitan. May mga times na sinasaktan ko sarili ko lalo pa pag may nakikita ako na matatalim na bagay	Feeling down hearted and blue and hurting myself.	Worthless
<b>F17S</b>	Natatakot ako at nahhirapan akong sabihin kung ano nararamdaman ko	Feeling worried	Trouble concentrating
<b>F18ST</b>	Parang lack of energy po, na parang negative lang ang pumapasuk sa isip mo. Na parang may gagawen kang isang bagay pero hindi worth it kasi hindi mo rin naman maachieve iyong mga gusto mo.	Lack of energy with negative thoughts in mind	Frustration

**Theme: Depressive Episode**

Depressive episode is a period of depression that persists for at least two weeks. It is a mental disorder characterized by persistent, often daily, low mood and/or decreased interest (anhedonia). There are associated neurovegetative symptoms, such as a change in sleep, appetite, cognition, and energy levels (PsychDB, 2024). During a depressive episode, a person will typically experience low or depressed mood and/or loss of interest in most activities, as well as a number of other symptoms of depression, such as tiredness, changes in appetite, feelings of worthlessness and recurrent thoughts of death. Depression is a complex medical condition. It can affect every aspect of a person's life, from their personal relationships to their physical health. And gives a big impact on the mental wellbeing.

**Table 8. Coded Response for Research Question No. 2**

<b>Question:</b> How does depression affect your daily life, including your academics, relationship, and self-care? Paano nakaka-apekto and depresyon sa iyong pang-araw-araw na pamumuhay, kasama rito ang iyong pag-aaral, relasyon at pangangalaga sa sarili?)			
<b>Participants</b>	<b>Key Points</b>	<b>Code</b>	<b>Category</b>
<b>F17S</b>	Madalas na wala sa mood. Hindi maayos pag-iisip ko. Hindi ako magawa mga activities sa school.	Trouble concentrating Can't focus to my school activities	Trouble in concentrating
<b>F17E</b>	Nawawalan ako ng interest sa lahat, walang gana.	Lack of interest	Hindering performance
<b>F18E</b>	Wala ako sa focus. Ayaw kong makipag-usap.	Trouble in concentrating Do not want to	Poor Concentration

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

		talk too.	
<b>F16N</b>	Mahirap po kasi siyang i handle, mas gusto ko na sa akin na lang kasi iniisip ko na marami din pong problema ang iba na ayaw ko ng isa pang pabigat	Want to be alone and not be a burden to other	Overthinking
<b>F17S</b>	Wala akong ganang gumawa ng mga activities ko and hindi ako makapag open sa mga friends feeling ko hindi din naman nila ako maiintindihan	Lack of interest in doing my activities	Lack of interest
<b>F18ST</b>	Madalas nawawalan ng gana, kasi hindi naman nila nakikita iyong worth ko	Feeling worthless	Pessimism

**Theme: Social Stressors**

Mental health problems can affect many areas of students live, reducing their quality of life, academic achievement, physical health, and satisfaction with senior high school students, and negatively impacting relationships with friends and family members.

Social stressors can be broadly defined as a situation which threatens one's relationships, esteem or sense of belonging with a dad, group, or larger social context. It is defined as behaviors and situations, social in nature, that are related to physical and psychological strain (Scontrino Powell). It is a condition that cause stress to an individual. Social stress has been found to have a significant impact on student well-being and academic performance. Students who experience high levels of social stress may be more likely to experience poor learning patterns, lack time management skills, and engage in multitasking, which can lead to academic stress and a decline in subjective well-being. Additionally, social stress can affect students' psychological well-being and performance (Chartoff, 2017).

According to Juth and Dickerson (2013), having social stressors can affect a student's energy level, concentration, dependability, mental ability, and optimism, hindering performance. These stressors can arise from various aspects of one's social environment and interaction including: interpersonal conflicts, social isolation, social evaluation, role strain, workplace stress, financial stress, discrimination and prejudice and major life changes. Theses stressors can affect a person's mental and physical health, leading to anxiety, depression, and other stress-related disorder. Effective coping strategies and social support can help mitigate the impact of social stressors.

**Table 9. Coded Response for Research Question No. 3**

<b>Question:</b> Are there specific triggers or situations that tend to worsen your depression? (Mayroon bang particular na sanhi o sitwasyon na karaniwang nagpapalala ng iyong depresyon?)			
<b>Participants</b>	<b>Key Points</b>	<b>Code</b>	<b>Category</b>
<b>F17S</b>	Iniisip ko kasi hindi ko kailangan ng ibang tao sa buhay. Na kaya ko ng mag isa. Akala ko po kasi ok na ako na naka move on na	Parents' attention especially the father	Love and affection from parents

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



**World Education Connect  
Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
 Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
 Publisher: Pinagpala Publishing Services  
 DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

	ako na ako sa nangyari. Na nangangailangan pa din ako ng mother;s love. Nandyan nga si papa pero hindi mor in naman siya maramdaman		
<b>F17E</b>	lyong pagpapakita ng false hope.	Showing false hope	False Assurance
<b>F18E</b>	Ung trauma ko po mam, kasi noong bata ako hinalay ako.	Sexually Abuse	Physically and emotionally abused
<b>F16N</b>	Pag iisip ng mga problema, lalo na problema sa pamilya	Family problem	Physical and emotional stress
<b>F17S</b>	Everytime na pinapagalitan ako ng family ko at yang mga friends ko na parang hindi naman nila ako gusto	They make me feel they do not want me	Insecurities
<b>F18ST</b>	Pagiging perfectionist po ng mga tao	Being compared to siblings	Siblings rivalry

**Theme: Physical and Emotional Stress**

A depression that is caused by the removal of positive reinforcement from the environment (Lewinsohn, 1974). Certain events, such as losing your job, induce depression because they reduce positive reinforcement from others (e.g., being around people who like you). Depression can be triggered by various factors, which often interact complex ways. Some common triggers include genetics, brain chemistry imbalances, stressful life event (such as loss, trauma, or major life changes), medical conditions, certain medications, substance abuse and imbalance in neurotransmitters like serotonin and dopamine. Additionally, social and environment factors, such as loneliness, lack of social support, or on-going stress, can also contribute to the onset or the exacerbation of depression. Certain personality traits, such as low self-esteem and too dependent, self-critical or pessimistic

**3.2.3 Post Traumatic Syndrome Disorder**

Post-traumatic stress disorder (PTSD) is a set of reactions that can develop in people who have experienced or witnessed a traumatic event that threatens their life or safety (or of others around them). It includes serious accidents, physical or sexual assault, rape (including childhood or domestic abuse), exposure to traumatic events at work or school, including remote exposure, serious health problems (such as being admitted to intensive care), natural disaster, death of someone close to you, war and conflict and even torture (causes-post traumatic stress disorder-NHS, 2022). Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives (apa.org).

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.  
**Managing Editor:** Rolando D. Cervantes, DHum **International Editor:** Ji Young Lee, EdD.

**Table 10. Coded Response for Research Question No. 1**

<b>Question:</b> What causes your trauma? Can you describe the situation that happened? (Anong dahilan ng iyong trauma? Maari mo bang ilarawan ang naging sitwasyon?)			
<b>Participants</b>	<b>Key points</b>	<b>Code</b>	<b>Category</b>
<b>F17S</b>	Madaling araw po noon mam, kame po ang natulog sa sala dahil may mga bisita kame ng mga panahon po na iyon at sila ang pinatulog po namen sa kwarto. Nagising po ako na parang may humahawak sa akin, Nakita ko si tito ko na nakahawak sa ibabang bahagi ng maselang katawan ko po.	Unwanted touching on my sensitive part	Sexual Assault
<b>F17E</b>	6 days before po ng birthday ko, naliligo po ako sa may banyo namen na may kakaiba po akong nararamdaman, pagtingin ko po sa bandang itaas ng bubong namen may nakita po akong tao po na may hawak na cp na nagvivo at kumukuha ng picture ko.	Cam cording	Sexual Assault
<b>F18E</b>	lyong physical abuse po naranasan ko po sya sa mama ko po, binubugbog po nya ako sinasaktan, kasama nito iyong mga masasakit na salita gaya ng tinatawag nya akong wala hiya, walang kwenta, pok pok, malandi iyong ganun po  lyong sexual po naranasan ko sya sa step father ko, nong una po pahipo hipo lang po sya kapag natutulog ako hanggang sa nagyari na nga po na narape po ako.	Violence  Violence	Physical Abuse  Sexual Assault/rape
<b>F16N</b>	iyon pong kasama po ni tito ko dalawang beses pong nangyari iyon na halos lahat ng part ng body ko ay hinawakan nya  Grade 7 po ako non, aware po si mama ko non kasi kasama ko po sya then meron po kameng nakasakay sa jeep na ginagalaw nya iyong siko nya sa upper part ko po.	Unwanted touching on my sensitive part  Unwanted touching on my sensitive part	Sexual Assault  Physical Assault

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



**World Education Connect  
Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
Publisher: Pinagpala Publishing Services  
DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

**Theme: Childhood Sexual Abuse**

Childhood sexual abuse (CSA) is considered as an activity aimed at providing sexual pleasure, stimulation, or sexual gratification to an adult who uses a minor for this purpose, taking advantage of the situation of the superiority (Castro, et al,2019). The participants asked what causes their trauma, the four (4) participants said sexual assault but the one (1) participant added that she also suffered physical abuse. When asked if they can describe the situation that happened the four (4) participants said that someone touches their private parts without their consent. Sexual assault happens when someone either touches another person in a sexual manner without the consent or makes another person touch them in a sexual manner without consent. It includes unwanted kissing and the touching of someone’s genitals, breast or bottom (rapecrisis.org.uk). Find below the conversation of the respondents during the interview.

Republic Act No. 7619 signed on June 17, 1992 or the so called as “An Act Providing for Stronger Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination, and For Other Purposes (Lawphil.net). In Article I Section 3. Definition of Terms – a. “Children” refers to person below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental condition; b. “Child Abuse” refers to the maltreatment, whether habitual or not, of the child with includes any of the following:

- 1. Psychological and physical abuse, neglect, cruelty, sexual abuse and emotional maltreatment
- 2. Any act by deed or words which debases, degrades or demeans the intrinsic worth and dignity of a child as a human being.

Sexual abuse perpetrated against a child is a deplorable reality of living in a sin-stricken world. The psychological, emotional, spiritual, and physical damage of the abuse remain long after molestation has ended. The Bible speaks vehemently against hurting children and against sexual sins and perversions of all kinds. It also offers hope for healing and forgiveness.

Ephesians 6:4 says, “Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord.” Psalm 127:3 calls children “a heritage from the Lord.” The Bible speaks often about caring for the weak, poor, and needy --- and this would include at-risk children (Proverbs 14:31, 17:5, 19:17, 31:8-9).

The Bible also speaks strongly against sexual sin. Sex is a gift given by God meant for marriage. Sexual perversion of all kind is soundly condemned. Sexually assaulting a child is never justifiable; it is always wrong.

**Table 11. Coded Response for Research Question No. 2**

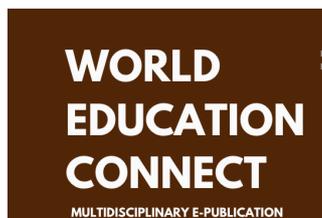
<b>Question:</b> Can you describe what it's like to live with trauma, particularly the signs you experience? (Maari mo bang ilarawan mabuhay na may PTSD, lalo na ang mga sintomas na iyong nararanasan?)			
<b>Participants</b>	<b>Key points</b>	<b>Code</b>	<b>Category</b>
<b>F17S</b>	nakakatakot kapag nakakakita ako ng lalake, iniisip ko na parang may gagawen sya na hindi maganda.	Androphobia	Frightening thoughts
<b>F17E</b>	Mam sobrang hirap kasi mam nong time	Androphobia	Frightening

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



**World Education Connect  
Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
 Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
 Publisher: Pinagpala Publishing Services  
 DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

	na iyon hirap po akong kumain, hindi po ako lumalabas nagkukulong lang po ako sa kwarto. Natatakot ako lalo na sa lalake, lagi kong finitignan kamay nila, cp nila		thoughts
<b>F18E</b>	mahirap sya mam, kasi pag titingin ka sa ibang tao iisipin mo iyong isang maling galaw mo mahuhugahan kana. Madalas akong nag ooverthink sa mag ginagawa kong bagay, sa action ko, decision ko. Tapos hindi na rin ako nag tiitwala mapalalake o bababe man.	Judgement from other people	Frightening thoughts
<b>F16N</b>	sobrang nakaka conscious po ako sa lahat, na parang hindi ka safe. Nag seek ka ng attention. Feeling ko hindi ako naiintindihan ng ibang tao, kaya hindi ako nag oopen up sa iba. Natatakot ako at nag ooverthink ako sa maraming bagay	Overthinking and feeling worried	Frightening thoughts

**Theme: Anxious Trauma**

Anxious trauma is an emotional reaction to trauma that include: fear, anxiety, panic, and shock. Difficulty believing in what was has happened, feeling detached and confused, feeling numb and detached. Not wanting to connect with others or becoming withdrawn for those around you. Individuals who have experienced trauma may experience anxiety in a variety of forms from an increase in generalized worries to panic attacks. Individuals may also experience avoidance of social situation that may be more related to trauma symptoms than a fear of embarrassment. Trauma including one-time, multiple, or long-lasting repetitive events, affects everyone differently. Some individuals may clearly display criteria associated with post-traumatic stress disorder (PTSD), but many more individuals will exhibit resilient responses or brief subclinical symptoms or consequences that fall outside of diagnostic criteria (Substance Abuse and Mental Health Services Administration (US), 2014).

Most people who endure traumatic experiences are able to recover and do not sustain longstanding impact. An individual's response to trauma is based on many different factors including their biology, the proximity to and severity of the trauma, the context in which the trauma occurred and the personal meaning of the experience.

Trauma and anxiety are linked through your natural stress response as well as through alterations in brain structure and function that occur after experiencing trauma. While many people don't need treatment to manage trauma-related anxiety, speaking with mental health professionals can aid in recovery (Healthline.com).

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.  
**Managing Editor:** Rolando D. Cervantes, DHum      **International Editor:** Ji Young Lee, EdD.

**Table 12. Coded Response for Research Question No. 3**

<b>Question:</b> Are there specific triggers or situations that tend to worsen your PTSD symptoms? What coping strategies or treatment have you found effective in managing your trauma? (May mga sitawasyon ba na karaniwang nagpapalala ng iyong PTS? Anong mga pamaraan ang iyong ginamit upang mapaglaban ang iyong PTS?)			
<b>Participants</b>	<b>Key points</b>	<b>Code</b>	<b>Category</b>
<b>F17S</b>	Kapag matutulog akong mag isa, nag ooverthink ako na baka mangyari po iyong ulit. Kaya po kapag nasa bahay ako nila lola ko tumatabi po ako kay lola ko	Overthinking every time sleeping alone (Sleeping together)	Paranoid
<b>F17E</b>	Kapag gabi na gusto ko pong umihi, kailangan po may kasama po ako kasi natatakot ako baka mamaya meron nan man. Kapag ganung sitwasyon po ginagawa kong pakalamahin ang sarili ko ko, lumalapit ako kay mommy	Fear of going outside (make myself remain calm)	Paranoid
<b>F18E</b>	Everytime po na nakakakita ako dalagita at mga bata, don po naalala ko iyong nangyari sa akin na iyong pagkadalaga ko naudlot sya. Ngiti lang at tawa.	Thinking of the childhood days that lost. (Just smile)	Paranoid
<b>F16N</b>	nakakakita po ako ng sexualiaze, kahit hindi sa akin nangyayari, parang ramdam ko iyong hirap na nafefeel nya. Kaya may time na bumabalik lahat o nagtritrigger sya kapag stress o sobrang pressure po ako. After ko ma open sa family, gumaan po iyong sarili ko tapos minotivate ko po ang sarili ko po.	Stress and pressure (Being open to family)	Stress and pressure

**Theme: Emotional distress**

The four participants describe the situation that worsen or trigger their trauma. They suffer stress and pressure from thinking too much that leads to worry and fear. According to (Wex Definition Team 2022), emotional distress refers to mental suffering as an emotional response to an experience that arises from the effect or memory of a particular event, occurrence, pattern of events or condition. Emotional distress can usually be discerned from its symptoms (ex. Anxiety, depression, loss pf ability to perform tasks, or physical illness).

**3.3 Guidance Program**

Today's educational challenge is to provide a school guidance program that allows the children to develop the understanding, abilities, and attitudes required to become lifelong learners capable of detecting and addressing problems and dealing with change. In order to make meaningful and responsible decisions, students must be able to communicate clearly, competently, and confidently from their good foundation and broader knowledge.

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.

This program will assist in the development of learners in the area of mental health awareness.

### **GUIDANCE AND COUNSELING PROGRAM** **(Addressing the Mental Health Concerns of SHS Students)**

#### **Rationale**

A student's mental health is crucial. According to this study, at-risk SHS who lived with different mental health concerns such as anxiety, depression and trauma are very vulnerable. Mental health had a significant influence on the students who experienced psychological distress like anxiety, depression and even trauma. If left untreated, such mental health issues can lead to costly consequences like academic and behavioral issues. Students' mental health issues affect their short-term classroom involvement and their long-term development of positive relationships skills.

Schools are an ideal setting and context for providing mental services for prevention, intervention, positive development and consistent communication between schools and families. Schools also offer students with caring relationships and regular services are essential in creating a sustaining safe school. A culturally responsive school, mental health intervention program that includes support for social-emotional learning, mental wellness, behavioral health, resilience, and positive connections between students and adults is essential for fostering a school culture in which students feel safe and empowered to report safety concerns.

#### **The inclusion criteria for the intervention program:**

- a. Interventions that focused on design for improving mental wellbeing of the SHS students are user-centered and participatory in design.
- b. Interventions that focus on improving mental well-being, anxiety, depression and trauma.

#### **Objectives:**

1. To address the lived experiences of at-risk SHS students addressing mental health concerns thru *individual inventory, information, counseling and testing services*
2. To encourage positive psychological wellbeing, which includes resilience, positive connection and wellness thru *prevention and wellness services*.
3. To empower families, school and the community to manage the myriad decisions and resources they need to meet students' mental health needs thru *information, counseling, referral and follow-up services*.
4. To broaden access and offer a continuum to school and community mental health supports and collaboration to provide integrated and coordinated mental health thru *referral services*.

---

#### **WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



**World Education Connect  
Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
 Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
 Publisher: Pinagpala Publishing Services  
 DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

**Implementation Plan of the Guidance and Counseling Program**

<b>Guidance Services</b>	<b>Objectives</b>	<b>Strategies</b>	<b>Activities</b>	<b>Person Involved</b>	<b>Time Frame</b>	<b>Expected Output</b>
<b>Individual Inventory</b>	To describe profile of the students specifically their current concerns and mental health status  To update the personal profile/ inventory of old students and transferees	Filling/ Updating of Cumulative records, results/ interview  Filling/ Updating of Cumulative records of old students and transferees	* Profiling of the students * Needs Assessment * intake interview * Mental Health Appraisal Status Assessment  Upgrading of cumulative records of old students and transferees	*Guidance Counselor *Guidance Staff *Faculty	August  Year Round	Inventory of the student's profile * Personal Profile * Family Background * Educational background  up-to-date systematic data collection *old students * transferees
<b>Information Service</b>	To orient SHS students on mental health literacy, programs, services and	* Mental health advocacy activities  * Mental health seminar	* Information campaign  * Mental health seminar	*Guidance Counselor *Guidance staff *Department Coordinator	October 2024	* narrative report *training proposal * list of participants * speaker

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.



**WORLD  
EDUCATION  
CONNECT**  
MULTIDISCIPLINARY E-PUBLICATION

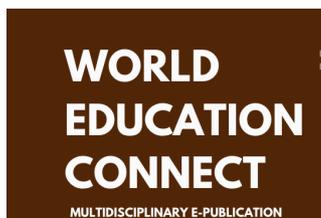
**World Education Connect  
Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
 Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
 Publisher: Pinagpala Publishing Services  
 DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

	resources available  To conduct mental health literacy seminar, promoting positive well-being and wellness	training * Family development session *Psychological trainings	training * Family development session *Psychological trainings	tors *Faculty members *Non-teaching staff *School principal *Parents *Resource speaker/s		* budget
<b>Counseling</b>	To provide counseling service among referred SHS students and help them address their current concerns	Individual Counseling Group Counseling Family Counseling (if necessary)	*Individual/Group Counseling * Family Counseling * Intake interview	*Guidance Counselor *Guidance staff * Students *Teachers *Parents (if necessary)	Year Round	Counseling Services is extended for SHS student with their concerns . SHS are assisted and provided psychoeducation session through talk therapy/ psychotherapy * anecdotal records
<b>Referral</b>	To provide mental health services among identified SHS That is tailored to their		*Counseling Services *Referral outside institutions or agencies	* Guidance Counselor * Guidance staff	Year Round	Students are provided appropriate services given appropriate

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.  
**Managing Editor:** Rolando D. Cervantes, DHum      **International Editor:** Ji Young Lee, EdD.



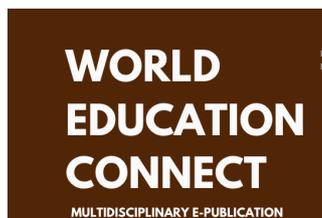
**World Education Connect  
Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
 Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
 Publisher: Pinagpala Publishing Services  
 DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

	needs/concerns			Students * Teachers * Mental health professional (psychologist, psychiatrist, etc)/ *linkages		treatment and interventions  Record of identified students with mental concerns * problem * guidance services extended
<b>Testing</b>	To provide psychological evaluation, specifically those students displaying elevated distress and symptoms	Screening	Psychological Assessment	*Psychometrician	Year Round	Further psychological evaluation administered in determining the current mental health state of SHS Students * testing material * test results
<b>Prevention and Wellness</b>	To develop and propose school based mental health program that promote	*Mental Health break/ Week * Mental Health Session	*Mental Health break/ Week * Mental Health Session	* Guidance Counselor * Guidance staff * Department	October  Year Round	Strict implementation of the mental health program activities  Proactive

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.  
**Managing Editor:** Rolando D. Cervantes, DHum      **International Editor:** Ji Young Lee, EdD.



**World Education Connect  
Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
 Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
 Publisher: Pinagpala Publishing Services  
 DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

	positive wellbeing in the entire school community			ent Coordinators * Faculty members * Non-teaching staff *School principal		approach of student, school staff, stakeholders, partner agencies
<b>Follow-up</b>	To conduct follow-up session among referred, determined, identified SHS students who underwent services like: Counseling Referral Psychological screening evaluation	Seminar	Scheduled session for follow-up	* Guidance Counselor * Guidance staff * s * Students * Resource speaker * Parents * Outside agencies / external partners	Year Round	Systematic Approach in doing follow-up among SHS for efficient monitoring *Kumustahan

**CONCLUSIONS AND RECOMMENDATIONS**

**Conclusions**

Based from the findings of the study, the following conclusions were drawn.

1. The participants are Senior High School Students aged 16-18 years old, mostly female with a conditionally separated family structure.
2. The uncovered signs of mental health concerns in terms of anxiety are physical and emotional stress, communication anxiety and social anxiety, while participants with depression possess a depressive episode with social stressors and physical and emotional stress. Additionally, the participants with post traumatic syndrome disorder are triggered from their sexual abuse during childhood, anxious trauma and emotional distress.
3. A developed guidance and counseling program were proposed to address the mental health concerns of at-risk senior high school students.

**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blessed M. Cervantes, EdD.  
**Managing Editor:** Rolando D. Cervantes, DHum **International Editor:** Ji Young Lee, EdD.



## World Education Connect Multidisciplinary e-Publication

Volume IV, Issue VIII (August 2024), p.242-273 International

ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X

Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)

Publisher: Pinagpala Publishing Services

DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183

**National Book Development Board (NBDB) Reg. No. 3269**

### Recommendations

Based from the conclusions, the following were offered:

1. Build up a continuous dialogue with students, staff, faculty, and the wider community about mental health and well-being, including online forums for discussion of: Prevention of mental health issues and promotion of mental health-care strategies.
2. Explore relaxation or wellness programs or apps, which may incorporate meditation, muscle relaxation, or breathing exercises. Schedule regular times for these and other healthy activities you enjoy such as journaling. Set goals and priorities.
3. Implement the proposed Guidance and Counselling Program -Addressing the Mental Health of the Students.

### BIBLIOGRAPHY

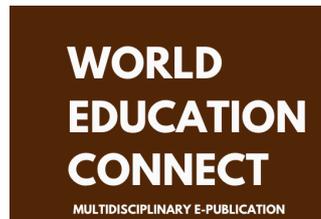
- Ahmed SM, Hershberger PJ, Lemkau JP. Psychosocial influences on health. In: Rakel RE, Rakel DP, eds. *Textbook of Family Medicine*. 9th ed. Philadelphia, PA: Elsevier; 2016: chap 3.
- American Psychological Association. 2015
- APA Dictionary of Psychology (2<sup>nd</sup> ed.).
- Benjamin Charoff, Myra Beth Bundy Jan. 2017 Social stress effects on well-being and academic performance
- Felman and Tee-Melegrito, (2024) What is Mental Health  
<https://www.medicalnewstoday.com/articles/154543>
- Freitas-Ferrari MC, Hallak JE, Trzesniak C, Filho AS, Machado-de-Sousa JP, Chagas MH. Neuroimaging in social anxiety disorder: a systematic review of the literature. *Prog Neuropsychopharmacol Biol Psychiatry*. 2010 May 30. 34(4):565-80.
- Girardelli, Davie Front. Commun., 12 April 2021 Sec. Culture and Communication Volume 6 - 2021 | <https://doi.org/10.3389/fcomm.2021.642109>
- Hasler G. Pathophysiology of depression: do we have any solid evidence of interest to clinicians? *World Psychiatry*. 2010 Oct;9(3):155-61. doi: 10.1002/j.2051-5545.2010.tb00298.x. PMID: 20975857; PMCID: PMC2950973.
- Johnson PL, Truitt W, Fitz SD, Minick PE, Dietrich A, Sanghani S. A key role for orexin in panic anxiety. *Nat Med*. 2010 Jan. 16(1):111-5.
- Juth, V., Dickerson, S. (2013). Social Stress. In: Gellman, M.D., Turner, J.R. (eds) *Encyclopedia of Behavioral Medicine*. Springer, New York, NY.  
[https://doi.org/10.1007/978-1-4419-1005-9\\_283](https://doi.org/10.1007/978-1-4419-1005-9_283)
- Kashdan, T. (2024). Social anxiety. In R. Biswas-Diener & E. Diener (Eds), *Noba textbook series: Psychology*. Champaign, IL: DEF publishers. Retrieved <http://noba.to/vz2qug96>

---

### WORLD EDUCATION CONNECT EDITORIAL TEAM:

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum      **International Editor:** Ji Young Lee, EdD.



**World Education Connect**  
**Multidisciplinary e-Publication**

Volume IV, Issue VIII (August 2024), p.242-273 International  
**ISSN (Online) 2799-0842 / ISSN (Print) 2799-130X**  
Published Online at [www.pinagpalapublishing.com](http://www.pinagpalapublishing.com)  
Publisher: Pinagpala Publishing Services  
DTI Reg. No. 303443 / TIN 293-150-678/ Bus. Permit No. 8183  
**National Book Development Board (NBDB) Reg. No. 3269**

Katerndahl DA, Talamantes M. A comparison of persons with early-versus late-onset panic attacks. *J Clin Psychiatry*. 2000 Jun. 61(6):422-7.

(Marshall Korenblum, 2014), Youth at-risk for serious mental health illness: methods of the procan study

(McCance & Huether, 2014). Pathophysiology: Neuroanatomic and Function Abnormalities

McCroskey, James C. "Oral Communication Apprehension: A Reconceptualization."  
Communication Yearbook. Ed. Michael Burgoon, Sage, 1982, pp. 136–170

Sherin JE, Nemeroff CB. Post-traumatic stress disorder: the neurobiological impact of psychological trauma. *Dialogues Clin Neurosci*. 2011;13(3):263-78. \

Spielman, Rose M.; Jenkins, Williams J.; and Lovett, Marilyn D., "Psychology, 2e" (2022)

Tural U, Iosifescu DV. Neuropeptide Y in PTSD, MDD, and chronic stress: A systematic review and meta-analysis. *J Neurosci Res*. 2020 May;98(5):950-963

Vythilingam M, Anderson ER, Goddard A, Woods SW, Staib LH, Charney DS. Temporal lobe volume in panic disorder--a quantitative magnetic resonance imaging study. *Psychiatry Res*. 2000 Aug 28. 99(2):75-82.

<https://rapecrisis.org.uk/get-informed/types-of-sexual-violence/what-is-sexual-assault/#:~:text=Sexual%20assault%20happens%20when%20someone,someone%27s%20genitals%2C%20breasts%20or%20bottom.>

Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207191/>

DOI 10.5281/zenodo.13375550



**WORLD EDUCATION CONNECT EDITORIAL TEAM:**

**Chief Executive Editor:** Blesseddy M. Cervantes, EdD.

**Managing Editor:** Rolando D. Cervantes, DHum

**International Editor:** Ji Young Lee, EdD.