



(RESEARCH ARTICLE)



MENTAL HEALTH STATUS AND COPING MECHANISMS OF TEACHERS IN THE DIVISION OF QUEZON

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ABSTRACT

This study determined the mental health status and coping mechanisms of teachers in the Division of Quezon as a basis for a proposed psychosocial support program. Specifically, it described the teacher-respondents' profile in terms of age, sex, position, and grade level; assessed their mental health status in terms of sleep, experienced well-being, bothered well-being, positive mental health, and bouncing back; determined their emotion-focused, problem-focused, and dysfunctional coping mechanisms; tested the significant relationship between mental health status and coping mechanisms; and examined significant differences in mental health status when respondents were grouped according to profile. The study used a descriptive-correlational research design with 363 Grade 4 to Grade 6 public elementary teachers from the Fourth Congressional District of Quezon. A researcher-made questionnaire was used to gather the data. Frequency, percentage, mean, Spearman rank correlation, Kruskal-Wallis H test, and Dunn post hoc analysis were applied. Findings showed that most respondents were female, aged 31–40 years, Teacher I, and assigned to Grade 5. Teachers sometimes experienced sleep, experienced well-being, and bothered well-being concerns, while positive mental health and bouncing back were often observed. Emotion-focused and problem-focused coping were highly practiced. Significant relationships were found between all mental health status areas and coping mechanisms. Age showed a significant difference only in sleep, while sex, position, and grade level showed no significant differences. The study concluded that teachers need inclusive, age-sensitive, and school-based psychosocial support to strengthen healthy coping practices and protect their mental well-being.

Keywords: Mental Health Status, Coping Mechanisms, Teacher Well-Being, Psychosocial Support Program, Polytechnic University of the Philippines Open University System

1 INTRODUCTION

Teachers need sound mental health to regulate emotions, fulfill professional duties, manage classrooms, make instructional decisions, and support learners. Although training strengthens professional competence, teachers may struggle to promote holistic development when their psychological well-being is neglected.² Teaching involves heavy workloads, difficult classroom situations, overlapping responsibilities, and tension between school, family, and personal

demands. These conditions may affect emotional stability, concentration, relationships, and the capacity to sustain a positive learning environment.^{7, 9}

Teacher mental health concerns occur across educational systems and professional settings.^{9, 12} Healthy psychological functioning supports adjustment, productivity, and the management of daily demands.⁷ Worldwide, about one in six people experiences a mental health or substance-use disorder, while mental health conditions account for a growing share of the global disease burden.³² However, services remain limited in many developing countries.⁷ In the Philippines, Republic Act No. 11036 established a national policy for integrated mental health services and protected people requiring psychiatric, neurological, and psychosocial support.³⁰ In education, DepEd Memorandum No. 058, s. 2020 identified mental health and psychosocial support as a priority, while DepEd Memorandum No. 093, s. 2022 strengthened advocacy through National Mental Health Month.^{14, 15} Philippine teachers have also reported concerns involving sleep, well-being, work performance, and learning-resource preparation.²² Research emphasizes social support, stress management, recreation, and school-based wellness interventions.¹⁷ Recent reviews continue to identify workload, occupational pressure, limited resources, and inadequate institutional support as risks to teacher well-being.^{9, 12, 26} These conditions require sustained attention from education officials, mental health professionals, and policymakers.²⁵

Likewise, teachers in Quezon's Fourth Congressional District manage heavy teaching loads, ancillary assignments, paperwork, financial concerns, limited resources, learner behavior, and inadequate institutional support. They may respond through emotional support, reflection, relaxation, planning, problem-solving, or practical action. Others may use avoidance, denial, withdrawal, or delayed action. Coping is recognized as a process for managing stress and threats to well-being.^{1, 31, 41}

The study drew on Social Support and Buffering Theory, which explains the protective value of emotional and practical support.³ Transactional Theory of Stress and Coping explains appraisal and the selection of coping responses.⁸ The Brief COPE framework classifies emotion-focused, problem-focused, and dysfunctional coping.³³ Multisystemic Theory of Resilience views recovery as an interaction among personal and environmental resources.³⁸ The dual-continua perspective recognizes that psychological concerns and positive functioning may coexist.²¹

Despite earlier research, limited district-specific evidence explains the relationship between teachers' mental health status and coping mechanisms.^{2, 17} Thus, this study described respondents by age, sex, position, and grade level. It assessed mental health status through sleep, experienced well-being, bothered well-being, positive mental health, and bouncing back. It identified emotion-focused, problem-focused, and dysfunctional coping. It also tested the relationship between mental health status and coping mechanisms. Finally, it determined differences in mental health status when respondents were grouped according to profile. The results provided a basis for responsive school-based psychosocial support for public elementary teachers.

1.1 Role of Demographic Profile of the Respondents in Mental Health

Demographic characteristics provide essential context for interpreting teachers' mental health because psychological experiences do not occur apart from personal and professional conditions. Age, sex, position, work assignment, and economic circumstances may shape exposure to stress and access to supportive resources. Descriptive research uses demographic variables to summarize groups and support careful comparison.³⁴ Philippine teacher research also shows that personal factors can inform the interpretation of mental health patterns.² Demographic variables should therefore function as contextual and grouping factors, not as automatic explanations of mental health outcomes.

Work conditions may interact with age and career stage. Public school employment, unpaid overtime, sickness-related absences, and insecure contracts have been associated with poorer mental health, although patterns may differ according to teaching experience.¹⁹ Heavy workloads

and institutional demands can further expose teachers to emotional exhaustion and burnout.³⁷ Younger participants in Ecuador reported greater stress, stronger psychological distress, and lower life satisfaction.²⁰ Evidence from Philippine samples likewise indicated higher stress among younger adults than among those older than 50 years.³⁶ Sex-related patterns also require careful interpretation. Women may experience pressure from the combined demands of paid work, caregiving, and household responsibilities, while men may encounter different social expectations concerning emotional expression and help-seeking. Teleworking research suggests that women's mental health may be shaped by the interaction between professional and domestic roles.²⁸ Other evidence also identified sex differences in perceived stress.²⁹ Such differences reflect unequal responsibilities and resources. School climate, family arrangements, leadership support, workload, and access to services may either intensify or reduce demographic inequalities. Thus, age and sex are best examined alongside working conditions and available support.

1.2 Mental Health Status of Public Elementary School Teachers

Mental health status encompasses emotional, psychological, social, and behavioral functioning. It includes the capacity to manage daily demands, maintain relationships, and work productively. Recent literature presents teacher mental health as a combination of personal resources, workplace conditions, and wider social environments.⁹ Reviews also identify workload, occupational pressure, limited resources, and inadequate institutional assistance as continuing risks among basic education teachers.¹² These concerns appear across countries and professional settings, confirming that teacher well-being is both a personal and organizational matter.²⁶

Teachers' psychological condition has direct relevance to the learning environment. Emotional balance can influence classroom management, instructional decisions, communication, patience, and responsiveness to learners. Philippine teachers have reported vulnerabilities during major educational disruptions, showing that professional commitment does not remove the need for mental health support.⁵ Social support can strengthen positive mental health while reducing the burden created by crises and demanding working conditions.¹¹ Mental health enables people to recognize their abilities, manage ordinary stress, work productively, and contribute to their communities.⁴¹ Public school teachers perform duties extending beyond classroom instruction. They prepare lessons and materials, evaluate learners, complete reports, attend meetings, communicate with families, and carry out ancillary assignments. These overlapping duties may reduce time for sleep, recreation, family interaction, and self-care. Administrative and additional responsibilities can divert teachers' time and attention from instructional work.¹³ Accountability pressures may also contribute to stress and burnout, although mindfulness, behavioral, and cognitive-behavioral interventions offer useful preventive approaches.³⁹ Generally stable teachers may still show risks connected with personal circumstances and job satisfaction.¹⁰

The present study's five dimensions capture this balance between concern and strength. Sleep reflects rest, restoration, and readiness for daily responsibilities. Experienced well-being concerns how teachers manage ordinary functioning and emotional changes. Bothered well-being identifies worry, irritation, exhaustion, and troubling thoughts. Positive mental health reflects hope, gratitude, emotional balance, and constructive relationships. Bouncing back represents recovery following pressure or setbacks. These dimensions show that teachers may report favorable functioning in some areas while remaining neutral or concerned in others.²² Their coexistence prevents mental health from being reduced to a single negative score and supports more focused school interventions.

1.3 Coping Mechanisms Associated with Mental Health of Teachers

Coping mechanisms explain how teachers respond when demands challenge their resources. Coping involves cognitive, emotional, and behavioral efforts that may regulate feelings, address problems, or create distance from distress. Coping is multidimensional and is commonly organized into emotion-focused, problem-focused, and dysfunctional responses.³³ These categories are analytically useful, but no response should be evaluated without considering the stressor and available resources. A strategy may be helpful in one situation but insufficient or harmful in another.

Emotion-focused coping manages the feelings produced by pressure. Teachers may seek emotional support, pray, reflect, accept circumstances, exercise, relax, practice mindfulness, or reframe experiences positively. Supportive professional relationships and social-emotional competence contribute to occupational well-being because they create safe opportunities for teachers to discuss difficulties.²⁶ Teachers who combined social support, problem-solving, and low disengagement reported stronger occupational outcomes.⁴⁰ Filipino teachers also used communication and meaningful activities to manage anxiety during educational disruption.³⁵ Maintaining contact with colleagues, friends, and family strengthened emotional support and positive thinking.⁶ Mindfulness may help exhausted teachers regulate attention and emotional reactions.²⁴ Physical activity can likewise support psychological well-being during prolonged stress.⁴ Exercise, hobbies, prayer, and conversations with trusted people have also been associated with healthier emotional functioning.¹⁶

Problem-focused coping addresses conditions that teachers believe can be changed. It includes planning, organizing tasks, managing time, seeking information, consulting colleagues, preparing materials, and identifying practical solutions. Filipino coping research identifies problem-solving, cognitive reappraisal, and help-seeking as culturally meaningful responses to difficulty.³¹ Teachers adjusting to distance instruction similarly used functional strategies to meet unfamiliar technological and instructional demands.²³ However, coping remains flexible because teachers may alter their responses as stressors and school conditions change.¹⁸ Practical action is most useful when combined with emotional regulation, particularly when only part of the stressful situation can be controlled. Dysfunctional coping includes denial, prolonged avoidance, behavioral disengagement, withdrawal, self-blame, procrastination, substance use, and excessive venting. These responses may briefly reduce discomfort but leave the original concern unresolved. Repeated avoidance can increase workload, weaken relationships, and intensify psychological strain. Among primary school teachers, dysfunctional responses were associated with distress and burnout, supporting preventive services and stronger problem-solving resources.²⁷ Nevertheless, the term describes a response, not the teacher's identity. A person may use avoidance in one situation and healthy support-seeking in another.

In general, the literature shows that demographic conditions shape teachers' exposure to demands, while mental health reflects both concerns and positive capacities. Coping mechanisms represent changing responses to these experiences rather than fixed personal traits. The three themes are therefore interconnected. Age, sex, position, and grade assignment may influence working conditions and available resources. Mental-health status indicates how teachers experience and manage those conditions. Emotion-focused, problem-focused, and dysfunctional coping describe the responses they use. Examining their relationships can guide inclusive, evidence-based, and school-based psychosocial support without assuming causation or labeling teachers according to isolated behaviors.

2 METHOD

The study employed a quantitative descriptive-correlational design. Descriptive research was appropriate because it allowed the researcher to summarize the respondents' demographic characteristics, mental health status, and coping mechanisms without manipulating any variable.³⁴ The correlational component determined whether teachers' mental health status was significantly associated with their coping mechanisms. Comparative analysis was also conducted to determine whether mental health scores differed when respondents were grouped according to age, sex, position, and grade level handled.

2.1 Participants

The participants were 363 regular public elementary school teachers handling Grade 4, Grade 5, Grade 6, or mixed grade levels in the Fourth Congressional District of Quezon. They were drawn from a population of 6,373 teachers across Alabat, Atimonan, Calauag, Gumaca, Guinayangan, Lopez, Plaridel, Perez, Quezon, and Tagkawayan. The required sample was computed using Cochran's sample-size formula. Respondents were allocated across the ten municipalities, after which qualified teachers were selected randomly within each municipality. Eligible participants were regularly employed in public elementary schools, assigned to the covered grade levels, and holders of a professional teaching license. Teachers outside the target district or grade levels were excluded.

2.2 Source of Data / Research Instrument

Data were collected using a researcher-made questionnaire developed from the literature, related studies, and measures used in previous teacher mental health and coping research.^{22, 27} The first part gathered age, sex, position, and grade level handled. The second part measured mental health status through sleep, experienced well-being, bothered well-being, positive mental health, and bouncing back. The third part assessed emotion-focused, problem-focused, and dysfunctional coping. Parts II and III used a five-point Likert-type frequency scale ranging from 1, never, to 5, always. Higher scores indicated more frequent experiences or reported responses within each measured dimension. Positive and concern-related mental health dimensions were interpreted separately to preserve their conceptual direction.

2.3 Data Gathering Procedure

The questionnaire underwent content and construct validation by a master teacher, school head, public schools district supervisor, education program specialist, and education program supervisor. Their comments guided revisions to the wording, relevance, organization, and alignment of the items. The revised instrument was pilot-tested with 25 elementary teachers from other districts who met comparable eligibility requirements but were not included in the main sample. Cronbach's alpha was computed to evaluate the internal consistency of the instrument and its subscales before final administration.

Before data collection, the researcher secured institutional ethics clearance and written permission from the Schools Division Superintendent, district supervisors, and participating school heads. Each participant received an informed-consent statement explaining the study's purpose, procedures, voluntary nature, possible use of the results, and privacy protections. Respondents could decline participation, omit a question, or withdraw before submitting their answers without penalty. Names and direct identifiers were not collected, and responses were coded and reported only in aggregate form. A mixed-mode procedure was used to reach teachers across the district. Printed questionnaires were administered to 287 respondents from the seven mainland municipalities, while an equivalent Google Form was used for 76 respondents from the island municipalities of Alabat, Perez, and Quezon. Both formats contained identical instructions, consent statements, items, and response choices. Accomplished questionnaires were checked for completeness, consistency, and possible duplication. Printed responses were encoded electronically and combined with downloaded online responses. Paper records were secured, while electronic data were password-protected and accessible only to authorized research personnel.

2.4 Analysis of Data

Frequency and percentage summarized the demographic profile. Means described each mental health and coping dimension using the established interpretation ranges. Spearman's rank-order correlation tested the relationships

between the five mental health dimensions and the three coping dimensions. The Kruskal-Wallis H test examined differences in mental health scores across profile groups. When an omnibus comparison was significant, Dunn's post hoc test identified the specific groups that differed while controlling for multiple comparisons. All inferential tests used a .05 significance level.

3 RESULTS AND DISCUSSION

This section presents and discusses the findings on the mental health status and coping mechanisms of public elementary school teachers in the Fourth Congressional District of Quezon. The results are organized according to the study objectives. The discussion begins with the respondents' demographic profile in terms of age, sex, position, and grade level handled. It then examines their mental health status based on sleep, experienced well-being, bothered well-being, positive mental health, and bouncing back. The teachers' emotion-focused, problem-focused, and dysfunctional coping mechanisms are also discussed. Finally, the section presents the relationships between mental health status and coping mechanisms and the differences in mental health status across demographic groups. The findings are interpreted using relevant literature, theories, and studies to explain their implications for teacher well-being and school-based psychosocial support.

Table 1: Demographic Profile of the Teacher-Respondents

Profile Variable	Category	Frequency	Percentage (%)
Age	20–25 years old	25	6.90
	26–30 years old	56	15.40
	31–40 years old	119	32.80
	41–50 years old	100	27.50
	51 years old and above	63	17.40
	Subtotal	363	100.00
Sex	Male	146	40.20
	Female	206	56.70
	Prefer not to say	11	3.00
	Subtotal	363	100.00
Position	Teacher I	122	33.60
	Teacher II	96	26.40
	Teacher III	94	25.90
	Master Teacher I	36	9.90
	Master Teacher II	15	4.10
	Subtotal	363	100.00
Grade Level Handled	Grade 4	117	32.20
	Grade 5	118	32.50
	Grade 6	104	28.70
	Mixed grade levels	24	6.60
	Subtotal	363	100.00

Table 1 describes the 363 teacher-respondents according to age, sex, position, and grade level handled. Most respondents were aged 31–40 years (119 or 32.80%), followed by those aged 41–50 years (100 or 27.50%). This distribution indicates that the sample largely represented teachers in middle adulthood who may balance professional and family responsibilities. Previous studies note that mental health patterns may vary across age and career stages, with some reporting greater stress among younger adults.^{19, 20, 36} However, the present distribution alone cannot establish age-related differences in mental health.

Female teachers formed the majority (206 or 56.70%), while 146 (40.20%) were male. The remaining 11 respondents (3.00%) preferred not to disclose their sex. Previous research suggests that women may experience overlapping professional and household responsibilities, while perceived stress can also differ across sex groups.^{28, 29} Nevertheless, the current figures describe representation only and do not indicate that one group experienced poorer mental health. Teacher I comprised the largest position group (122 or 33.60%), followed by Teacher II (96 or 26.40%) and Teacher III (94 or 25.90%). Master Teacher I and II represented smaller proportions. Thus, the findings mainly reflected classroom teachers who regularly manage instruction, assessment, reports, and related duties. These demands may contribute to emotional strain and reduced instructional time.^{13, 37} Grade 5 teachers formed the largest group (118 or 32.50%), closely followed by Grade 4 teachers (117 or 32.20%) and Grade 6 teachers (104 or 28.70%). Only 24 respondents (6.60%) handled mixed grade levels. The nearly balanced representation across Grades 4–6 supports broader coverage of intermediate teachers. However, mixed-grade teaching may require additional preparation and instructional adjustment.

Generally, the respondents were predominantly aged 31–50 years, female, holding Teacher I–III positions, and assigned to Grades 4–6. These characteristics provide a basis for interpreting later results and developing inclusive psychosocial support.^{2, 34}

Table 2: Mental Health Status of Teachers in the Division of Quezon

Mental Health Domain	Grand Mean	Verbal Interpretation	Areas of Concern
Sleep	3.47	Sometimes	Disrupted sleep, difficulty restoring energy, and limited sleep-related self-care
Experienced Well-Being	3.43	Sometimes	Changing teaching demands, work-life balance, and emotional exhaustion
Bothered Well-Being	3.41	Sometimes	Persistent bothersome feelings, mental exhaustion, and emotional strain
Positive Mental Health	3.59	Often	Sustaining joy, contentment, and hope during difficult situations
Bouncing Back	3.51	Often	Recovering from setbacks and regaining emotional strength
Composite Mean	3.48	Sometimes	Maintaining emotional well-being, restorative sleep, resilience, and consistent recovery from work-related demands

Table 2 presents the teachers' mental health status across sleep, experienced well-being, bothered well-being, positive mental health, and bouncing back, including the corresponding areas requiring psychosocial support. The sleep domain obtained a grand mean of 3.47, interpreted as Sometimes. Teachers intermittently experienced disrupted sleep, insufficient energy restoration, and limited sleep-related self-care. These concerns may reduce concentration, patience, and readiness for classroom responsibilities. Previous Philippine research likewise identified sleep as a concern among teachers.²² Overlapping duties may also limit teachers' time for rest and personal care.¹³

In addition, experienced well-being registered a grand mean of 3.43, interpreted as Sometimes. This indicates that teachers only occasionally maintained emotional balance while managing changing demands, work-life responsibilities, and exhaustion. Occupational demands have been associated with emotional exhaustion, while generally stable teachers may remain vulnerable because of personal circumstances and job satisfaction.^{10, 37} Likewise, bothered well-being obtained a grand mean of 3.41, interpreted as Sometimes. Persistent bothersome feelings, mental exhaustion, and emotional strain occurred intermittently among respondents. Although these concerns were not continuously experienced, their recurrence may affect teachers' focus, relationships, and work performance. Workload and limited institutional support remain continuing risks to teacher well-being.¹² Psychological distress has also been associated with burnout and less helpful coping responses.²⁷

Meanwhile, positive mental health recorded the highest grand mean of 3.59, interpreted as Often. Teachers frequently maintained joy, contentment, hope, and constructive relationships despite difficult circumstances. This suggests the presence of psychological strengths that may protect their professional functioning. Social support contributes to positive mental health.¹¹ This result also reflects the dual-continua perspective, which recognizes that positive functioning and psychological concerns may coexist.²¹ Similarly, bouncing back obtained a grand mean of 3.51, interpreted as Often. Teachers frequently recovered from setbacks and regained emotional strength after challenging experiences. This reflects resilience, although continuous support remains necessary during prolonged demands.

Resilience develops through interactions between personal strengths and environmental resources.³⁸ Thus, recovery should not be viewed solely as an individual responsibility.

In general, the composite mean of 3.48, interpreted as Sometimes, indicates that teachers' overall mental health experiences were mixed. They often demonstrated positive mental health and resilience, but they sometimes encountered sleep difficulties, emotional exhaustion, and bothersome feelings. This pattern is consistent with evidence that favorable functioning may coexist with specific mental health concerns.²² Therefore, the proposed psychosocial support program should strengthen restorative sleep, emotional regulation, workplace support, self-care, and resilience-building practices.

Table 3: Coping Mechanisms Associated with the Mental Health of Teachers

Coping Mechanism Domain	Grand Mean	Verbal Interpretation	Areas of Concern
Emotion-Focused Coping	3.87	High	Strengthening self-esteem, emotional resilience, mood regulation, and healthy emotional expression
Problem-Focused Coping	3.79	High	Improving task organization, time management, prioritization, and professional updating
Dysfunctional Coping	3.05	Moderate	Avoidance, delayed problem resolution, unhealthy escape behaviors, procrastination, and disengagement
Composite Mean	3.57	High	Reducing dysfunctional responses while sustaining healthy emotional regulation, practical problem-solving, and support-seeking practices

Table 3 summarizes teachers' use of emotion-focused, problem-focused, and dysfunctional coping mechanisms, together with the areas requiring support. Emotion-focused coping obtained the highest grand mean of 3.87, interpreted as High. Teachers frequently managed stress through emotional regulation, positive reflection, support-seeking, and healthy emotional expression. However, self-esteem, resilience, and mood regulation still require strengthening. Supportive relationships and communication can help teachers manage emotional difficulties.^{6, 26} Similarly, problem-focused coping recorded a grand mean of 3.79, interpreted as High. This indicates that teachers frequently addressed challenges through planning, organizing tasks, seeking information, and applying practical solutions. Nevertheless, time management, prioritization, task organization, and professional updating remain areas for improvement. Filipino coping research identifies problem-solving and help-seeking as meaningful responses.³¹ Teachers also use functional strategies when responding to unfamiliar demands.²³

However, dysfunctional coping obtained a grand mean of 3.05, interpreted as Moderate. Avoidance, procrastination, disengagement, and delayed problem resolution were present, although they were less evident than healthier coping strategies. These responses may offer temporary relief while leaving stressors unresolved. Dysfunctional responses have likewise been associated with psychological distress and burnout among teachers.²⁷

In general, the composite mean of 3.57, interpreted as High, indicates that teachers generally used coping mechanisms frequently. Emotion-focused and problem-focused coping were more evident than dysfunctional coping, suggesting a generally constructive coping pattern. However, psychosocial support should continue strengthening emotional regulation, practical problem-solving, and support-seeking while reducing avoidance and disengagement. This pattern reflects the multidimensional nature of coping, which can include both helpful and less helpful responses.³³

Table 4 presents the relationships between the five mental health domains and the teachers' emotion-focused, problem-focused, and dysfunctional coping mechanisms. Sleep had weak positive correlations with emotion-focused coping, $\rho = 0.21$, $p < 0.001$; problem-focused coping, $\rho = 0.16$, $p = 0.002$; and dysfunctional coping, $\rho = 0.15$, $p = 0.004$. Although significant, these relationships were small. This means that differences in sleep scores corresponded only slightly with differences in coping. Previous research similarly identified sleep as a concern among teachers.²² Overlapping responsibilities may reduce the time available for rest and self-care.¹³

Similarly, experienced well-being had a moderate positive correlation with emotion-focused coping, $\rho = 0.26$, $p < 0.001$. It had weak positive correlations with problem-focused and dysfunctional coping, both $\rho = 0.20$, $p < 0.001$. Emotional coping was therefore more closely related to teachers' daily well-being than practical or dysfunctional responses. Supportive relationships and communication can serve as resources for managing emotional difficulties.^{6, 26} Bothered

well-being also had a moderate positive correlation with emotion-focused coping, $\rho = 0.32$, $p < 0.001$. Its correlations with problem-focused coping, $\rho = 0.25$, and dysfunctional coping, $\rho = 0.24$, were weak but significant. Teachers experiencing bothersome feelings may use emotional support more consistently than direct problem-solving. However, the significant relationship with dysfunctional coping indicates that avoidance and disengagement may also accompany emotional strain. Dysfunctional coping has likewise been associated with psychological distress and burnout.²⁷

Table 4: Statistical Analysis Results on the Test of Significant Relationship between Mental Health Status and the Coping Mechanisms of Teachers in the Division of Quezon

Mental Health Domain	Coping Mechanism	Spearman's ρ	Interpretation	p Value	Decision and Remarks
Sleep	Emotion-Focused Coping	0.21	Weak positive correlation	< 0.001	Reject H_0 ; Significant
	Problem-Focused Coping	0.16	Weak positive correlation	0.002	Reject H_0 ; Significant
	Dysfunctional Coping	0.15	Weak positive correlation	0.004	Reject H_0 ; Significant
Experienced Well-Being	Emotion-Focused Coping	0.26	Moderate positive correlation	< 0.001	Reject H_0 ; Significant
	Problem-Focused Coping	0.20	Weak positive correlation	< 0.001	Reject H_0 ; Significant
	Dysfunctional Coping	0.20	Weak positive correlation	< 0.001	Reject H_0 ; Significant
Bothered Well-Being	Emotion-Focused Coping	0.32	Moderate positive correlation	< 0.001	Reject H_0 ; Significant
	Problem-Focused Coping	0.25	Weak positive correlation	< 0.001	Reject H_0 ; Significant
	Dysfunctional Coping	0.24	Weak positive correlation	< 0.001	Reject H_0 ; Significant
Positive Mental Health	Emotion-Focused Coping	0.42	Moderate positive correlation	< 0.001	Reject H_0 ; Significant
	Problem-Focused Coping	0.27	Moderate positive correlation	< 0.001	Reject H_0 ; Significant
	Dysfunctional Coping	0.21	Weak positive correlation	< 0.001	Reject H_0 ; Significant
Bouncing Back	Emotion-Focused Coping	0.36	Moderate positive correlation	< 0.001	Reject H_0 ; Significant
	Problem-Focused Coping	0.26	Moderate positive correlation	< 0.001	Reject H_0 ; Significant
	Dysfunctional Coping	0.21	Weak positive correlation	< 0.001	Reject H_0 ; Significant

On the other hand, positive mental health produced the strongest relationship in the table. It had moderate positive correlations with emotion-focused coping, $\rho = 0.42$, and problem-focused coping, $\rho = 0.27$, both $p < 0.001$. Its relationship with dysfunctional coping was weak, $\rho = 0.21$, $p < 0.001$. These results suggest that emotional regulation, support-seeking, planning, and practical action were more closely associated with positive functioning. Social support contributes to positive mental health, while social support and problem-solving are associated with stronger occupational outcomes.^{11, 40} In the same manner, bouncing back had moderate positive correlations with emotion-focused coping, $\rho = 0.36$, and problem-focused coping, $\rho = 0.26$, both $p < .001$. It had a weak positive correlation with dysfunctional coping, $\rho = 0.21$, $p < 0.001$. Thus, teachers' recovery from setbacks was more closely associated with emotional and practical coping. Resilience develops through personal and environmental resources, while social support and problem-solving remain meaningful Filipino coping practices.^{31, 38}

Table 5: Statistical Analysis Results on the Test of Significant Differences in Mental Health Status When Teachers Are Grouped According to Profile

Profile Variable	Mental Health Domain	Kruskal-Wallis H	p Value	Decision	Remarks	Post Hoc Result
Age	Sleep	12.9836	0.0114	Reject H_0	Significant	Teachers aged 51 years and above had a significantly higher mean rank than those aged 26–30 years ($p = .0031$).
	Experienced Well-Being	3.0252	0.5536	Fail to reject H_0	Not significant	No significant differences across age groups
	Bothered Well-Being	0.8580	0.9305	Fail to reject H_0	Not significant	No significant differences across age groups
	Positive Mental Health	1.5039	0.8259	Fail to reject H_0	Not significant	No significant differences across age groups
	Bouncing Back	3.5891	0.4645	Fail to reject H_0	Not significant	No significant differences across age groups
Sex	Sleep	2.0676	0.3556	Fail to reject H_0	Not significant	No significant differences across sex groups
	Experienced Well-Being	0.4370	0.8037	Fail to reject H_0	Not significant	No significant differences across sex groups
	Bothered Well-Being	1.0346	0.5961	Fail to reject H_0	Not significant	No significant differences across sex groups
	Positive Mental Health	2.0055	0.3669	Fail to reject H_0	Not significant	No significant differences across sex groups
	Bouncing Back	0.9890	0.6099	Fail to reject H_0	Not significant	No significant differences across sex groups
Position	Sleep	5.3183	0.2562	Fail to reject H_0	Not significant	No significant differences across positions
	Experienced Well-Being	7.2298	0.1242	Fail to reject H_0	Not significant	No significant differences across positions
	Bothered Well-Being	6.6938	0.1530	Fail to reject H_0	Not significant	No significant differences across positions
	Positive Mental Health	5.6981	0.2229	Fail to reject H_0	Not significant	No significant differences across positions
	Bouncing Back	6.3764	0.1727	Fail to reject H_0	Not significant	No significant differences across positions
Grade Level Handled	Sleep	0.1623	0.9834	Fail to reject H_0	Not significant	No significant differences across grade levels
	Experienced Well-Being	2.1929	0.5334	Fail to reject H_0	Not significant	No significant differences across grade levels
	Bothered Well-Being	5.8817	0.1175	Fail to reject H_0	Not significant	No significant differences across grade levels
	Positive Mental Health	0.4581	0.9280	Fail to reject H_0	Not significant	No significant differences across grade levels
	Bouncing Back	0.9815	0.8057	Fail to reject H_0	Not significant	No significant differences across grade levels

In general, all 15 relationships were statistically significant; therefore, the null hypothesis was rejected. Emotion-focused coping consistently showed the strongest relationship with every mental health domain. This pattern suggests that emotional regulation, positive reframing, and support-seeking are closely associated with teachers' well-being and recovery from stress. However, the weak but significant correlations involving dysfunctional coping indicate that avoidance, procrastination, withdrawal, and disengagement remained present alongside healthier responses. These findings imply that teachers need accessible and continuing support rather than one-time wellness activities. The proposed psychosocial support program should strengthen emotional regulation, peer support, practical problem-solving, restorative sleep, and resilience. It should also help teachers recognize stress signals early, replace dysfunctional responses with healthier strategies, and seek assistance without fear of judgment. School leaders should promote manageable workloads, open communication, mentoring, and supportive referral systems. Such measures may help teachers sustain their mental health, perform their responsibilities effectively, and maintain positive relationships with learners and colleagues.

Table 5 presents the differences in teachers' mental health domains when grouped according to age, sex, position, and grade level handled. Age produced a significant difference only in sleep, $H = 12.9836$, $p = 0.0114$. The post hoc analysis revealed that teachers aged 51 years and above had a significantly higher mean rank than those aged 26–30 years, $p = 0.0031$. This indicates that older teachers reported higher sleep-related scores than younger teachers. If higher scores represent greater sleep concerns, older teachers may require additional support for disrupted sleep, energy restoration, and sleep-related self-care. Previous research indicates that mental health patterns may vary by age and career stage.¹⁹ However, other studies reported greater stress and psychological distress among younger participants.^{20, 36} This contrast suggests that general stress and sleep-related concerns may not follow the same age pattern.

Meanwhile, no significant age-based differences emerged in experienced well-being, $H = 3.0252$, $p = 0.5536$; bothered well-being, $H = 0.8580$, $p = 0.9305$; positive mental health, $H = 1.5039$, $p = 0.8259$; and bouncing back, $H = 3.5891$, $p = 0.4645$. Teachers across age groups therefore reported generally comparable emotional functioning, positive mental health, and resilience. These results imply that age-specific support may be appropriate for sleep, while emotional well-being and resilience interventions should remain available to all age groups.

In addition, sex did not produce significant differences in sleep, $H = 2.0676$, $p = 0.3556$; experienced well-being, $H = 0.4370$, $p = 0.8037$; bothered well-being, $H = 1.0346$, $p = 0.5961$; positive mental health, $H = 2.0055$, $p = 0.3669$; or bouncing back, $H = 0.9890$, $p = 0.6099$. Thus, male, female, and nondisclosing respondents had comparable mental health scores. This finding contrasts with research identifying sex differences in perceived stress.²⁹ It also qualifies evidence that women's mental health may reflect overlapping professional and domestic responsibilities.²⁸ In the present study, sex alone did not distinguish teachers' mental health experiences. School climate, workload, family roles, and access to support may be more relevant than sex considered separately.

Likewise, position showed no significant differences across the five domains. The obtained values ranged from $H = 5.3183$, $p = 0.2562$, for sleep to $H = 7.2298$, $p = 0.1242$, for experienced well-being. This means that Teachers I–III and Master Teachers I–II reported generally similar mental health conditions. Although specific duties differ by rank, mental health concerns may extend throughout the teaching workforce. Institutional demands have been associated with emotional exhaustion, while administrative and additional responsibilities may reduce time for instructional work and self-care.^{13, 37} The present findings suggest that these pressures may not be limited to teachers holding a particular position.

Similarly, grade level handled likewise produced no significant differences. The results were not significant for sleep, $H = 0.1623$, $p = .9834$; experienced well-being, $H = 2.1929$, $p = .5334$; bothered well-being, $H = 5.8817$, $p = .1175$; positive mental health, $H = 0.4581$, $p = 0.9280$; and bouncing back, $H = 0.9815$, $p = 0.8057$. Teachers handling Grades 4, 5, 6, and mixed grade levels therefore experienced comparable mental health conditions. Although grade assignments involve different learner and curriculum demands, these differences were not sufficient to produce statistically distinct mental health scores.

Overall, only one of the 20 comparisons was significant. Mental health status was generally similar across sex, position, and grade level handled, as well as across age groups for four domains. Therefore, the proposed psychosocial support program should remain inclusive and accessible to all teachers. However, it should include age-responsive sleep support, such as sleep-hygiene education, health monitoring, workload management, reasonable deadlines, and recovery practices. School leaders should also avoid assuming that teachers in particular demographic or occupational groups are either more resilient or more vulnerable without considering their actual working conditions and support needs.

4 CONCLUSION

The study found that most respondents were aged 31–50 years, female, holding Teacher I–III positions, and teaching Grades 4–6. Teachers' overall mental health status was experienced "Sometimes", with a composite mean of 3.48. They often demonstrated positive mental health and the ability to bounce back, yet they sometimes experienced sleep disruption, emotional exhaustion, and bothersome feelings. Their overall coping mechanisms were rated "High", with a composite mean of 3.57. Emotion-focused and problem-focused coping were highly practiced, while dysfunctional coping remained moderate. All 15 relationships between mental health and coping mechanisms were statistically significant. Emotion-focused coping consistently showed the strongest association with the mental health domains. Mental health was generally comparable across profile groups, except for sleep, which differed significantly by age. Teachers aged 51 years and above recorded higher sleep-related scores than those aged 26–30 years.

These findings contribute district-level evidence that teachers can maintain hope, emotional strength, and constructive coping while still experiencing concerns requiring professional support. Therefore, the proposed psychosocial support program should serve all teachers regardless of sex, position, or grade level handled. It should strengthen emotional regulation, peer support, practical problem-solving, time management, resilience, and healthy emotional expression. The program should also address avoidance, procrastination, disengagement, and delayed problem resolution. Age-responsive sleep support should include sleep-hygiene education, manageable workloads, reasonable deadlines, health monitoring, and adequate recovery periods. School leaders should establish confidential referral systems, regular wellness activities, and supportive workplace practices. These measures can help teachers manage occupational demands while sustaining their well-being and professional effectiveness.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

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The authors declare no conflicts of interest regarding this manuscript.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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