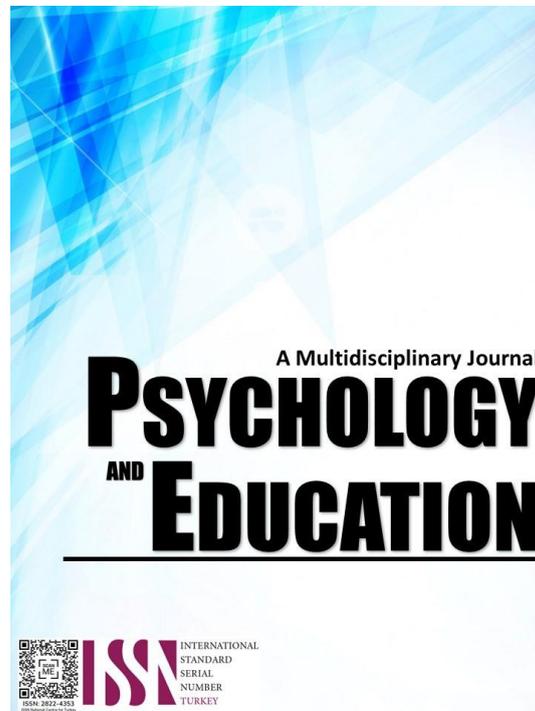


**LEVEL OF KNOWLEDGE ON MENTAL HEALTH
ISSUES AND PROBLEMS, PERSONAL EXPERIENCES
AND COPING MECHANISMS OF TEACHERS**



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Level of Knowledge on Mental Health Issues and Problems, Personal Experiences and Coping Mechanisms of Teachers

Audrey Rose D. Simon*, Honeylyn M. Mahinay

For affiliations and correspondence, see the last page.

Abstract

This study determines the level of knowledge on mental health issues and problems and coping mechanisms in the new normal among elementary teachers. The descriptive-correlational design was employed, and 220 respondents were included in the study. Elementary teachers have a moderate level of knowledge on mental health issues and problems, sometimes experienced personal stressors, and always cope through religiosity. Teachers' level of knowledge on mental health issues and problems about precipitating and triggering factors vary in terms of age and sex but do not vary according to their educational attainment. A significant relationship exists between teachers' knowledge on mental health issues, problems, and coping mechanisms.

Keywords: *mental health issues and problems, personal experiences, coping mechanisms, emotional stressors, physical stressors, psychological stressors, myths about mental disorder, precipitating factors, risk factors, cognitive appraisal, social support, problem solving, religiosity, tolerance, overactivity, relaxation, and substance use*

Introduction

The first line of defense for students is their teacher (Agarwal, 2022). According to Jimenez (2021), the mental health wellness of teachers provides learners with a positive learning and development experience. Failing to address the mental health needs of teachers may affect their ability to address critical needs among students. Teacher wellness has been linked to teachers' physical health, stability in schools, teaching effectiveness, and student achievement. Moreover, teachers' emotions and stress levels have been found to influence those of students and other teachers (Cox, Solomon, and Parris, 2018).

Multiple studies have demonstrated the ubiquity of mental health issues experienced by teachers internationally. A survey of Canadian teachers reported that stress and burnout continue to be a problem among teachers, leading to anxiety and depression. Burnout may adversely affect teachers' health and is a risk factor for poor physical and mental well-being (Agyapong, Donkor, Burbach & Wei, 2022). Accordingly, a considerable lack of administrative support is the most significant factor increasing anxiety (Kamal, Ahmed, Wassif & Greda, 2021). Andrade, Bosano and Paz (2021) added that in Ecuador, the field of education had experienced drastic changes including the adoption of remote learning. As a result, teachers have had to continue their job amid a series of circumstances and stressors that may have taken a toll on their mental health.

In Asian countries like China, teachers' mental health

is an essential factor affecting the quality of education. Teachers with poor mental health status suffer from occupational stress, such as frequently changing regulatory framework, too many non-teaching tasks, overemphasis on competitions, excessively centralized control in teaching, and low socioeconomic status (Yang, You, Zhang, Lian & Feng, 2019). Also, in Pakistan, Marooj, Alvi, Altaf and Khatoon (2022) concluded that various sources of stress, anxiety and depression and teachers' workload contribute to physical and emotional exhaustion, deteriorated mental health, increased sick leave, and reduced employment with economic consequences.

Public school teachers are confronted with numerous paperwork and workloads in the Philippines. According to DepEd Secretary Leonor Briones, not only are the teachers suffering from a heavy workload; everyone in government service is overworked and under immense pressure (Terrazola, 2018). It further proves that public school teachers are bombarded with work-related assignments such as reports, instructional materials, school designations, and other related tasks apart from their usual six-hour teaching load daily. This work situation leads to the dwindling performance of teachers from its target, which is beyond proficiency level. Given this workload, teaching tasks are being sidelined by teachers' many other responsibilities, and roles (David, Albert & Vizmanos, 2019).

Teachers in the Municipality of Alamada must display good work habits and excellent teaching abilities. Also, they have to deal with various difficulties in their daily work. Teachers' mental health is vital to their



ability to holistically manage and lead their classrooms. Unfortunately, some teachers are unaware of mental health issues and unsure how to continue the teaching and learning process while facing challenges. In light of this, the researcher is motivated to conduct this research to ascertain how knowledgeable teachers are about mental health issues.

Research Questions

This study aimed to determine the level of knowledge on mental health issues and problems, and coping mechanisms of Elementary Teachers in the new normal. Specifically, this study sought to answer the following questions:

1. What is the demographic profile of elementary school teachers in terms of age, sex, and educational attainment?
2. What is the level of knowledge on mental health issues and problems of elementary school teachers in terms of myths about mental disorders, precipitating/triggering factors, consequence due to mental disorder, and risk factors?
3. How frequently do the elementary school teachers experience personal stressors related to mental health problems in terms of physical, emotional, and psychological?
4. What is the extent of teachers' coping mechanisms in terms of cognitive appraisal, social support, problem-solving, religiosity, tolerance, over activity, relaxation, and substance use?
5. Is there a significant difference between elementary school teachers' level of knowledge on mental health issues and problems when grouped according to demographic profile?
6. Is there a significant relationship between the level of elementary school teachers' knowledge on mental health issues and problems and coping mechanisms?

Literature Review

Mental Health

Given the prevalence and severity of mental disorders, teachers have expanded their role to include identifying students with mental health needs and providing mental health interventions in the classroom (Estrada et. al, 2020). However, teachers receive little, if any, mental health training (Kratt, 2018).

As explained by Khanna & Aeri (2018), the etiology of mental health disorders is complex and

multifactorial. Research has identified many factors related to the onset, maintenance, recurrent onset, and specific age groups. The biological vulnerability may result from children's genetic gifts and prenatal factors. Environmental impacts include family relationships, children's thinking processes, self-perception (frustrated teenagers have negative thoughts about themselves and their surroundings, which can lead to negative thinking processes), stressful life events, schools, and nearby areas. Stressful life events (losses) can lead to negative perceptions, which increase the risk of these diseases.

Galea, Merchant, and Lurie (2020) recognized in a recent article that there is very little literature on the psychological consequences of epidemics. All major disasters have significantly impacted people, including depression, post-traumatic stress disorder, substance use disorders, etc., behavioral disorders, domestic violence, and child abuse. Plomecka et. al (2020) also pointed out that the impact of COVID-19 on the mental health of the masses has emerged as a matter of enormous concern. Many factors related to COVID-19 may hurt people's mental health, and the risk for people susceptible to mental illness is even higher. After the SARS epidemic in the early 2000s, long-term isolation or isolation has been associated with depression, anger, anxiety, and suicide.

In addition, the Philippine Mental Health Act (2018), introduced more than three years ago, the first bill in the country's history, provides rights-based mental health legislation. It requires providing mental, psychological, and neurological services in all hospitals and primary mental health services in the community. Compulsory treatment is limited to the hospital environment, and the law does not stipulate mandatory therapy in the place of residence (Lally, Samaniego & Tully, 2019).

Moreover, in recent years, mental health has become a significant public health problem. In the Philippines, the Philippine Mental Health Act came into effect in 2019, and the public is expected to pay more attention to mental health services and the rights of patients and their families. Additionally, Philippine Mental Health Association (PMHA), Inc. National Executive Director, Dr. Carolina Uno-Rayco has underscored the importance of parents and teachers to take care of their mental health as the new realities of the pandemic are starting to set in especially now that some private schools have already begun to online classes.

Knowledge on Mental Health Issues

In the study conducted by Parikh et al. (2016), findings showed that 76 percent of teachers scored 7 out of 15 which points toward the majority of them having inadequate knowledge. 63.6 percent scored five or more on the negative attitudes' questionnaire, which indicates a high prevalence of negative attitudes. Females had comparatively more knowledge than males about symptoms and management of mental illness, although there was no significant gender difference in the attitude toward mental illnesses. Teachers' knowledge about mental illness is insufficient, and they hold a lot of stigmas against the mentally ill as demonstrated by their low scores in attitude. Additionally, the study of Hossain et al. (2022) on mental health status of teachers during the second wave of the pandemic in Bangladesh demonstrated that 94 percent of the participating teachers had a master's degree.

Furthermore, knowledge about Mental Health is essential for all educators, who are often their students' first line of defense (Barile, 2018). Since students spend a significant amount of time in school, bridging the gap between teachers' and students' knowledge and attitudes toward mental illness is essential in enhancing the students' knowledge and perspectives. In addition, knowledgeable teachers with positive attitude can assist in the early identification of mental illnesses and help students when needed. Students with knowledge and positive attitude toward mental illness can share their concerns with their teachers (Omari et al., 2022).

Myths about Mental Disorders

Newman (2020) reported some common misconceptions about mental health such as mental health problems are uncommon, people with mental health conditions cannot work, mental health problems are permanent, and mental health problems are a sign of weakness. He addressed the misconceptions that one of the most common mental health disorders is depression, affecting more than 264 million people globally in 2017. Someone with a particularly severe mental health condition might be unable to carry out regular work. However, most people with mental health issues can be as productive as individuals without mental health disorders. A mental health diagnosis is not necessarily a "life sentence." Each individual's experience with mental illness is different. Lastly, this is no more true than saying that a broken leg is a sign of weakness. Mental health disorders are illnesses, not symptoms of poor character.

Accordingly, Silva, Cobucci, Lima and de Andrade

(2021) indicated high depression, anxiety, and stress rates among teachers (19%, 17%, and 30%, respectively). In addition, depression, anxiety, and stress were consistently more common among teachers with socio-demographic and work-related characteristics such as female, lowest educational status, having 1-3 children, staying with in-laws, shorter distance to school, living in a high-rise building and own house (Othman & Sivasubramaniam, 2019). However, negative affectivity (a tendency to feel depression, anxiety, or stress) plays a role in the development of burnout among teachers. Teachers who developed a more markedly negative affectivity also felt more burnt out; the opposite was true (Genoud, & Waroux, 2021).

Moreover, Grasso (2021) illustrated that misconceptions about mental illness prevent many people from getting the needed help. Stigma, the shame associated with needing mental health support can be deeply harmful. Given that anxiety, depression, and other mental health disorders are rising, continued stigma causes people to suffer in silence needlessly. We will likely all struggle with our mental health at various times. We all deserve support to overcome these struggles, without misconceptions about mental illness standing in our way. Destigmatizing mental health means acknowledging that this struggle is common. It is valid and normal to seek mental health care. While self-care is helpful, we don't always have to go it alone, and asking for help is a sign of resilience.

Precipitating/Triggering Factors

According to Bastos (2022), mental illnesses are prevalent, with 50 percent of people having experienced a mental illness or disorder at some point in their lifetime. Nearly one in five adults in the United States has a mental illness in a year. Also, mental health is complex, with many contributing risk factors. The most common causes include abuse, genetic factors, discrimination, grief, and trauma. What they all have in common is that they can lead to feelings of isolation, worthlessness, and despair. Ravin (2020) elucidated that awareness of the factors that have precipitated a mental health diagnosis is essential to assessment.

As studied by Wu (2020), the mental health of teachers under work stress directly affects the teaching effect. The results show that the work stress of teachers is induced by factors like work intensity, school management, social environment, economic situation, student pressure, career development and family

background, with work intensity being the primary inducer; the work stress of teachers has a positive correlation with job burnout, so does mental health. Also, research conducted in the UK has indicated that more than three-quarters of teachers believe poor mental health is detrimental to their pupils' learning environment and progress. There are constant warnings that the department's increased workload and competitive structure have led to mental health deterioration. Mental health experts in New York have recognized that early intervention can lead to better results (Barile, 2018).

The latest research by Brooks et al. (2020) analyzed previous studies and reported quarantine's impact on patients' mental health: confusion and anger. Stressors included longer quarantine duration, fears of infection, helplessness, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some studies even report the long-term psychosocial effects of such public health emergencies. Widespread coverage of mental illness requires targeted mental health strategies and plans to minimize mental and emotional problems during the COVID-19 outbreak.

Risk Factors for Mental Health Issues

Risk factors mainly associated with an increased likelihood of onset of mental health disorders may include being a female, malnutrition (over & under), being the offspring of depressed/anxious parents, having subclinical levels of depressive symptoms, and being exposed to stress or trauma (during the preconception & prenatal period). The specific arrangement and the combination of certain risk factors used to predict the onset of mental disorders are not yet known. However, a single risk factor is necessary or sufficient to begin these disorders. Moreover, these risk factors make an individual vulnerable to stress and decrease their ability to deal with stress (Khanna & Aeri, 2018).

Higgins and Mosko (2020) also mentioned that integrating students with mental health issues in the classroom can be a personal burden for teachers. Sometimes it inflicts psychological or emotional stress on the teachers, which requires establishing boundaries. For the teachers, a significant problem is time management. As many explained, they need to work on sticking to the curriculum and trying to discipline the students. Another challenge is that teachers recognize caring for all students simultaneously, as distressed children can demand a lot of attention.

In 2023, the World Health Organization reported that an estimated 3.8 percent of the population experience depression, including 5 percent of adults (4 percent among men and 6 percent among women), and 5.7 percent of adults older than 60 years. Approximately 280 million people in the world have depression. Similarly, Fan, Fu, Li, Li, and Zhu (2021) showed that teachers older than 31 years of age were also suffering from depression, anxiety, and stress compared to their colleagues younger than 30 years of age. However, findings demonstrated that teachers with the age group 31–40 years and 41 or more years of age were less stressed than teachers younger than 30 (Hossain et al., 2022). Thompson, Robertson, and Frick (2018) further revealed that anxiety is one of the most pervasive mental health concerns affecting students, yet many students with anxiety disorders remain underserved. If left untreated, stress can hinder students' personal/social, academic, and career development.

In addition, Sahoo et. al. (2020) studied two cases of suicide attempts, brought to the hospital related to apprehension of catching the COVID-19 infection. The author believes two shots can be avoided if patients obtain relevant information. In both cases, depression and anxiety are caused by an overload of media with details about COVID-19. Correspondingly, Higgen and Mosko (2020) showed that especially externalizing symptoms of mental health issues are a burden to classmates and teachers. Teachers face time management problems and emotional stress.

Stressors that Affect Mental Health of Employees

Jimenez and Dunkl (2017) concluded that workload had been found to significantly affect teachers' mental health status, which can raise the risk of burnout in the form of emotional exhaustion. Also, Zamri, Moy and Hoe (2017) stated that among the other downsides, poor mental health among teachers could adversely impact their physical health, even cause lower back pain, and in a vicious cycle, weakened physical health can intensify their anxiety and depression.

Additionally, Wettstein (2020) proclaimed that teachers' emotional exhaustion has a detrimental effect on the quality of teaching and reduces their students' achievement and motivation. Phoenix (2017) conveyed that teachers are suffering higher rates of stress related injuries due to their consistent exposure to multiple stressors including violence and other dangerous and unsafe teaching environments, overwhelming amounts of work and time commitments, lack of support from school systems and the broader communities, health related issues, lack of proper staffing and physical

conditions of the school system infrastructures, and the politicization of education itself by local, state, and federal governmental agencies that are supposed to be supporting the vary educational systems they represent. Moreover, Jimenez (2021) concluded that in terms of the mental health status, teachers have trouble sleeping less than once a week; almost every day, teachers' well-being is often experienced and at the same time not at all bothered; teachers also a positive outlook for mental health and in terms of bouncing back they are neutral.

In one such study conducted by El Helou, Nabhani, and Bahous (2016), elements in the school environment found to cause stress among teachers included their relationships with administrators, their relationships with other teachers, the school's rules, and among new teachers without sufficient preparation, a sense of disillusionment. More recently, Khan, Din and Anwar (2019) found that sources of stress included environmental demands related to the teacher's role, the needs of the job, pressure in terms of time management, and a lack of resources, as well as personal demands imposed by their family and their perceptions, attitudes, beliefs, and involvement towards work. In addition, Ryan et al. (2017) found that the teachers' stress can be affected by the leadership style of the school administrator, while others have revealed that the teachers' anxiety stems from the pressure they feel when it comes to being held accountable for test-based evaluations.

As presented in the study of Simone, Cicotto and Lampis (2016), workload, perception of work environment, teachers' perceptions of senior management and attitude towards change are specific perceived occupational difficulties of the Italian teachers. In particular, workload and attitude towards change have significant direct effects on physical symptoms, and indirect effects on physical symptoms through job satisfaction. Also, job satisfaction decreases physical symptoms. The results suggest important implications for stress prevention in teachers. The level of stress and its consequences can be reduced and prevented by accurately identifying its sources, with a positive effect on individual and organisational health. Also, Kuwato and Hirano (2020) suggested that a greater sense of coherence and job satisfaction are associated with more significant mental health. Meanwhile, workload stressors and low job control undermined mental health status.

Coping Mechanisms

In 2018, Rilveria conceptualized different domains of

coping strategies. The nine parts serve as the components of the coping dispositional profile of the respondents. Cognitive reappraisal (pagsusuri) refers to changing one's views or assumptions about a problem. It includes thinking optimistically and encouragingly, changing goals and values, and creating meaning. Social support (paghingi ng tulong) refers to helpseeking behaviors, receiving advice or professional care, support from friends and family, and sharing one's problems. Problem-solving (pagtugon) involves planning, taking action to confront the source of stress, and aims to eliminate the stressor.

Further, Rilveria (2018) discussed that religiosity (pagkarelihiyoso) has its distinct domain because it involves some religious behaviors such as praying, leaving everything to God, and believing in destiny and the will of God. Tolerance (pagtitiis) would involve enduring the difficulty and stress without constant effort in confronting it. Emotional release (paglabas ng saloobin) refers to venting emotions through anger, humor, cry, etc. Overactivity (pagmamalabis) means overextension of work or overexertion of one's activity to distance oneself from the stress. Relaxation/Recreation (paglilibang) involves engaging in activities that ease the person and lessen the stress's cognitive and emotional load. Substance use (pagbibisyo) would entail using drugs, drinking alcohol, smoking, or even taking medicines to relieve some physical and mental manifestations of stress.

The results of the study by MacIntyre, Gregersen and Mercer (2020) indicate that most teachers used more than one coping strategy. The three most frequently reported strategies were acceptance, advanced planning, and reframing. Similarly, Rajesh et al. (2022) concluded that positive reframing, active coping, and preparation were the teachers' most commonly used coping strategies in the survey. Teachers are a vital resource who have received less attention than they deserve for their psychological well-being. A customized intervention program based on their perceived needs could be an excellent place to start.

Specifically, Nalla (2022) reported that besides listening and watching motivational videos, yoga and farming, teachers coped with the situations through prayers to avoid stress. Imran, Zhai, and Iqbal (2022) also showed that religious faith might help individuals calm their minds in times of crisis and severe illness. Furthermore, positive religious coping, intrinsic religiousness, and trust in God were associated with lower anxiety and a more significant positive outcome.



In contrast, negative religious coping and distrust in God resulted in the opposite. The study of Andrade, Bosano, and Paz (2022) concluded that teachers' most used coping strategies included seeking social support, exercising, and engaging in leisure activities.

In times of great stress, many people will resort to emotion-focused coping strategies, which generally involve avoidance. Substance abuse, gambling, and compulsive internet use may temporarily allow people to avoid feelings of anxiety but are not helpful in the longer term. Some coping strategies are dangerous. We see an upsurge in domestic abuse as people redirect their emotions into violence (Stone, 2020). Also, Mishra (2023) cited that many teachers, professors, and others in the education field have turned to alcohol or drugs to cope with this stress to alleviate anxiety and worries about work, escape from reality and numb emotional pain, and keep up with the demands of teaching jobs.

Under the current circumstances, due to the spread of the virus, physical health has become a top priority, so other issues and concerns and preventive measures need to be monitored at the individual, family, and community levels. Galea et al. (2020) propose three main prevention strategies to improve mental health. Planning for loneliness among populations, establishing monitoring, reporting, and intervention mechanisms for people at risk or abuse, and last but not least, strengthening the mental health system and preparing for the simultaneous challenges associated with COVID-19.

According to Stone (2020), the ability to cope with situations is not an individual's innate characteristic, nor is it incomprehensible. After suffering enough trauma, it can resolve on its own. Just like physical health, care needs to be carried out in personal care and a safe environment; some of our patients have never been safer. These people need support to learn coping strategies. Practice them to stay healthy. The coping theory provides us with a framework. Aydin and Kaya (2016) added that teachers' coping methods are looking at things from the optimistic side, spending time with beloved ones, and creating an environment to spend time with them. In addition, Jerrell (2020) mentioned problem-focus as one of the most common coping styles involving trying to assess the situation and finding a solution to the stress.

In another study, Osuba (2022) suggested the four A's of stress management activities- Avoid, Alter, Accept, and Adapt. Learning how to manage stress as a teacher begins by shifting your perception of "avoidant"

behaviors from evasive to tactical. Stress management for teachers sometimes requires creativity. Not every stressor is avoidable, so it's time to get creative for those you can't cross off the list. There are some pressures in life we must learn to accept. And, with some stress, adjusting our standards and expectations is a matter of change. Moreover, Fengler (2016) found that teachers cope with stress by self-examining their lifestyle, avoiding situations or persons who generated pressure, spending free time in nature, and practicing physical relaxation exercises.

Differences on the Level of Knowledge on Mental Health of Teachers

Lizana and Lera (2022) reported that most of the teachers participating in the study were within the first age range of 23-35 years. Also, the study of Lugue and Galicia (2021) on teachers' mental wellbeing reflected that those below 30 years old and 30-49 years old mostly participated in the study. Accordingly, Brunzell, Stokes and Waters (2019) stated that younger teachers with relatively short working years show a higher level of mental health. Since new young teachers have just entered the workplace, they have yet to become familiar with their jobs and specific job requirements and are in the stage of individual-environmental adaptation; thus, they have less work stress and have yet to develop obvious psychological problems.

Nitika (2019) states that adults of urban community have 0 percent poor knowledge, 4 percent average knowledge and 96 percent good knowledge on myths and misconceptions about mental illness. It also shows that adults of rural community have 0 percent poor knowledge, 74 percent average knowledge and 26 percent good understanding of myths and misconceptions about mental illness. Hence, it was concluded that adults of urban community have good knowledge and adults of rural community have average knowledge on myths and misconceptions about mental illness. Similarly, Fan, Fu, Li, Li, and Zhu (2021) stated that age has no significant impact on depression, anxiety, and stress. Findings also showed by Halim, Mridha, Nasrin, Islam, and Hossain (2022) that teachers, irrespective of age, were experiencing mental health problems; however, older teachers showed higher symptoms of depression, anxiety, and stress.

From a different standpoint, Lugue and Galicia (2021) reported that most of the respondents participated in their study were female teachers. Likewise, as presented in the analysis of Wang, Xue and Zhang

(2022) on teachers' status in mental health, out of 140 teachers, female teachers outnumbered the males. However, Akour, Tammemi, Barakat, Kanj, Fakhouri, Malkawi and Musleh (2020) concluded that there was no significant difference in the level of psychological distress between genders. Also, Medmood, Inamullah and Cercikaya (2022) revealed that male and female teachers rarely suffer from mental and physical problems. Also, both the groups possessed better mental health. However, there is no significant difference between mental health of male and female teachers.

As to the conclusion of Hadjimina and Furnham (2017), gender differences among participants had a significant effect on mental health literacy, where females demonstrated higher Mental Health Literacy than males, Parikh et al. (2016) found that females had comparatively more knowledge than males about the symptoms and management of mental illness. On the contrary, Dagar and Mathur (2016) found that male teachers possess good mental health compared to female teachers. The type of school does not affect the mental health of teachers.

Correspondingly, Matiz, Fabbro, Paschetto, Cantone, Paolone and Crescentini (2020) and Allen, Jerrim and Sims (2020) explained that women were at high risk of developing symptoms of stress, anxiety, and depression than men and that female have higher work-related pressure than male teachers. Also, Mahfoudh et al. (2020) asserted that teachers have high prevalence of psychiatric disorder, which was significantly related to gender; this was correlated to the instability and the irregular schedule of spouse work, which the feeling of economic discomfort can explain, the lack of support and family instability and this conflictual situation makes women more vulnerable to stress and more predisposed to psychiatric disorders. In addition, Klapporth, Federkeil, Heinschke, and Jungmann (2020) stated that female teachers experienced significantly more pressure but could cope more often practically.

In addition, Pradhan (2016) studied teachers' mental health. He found that there is significant difference in mental health of teachers concerning sex factors, no significant difference in mental health of teachers about marital status; no significant difference in mental health of teachers concerning marital status; a considerable difference in the mental health of teachers about educational qualification; no significant difference in the mental health of teachers with general and professional qualification; and significant difference in mental health to school management.

Likewise, Kratt (2018) indicated that teachers needed more knowledge on mental health and larger systems of support to increase their classroom effectiveness. Findings support using the mental health curriculum framework in developing teacher mental health training. Several implications for practice are proposed including the addition of mental health curriculum in teacher preparation programs and the necessity for school administrators to create a school culture and infrastructure to support school mental health effectively. In addition, teachers lacked specific knowledge on mental health, and there was a need for adequate teacher training to garner more excellent knowledge and skills regarding mental health as reviewed by Halpern (2017).

Baker, Peele, Daniels, Saybe, Whalen, and Overstreet (2021) found that maximizing protective factors (e.g., attending to personal health, spending time with family and friends, connections with supportive people) was associated with better coping skills and resilience in teachers. Therefore, coping strategies are significantly associated with teacher well-being. Also, Ghasemi, Herman and Reinke (2022) found that teachers experienced higher rates of stress and anxiety, which were positively related to dysfunctional coping strategies. The result also indicated that coping mechanisms significantly account for 25 percent of variances in stress, anxiety, and depression. Likewise, the results regarding coping strategies before and during the pandemic indicated significant differences for teachers with different occupational attributes.

Furthermore, Riebschleger, Costello, Cavanaugh, and Grove (2019) revealed that respondents' level of mental health literacy increased significantly from program participation and reported improved use of positive coping strategies. The ability of the people to recognize specific disorders, knowledge of how to seek mental health information, knowledge of risk factors and causes, knowledge of self-treatments and professional help available, and attitude that promote recognition and appropriate help-seeking care teacher people coping skills and strategies to help them reduce stress.

The previously reviewed literature confers knowledge on mental health issues regarding myths about mental disorders precipitating/triggering factors and consequences due to mental conditions and risk factors before the pandemic. Personal stressors related to mental health problems were also presented physically, emotionally, and psychologically. Lastly, coping mechanisms were elaborated in the cognitive appraisal, social support, problem-solving, religiosity,



tolerance, emotional release, overactivity, relaxation, and substance use.

The studies and discussion presented above focus on Mental Health Knowledge and Issues. Hence, this study is unique because it emphasizes teachers' mental health amidst the pandemic and their coping mechanisms while adapting to the new regular education.

Methodology

Research Design

This study employed a descriptive-correlational research design to examine the demographic profile of the respondents and the level of knowledge on mental health issues and problems. It is descriptive, for it describes teachers' coping mechanisms in terms of Cognitive appraisal, social support, problem-solving, religiosity, tolerance, over-activity, relaxation, and substance use. It also used a correlational method to determine the relationship between elementary school teachers' knowledge of mental health issues and problems and their coping mechanisms.

Participants

This study was conducted in the three districts of Alamada: The Alamada East, West, and North Districts in the Municipality of Alamada, Cotabato. The respondents of this study were public elementary teachers handling classes for the school year 2020-2021. A total of 220 elementary teachers were taken as a study sample.

Instruments of the Study

The instruments used in the study were the researcher-made demographic profile checklist, adopted questionnaire on Mental Health Literacy from Almeida et. al., (2017), Personal Stressors Questionnaire from David B. Center (1999), and Coping Strategies Scale from 2018, Rilveria was adopted and modified. The first part was the demographic profile of the respondents in terms of age, sex, district, and educational attainment.

The second part dealt with the Knowledge on Mental Health Issues and Problems. It had twenty-two items: eight items for myths about mental disorders, five items for precipitating/triggering factors, four items for consequence due to mental disorder, three items for risk factors, and two items for myths in the school

environment which was rated using five-point Likert scale: 5-Strongly Agree, 4-Agree, 3-Moderately Agree, 2-Disagree and 1-Strongly Disagree with an interpretation of 5- Very Much Knowledgeable, 4- Knowledgeable, 3- Moderately Knowledgeable, 2-A little knowledge and 1- No knowledge at all.

The third part of the questionnaire were the Teacher's Personal Experiences Associated with Mental Health Problems in terms of physical stressors, emotional stressors and psychological stressors using the five-point Likert scale where 5- Always, 4- Often, 3- Sometimes, 2- Rarely and 1- Never.

Lastly, the fourth part of the instrument were the coping mechanisms consisting of five items on cognitive appraisal, three items on social support, four items on problem-solving, four items on religiosity, two items on tolerance, five items on over activity, five items on relaxation, and five items on substance use which was rated using the five-point Likert scale where 5- Always, 4- Often, 3- Sometimes, 2- Rarely and 1- Never.

Procedures

The researcher asked permission from the Dean of the Graduate School of Notre Dame of Midsayap College and the school's Division Superintendent to conduct the research; upon approval, the researcher furnished a copy of the approved letter to the three District Supervisors and sent a letter of permission to the Principals, Head Teachers and Teacher In -Charge of the concerned schools for the schedule of the distribution of the questionnaire. The researcher personally administered it following health protocols to the respondents in the different schools and retrieved it afterward. The data gathered were directly given to the statistician for tabulation and analysis.

Results

Table 1 shows the summary of the profile of the respondents consisting of their age, sex, and educational attainment



Table 1. Profile of the Respondents

Characteristics	Frequency	Percentage
Age		
22-28 y/o	60	27.30
29-35	37	16.80
36-42	59	26.80
43-49	31	14.10
50-56	18	8.20
57-63	15	6.80
Total	220	100.00
Sex		
Male	31	14.10
Female	189	85.90
Total	220	100.00
Educational Attainment		
Bachelor's Degree	54	24.60
With MA Units	56	25.50
Master's Degree	105	47.70
With Doctoral Units	4	1.80
Doctorate Degree	1	0.40
Total	220	100.00

As can be gleaned in the table, most respondents were 22-28 years old, with a frequency of 60 or 27.30 percent, while the smallest belonged to the age range of 57-63, with a frequency of 15 or 6.80 percent. Results also revealed that in terms of sex, out of 220 teachers, 189 or 85.90 percent are female teachers, and 31 or 14.10 percent are male. On the other hand, result on the educational attainment of teachers showed that Master's Degree holders got the highest frequency of 105 or 47.70 percent, while Doctorate holder got the lowest frequency count of 1 or 0.40 percent.

Level of Knowledge on Mental Health Issues and Problems

The level of knowledge on mental health issues and problems of teacher respondents in terms of myths about mental disorders, precipitating/triggering factors, consequences due to mental disorders, risk factors, and myths in the school environment are presented in tables 2a, 2b, 2c, 2d, and 2e.

Table 2a. Level of Knowledge on Mental Health Issues and Problems

Items	Mean	SD
MYTHS ABOUT MENTAL DISORDERS		
1. Depression and sadness are the same	3.30	1.08
2. Panic and anxiety are the same.	3.21	1.01
3. Those who visit for consultation in child psychiatry will take medication for the rest of his/her life.	2.75	1.06
4. Mental disorder is synonymous with madness.	3.16	1.01
5. Undergoing psychotherapy takes a long time and always focuses on childhood issues.	3.13	0.98
6. Prevention does not work. It is impossible to prevent mental illness.	2.80	1.00
7. People with a mental disorder should be kept in a hospital.	2.96	0.99
8. One who shows syndromes of panic does not leave home.	2.97	0.87
Overall Mean and SD	3.05	1.00

Table 2a reveals that item 1- *Depression and sadness are the same* got the highest mean of 3.30 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 1.08; followed by item 2- *Panic and anxiety are the same* with the mean of 3.21 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 1.01; then item 4- *Mental disorder is synonymous with madness* with the mean of 3.16 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 1.01. However, item 3- *Those who visit for consultation in child psychiatry will take medication for the rest of their lives* generated the lowest mean of 2.75 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 1.06. The overall mean of myths about mental disorders is 3.05 described as Moderately Agree and



interpreted as Moderately Knowledgeable with an overall standard deviation of 1.00.

Table 2b. *Level of Knowledge on Mental Health Issues and Problems*

<i>Items</i>	<i>Mean</i>	<i>SD</i>
PRECIPITATING/TRIGGERING FACTORS		
1.Childhood and adolescence are, in general, the happiest time in the life of most of the people.	3.35	0.97
2.Mental health problems are caused by persons who suffer from the same difficulty.	3.21	0.96
3.The capacity of children suffering from mental health problems to recover is much bigger than in adults.	3.42	0.89
4.Having a mental disorder is a sign of weakness.	3.20	0.97
5.People with a mental disorder is a sign of weakness.	3.20	0.97
Overall Mean and SD	3.14	0.97

Table 2b shows that item 3- The capacity of children suffering from mental health problems to recover is much bigger than in adults got the highest mean of 3.42 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 0.89; followed by item 1- Childhood and adolescence are, in general, the happiest time in the life of most of the people. Situations of mental disorders are rare and should not be treated by a psychiatrist directly with the mean of 3.35 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 0.97; then item 2- Mental health problems are caused by persons who suffer from the same difficulty with the mean of 3.21 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 0.96. On the other hand, item 5- People with a mental disorder will never get better gained the lowest

mean of 2.52 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 1.04. The overall mean of precipitating/triggering factors is 3.14 described as Moderately Agree and interpreted as Moderately Knowledgeable with an overall standard deviation of 0.97.

Table 2c. *Level of Knowledge on Mental Health Issues and Problems*

<i>Items</i>	<i>Mean</i>	<i>SD</i>
CONSEQUENCES DUE TO MENTAL DISORDER		
1.People with bipolar disorder have difficulty having a normal life.	3.04	0.95
2.If a person admits that he/she has problems, everyone will think that he/she is crazy and likely to go to hospital for a very long time.	2.72	0.99
3.People with madness have an obsessive compulsive disorder.	3.03	0.90
4.When one has to go to psychiatrist that means that the case must be very serious.	2.96	1.00
Overall Mean and SD	2.84	0.96

As reflected in Table 2c, item 1- *People with bipolar disorder have difficulty living a normal life* gained the highest mean of 3.04 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 0.95; followed by item 3- *People with madness have an obsessive compulsive disorder* with the mean of 3.02 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 0.90; then item 4- *When one has to go to a psychiatrist that means that the case must be very serious* with the mean of 2.96 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 1.00. In contrast, item 2- *If a person admits that he/she has problems, everyone will think that he/she is crazy and likely to go to hospital for a very long time* got the



lowest mean of 2.72 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 0.99. The overall mean of consequences due to mental disorder is 2.84 described as Moderately Agree and interpreted as Moderately Knowledgeable with an overall standard deviation of 0.96.

Table 2d. *Level of Knowledge on Mental Health Issues and Problems*

<i>Items</i>	<i>Mean</i>	<i>SD</i>
RISK FACTOR		
1.Disorders such as depression and anxiety can hinder the student from learning.	3.59	1.08
2.Children with mental health problems struggle most in school.	3.55	1.01
3.Alcohol and drug can cause mental disorders.	3.85	1.03
Overall Mean and SD	3.66	1.04

The data in Table 2d, item 1- *Disorders such as depression and anxiety can hinder the student from learning* got the highest mean of 3.59 described as Agree and interpreted as Knowledgeable with a standard deviation of 1.08; followed by item 3- *Alcohol and drug abuse can cause mental disorders* with the mean of 3.85 described as Agree and interpreted as Knowledgeable with a standard deviation of 1.03. Nevertheless, item 2- *Children with mental health problems struggle most in school* generated the lowest mean of 3.55 described as Agree, and interpreted as Knowledgeable with a standard deviation of 1.01. The overall mean of risk factors is 3.66 described as Agree and interpreted as Knowledgeable with an overall standard deviation of 1.04.

Table 2e. *Level of Knowledge on Mental Health Issues and Problems*

<i>Items</i>	<i>Mean</i>	<i>SD</i>
MYTHS IN THE SCHOOL ENVIRONMENT		
1.Mental disorders affect people’s way of life.	3.94	0.97
2.Mental health problems are uncommon in students.	3.20	0.88
Overall Mean and SD	3.57	0.93

As shown in Table 2e, item 1- *Mental disorders affect people’s way of life* got the highest mean of 3.94 described as Agree and interpreted as Knowledgeable with a standard deviation of 0.97; However, item 2- *Mental health problems are uncommon in students* generated the lowest mean of 3.20 described as Moderately Agree and interpreted as Moderately Knowledgeable with a standard deviation of 0.88. The overall mean of myth in the school environment is 3.57 described as Agree and interpreted as Knowledgeable with an overall standard deviation of 0.93.

Summary on Level of Knowledge on Mental Health Issues and Problems

Presented in Table 3 is the summary of the level of knowledge on mental health issues and problems of teachers.

Table 3. *Summary on Level of Knowledge on Mental Health Issues and Problems*

<i>Areas</i>	<i>Mean</i>	<i>SD</i>
Myths about Mental Health Disorders	3.01	1.00
Precipitating/ Triggering Factors	3.14	0.97
Consequence Due to Mental Disorders	2.84	0.96
Risk Factors	3.66	1.04
Myths in the School Environment	3.57	0.93
Overall Mean and SD	3.25	0.98



Data show that the teachers are Knowledgeable about mental health issues and problems in terms of risk factors with a mean of 3.66 and standard deviation of 1.04 and myths in the school environment with a mean of 3.57 and standard deviation of 0.93.

On the other hand, teachers are Moderately Knowledgeable in terms of precipitating/triggering factors with a mean of 3.14 and standard deviation of 0.97, myths about mental health disorders with a mean of 3.10 and standard deviation of 1.00, and consequence due to mental disorders with mean 2.84 and standard deviation 0.86. The grand mean of 3.25 with a standard deviation of 0.98 signifies that the level of knowledge of teachers on mental health issues and problems is Moderately Knowledgeable.

Elementary School Teachers Experiences of Personal Stressors Related to Mental Health Problems

The frequency of elementary school teachers experiences of personal stressors related to mental health problems in terms of physical, emotional, and psychological stressors are presented in tables 4a, 4b, and 4c.

As shown in Table 4a, in terms of physical stressors, item 2- *The amount of time I spend on paperwork* got the highest mean of 3.90 which is Often experienced by teachers with a standard deviation of 0.81. The next highest is item 3- *Being responsible for instruction in too many subjects* with a mean of 3.79 which is also Often experienced by teachers with a standard deviation of 0.89. Then the third highest is item 5- *Too many demands for documentation* with a mean of 3.68 which is still Often experienced by teachers with a standard deviation of 0.91.

Table 4a. *Frequency of Elementary School Teachers Experiences of Personal Stressors Related to Mental Health Problems*

<i>Areas</i>	<i>Mean</i>	<i>SD</i>
Physical Stressors		
1.The number of meetings I have attended	3.48	0.99
2.The amount of time I spend on paperwork	3.90	0.81
3.Being responsible for instruction in too many subjects	3.79	0.89
4.Having to work with too many different dissabilities	2.98	1.00
5.Too many demands for documentation	3.68	0.91
6.Too little classroom space for my program	3.23	1.04
7.Administrators using mt class as a detention room	2.59	1.23
8.Having to supervise extracurricular activities	3.24	0.94
9.Sleeping difficulty	3.00	1.01
10.Frequent headache	2.86	0.99
Overall Mean and SD	3.28	0.99

However, item 7- *Administrators using my class as a detention room* generated the lowest mean of 2.59 where physical stress Sometimes experienced by teachers with a standard deviation of 1.23. The overall mean of 3.28 with a standard deviation of 0.99 shows that teachers Sometimes experience physical stressors in general.



Table 4b. *Frequency of Elementary School Teachers Experiences of Personal Stressors Related to Mental Health Problems*

Items	Mean	SD
Emotional Stressors		
1. Being intimidated by other teachers	2.57	0.99
2. Pupils who are disrespectful towards me	2.37	1.00
3. Parents who argue with me	2.05	0.97
4. Acts of unkindness by my pupils	2.23	0.94
5. Lack of enthusiasm in teaching my students	2.20	1.01
6. Separate myself in my classroom	2.19	1.06
7. Conflict my colleague	1.95	0.95
8. Having to complete difficult tasks or requirements	2.82	1.01
9. Over activity of my work	2.70	1.20
Overall Mean and SD	3.34	1.02

Table 4b displays that item 8- *Having to complete difficult tasks or requirements* got the highest mean of 2.82 where teachers with a standard deviation of 1.01 Sometimes experience emotional stress. Followed by item 9- *Over activity of my work* with a mean of 2.70 which teachers with a standard deviation of 1.21 Sometimes experience. Then, item 1- *Being intimidated by other teachers* with a mean of 2.57 which is Sometimes experienced by teachers with a standard deviation of 0.99. But, item 7- *Conflict with colleague* got the lowest mean of 1.95 which is Rarely experienced by teachers with a standard deviation of 0.95. Generally, the overall mean of 3.34 with a standard deviation of 1.02 shows that teachers Sometimes experience emotional stressors.

Table 4c presents that item 7- *Being observed by administrators*, generated the highest mean of 3.29 where teachers Sometimes experience psychological stress with a standard deviation of 0.95. Then, item 5- *Being responsible for authorized requirements, e.g. confidentiality* got the mean of 3.01 which is Sometimes experienced by teachers with a standard deviation of 1.03. Next is item 3- *Parent's lack of support for discipline procedures* with a mean of 2.94 which is Sometimes experienced by teachers with a standard deviation of 0.89.

Table 4c. *Frequency of Elementary School Teachers Experiences of Personal Stressors Related to Mental Health Problems*

Areas	Mean	SD
Psychological Stressors		
1. Lack of administrative support for a program	2.55	0.96
2. Parents who are not involved in pupil's learning	2.88	0.95
3. Parent's lack of support for discipline procedures	2.94	0.89
4. Having my schedule changed too often	2.62	0.87
5. Being responsible for authorized requirements	3.01	1.03
6. Inconsistent school-wide discipline practices.	2.69	0.98
7. Being observed by administrators	3.29	0.95
8. Unrealistic parental goals for a child	2.68	0.99
9. Unrealistic parental expectations for a child's performance	2.68	0.89
10. Frequent turnover of pupils in my class	2.57	0.93
11. The school politics involve in my job.	2.28	1.11
12. Lack of good order in my class.	2.37	1.01
Overall Mean and SD	2.72	0.96

Whereas, item 11- *The school politics involve in my job* got the lowest mean of 2.28 which is Rarely experienced by teachers with a standard deviation of 1.11. Generally, the overall mean of 3.34 with a standard deviation of 1.02 shows that



teachers Sometimes experience emotional stressors. In general, the teachers Sometimes experience psychological stressors with an overall mean of 2.72 and a standard deviation of 0.96.

Summary on the Frequency of Elementary School Teachers Experiences on Personal Stressors Related to Mental Health Problems

Table 5 reflects the summary of the frequency where elementary school teachers experience personal stressors related to mental health problems.

Table 5. *Summary on The Frequency of Elementary School Teachers' Experiences on Personal Stressors Related to Mental Health Problems*

<i>Areas</i>	<i>Mean</i>	<i>SD</i>
Physical Stressors	3.28	0.99
Emotional Stressors	3.24	1.02
Psychological Stressors	2.72	0.92
Overall Mean and SD	3.11	0.99

The data show that the grand mean of 3.11 with a standard deviation of 0.99 indicates that teachers Sometimes experience personal stressors related to mental health. The teachers Sometimes experience physical stress with the highest mean of 3.28 and standard deviation of 0.99. The lowest mean is emotional stress with a mean of 2.34 and a standard deviation of 1.02 which is Rarely experienced by teachers. Furthermore, teachers also experience psychological stress Sometimes with a mean of 2.72 and a standard deviation of 0.96.

The Extent of Teachers' Coping Mechanism

Table 6 presents the extent of coping mechanisms of teachers in terms of cognitive appraisal, social support, problem-solving, religiosity, tolerance, over-activity relaxation, and substance use are presented in tables 6a, 6b, 6c, 6d, 6e, 6f, 6g, and 6h.

Table 6a. *Extent of Teachers' Coping Mechanism on Cognitive Appraisal*

<i>Items</i>	<i>Mean</i>	<i>SD</i>
COGNITIVE APPRAISAL		
I.....		
1.think of something positive about my problem	4.30	0.79
2.think of a good reasons why I have this kind of problem	4.17	0.84
3.think I can overcome my problem	4.38	0.80
4.look at the good effect of this stress	4.04	0.89
5.try to view the problem from a different perspective	4.16	0.82
Overall Mean and SD	4.21	0.83

Table 6a shows that in item 3, the teachers state that Almost Always *I think I can overcome my problem* with the highest mean of 4.38 and standard deviation of 0.80. Followed by item 1 in which states that teachers Almost Always *think of something positive about my problem* with the mean of 4.30 and standard deviation of 0.79. Then, item 2 where teachers also Almost Always *Think of a good reason why I have this kind of problem* with the mean of 4.17 and standard deviation of 0.84. However, item 4 got the lowest mean of 4.04 which states that teachers Almost Always *Look at the good effect of this stress* with a standard deviation of 0.89. The overall mean of 4.21 with a standard deviation of 0.82 indicates that teachers Almost Always cope stress using cognitive appraisal.



Table 6b. *Extent of Teachers’ Coping Mechanism on Social Support*

<i>Items</i>	<i>Mean</i>	<i>SD</i>
Social support		
I....		
1.Solicit advice from my friend	4.00	0.90
2.Seek guidance and motivation from other people	3.94	0.91
3.Need care and understanding from the people close to me	3.91	0.96
Overall Mean and SD	3.95	0.92

As presented in Table 6b, item 1 got the highest mean of 4.00 which states that teachers Almost Always *Solicit advice from my friend* with a standard deviation of 0.90. Then, item 2 where teachers Almost Always *Seek guidance and motivation from other people* with a mean of 3.94 and a standard deviation of 0.91. However, item 3 has the lowest mean of 3.91 in which the teachers Almost Always *Need care and understanding from the people close to me* with a standard deviation of 0.96. The overall mean of 3.95 with a standard deviation of 0.92 indicates that teachers Almost Always cope using social support.

Table 6c. *Extent of Teachers’ Coping Mechanism on Problem Solving*

<i>Items</i>	<i>Mean</i>	<i>SD</i>
Problem Solving		
I....		
1.think of ways to solve my problem	4.40	0.79
2.work hard to overcome my stress	4.18	0.87
3.make ways to solve my problem	4.38	0.77
4.consider all possible solutions just to overcome my problem	4.36	0.74
Overall Mean and SD	4.33	0.79

As revealed in Table 6c, item 1 got the highest mean of 4.40 which states that teachers Almost Always *Think of ways to solve my problem* with a standard deviation of 0.79. Followed by item 3 with a mean of 4.38 where the teachers Almost Always *Make ways to solve my problem* with a standard deviation of 0.77. And, item 4 has the mean of 4.36 which states that teachers Almost Always *Consider all possible solutions just to overcome my problem* with a standard

deviation of 0.74. While item 2 got the lowest mean of 4.18 which states that teachers Almost Always *Work hard to overcome my stress* with a standard deviation of 0.87. The overall mean of 4.33 with a standard deviation of 0.79 shows that teachers Almost Always cope using problem-solving.

Table 6d. *Extent of Teachers’ Coping Mechanism on Religiosity*

<i>Items</i>	<i>Mean</i>	<i>SD</i>
Religiosity		
I....		
1.praymy problems to God	4.77	0.56
2.believe that God will help me in my problem	4.80	0.53
3.pary to God to take my stress away	4.78	0.54
4.believe that what I am experiencing is God’s will	4.71	0.63
Overall Mean and SD	4.77	0.57

Table 6d shows that item 2 got the highest mean of 4.80 which states that teachers Always *Believe that God will help me in my problem* with a standard deviation of 0.53. Then followed by item 3 with a mean of 4.78 where the teachers Always *Pray to God to take my stress away* with a standard deviation of 0.54. And item 1 has a mean of 4.77 which states that teachers Always *Pray my problems to God* with a standard deviation of 0.56. While, item 4 got the lowest mean of 4.71 which states that teachers Always *Believe that what I am experiencing is God’s will* with a standard deviation of 0.63. The overall mean of 4.77 with a standard deviation of 0.57 shows that teachers Always cope stress with religiosity.



Table 6e. Extent of Teachers' Coping Mechanism on Tolerance

Items	Mean	SD
Tolerance		
I....		
1.just accept the stressful feeling until it is gone	3.98	0.84
2.endure the stress I am experiencing	3.92	0.90
3.cry my problems out	3.63	1.03
4.find something to release my anger to because of my stress	3.67	0.96
5.release my emotional pain	3.75	0.95
6.let others feel my negative emotion	2.83	1.14
Overall Mean and SD	3.63	0.97

Table 6e shows that item 1 got the highest mean of 3.98 which states that teachers Almost Always, *Just accept the stressful feeling until it is gone*, with a standard deviation of 0.84. Then followed by item 2 with a mean of 3.92 where the teachers Almost Always *Endure the stress, I am experiencing* with a standard deviation of 0.90. And item 5 has a mean of 3.75 which states that teachers Almost Always *Release my emotional pain* with a standard deviation of 0.95. Whereas, item 6 generated the lowest mean of 2.83 which states that teachers Sometimes *Let others feel my negative emotion* with a standard deviation of 1.14. The overall mean of 3.63 with a standard deviation of 0.97 shows that teachers Almost Always cope stress with tolerance.

Table 6f shows that item 1 got the highest mean of 3.67 which states that teachers Almost Always *exhaust me doing something to lessen the stress I have* with a standard deviation of 0.95. Then followed by item 2 with a mean of 3.36 where the teachers Sometimes *Overwork* with a standard deviation of 0.92.

Table 6f. Extent of Teachers' Coping Mechanism on Overactivity

Items	Mean	SD
Overactivity		
I....		
1.exhaust me doing something to lessen the stress I have	3.67	0.95
2.overwork	3.36	0.92
3.need to be tired doing other things	3.11	0.93
4.burden me with other things to do to direct my thoughts	3.05	1.05
5.eat a lot	3.13	1.16
6.sleep longer hours to temporarily lessen the stress load	3.30	1.12
Overall Mean and SD	3.27	1.02

And, item 5 has a mean of 3.30 which states that teachers Sometimes *Sleep longer hours to temporarily lessen the stress load* with a standard deviation of 1.12. However, item 4 generated the lowest mean of 3.05 which states that teachers Sometimes *Burden me with other things to do to redirect my thoughts* with a standard deviation of 1.05. The overall mean of 3.27 with a standard deviation of 1.02 shows that teachers Sometimes cope stress with overactivity.



Table 6g. Extent of Teachers’ Coping Mechanism on Relaxation

Items	Mean	SD
Relaxation		
I....		
1.go to places where I can rest	4.00	1.00
2.engage in activities that would make me calm	3.95	0.90
3.take time to rest	4.14	0.89
4.find activities that can relax my mind	4.27	0.79
5.entertain me	4.11	0.86
Overall Mean and SD	4.09	0.89

Table 6g presents that that item 4 got the highest mean of 4.27 which states that teachers Almost Always Find activities that can relax my mind with a standard deviation of 0.79. Then followed by item 3 with the mean of 4.14 where the teachers Almost Always Take time to rest with a standard deviation of 0.89. And, item 5 has the mean of 4.11 which states that teachers Almost Always Entertain me with a standard deviation of 0.86. However, item 2 generated the lowest mean of 3.95 which states that teachers Almost Always Go to places where I can rest with a standard deviation of 0.90. The overall mean of 4.09 with a standard deviation of 0.89 shows that teachers Almost Always cope stress with relaxation.

Table 6h. Extent of Teachers’ Coping Mechanism on Substance Use

Items	Mean	SD
Substance Use		
I....		
1.drink alcohol to reduce my stress	1.71	1.11
2.smoke to ease my negative feeling	1.42	0.95
3.take medicine that would help me feel and think better	1.99	1.20
4.drown me with alcohol to ignore my problem for the meantime	1.46	0.96
5.take medicine that provides relief	2.05	1.21
Overall Mean and SD	1.73	1.08

Table 6h shows that item 5 got the highest mean of 2.05 which states that teachers Rarely Take medicine that provides relief with a standard deviation of 1.21. Followed by item 3 with a mean of 1.99 where the teachers Rarely Take medicine that would help me feel and think better with a standard deviation of 1.20. And, item 1 has a mean of 1.71 which states that teachers Rarely Drink alcohol to reduce my stress with a standard deviation of 1.11.

However, item 2 generated the lowest mean of 1.42 which states that teachers Never Smoke to ease my negative feeling with a standard deviation of 0.95. The overall mean of 1.73 with a standard deviation of 1.08 shows that teachers Rarely cope stress with substance use.

Summary of the Extent of Teachers’ Coping Mechanism

Table 7 presents the summary of the extent of teachers coping mechanisms.



Table 7. Summary on The Extent of Teachers' Coping Mechanisms

Items	Mean	SD
Cognitive Appraisal	4.21	0.83
Social Support	3.95	0.92
Problem Solving	4.33	0.79
Religiosity	4.77	0.57
Tolerance	3.63	0.97
Over activity	3.27	1.02
Relaxation	4.09	0.89
Substance Use	1.73	1.08
Overall Mean and SD	3.75	0.88

Table 7 reveals that the domain with the highest mean is *religiosity* with a mean of 4.77 with a standard deviation of 0.57 and can be described as Always. On the other hand, to cope with stress, teachers Almost Always use *problems solving* with a mean of 4.33 and a standard deviation of 0.79, *cognitive appraisal* with a mean of 4.21 and standard deviation of 0.83, *relaxation* with a mean of 4.09, and standard deviation of 0.89 and *social support* with mean of 3.95 and standard deviation of 0.92. However, they sometimes cope with stress through *overactivity* with a mean of 3.27 and a standard deviation of 1.,02 and Rarely use the *substance* to cope with a mean of 1.73 and a standard deviation of 1.08. The grand mean of 3.75 and standard deviation of 0.88 means that teachers Almost Always use coping strategies.

Difference Between Teachers' Level of Knowledge on Mental Health Issues and Problems When Grouped According to Age

Table 8 presents the difference between the level of knowledge on Mental Health issues and problems when grouped according to age using the Kruskal-Wallis Test.

Table 8. Difference Between Elementary School Teachers' Level of Knowledge on Mental Health Issues and Problems When Grouped According to Age

Variable		Myths About Mental Disorders	
Age (y/o)	n	Mean Rank	p-value
22-28	60	104.60	0.44
29-35	37	113.64	
36-42	59	105.52	
43-49	31	113.58	
50-56	18	139.25	
57-63	15	105.10	
Total	220		
Chi-Square		4.84	
Eta Squared		2.21	
Df		5	

Variable		Consequence Due to Mental Disorders	
Age (y/o)	n	Mean Rank	p-value
22-28	60	109.18	0.72
29-35	37	113.09	
36-42	59	107.02	
43-49	31	125.11	
50-56	18	109.14	
57-63	15	94.53	
Total	220		
Chi-Square		11.42	
Eta Squared		5.46	
Df		5	

Variable		Myths in the School Environment	
Age (y/o)	n	Mean Rank	p-value
22-28	60	105.18	0.86
29-35	37	113.72	
36-42	59	113.87	
43-49	31	110.98	
50-56	18	120.86	
57-63	15	97.13	
Total	220		
Chi-Square		1.90	
Eta Squared		0.87	
Df		5	



Table 9. *Difference Between Elementary School Teachers' Level of Knowledge on Mental Health Issues and Problems When Grouped According to Sex*

<i>Myths About Mental Disorders</i>						
Variable	n	Mean Rank	z-value	p-value	Interpretation	Decision
Sex						
Male	31	120.48	-1.10	0.27	Not Significant	Accept Ho ₁
Female	189	107.09				
Total	220					

<i>Consequence Due to Mental Disorder</i>						
Variable	n	Mean Rank	z-value	p-value	Interpretation	Decision
Sex						
Male	31	135.05	-2.51	0.02	Significant	Reject Ho ₁
Female	189	104.66				
Total	220					

<i>Myths in the School Environment</i>						
Variable	n	Mean Rank	z-value	p-value	Interpretation	Decision
Sex						
Male	31	108.35	-0.63	-0.95	Not Significant	Accept Ho ₁
Female	189	109.11				
Total	220					

The result in table 8 showed that a significant difference exists in the level of knowledge of teachers about precipitating/triggering factors when grouped according to age with a p-value of 0.036 which is less than 0.05 level of significance. Thus, the null hypothesis, which states that there is no significant difference in teachers' level of knowledge in terms of precipitating/triggering factors when grouped according to age, is rejected.

However, the result also indicates that when teachers are grouped according to age, no significant difference exists in the level of knowledge on myths about mental disorders with a p-value of 0.44. Also, no significant difference exists in the level of knowledge on consequence due to mental disorders, with a p-value of 0.72. On teachers' knowledge of risk factors, no significant difference exists with a p-value of 0.22.

Lastly, no significant difference in the level of knowledge of teachers on myths in the school environment, with a p-value of 0.86. In this case, the null hypothesis states that there is no significant difference in teachers' knowledge level in terms of myths about mental disorders, consequence due to mental disorder, risk factors, and myths in the school environment when grouped according to age is accepted.

Difference Between Elementary School Teachers' Level of Knowledge on Mental Health Issues and Problems When Grouped According to Sex

Table 9 presents the difference between the level of knowledge on Mental Health issues and problems when grouped according to sex using the Kruskal-Wallis Test.

Table 9 showed that a significant difference exists in the level of knowledge of male and female teachers about precipitating/triggering factors and consequences due to mental disorders. Thus, the null hypothesis, which states that there is no significant difference in the level of knowledge of teachers about precipitating/triggering factors and consequences due to mental disorder when grouped according to sex, is rejected.

On the other hand, the result indicates that when teachers are grouped according to sex, no significant difference exists in the level of knowledge on myths about mental disorders with a p-value of 0.27, risk factors with a p-value of 0.68, and myths in the school environment with p-value -0.95. In this case, the null hypothesis, which states that there is no significant difference in the level of knowledge of teachers about myths about mental disorders, risk factors, and myths in the school environment when grouped according to sex, is accepted.

Difference Between Elementary School Teachers' Level of Knowledge on Mental Health Issues and Problems When Grouped According to Educational Attainment

Table 10 shows the difference between the level of knowledge on Mental Health issues and problems when grouped according to educational attainment using Kruskal-Wallis Test.



Table 10. *Difference Between Elementary School Teachers' Level of Knowledge on Mental Health Issues and Problems When Grouped According to Educational Attainment*

Variable		Myths about Mental Disorders		
Educational Attainment	N	Mean Rank	P-value	Interpretation
Bachelor's Degree	54	110.02	0.45	Not Significant
With MA Units	57	100.71		
Master's Degree	104	116.67		
With Doctorate Units	4	116.67		
Doctorate Degree	1	37.50		
Total	220			
Chi-square		3.67		
Eta Squared		1.68		
DF		4		

Variable		Consequences due to Mental Disor		
Educational Attainment	N	Mean Rank	P-value	Interpretation
Bachelor's Degree	54	118.19	0.60	Not Significant
With MA Units	57	108.18		
Master's Degree	104	108.28		
With Doctorate Units	4	118.00		
Doctorate Degree	1	118.00		
Total	220			
Chi-square		2.75		
Eta Squared		1.26		
DF		4		

Variable		Myths in the Social Environmen		
Educational Attainment	N	Mean Rank	P-value	Interpretation
Bachelor's Degree	54	112.42	0.19	Not Significant
With MA Units	57	98.93		
Master's Degree	104	117.52		
With Doctorate Units	4	90.50		
Doctorate Degree	1	16.00		
Total	220			
Chi-square		.60		
Eta Squared		3.01		
DF		4		

The result in table 10 reflected that there is no significant difference in the level of knowledge of teachers on myths about mental disorders with a p-value of 0.45, precipitating/triggering factors with a p-value of 0.38, consequence due to mental disorders with a p-value of 0.60, risk factors with a p-value of 0.18 and myths in the school environment with p-value 0.19 when grouped according to educational attainment. The null hypothesis, which states that there is no significant difference between the level of knowledge of teachers on mental health issues and problems when grouped according to educational attainment, is accepted.

Relationship Between the Level of Elementary School Teachers' Knowledge on Mental Health Issues and Problems and Coping Mechanisms

Table 11 presents the relationship between the level of teachers' knowledge on mental health issues and problems and coping Mechanisms.

Table 11. *Relationship Between the Level of Elementary School Teachers' Knowledge on Mental Health Issues and Problems and Coping Mechanisms*

Level of Knowledge on Mental Health Issues and Problems and Coping Mechanism		
Mechanism	N	P-value
Myths About Mental Disorder	220	0.266**
Precipitating/Triggering Factors	220	0.223**
Consequence Due to Mental Disorder	220	0.224**
Risk Factors	220	0.296**
Myths in the School Environment	220	0.199*

As can be gleaned in the table, there is a significant relationship between teachers' knowledge of myths about mental health disorders and coping mechanisms, with r- value of 0.266 and a p-value of 0.000. Also, a significant relationship between knowledge on precipitating/triggering factors and coping mechanism with an r-value of 0.223 and p-value of 0.001. Similarly, there is a significant relationship between knowledge on the consequences due to mental health disorder and coping mechanism, with r- value of 0.224 and a p-value of 0.001. There is also a significant relationship between knowledge on risk factors and coping mechanisms, with r-value of 0.296 and a p-

value of 0.000. Lastly, a significant relationship exists between knowledge on myths in the school environment and coping mechanisms, with r -value of 0.199 and a p -value of 0.003. The correlations are all significant at 0.01 level; thus, the null hypothesis that there is no significant relationship between the level of teachers' knowledge on mental health issues and problems and coping mechanisms is rejected.

Discussion

Profile of Respondents

Findings show that respondents are 22-28 years old, so teacher respondents are typically young and middle-aged adults. It indicates that the teaching workforce is increasingly filled with young teachers, fresh from Universities and Colleges. Further, teachers were once highly respected professionals and often served as inspirational role models for young people. The findings corroborate with the study of Lizana and Lera (2022), who reported that most of the teachers participating were within the first age range of 23-35 years. Accordingly, Brunzell, Stokes, and Waters (2019) stated that younger teachers with relatively short working years show a higher level of mental health. Since new young teachers have just entered the workplace, they have yet to become familiar with their jobs and specific job requirements and are in the stage of individual-environmental adaptation; thus, they have less work stress and have yet to develop obvious psychological problems.

In terms of sex, the majority of the respondents are female. It means more female teachers teach in elementary schools in Alamada than male teachers. It implies that female teachers over-represent the teaching profession, which can be attributed to gender differences in occupational preferences and social roles. It also indicates that women based on the popular belief that they were more nurturing than men. This finding is similar to the result of the study conducted by Lague and Galicia (2021) and Wang, Xue, and Zhang (2022), which states that female teachers make up the majority of the study's participants.

The results on the level of educational attainment of teacher respondents revealed that the majority of the respondents are Master's degree holders. It means that almost half of the teachers have graduate degrees or units. It implies that teachers acknowledged the importance of professional development through post-graduate studies. This finding is similar to the result of

Hossain et al. (2022) on the mental health status of teachers during the second wave of the pandemic in Bangladesh demonstrated that 94 percent of the participating teachers had a master's degree.

Level of Knowledge of Teachers on Mental Health Issues and Problems

Teachers are moderately knowledgeable in terms of myths about mental disorders in general. The items *depression and sadness are the same*, *panic and anxiety are the same* and *mental disorders are synonymous with madness* got the highest mean. It indicates that teachers have limited knowledge about mental health issues. It implies that teachers do not have comprehensive knowledge about mental health as a neurologic or psychiatric condition characterized by clinically significant disturbance in an individual's cognition, emotion, or behavior, leading to misconceptions, myths, and stereotypes about mental disorders. The findings support the study of Silva, Cobucci, Lima, and de Andrade (2021), which indicated high depression, anxiety, and stress rates among teachers (19%, 17%, and 30%, respectively).

In terms of precipitating/triggering factors, teachers are moderately knowledgeable with the items *the capacity of children suffering from mental health problems to recover is much bigger than adults*, *childhood and adolescence are, in general, the happiest time in the life of most of the people* and *mental health problems are caused by persons who suffer from the same difficulty*. This means teachers do not have complete knowledge about stressful events that can trigger mental disorders. A finding implies that teachers are not mindful of the events in the educational setting that may be stressful to both teachers and students. This finding is similar to what was stated by Ravin (2020), that awareness of the factors that have precipitated a mental health diagnosis is an integral part of the assessment.

Findings on the level of knowledge of teachers in terms of risk factors revealed that teachers are knowledgeable in all three items *alcohol and drug abuse can cause mental disorders*, *disorders such as depression and anxiety can hinder the students from learning*, and *children with mental health problems struggle most in school*. It means teachers are aware of risk factors that may contribute to mental health problems. It implies that teachers are well-informed about the different risk factors mainly associated with an increased likelihood of the onset of mental health disorders. The finding supports the study of

Thompson, Robertson, and Frick (2018), which revealed that anxiety is one of the most pervasive mental health concerns affecting students, yet many students with anxiety disorders remain underserved. Anxiety can hinder students' personal/social, academic, and career development if left untreated.

Teachers also are knowledgeable about the item stating that *mental disorders affect people's way of life*. This further denotes that teachers are well – aware of how mental disorders can involve students in the school as well as the quality of life of people.

It affirms the study of Higgen and Mosko (2020), which mentioned that the integration of students with mental health issues in the classroom could be a personal burden for teachers. Sometimes it inflicts psychological or emotional stress on the teachers, which requires the establishment of boundaries. For the teachers, a significant problem is time management. As many explained, they need to work on sticking to the curriculum and trying to discipline the students. Another challenge teachers and externals recognized are caring for all students simultaneously, as distressed children can demand a lot of attention.

Summary on Level of Knowledge of Teachers on Mental Health Issues and Problems

Generally, it was revealed that the teachers are knowledgeable about mental health issues and problems in terms of risk factors and myths in the school environment, Moderately Knowledgeable regarding precipitating/triggering factors, myths about mental health disorders, and consequences due to mental disorders. Generally, the level of knowledge of teachers on mental health issues and problems is moderately knowledgeable. It means that teachers' mental health literacy level is insufficient. This result indicates that teachers might be unable to identify their mental health problems. Results support the findings of Higgen and Mosko (2020), who showed that especially externalizing symptoms of mental health issues are a burden to classmates and teachers. Teachers face time management problems and emotional stress.

Elementary School Teachers Experiences on Personal Stressors Related to Mental Health Problems

Teachers often experience physical stressors; this is shown in their responses on items *the amount of time they spend on paperwork, being responsible for instruction in too many subjects, and too many*

demands for documentation. It means that teachers repeatedly experience intense physical labor related to their work. It implies that work overload in the workplace takes a heavy toll on employees. These effects can include debilitating stress, mood disorders, and illness. This finding is similar to the American Institute of Stress report that the majority of managers and employees feel stressed out at work. An excessive workload with long hours tops the list of leading stressors. It confirms the study of Jimenez and Dunkl (2017) that workload has been found to affect teachers' mental health status significantly. Also, Zamri, Moy, and Hoe (2017) stated that among the other downsides, poor mental health among teachers could adversely impact their physical health, even cause lower back pain, and in a vicious cycle, weakened physical health can intensify their anxiety and depression.

In terms of emotional stressors, teachers sometimes experience *being intimidated by other teachers*. It means that teachers seldom experience resentment, fear, frustration, sadness, and anger caused by their co-workers. It indicates that teachers experience a range of moods, both high and low, in the workplace, which becomes unhealthy when interfered with stress. It affirms the study of Wettstein (2020) proclaimed that teachers' emotional exhaustion has a detrimental effect on the quality of teaching and reduces their students' achievement and motivation.

In terms of psychological stressors, teachers sometimes experience personal stressors related to mental health problems on items being observed by administrators, being responsible for authorized requirements, and parents' lack of support. It means that parents need to support teachers in school-related matters fully. They are also being observed by their superiors, which becomes unhealthy for teachers. It implies that teachers lack emotional management with stressful issues in school. The result confirms El Helou, Nabhani, and Bahous (2016) study that the elements in the school environment found to cause stress among teachers included their relationships with administrators, their relationships with other teachers, the school's rules, and among new teachers without sufficient preparation, a sense of disillusionment.

Summary of Teachers' Experiences on Personal Stressors Related to Mental Health Problems

The finding shows that teachers sometimes experience personal stressors related to mental health. The teachers sometimes experience physical and psychological stressors and rarely experience emotional stressors. It means that teachers experience

personal stressors from time to time. In the same way, Phoenix (2017) conveyed that teachers are suffering higher rates of stress-related injuries due to their consistent exposure to multiple stressors, including violence and other dangerous and unsafe teaching environments, overwhelming amounts of work and time commitments, lack of support from school systems and the broader communities, health-related issues, lack of proper staffing and physical conditions of the school system infrastructures, and the politicization of education itself by local, state, and federal government agencies that are supposed to be supporting the various educational systems they represent. Moreover, Jimenez (2021) concluded that in terms of mental health status, teachers have trouble sleeping less than once a week; almost every day, teachers' well-being is often experienced, and at the same time, not at all bothered; teachers also have a positive outlook for mental health, and in terms of bouncing back, they are neutral.

The Extent of Teachers' Coping Mechanisms

In terms of cognitive appraisal, teachers almost always think of something positive about their problem, think they can overcome my problem, and think of a good reason why they have this kind of problem which got the highest mean. Generally, teachers almost always cope using cognitive appraisal. It means that teachers practically cope using their mental activity to manage stressful situations. It implies that teachers often change their views or assumption about the problem. They frequently prefer to be optimistic and become hopeful thinkers, altering goals, values, and meaning-making. There is an increase in the use of cognitively oriented coping styles. Findings affirm the conclusion of Rajesh et al. (2022) that positive reframing, active coping, and preparation were the teachers' most commonly used coping strategies. Teachers are a vital resource who have received less attention than they deserve for their mental well-being.

In coping with social support, teachers almost always *solicit advice from friends* which got the highest mean *seek guidance and motivation from other people, and need care and understanding from people close to them.* Generally, teachers almost always cope using social support. It means that teachers cope with mental problems with other people's help. It points out that teachers regularly receive advice, professional care, and support from friends and family to cope with pressures and share their problems. The findings of this study support the study of Andrade, Bosano, and

Paz (2022), who concluded that teachers' most used coping strategies included seeking social support, exercising, and engaging in leisure activities.

To cope using the problem-solving mechanism, teachers almost always *think of ways to solve the problem* and *make ways to solve the problem* which got the highest means. Teachers almost always *consider all possible solutions just to overcome the problem* and *work hard to overcome stress.* Generally, teachers almost always cope using problem-solving. It means that teachers usually plan and take action to confront the source of the problem and eliminate the stressor to deal with it. It implies that the teacher prefers to overcome mental health issues and problems step-by-step. Teachers consider all aspects that cause the problem to find a possible solution. The result supports the study of Aydin and Kaya (2016) that the methods of coping with stress for teachers are: looking at things from a positive side, spending time with beloved ones, and creating an environment to spend time with them. In addition, Jerrell (2020) mentioned problem-focus as one of the most common coping styles involving trying to assess the situation and finding a solution to the stress.

Being religious is always used by teachers in coping with mental health issues. Findings revealed that teachers always *believe that God will help them in their problems, pray their problems to God* which got the highest mean. They always *pray to God to take their stress away, and believe that what they are experiencing is God's will* which got the lowest mean. It means that to cope with pressures, teachers constantly pray, leaving everything to God and believing in the will of God. It implies that being religious is tied to better well-being and mental health. The study supports the finding of Nalla (2022), which reported that besides listening and watching motivational videos, yoga, and farming, teachers coped with the situations through prayers to avoid stress.

Teachers almost always cope with mental health issues and problems through tolerance. Teachers reveal that almost always they *just accepted the stressful feeling until it is gone, endure the stress they are experiencing, and find something to release their anger to because of stress* which got the highest means. Teachers sometimes prefer to take the difficulty faced in life without constant effort to confront them. This finding supports the study of MacIntyre, Gregersen, and Mercer (2020) that the three most frequent coping strategies for mental health

are acceptance, advanced planning, and reframing.

Teachers sometimes use over-activity to cope with mental health issues and problems. Teachers almost always *exhaust themselves doing something to lessen the stress they have*, sometimes, they *overwork and sleep longer hours to temporarily lessen stress load*. It denotes that teachers occasionally overexertion of work to distance themselves or lessen themselves from stress. Osuba (2022) suggested the four A's of stress management activities- Avoid, Alter, Accept, and Adapt. Learning how to manage stress as a teacher begins by shifting your perception of "avoidant" behaviors from evasive to tactical. Stress management for teachers sometimes requires creativity. Not every stressor is avoidable, so it's time to get creative for those you can't cross off the list. There are some pressures in life we must learn to accept. And, with some stress, adjusting our standards and expectations is a matter of change.

Teachers almost always use relaxation to cope with mental health issues and problems. They almost always *find activities that can relax their mind, take time to rest, and go to places where they can rest*. It indicates that teachers repeatedly engage in activities that would make them feel at ease and lessen the emotional load of stress. These results agree with the finding of Fengler (2016), who found that teachers cope with stress by self-examining their lifestyle, avoiding situations or persons who generate the stress, spending free time in nature, and practicing physical relaxation exercises.

On the other hand, teachers rarely cope with mental health issues and problems through substance use. Teachers rarely *take medicine that provides relief take medicine that would help them feel and think better and drink alcohol to reduce stress*. Additionally, they never *drown themselves with alcohol to ignore the problem for the meantime and smoke to ease their negative feeling*. It denotes that teachers hardly use substances such as drugs, alcohol, and medicine to relieve some mental health problems. Mishra (2023) cited that many teachers, professors, and others in the education field have turned to alcohol or drugs to cope with this stress to alleviate anxiety and worries about work, escape from reality and numb emotional pain, and keep up with the demands of teaching jobs.

Summary on the Extent of Teachers' Coping Mechanisms

The domain with the highest mean is religiosity,

described as always. On the other hand, to cope with mental health issues and problems, teachers almost always use problem-solving, cognitive appraisal, relaxation, and social support. However, they sometimes cope through over-activity and rarely use the substance to cope. It entails that the most commonly used coping strategies of teachers are religiosity. When faced with pressures or stressors that may lead to mental health issues, they prefer surrendering to God and leaving everything to him. Imran, Zhai, and Iqbal (2022) showed that religious faith might help individuals to calm their minds in times of crisis and severe illness. Furthermore, positive religious coping, intrinsic religiousness, and faith in God were associated with lower anxiety and a greater positive outcome. In contrast, negative religious coping and distrust in God resulted in the opposite.

Difference between Teachers' Level of Knowledge on Mental Health Issues and Problems When Grouped According to Age

For the level of knowledge on mental health issues and problems in teachers' knowledge level about precipitating/triggering factors, the p-value is lesser than the level of significance. Thus, when grouped according to age, the null hypothesis stating that there is a significant difference between the teacher's level of knowledge on mental health issues and problems is rejected. It means older adults are more informed about the triggering/precipitating factors affecting mental health than younger ones. It implies that older adults can promote health and self-manage the factors that may trigger mental issues resulting from the different experiences of the individual. These will help the individual gain knowledge of the possible effects of these experiences on his/her mental health. It means that teachers' knowledge on myths about mental disorders, consequence due to mental disorder, risk factors, and myths in the school environment does not vary when grouped according to age. It implies that a teacher's age does not guarantee a high level of knowledge of mental health issues and problems. The study confirms the study of Fan, Fu, Li, Li, and Zhu (2021), which states that age has no significant impact on depression, anxiety, and stress. Findings also showed by Halim, Mridha, Nasrin, Islam, and Hossain (2022) that teachers, irrespective of age, were experiencing mental health problems; however, older teachers showed higher symptoms of depression, anxiety, and stress.

On the other hand, when grouped according to age, no significant difference was revealed in the level of knowledge of teachers on mental health issues and

problems in the areas of myths about mental health disorders, consequences due to mental health disorders, risk factors, and myths in the school environment. In this case, the null hypothesis states that there is no significant difference in the level of knowledge of teachers in terms of myths about mental disorder, consequence due to mental disorder, risk factors, and myths in the school environment when grouped according to age is accepted. Thus, the null hypothesis is accepted. The study by Nitika (2019) shows that adults in urban communities have 0 percent poor knowledge, 4 percent average knowledge, and 96 percent good knowledge of myths and misconceptions about mental illness. It also shows that adults in rural communities have 0 percent poor knowledge, 74 percent average knowledge, and 26 percent good knowledge of myths and misconceptions about mental illness. Hence, it was concluded that adults from urban communities have good knowledge, and adults from rural communities have average knowledge of myths and misconceptions about mental illness.

Difference between Teachers' Level of Knowledge on Mental Health Issues and Problems When Grouped According to Sex

When grouped according to sex, it was found that a significant difference exists in the level of knowledge of teachers about precipitating/triggering factors and consequences due to mental disorders with a p-value lesser than the level of significance. Thus, the null hypothesis is rejected. It means that female teachers are more knowledgeable than males when it comes to knowledge about precipitating factors and consequences due to mental disorders. It agrees with Mahfoudh et al. (2020), who asserted that teachers have a high prevalence of psychiatric disorders which was significantly related to gender; this was correlated to the instability and the irregular schedule of spouse work, which the feeling of economic discomfort can explain, lack of support and family instability and this conflictual situation makes women more vulnerable to stress and more predisposed to psychiatric disorders. In addition, female teachers experience significantly more stress but can cope more often practically, according to Klapporth, Federkeil, Heinschke, and Jungmann (2020). Pradhan (2016) further concluded that there is a significant difference in teachers' mental health in relation to sex variation.

On the other hand, the result indicates that when teachers are grouped according to sex, no significant difference exists in the level of knowledge on myths about mental disorders, risk factors, and myths in the school environment. It means that knowledge on

myths about mental disorders, risk factors, and myths about the school environment does not vary in terms of sex. The findings of this study support the conclusion of Akour, Tammemi, Barakat, Kanj, Fakhouri, Malkawi, and Musleh (2020) that there was no significant difference in the level of mental distress between genders. Also, Medmood, Inamullah, and Cercikaya (2022) revealed that male and female teachers rarely suffer from mental and physical problems. Also, both groups possessed better mental health. However, there is no significant difference between the mental health of male and female teachers.

Difference between Teachers' Level of Knowledge on Mental Health Issues and problems When Grouped According to Educational Attainment

All the p-values obtained are greater than the .05 level of significance; therefore, no significant difference is revealed in the level of knowledge of teachers on myths about mental disorders, precipitating/triggering factors, consequence due to mental disorders, risk factors, and myths in the school environment. The null hypothesis, which states that there is no significant difference between the teachers' level of knowledge on mental health issues and problems when grouped according to educational attainment, is accepted. It means that teachers' knowledge on mental health issues and problems does not vary in terms of educational attainment. It implies that teachers' educational attainment does not guarantee a high level of knowledge on mental health issues and concerns. The result supports Kratt (2018) study, which indicated that teachers needed more knowledge on mental health and larger systems of support to increase their classroom effectiveness. Findings support the use of the mental health curriculum framework in the development of teacher mental health training. Several implications for practice are proposed, including the addition of mental health curriculum in teacher preparation programs and the necessity for school administrators to create a school culture and infrastructure to support school mental health effectively. In addition, teachers lacked specific knowledge on mental health, and there was a need for effective teacher training to garner greater knowledge and skills regarding mental health, as reviewed by Halpern (2017). Lastly, depression, anxiety, and stress were consistently more common among teachers with socio-demographic and work-related characteristics such as female and lowest educational status (Othman & Sivasubramaniam, 2019).

Relationship Between the Level of Teacher's

Knowledge on Mental Health Issues and Problems and Coping Mechanisms

It was found out that there is a significant relationship between teachers' knowledge of myths about mental health disorders, precipitating/triggering factors and coping mechanisms, consequences due to mental health disorders, risk factors, myths in the school environment, and coping mechanisms. The correlations are all significant at 0.01 level; thus, the null hypothesis, which states that there is no significant relationship between the level of teachers' knowledge on mental health issues and problems and coping mechanisms, is rejected. It means that the higher the level of knowledge of teachers on mental health issues and problems, the extent of coping using different mechanisms is also higher and vice versa. This further denotes that the more knowledgeable the teachers are, the more they can cope with mental health issues and problems. The result implies that coping is part of the health and well-being of a person. If mental illness symptoms arise, treatment of the illness, people can learn to manage stress by engaging in healthy coping activities. These findings support the study of Baker et al. (2021), which found that maximizing protective factors (e.g., attending to personal health, spending time with family and friends, and connections with supportive people) was associated with better-coping skills and resilience in teachers. Therefore, coping strategies are significantly associated with teacher well-being. Also, Ghasemi, Herman, and Reinke (2022) found that teachers experienced higher rates of stress and anxiety, which were positively associated with dysfunctional coping strategies. The result also indicated that coping mechanisms significantly account for 25 percent of variances in stress, anxiety, and depression. Furthermore, the results regarding coping strategies before and during the pandemic indicated significant differences for teachers with different occupational attributes.

Conclusion

Elementary teachers have a moderate level of knowledge on mental health issues and problems, sometimes experience personal stressors, and always cope through religiosity. Teachers' level of knowledge about mental health issues and problems about precipitating and triggering factors vary in terms of age and sex but do not vary according to their educational attainment. A significant relationship exists between teachers' knowledge of mental health issues, problems, and coping mechanisms.

Based on the finding of the study, it is hereby recommended that:

1. School administrators should include a seminar/workshop on Mental Health Awareness for teachers in their AIP and SIP.
2. Gender and Development (GAD) Focal Persons in schools should initiate Mental Health Programs that consider the impact of gender stereotypes and individual differences that may enhance teachers' mental health literacy, especially the males, since female teachers are found to have a higher level of knowledge than male.
3. Teachers should attend webinars about mental health awareness and coping techniques.
4. Learning Action Cell (LAC) leaders in the school should make a SLAC and implementation plan on topics related to Mental Health Awareness. It is efficient to invite resource speakers from community health practitioners.

For further study:

5. Future researchers may conduct a similar study focusing on secondary school teachers to generalize the results.
6. A qualitative study may be conducted to deepen understanding of teachers' experiences that may trigger mental health issues and problems.

References

- Agarwal, S. (2022). Why is Mental Health Important for Teachers? Retrieved from <https://www.suraasa.com/blog/why-is-mental-health-important-for-teachers>
- Agyapong, B., Donkor, G.O., Burbach, L. & Wei, Y. (2022). Stress, Burnout, Anxiety and Depression among Teachers: A Scoping Review. *International Journal of Environmental Research and Public Health* 19 (17) 10706. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9518388/>
- Akour, A., Tammemi, A. B., Barakat, M., Kanj, R., Fakhouri, H. N., Malkawi, A. and Musleh, G. (2020). The Impact of the COVID-19 Pandemic and Emergency Distance Teaching on the Psychological Status of University Teachers: A Cross-Sectional Study in Jordan. *The American Society of Tropical Medicine and Hygiene* 103 (6) 2391-2399. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/33124547/>
- Allen, R., Jerrim, J., & Sims, S. (2020). How did the early stages of the COVID-19 pandemic affect teacher wellbeing? (CEPEO Working Paper No. 20-15). Centre for Education Policy and Equalising Opportunities, UCL. Retrieved from <https://repec-cepeo.ucl.ac.uk/cepeow/cepeowp20-15.pdf>
- Almeida A, Pedrosa-de-Jesus H, Pereira A (2017). Suicide prevention: Teacher training needs. *Atencion Primaria*, 45,30.
- Andrade, P.H., Bosano, C.H., & Paz, C. (2021). Teachers' Mental



- Health and Self-Reported Coping Strategies During the COVID-19 Pandemic in Ecuador: A Mixed-Methods Study. *Psychology Research and Behavior Management*. Volume 2021:14 Pages 933–944. <https://doi.org/10.2147/PRBM.S314844>. Retrieved from <https://www.dovepress.com/teachers-mental-health-and-self-reported-coping-strategies-during-the-peer-reviewed-fulltext-article-PRBM>
- Aydin, B., & Kaya, A. (2016). Sources of Stress for Teachers Working in Private Elementary Schools and Methods of Coping with Stress. *Universal Journal of Educational Research*, v4 n12A p186-195 2016. Retrieved from <https://eric.ed.gov/?id=EJ1126048>
- Baker, C. N., Peele, H., Daniels, M., Saybe, M., Whalen, K., & Overstreet, S. (2021). The experience of COVID-19 and its impact on teachers' mental Health, coping, and teaching. *School Psychology Review*, 50(4), 491–504. Retrieved from <https://doi.org/10.1080/2372966X.2020.1855473> & <https://www.tandfonline.com/doi/full/10.1080/2372966X.2020.1855473>
- Bamgbade, B.A., Harrison, T. C., & Barner, J. C. (2014). Mental Health Literacy Theory: A Critical Evaluation. DOI:10.1016/J.JVAL.2014.03.202 Corpus ID: 75284551. Retrieved from <https://www.semanticscholar.org/paper/Mental-Health-Literacy-Theory%3A-A-Critical-Evaluation-Bamgbade-Harrison/6159510cef0de81b5fc7d7592b5f3af77e0b3548>
- Barile, N. (2018). The Importance of Mental Health Awareness in Schools. Retrieved from <https://www.wgu.edu/heyteach/article/importance-mental-health-awareness-schools1810.html>
- Bastos, F. (2022). Five Leading Causes of Mental Health Issues. Retrieved from <https://mindowl.org/5-leading-causes-of-mental-health-issues/>
- Brooks, S. K., Webster, R. K., Smith, L. E., Wessely, S., Greenberg, N., & Rubin, G. K. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet*, 395, 912–20.
- Brunzell T., Stokes H., Waters L. (2019). Shifting teacher practice in trauma-affected classrooms: practice pedagogy strategies within a trauma-informed positive education model. *School Mental Health*. 11(3):600–614. doi: 10.1007/s12310-018-09308-8. Retrieved from <https://link.springer.com/article/10.1007/s12310-018-09308-8>
- Cox, A., Solomon, B., & Parris, D. (2018). Teacher well-being is a critical and often overlooked part of school health. Retrieved from <https://www.childtrends.org/blog/teacher-well-being-is-a-critical-and-often-overlooked-part-of-school-health>
- Dagar, N. & Mathur, M. (2016). Mental Health of School Teachers In Relation to Their Sex and Type of School. *International Journal of Educational Planning & Administration*. ISSN 2249-3093 Volume 6, Number 1 (2016), pp. 49-53. Retrieved from https://www.ripublication.com/ijepa16/ijepav6n1_08.pdf
- David, C.C., Albert, J.R., & Vizmanos, J.F. (2019). Pressures on Public School Teachers and Implications on Quality. *Philippine Institute of Development Studies*. ISSN 2508-0865 No. 2019-01. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1287736.pdf> and <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidspn1901.pdf>
- El Helou, M., Nabhani, M., & Bahous, R. (2016). Teachers' views on causes leading to their burnout. *School leadership & management*, 36(5), 551-567. Retrieved from <https://doi.org/10.1080/13632434.2016.1247051> and <https://www.tandfonline.com/doi/full/10.1080/13632434.2016.1247051>
- Estrada, C.A., Usami, M., Satake, N., Gregorio, E., Leynes, C., Balderrama, N., de Leon, J., Concepcion, R.A., Timbalopez, C. T., Tsujii, N., Harada, I., Masuya, J., Kihara, H., Kawahara, K., Yoshimura, Y., Hakoshima, Y. & Kobayashi, J. (2020). Current situation and challenges for mental health focused on treatment and care in Japan and the Philippines - highlights of the training program by the National Center for Global Health and Medicine. *BMC Proc* 14, 11 .<https://doi.org/10.1186/s12919-020-00194-0>
- Fan, C., Fu, P., Li, X., Li, M., Zhu, M (2021). Trauma exposure and the PTSD symptoms of college teachers during the peak of the COVID-19 outbreak. *Stress Health*. (2021) 37:914–27. doi: 10.1002/smi.3049. Retrieved from <https://www.frontiersin.org/articles/10.3389/fpsy.2022.938230/full#B54>
- Fengler, J. (2016). Burnout. Retrieved from https://www.researchgate.net/publication/32361195_Teacher_Stress_and_Coping_Strategies
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing:
- Genoud, PA, & Waroux, EL (2021). The Impact of Negative Affectivity on Teacher Burnout. *International Journal of Environmental Research and Public Health*. 2021; 18(24):13124. Retrieved from <https://doi.org/10.3390/ijerph182413124> & <https://www.mdpi.com/1660-4601/18/24/13124>
- Ghasemi, F., Herman, K. C. & Reinke, W. M. (2022). Shifts in Stressors, Internalizing Symptoms, and Coping Mechanisms of Teachers During the COVID-19 Pandemic. *School Mental Health* 15, 272-286. Retrieved from <https://link.springer.com/article/10.1007/s12310-022-09549-8>
- Grasso, J. (2021). Misconceptions About Mental Illness. Retrieved from <https://www.lyrahealth.com/blog/misconceptions-about-mental-illness/>
- Hadjimina, E., & Furnham, A. (2017). Influence of age and gender on mental health literacy of anxiety disorders. *Psychiatry Research*, 251, 8–13. <https://doi.org/10.1016/j.psychres.2017.01.089>. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S016517811630854X?via%3Dihub>
- Halim, S.F.B., Mridha, S., Nasrin, N., Islam, M.K., Hossain, M.T. (2022). Socioeconomic crisis and mental health stress among the middle-income group during the covid-19 pandemic. *Sociol Spectr*. (2022) 2022:1–16. doi: 10.1002/smi.3163. Retrieved from <https://www.frontiersin.org/articles/10.3389/fpsy.2022.938230/full#B54>
- Halpern, C. (2017). Book Review: In search of understanding: The case for constructivist classrooms. *American Journal of Qualitative Research*, 1(1), 32-36. <https://doi.org/10.29333/ajqr/5790>. Retrieved from <https://www.ajqr.org/download/book-review-in-search-of-understanding-the-case-for-constructivist-classrooms-5790.pdf>
- Higgen, S. & Mosko, M. (2020). Mental health and cultural and linguistic diversity as challenges in school? An interview study on the implications for students and teachers. Retrieved from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0236160>



- Hossain, T., Islam, A., Jahan, N., Nahar, T., Sarker, J. A., Rahman, M., Deeba, F., Hoque, K. E., Aktar, R., Islam, M., Hossain, M. Z., Siddiqua, L., Mahbub, Z., & Islam, N. (2022). Mental Health Status of Teachers During the Second Wave of the COVID-19 Pandemic: A Web-Based Study in Bangladesh. *Frontiers in Psychiatry*. Vol. 13. Retrieved from <https://www.frontiersin.org/articles/10.3389/fpsy.2022.938230/full>
- Imran, M. H., Zhai, Z. and Iqbal, M. (2022). The role of religious coping to overcome mental distress and anxiety during the COVID-19 pandemic: An integrative review. Retrieved from <https://spssi.onlinelibrary.wiley.com/doi/full/10.1111/asap.12327>
- Jerrell, S. (2020). Coping Strategies for Teacher Stress. Retrieved from <https://timeoutforteachers.com/coping-strategies-for-stress/>
- Jimenez, E.C. (2021). Impact of Mental Health and Stress Level of Teachers to Learning Resource Development. *International Journal of Education*. Vol. 9, issue 2. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1287736.pdf>
- Jimenez, P., & Dunkl, A. (2017). The buffering effect of workplace resources on the relationship between the areas of worklife and burnout. *Frontiers In Psychology*, 8, 12. Retrieved from <https://doi.org/10.3389/fpsyg.2017.00012>
- Kamal A.M., Ahmed, W.S.E., Wassif, G.O.M., Greda, M.H.A.A. (2021). Work Related Stress, Anxiety and Depression among School Teachers in general education. *Qjm: Int. J. Med.* 2021;114((Suppl. 1)):hcab118.003. Retrieved from <https://doi.org/10.1093/qjmed/hcab118.003> & https://academic.oup.com/qjmed/article/114/Supplement_1/hcab118.003/6379129
- Khan, A., Din, S. U., & Anwar, M. (2019). Sources and Adverse Effects of Burnout among Academic Staff: A Systematic Review. *City University Research Journal*, 9(2), 350-263. Retrieved from https://www.researchgate.net/publication/335527642_Sources_and_Adverse_Effects_of_Burnout_Among_Academic_Staff_A_Systematic_Review
- Khanna, P. & Aeri, B. (2018). Risk factors for mental health disorders: From conception till adulthood. Centre For Research On Nutrition Support Systems. Nutrition Foundation of India Building, C-13 Qutab Institutional Area, New-Delhi-110016
- Klapporth, F., Federkeil, L., Heinschke, F. and Jungmann, T. (2020). Teachers' experiences of stress and their coping strategies during COVID-19 induced distance teaching. *Journal of Pedagogical Research* 4 (4) 444-452. Retrieved from <https://www.ijopr.com/article/teachers-experiences-of-stress-and-the-ir-coping-strategies-during-covid-19-induced-distance-teaching-8475>
- Kratt, D. (2018). Teachers' Perspectives on Educator Mental Health Competencies: A Qualitative Case Study. *American Journal of Qualitative Research* 2 (1) 22-40. Retrieved from <https://www.ajqr.org/download/teachers-perspectives-on-educator-mental-health-competencies-a-qualitative-case-study-5792.pdf>
- Kuwato, M. & Hirano, Y. (2020). Sense of coherence, occupational stressors, and mental health among Japanese high school teachers in Nagasaki prefecture: a multiple regression analysis. *BMC Public Health* 20, 1355 (2020). Retrieved from <https://doi.org/10.1186/s12889-020-09475-x> & <https://link.springer.com/article/10.1186/s12889-020-09475-x#citeas>
- Lally, J., Samaniego K, & Tully, J. (2019). Mental Health Legislation in the Philippines: Philippine Mental Health Act. *BJPsych International*. 16(3):65-67. doi: 10.1192/bji.2018.33. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6646847/#:~:text=The%20first%20mental%20health%20act,mental%20healthcare%20in%20the%20Philippines.>
- Lizana, P. A., & Lera, L. (2022). Depression, Anxiety, and Stress among Teachers during the Second COVID-19 Wave. *Int J Environ Res Public Health*. 2022 May; 19(10): 5968. doi: 10.3390/ijerph19105968. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9140393/>
- Lugue, E. D. & Galicia, L. S. (2021). Teachers' Mental Wellbeing, Contributing Factors Andsupport Services Amidst Covid19 Pandemic. *Asian Journal of Educational Research* 9 (2). Retrieved from <http://multidisciplinaryjournals.com/wp-content/uploads/2021/05/FULL-PAPER-TEACHERS%E2%80%99-MENTAL-WELLBEING-CONTRIBUTING-FACTORS-AND-SUPPORT-SERVICES-AMIDST-COVID19-PANDEMIC.pdf>
- MacIntyre PD, Gregersen T & Mercer S. (2020). Language teachers' coping strategies during the Covid-19 conversion to online teaching: correlations with stress, wellbeing and negative emotions. *System*. 2020;94:102352. Retrieved from doi:10.1016/j.system.2020.102352 & <https://www.sciencedirect.com/science/article/pii/S0346251X20307120>
- Mahfoudh, A., Bakhrouf, A., Rassas, I., Ammar, H., Bouzgarrou, L., Omrane, A., Henchi, A., Akrouf, M. and Khalfallah, T. (2020). Influence of socioprofessional determinants on teachers' mental well-being. *National Library of Medicine* 41 (3) 121-124. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/31242353/>
- Marooj, Alvi, S.M., Altaf, N., and Khatoun, B.A. (2022). Effect of Depression, Anxiety and Stress on Mental Health of Teachers. *Journal of Management Practices, Humanities and Social Sciences* 6 (3) 52-60. Retrieved from <https://global-jws.com/ojs/index.php/global-jws/article/view/11093>
- Matiz, A., Fabbro, F., Paschetto, A., Cantone, D., Paolone, A. R. and Crescentini, C. (2020). Positive Impact of Mindfulness Meditation on Mental Health of Female Teachers during the COVID-19 Outbreak in Italy. *International Journal of Environment Research and Public Health*. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32899739/>
- Medmood, R., Inamullah, H, M. & Çercikaya, M. (2022). Teacher's mental health: a descriptive study of subject specialist teachers at higher secondary level in Khyber Pakhtunkhwa, Pakistan. *Journal of Interdisciplinary Educational Research*, 6(13), 292-304, DOI:10.57135/jier.1127735. Retrieved from <https://dergipark.org.tr/en/download/article-file/2473795>
- Mishra, M. (2023). Substance Abuse Among Teachers: Statistics, Signs & Treatment. Retrieved from <https://bedrockrecoverycenter.com/addiction-among-teachers/#:~:text=Drug%20or%20alcohol%20abuse%20may%20be%20used%20to%3A,keep%20up%20with%20the%20demands%20of%20teaching%20jobs>
- Nalla, R. C. (2022). Lived Experiences, Challenges, and Coping Mechanisms of Teachers on the Current Paradigm Shift in Education: A Phenomenological Study. *Universal Journal of Educational Research* v1 n1 p1-11. Retrieved from <https://eric.ed.gov/?q=nalla&id=ED621117>
- Newman, T. (2020). Medical myths: Mental health misconceptions. Retrieved from <https://www.medicalnewstoday.com/articles/medical-myths-mental->

health-misconceptions#9.-Eating-disorders-only-affect-females

Nitika (2019). Knowledge on myths and misconceptions about mental illness among adults (18-35 yrs). *International Journal of Advanced Psychiatric Nursing* 2020; 2(1): 22-26. Retrieved from <https://www.psychiatricjournal.net/article/view/25/2-1-3>

Othman, Z. & Sivasubramaniam, V. (2019). Depression, Anxiety, and Stress among Secondary School Teachers in Klang, Malaysia. *International Medical Journal* 26 (2) 71-74. Retrieved from <https://core.ac.uk/download/pdf/227272881.pdf>

Omari, O.A., Khalaf, A., Hashmi, I. A., Qadire, M. A., Shindi, Y. A., Sabei, S. A., Matani, N. & Jesudoss, D. (2022). A comparison of knowledge and attitude toward mental illness among secondary school students and teachers. *BMC Psychol* 10, 109 (2022). <https://doi.org/10.1186/s40359-022-00820-w>

Osuba, A. (2022). Stress Management for Teachers: 16 Activities to Reduce Teachers' Stress. Retrieved from <https://everfi.com/blog/k-12/strategies-to-support-stress-management-for-teachers/>

Parfitt, G., Pavey, T., and Rowlands, A. (2009). Children's physical activity and psychological health: the relevance of intensity. *Acta Paediatr.* 98, 1037-1043. doi: 10.1111/j.1651-2227.2009.01255 & <https://onlinelibrary.wiley.com/doi/10.1111/j.1651-2227.2009.01255.x>

Parikh, N., Parikh, M., Vankar, G., Solanki, N. & Banwari, G. (2016). Knowledge and Attitudes of Secondary and Higher Secondary School Teachers Toward Mental Illness in Ahmedabad. *Indian journal of social psychiatry*. DOI: 10.4103/0971-9962.176770

Phoenix, S. M. (2017). The Challenges of Mental/Emotional Health for Teachers. Retrieved from <https://theeducatorsroom.com/stress-management-challenges-mental-emotional-health-teachers-public-education/>

Plomecka, M. B., Gobbi, S., Neckels, R., Radziński, P., Skórko, B., Lazzeri, S., ... Jawaid, A. (2020). Mental Health Impact of COVID-19: A global study of risk and resilience factors. Retrieved from <https://doi.org/10.31234/osf.io/zj6b4> & <https://psyarxiv.com/zj6b4/>

Pradhan, R. (2016). Mental Health of Secondary School Teachers in Sikkim. *Journal of Humanities and Social Science* 21(11) ver.8 50 - 57. Retrieved from <https://www.iosrjournals.org/iosr-jhss/papers/Vol.%2021%20Issue1/Version-8/G2111085057.pdf>

Rajesh, C., Ashok, L., Rao, C.R., Kamath, V.G., Kamath, A., Sekaran, V., Devaramane, V., & Swamy, V.T. (2022). Psychological well-being and coping strategies among secondary school teachers: A cross-sectional study. *National Library of Medicine* 11 (152). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9277760/>

Ravin, S. (2020). The 4 P's of Mental Health Treatment. Retrieved from <https://blog.drSarahRavin.com/depression/the-4-ps-of-mental-health-treatment/>

Rieschleger, J., Costello, S., Cavanaugh, D. L., & Grove, C. (2019). Mental Health Literacy of Youth That Have a Family Member With a Mental Illness: Outcomes From a New Program and Scale. *National Library of Medicine*. 2019 Feb 4;10:2. doi: 10.3389/fpsy.2019.00002. eCollection 2019. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/30778305/>

Rilveria, J.R. (2018). The development of Filipino coping strategies scale. *Asia-pacific social science review*.18 (1):111-126

Ryan, S. V., von der Embse, N. P., Pendergast, L. L., Saeki, E., Segool, N., & Schwing, S. (2017). Leaving the teaching profession: The role of teacher stress and educational accountability policies on turnover intent. *Teaching and Teacher Education*, 66, 1-11. Retrieved from <https://doi.org/10.1016/j.tate.2017.03.016> & <https://www.sciencedirect.com/science/article/abs/pii/S0742051X16304140?via%3Dihub>

Sahoo, S., Rani, S., Parveen, S., Singh, A. P., Chakraborty, S., Mehra, A., Chakrabarti, S., Grover, S., & Tandup, C. (2020). Self-harm and COVID-19 pandemic: An emerging concern—A report of 2 cases from India. *Asian Journal of Psychiatry*, 51,102104. doi:10.1016/j.ajp.2020.102104

Silva D.F.O., Cobucci R.N., Lima S.C.V.C., de Andrade F.B. (2021). Prevalence of Anxiety, Depression, and Stress among Teachers during the COVID-19 Pandemic a PRISMA-Compliant Systematic Review. *Medicine*. 2021;100 doi: 10.1097/MD.00000000000027684. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8568426/>

Simone, S., Cicotto, G. & Lampis, J. (2016). Occupational stress, job satisfaction and physical health in teachers. *European Review of Applied Psychology* 66(2) 65-77. Retrieved from <https://doi.org/10.1016/j.erap.2016.03.002> & <https://www.sciencedirect.com/science/article/abs/pii/S1162908816300044>

Stone, L. (2020). Coping during a pandemic Article in Australian family physician · May 2020 DOI: 10.31128/AJGPCOVID-19.

Terrazola, V.E. (2018). DepEd, DOH to Address Teacher Suicides. *Manila Bulletin*. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1287736.pdf> and <https://mb.com.ph/2018/09/19/depd-doh-to-address-teacher-suicide-s/>

Thompson, E. H., Robertson, P., & Frick, M. H. (2018). Students with Anxiety: Implications for Professional School Counselors. Retrieved from <https://journals.sagepub.com/doi/abs/10.1177/2156759X12016002S06?journalCode=pcxa>

Wang, Y., Xue, C. and Zhang, M. (2022). A Survey of Teachers' Status in Mental Health Education Management Based on Big Data Analysis. *National Library of Medicine*. doi: 10.1155/2022/8399938. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9519321/>

Wettstein, A. (2020). Investigating teachers' psychological and physiological stress. Retrieved from <https://researchoutreach.org/articles/investigating-teachers-psychological-physiological-stress/#:~:text=While%20sources%20of%20teacher%20stress%20experience%20are%20diverse,includediscipline%20problems%20C%20unmotivated%20students%20and%20teaching%20disorders.>

World Health Organization (2023). Depressive Disorder (Depression). Retrieved from <https://www.who.int/news-room/fact-sheets/detail/depression>

Wu, D. (2020). Relationship Between Job Burnout And Mental Health Of Teachers Under Work Stress. *Scholarly Journal* 29(1): 310. Retrieved from <https://www.proquest.com/openview/f7c9bbe249126e5f59cf78cfa3ea3c07/1?pq-origsite=gscholar&cbl=4380457>



Yang, R., You, X., Zhang, Y., Lian, L., & Feng, W. (2019). Teachers' mental health becoming worse: The case of China. *International Journal of Educational Development*. Vol. 70, 102077. Retrieved from <https://doi.org/10.1016/j.ijedudev.2019.102077> and <https://www.sciencedirect.com/science/article/abs/pii/S0738059317305254>

Zamri, E. N., Moy, F. M., & Hoe, V. C. W. (2017). Association of psychological distress and work psychosocial factors with self-reported musculoskeletal pain among secondary school teachers in Malaysia. *PloS One*, 12(2), e0172195. Retrieved from <https://doi.org/10.1371/journal.pone.0172195> and <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0172195>

Affiliations and Corresponding Information

Audrey Rose D. Simon

Alamada Central Elementary School
Department of Education - Philippines

Honeylyn M. Mahinay

Notre Dame of Midsayap College - Philippines