



## MENTAL HEALTH ISSUES AMONG SELECTED JUNIOR HIGH SCHOOL IN A SELECTED SECTARIAN SCHOOL

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### ABSTRACT

*Suicide was the second leading cause of death among 15-29-year-olds globally in 2016 (WHO, 2019). There is an alarming increase in the number of young people experiencing depression which often leads to suicide. The State affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services (R.A. 11036 or Mental Health Act Section No.2, 2019). This study determines the mental health issues of selected junior high school students through the use of the six-item Kutcher Adolescent Depression Scale, interviews about its causes and possible solutions as well as determines its direct implication to transformative educational leadership policy. The six-item Kutcher Adolescent Depression Scale was utilized in this study. Based on the findings of the study, half of the 177 respondents hardly ever had thoughts, plans, or actions about suicide or self-harm. However, some students are having these thoughts and they need to be helped. After the survey, a random interview revealed that family problems may lead to depression. The respondents identified the need for quality personal relationships fostered through heart-to-heart talk, quality time, friendship, acceptance, respect, understanding, and non-judgmental attitude from the entire educating community. They also mentioned the need for a comprehensive school mental health program (cf. R.A 11036), provide professional help and close follow-up as well as lessening the academic pressures. To conclude, the youth of today who seem to be independent and have many "online friends" in social media still long for quality relationships especially in their families. As a recommendation, the educating community especially parents must have quality time and heart-to-heart talk with their children (the students) despite their hectic schedule. There is also a need for a comprehensive school mental health program (R.A 11036) to promote transformative educational leadership.*

*Keywords: depression, anxiety, mental health, transformational leadership*

### INTRODUCTION

Young people nowadays are exposed to different forms of challenges whether in the family, school, among their peers and in the local community which greatly affects their psychological well-being. Some of them experience depression, anxiety disorders and some do hurt themselves. If not properly and immediately addressed, it might lead to suicide.

According to WHO (2019), every year close to 800, 000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities, and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the second leading cause of death among 15-29-year-olds globally in. This study on the mental health issue is very much in line with United



Nation's Sustainable Development Goals (SDGs) i.e. ensure healthy lives and promote well-being for all of all ages (Goal 3) and ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4) as well as Republic Act No. 11036 otherwise known as the Mental Health Act. It is an act establishing a National Health Policy for the Purpose of Enhancing the Delivery of Integrated Mental Health Services, promoting and protecting the rights of persons utilizing psychiatric, neurologic and psychosocial health services, appropriating funds therefore, and for other purposes.

This study was conducted since there are limited studies on mental health, especially in the Philippines since the issuance of the Mental Health Act (Republic Act 11036) on the 22<sup>nd</sup> of January 2019. This aims to highlight the need for a comprehensive school mental health program. It is stated in R.A. 11036 Section 25 on Mental Health Promotion in Educational Institutions that:

*Educational Institutions shall develop policies and programs for students, educators, and other employees designed to raise awareness on mental health issues, identify and provide support and services for individuals at risk, and facilitate access to treatment and psychosocial support.*

Humans are social beings. Interpersonal relationships affect their psychological well-being. If young people receive love and affirmation from their family and companions, they become more inspired to live and give their best to others. Otherwise, there will be a great impact on their lives. There are recent studies that show that young people coming from dysfunctional families have a possibility of doing self-harm and worst, commit suicide. The presence of family dysfunction, high levels of suicidality, and recent self-harm (suicidal or non suicidal) should alert everyone to a high risk for future suicide attempts (Wilkinson, P., Kelvin, R., Roberts, C., Dubicka, B. and Goodyer, I., 2011). There are instances when parents hurt their children if they commit mistakes. Sarmiento, C. R. D., and Rudolf, R. (2017) drew a strong link

between child physical abuse (CPA) and young adults' mental health. Child physical abuse was further found to have negative effects on young adults' family relations, social relations, and overall satisfaction with life. Exposure to adversity in childhood, including domestic violence, parental mental illness, loss, and poverty, is a known risk factor for long-term physical and mental health problems (Porche, MV., Costello, DM., and Rosen-Reynoso, M., 2016). This study shows that young people still value quality family time. Majority of the respondents mentioned that quality personal relationships in the family, friends, fellow students, and educators will be of great help in the psychological well-being of a young person. Positive parenting, specifically parents' praising behavior in relation to both early and late adolescents, is directly linked to better mental health outcomes (Tabak & Zawadzka, 2017). Being their educational leaders and second parents, teachers are also affected by these and they are being called to find ways and means on how to help them. Their style of educational leadership and management as well as the programs and interventions that are given will surely have an impact to this kind of issue which is very much in resonance with R.A. No. 11036 (Mental Health Act). This research will determine the direct implication of the said issue with transformative educational leadership.

## OBJECTIVES OF THE STUDY

This study aims to: 1) determine the mental health issues of selected junior high school students through the use of the six-item Kutcher Adolescent Depression Scale; 2) conduct an interview among selected junior high school students about its causes and possible solutions; 3) ascertain the direct implication of this study to transformative educational leadership policy.

## METHODOLOGY

Using the descriptive method, the study involved 177 junior high school students from a selected sectarian school. The research



instrument used was the six-item Kutcher Adolescent Depression Scale (6-KADS) as a screening tool to identify young people at risk of depression. Validation of the Polish version of KADS in a group of students aged 18-24 years has shown its high reliability and content validity (Mojs, E., Bartkowska, W., Kaczmarek, L., Ziarko, M., Bujacz, A., Warchoł-Biedermann, K., 2015). It showed good psychometric characteristics in terms of internal consistency and convergent validity (Quintão, David, Gusmão, & Kutcher, 2015).

The topic is quite sensitive since it talks about the student's mental health status. Since the respondents were minors, parents/guardians were informed through the student's planner that a research-based study was conducted to improve the school's program. Since there is a law on data privacy and child protection policies, the gathered personal data were treated as highly confidential. The study will greatly benefit the educational mission since this aimed to improve the school's mental health program as well as the application of transformative leadership in line with R.A. 11036 on the part of the administration.

**RESULTS AND DISCUSSION**

**1. Assessment Tool: Six-item Kutcher Adolescent Depression Scale (KADS)**

**Table 1**  
*Means and Standard Deviation on 6-item KADS ( i.e. Low mood, sadness, feeling blah or down, depressed, just can't be bothered)*

Sections	I	II	III	IV	M	SD	%
A	4	22	8	2	9	6.99	0.20
B	1	19	10	4	8.5	6.15	0.19
C	5	13	10	3	7.75	3.54	0.18
D	8	17	12	2	9.75	4.91	0.22
E	7	14	16	0	9.25	5.63	0.21

In summary, 48 percent of the students answered that they are having these feelings much of the time while 32 percent said they felt it most of the time. On the other hand, 14 percent hardly ever felt it. While six percent felt it all the time. These answers found resonance with what McCarthy, Bruno, and Fernandes (2011) mentioned about adolescent depression i.e. it can include a variety of symptoms, at least one of which must be either depressed mood or loss of pleasure/interest.

**Table 2**  
*Mean and Standard Deviation on 6-item KADS ( i.e Feelings of worthlessness, hopelessness, letting people down, not being a good person)*

Sections	I	II	III	IV	M	SD	%
A	8	16	8	4	9	3.90	0.20
B	4	13	9	8	8.5	2.86	0.19
C	1	10	15	5	7.75	4.71	0.18
D	6	12	11	10	9.75	2.04	0.22
E	7	9	15	6	9.25	3.12	0.21

In summary, 34 percent felt it much of the time while 33 percent felt it most of the time; 19 percent felt it all the time which the remaining 15 percent hardly ever felt it. These results jived with recent research studies which showed that self-esteem and hopelessness were significant predictors of resilience in adolescents. There was a positive relationship between self-esteem and resilience, but there was a negative relationship between hopelessness and resilience (Karatas and Cakar, 2011).

**Table 3**  
*Means and Standard Deviation on 6-item KADS (i.e. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot)*

Sections	I	II	III	IV	M	SD	%
A	4	15	10	7	9	3.63	0.20
B	3	6	14	11	8.5	3.82	0.19
C	0	10	11	10	7.75	4.02	0.18
D	3	14	9	13	9.75	3.87	0.22
E	2	9	15	11	9.25	4.21	0.21



In summary, 33 percent said they felt it most of the time while 31 percent felt it much of the time. On the other hand, 29 percent felt it all the time while the remaining seven percent hardly ever felt it. People who are depressed tend to feel tired, fatigued, and low energy. They have an array of negative feelings that ruminate in their minds which often makes them difficult to sleep. These findings reverberate with recent researches. According to the network perspective, such direct relations between Major Depression (MD) symptoms have, theoretically speaking, the capacity to trigger a diagnostically valid episode of Major Depression (MD): insomnia, fatigue, concentration problems, depressed mood, feelings of self-reproach (Cramer, et al., 2016).

**Table 4**  
Means and Standard Deviation on 6-item KADS (i.e. Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual)

Sections	I	II	III	IV	M	SD	%
A	12	12	8	4	9	2.97	0.20
B	9	10	14	1	8.5	4.22	0.19
C	10	8	8	5	7.75	1.60	0.18
D	10	16	6	7	9.75	3.49	0.22
E	13	13	7	4	9.25	3.49	0.21

In summary, 33 percent felt it much of the time. 31 percent hardly ever felt it. 24 percent felt it most of the time while the remaining 12 percent felt it all of the time. Given that depression appearing at earlier life stages may lead to the accumulation of negative consequences through adult life, it seems desirable that school counseling services should offer interventions targeting loneliness among the students to help them to adapt to the challenges of the university education and protect them from developing depressive symptoms (Grygiel, Switaj, Anczewska, Humenny, Rebisz, and Sikorska, 2013).

**Table 5**  
Means and Standard Deviation on 6-item KADS (i.e. Feeling worried, nervous, panicky, tense, keyed up, anxious)

Sections	I	II	III	IV	M	SD	%
A	9	20	5	2	9	6.10	0.20
B	2	19	7	6	8.5	5.67	0.19
C	4	14	9	4	7.75	3.71	0.18
D	11	15	9	4	9.75	3.54	0.22
E	6	15	10	6	9.25	3.31	0.21

Looking at the results from the table, it can be seen in summary that 47 percent felt it much of the time while 23 percent felt it most of the time. On the other hand, 18 percent hardly ever felt it while 12 percent felt it all the time. Young people with depression tend to worry a lot to the point that they cannot focus nor concentrate anymore. Worry refers to overwhelming and excessive thoughts about the future, past behavior and competencies, and peer relationships (Ibrahim, Amit, and Suen, 2014). Once stressed, these young people are susceptible to depression since stress and stressful life events were strongly associated with depressive symptoms, which then increased the suicidal risk (O'Connor, Rasmussen, and Hawton, 2010).

**Table 6**  
Means and Standard Deviation on 6-item KADS (i.e. Thoughts, plans, or actions about suicide or self-harm)

Sections	I	II	III	IV	M	SD	%
A	18	12	4	2	9	5.73	0.20
B	16	11	7	0	8.5	5.23	0.19
C	16	9	3	3	7.75	4.79	0.18
D	21	9	4	5	9.75	6.05	0.22
E	17	12	8	0	9.25	5.56	0.21

The sixth item of KADS is quite alarming since it is characterized by thoughts, plans, or actions about suicide or self-harm. In summary, 50 percent hardly ever felt it while the 30 percent experienced it much of the time. On the other hand, 15 percent experienced it most of the time while the remaining six percent experienced it all the time. Even if there was a small percentage of students who have thoughts, plans, or actions



about suicide or self-harm, teachers cannot just sit back and relax. As educators, they have to be vigilant, there is a need for a close follow-up and seek professional help for those students who answered “most of the time” and “all the time” before it will be too late.

These results are in line with current studies which claim that concurrent depression was associated with a great increased risk of self-harm. Self-harm and suicidal thoughts are common among teen-agers i.e.16 to 17 years old. Although the majority of self-harm behavior is not accompanied by a desire to die, all self-harm regardless of motivation is associated with an increased risk of suicidal thoughts and plans, particularly when it is carried out repeatedly (Kidger, et al., 2012).

Lastly, questionnaires were given to the respondents and asked them to enumerate their proposals on what can be done by the school, administration, teachers, parents, fellow students, and non-teaching staff for students with mental health issues. Their answers were as follows: Mental Health and Educational Institution; School’s role in helping young people with mental health issues. According to Gulliver, Griffiths, and Christensen (2010), there was evidence that young people perceived positive past experiences and social support and encouragement from others as aids to the help-seeking process. Recent researches mentioned that the school environment should be supportive, with safe spaces where students could go to talk to a significant adult and where they could receive support without being judged (Pendergast, et al., 2018). An important facet of a safe and supportive school climate is the ability to show empathy and respect for others as well as developing and maintaining positive relationships (U.S. Department of Education, Safe and Supportive Schools Model, 2009). Holden et al. (2018) mentioned that there is a need to incorporate mental health activities, particularly focusing on suicide prevention into the school setting to raise awareness and decrease stigma surrounding mental health.

This is very much aligned with the responses of the respondents. Majority of them answered:

*Doing the “Kamusta Ka” sessions so that the young can feel that someone is ready to listen to them. They want one-on-one talks. Encourage them to seek help. Understand them and make them feel at home. Nicely approach them. Don’t be judgmental. Accept them for who they are. A significant number also expressed that they also want a systematic program for mental health awareness through seminars (cf. R.A. 11036 Section 24). Educate students in a positive approach.*

## 2. Causes and possible solutions for mental health issues

### 2.1 Mental Health and School Administration.

Administration’s role in helping young people with mental health issues. Improving the quality of life and outcomes for children and youth, especially those who are at risk for or experiencing mental health challenges, is determined strongly by the school leader’s readiness to meet the realities of the mental health needs in their school (Papa, 2018).

The responses of the respondents are quite aligned with this:

*Talk to them and have an activity that will make them happy. Listen, understand the situation, and give some advice. Be approachable. Make young people feel comfortable talking about their problems or feelings. Make them feel that someone is willing to listen to them. Be sensitive, supportive, and open-minded. A significant number of respondents are requesting for a mental health program. Give more talks/seminars on mental health (R.A. 11036 Section 25). There is a need to create a more open and friendly environment for those silently suffering. Cooperate with the parents for them to learn how to understand their feelings.*

### 2.2 Mental Health and Teachers

Teachers’ role in helping young people with mental health issues



Teachers have an important role to play in the identification of students with mental health issues (Marsh, 2016). Minahan (2019) stresses the importance of a building positive relationship with students struggling with mental health.

Majority of the respondents affirmed this:

*Use homeroom time for a heart-to-heart talk with students to share their anxieties, worries, and bitter experiences in school. Make them feel like it's okay to open up to them whenever they have problems. Approach students with a calm and welcoming presence. Be supportive, open-minded, and understanding. A significant number of respondents are requesting to lessen academic workloads or extend deadlines because it adds to their anxiety.*

### 2.3 Mental Health and Parents

Parents' role in helping young people with mental health issues

Numerous research studies reveal that parents have a great impact on the lives of their children. If parents are loving, understanding, and appreciative, their children feel loved and cherished which make them more motivated to give their best. On the contrary, if parents have a restrained relationship with their children, problems do arise. Coming from a dysfunctional, violent, or neglectful family (Fletcher, 2009), the absence of emotional support (Needham, 2008; Wickrama, Wickrama, & Lott, 2009) and encouragement of autonomy (Kins, Soenens, & Beyers, 2012), and being in conflict with one's parents (Galambos, Barker, & Krahn, 2006) are also linked to the presence of depressive symptoms in emerging young adults.

Most of the respondents' responses are very much in line with this:

*Listen and have a heart-to-heart talk with them. Let them feel that they are loved, accepted, and have someone by their side. They should talk with them and engage in a deeper relationship with their child regardless*

*of their busy schedule because their detachment is usually what causes depression for the children. Be happy and positive at home. Have a regular family bonding. Be supportive and don't disregard what they're feeling. Conduct mental health seminars for parents to wipe out the idea of discussing mental health issues as taboo.*

### 2.4 Mental Health and Students

Students' role in helping their fellow young people with mental health issues

Having friends is very important in the lives of human persons especially among teenagers. Lack of social support from peers during adolescence represents a risk factor in depressive symptoms during adolescence and emerging adulthood (Pettit, Roberts, Lewinsohn, Seeley, & Yaroslavsky, 2011).

Majority of the respondent resonate with this:

*Make them feel loved always. Be there for them. They can be their crying shoulder and open things up. Always be nice to one another because they don't even know what they are going through. Check on them and remind them that they're not alone. Be more understanding, open-minded, and less judgmental. Doing a simple act of kindness is a huge help. They must know how to inform an adult and/or a professional about it.*

### 2.5 Mental Health and Non-teaching staff

Non-teaching staff's role in helping young people with mental health issues

On the other hand, Al-Ghabban (2018) mentions the role of compassion in schools in promoting well-being and supporting the social and emotional development of children and young people. This is very much affiliated with the students' responses:

*The non-teaching staff needs to be cheerful and accommodating to the students. Simple ways such as smiling, saying "good morning" and speaking in a kind tone mean a*



lot. Be more friendly, approachable, and understanding. Let the young people feel that there are no judgments on who they are and what they feel. Understand that their actions may be the result of them coping with their issues.

As a summary, the majority of the respondents identified the need for quality personal relationships fostered through heart-to-heart talk, quality time, friendship, acceptance, respect, understanding, and non-judgmental attitude from the entire educating community. They also mentioned the need for a comprehensive school mental health program (cf. R.A 11036) for students, educators, and parents, provide professional help, and lessen academic pressures.

A random interview was conducted with five respondents where they were asked regarding the probable causes of mental health issues among young people. The majority of them said that the family is the biggest factor for the youth's emotional well-being. Family problem is a stress factor which may lead to depression. Their parents blame them if they were not performing well in school. Academic pressures, bullying, and being out-of-place can also be added factors.

## CONCLUSIONS

This study is an eye-opener for everyone. The youth may be smiling outside but they are carrying a burden within them.

1. Eighty-six percent of the respondents have low mood, sadness, feeling blah or down, depressed, and just can't be bothered.
2. Eighty-five percent has feelings of worthlessness, hopelessness, letting people down, not being a good person.
3. Ninety-three percent feels tired, fatigued, low in energy, hard to get motivated, have to push to get things done, and want to rest or lie down a lot.
4. Sixty-nine percent feels that life is not very much fun, not feeling good when

usually would feel good and not getting as much pleasure from fun things.

5. Eighty-two percent felt worried, nervous, panicky, tense, keyed up, and anxious.
6. Fifty percent has thoughts, plans, or actions about suicide or self-harm.
7. Family problem is the major stress factor. Academic pressures, feelings of being left out by peers, and bullying also contributed to mental stress.

## RECOMMENDATIONS

The youth needs:

1. Quality personal relationships fostered through heart-to-heart talk, quality time, friendship, acceptance, respect, understanding, and non-judgmental attitude from the entire educating community.
2. Comprehensive school mental health program (cf. R.A 11036) (for the entire educating community)
3. Redimensioning of academic workloads to prevent anxiety.
4. Integration of individualized support by living out the students' proposals to the entire educating community (Transformational Leadership)

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