



Original Article

Understanding Mental Health Challenges and Coping Mechanisms Among Community High School Students in Masiu, Lanao del Sur, Philippines

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Article History:

Date received: March 25, 2026

Date revised: April 21, 2026

Date accepted: May 1, 2026

Recommended citation:

Oranggaga, S., Abdulkarim, A., Samsoden, A., Monadi, H., Hadji Halem, S., Guro, S.A., Cabugatan, A., Cairoden, J., Saanoden, S., & Pangcoga, M. (2026). Understanding mental health challenges and coping mechanisms among community high school students in Masiu, Lanao del Sur, Philippines. *Journal of Interdisciplinary Perspectives*, 4(5), 302-313. <https://doi.org/10.69569/jip.2026.159>

Abstract. Mental health challenges among high school students have become an increasing concern, particularly within community school settings where academic, social, and emotional demands intersect. However, existing research has largely relied on quantitative approaches, which provide a limited understanding of students' actual experiences across multiple dimensions of well-being. This study aimed to explore and understand the mental health challenges of high school students of Community High School in Masiu through examining academic, social, emotional, physical, and coping experiences, from the students' perspectives. A qualitative descriptive research design with phenomenological elements was utilized. Data were collected through face-to-face semi-structured interviews with 30 purposively selected high school students and analyzed using thematic analysis. The findings revealed that academic pressure and performance expectations were primary stressors contributing to emotional distress, reduced concentration, and fatigue. Students also reported social withdrawal, interaction anxiety, sleep disturbances, and somatic symptoms, demonstrating the interconnected and bidirectional nature of mental and physical health challenges. Coping strategies were largely informal and self-directed, with limited engagement in seeking help due to stigma, lack of awareness, and discomfort with authority figures. Hence, the study emphasized that mental health challenges among high school students are complex and contextually dependent, which requires complete and integrated school-based support systems. The findings contribute to a deeper understanding of adolescent mental health in community school contexts and emphasize the importance of addressing academic, emotional, social, and physical dimensions of student well-being.

Keywords: Academic stress; Adolescent mental health; Community High School; Coping mechanisms; Qualitative research.

Mental health challenges among adolescents have become an increasingly important concern in educational settings, particularly at the secondary school level, where students face heightened academic demands, social pressures, and developmental changes. Recent studies have shown that high school students commonly experience stress, anxiety, emotional distress, sleep disturbances, and physical symptoms that significantly affect their academic performance and overall well-being (Pascoe et al., 2020; Patton et al., 2022). These challenges often intensify during adolescence, a developmental period marked by increased academic

expectations and social adjustment demands. When left unaddressed, mental health difficulties may negatively influence students' motivation, concentration, peer relationships, and physical health, underscoring the need for a deeper understanding within school contexts.

Existing literature stresses the interconnected nature of adolescent mental health across academic, social, emotional, and physical domains. Academic stress has been consistently associated with emotional exhaustion, burnout, and reduced academic engagement among high school students (Pascoe et al., 2020; Madigan & Curran, 2021). Emotional distress has also been linked to sleep problems and somatic complaints, reflecting bidirectional relationships between psychological well-being and physical health (Gregory & Sadeh, 2012; Lovato & Gradisar, 2014). Furthermore, difficulties in social interaction, including social withdrawal and anxiety, may intensify emotional distress and limit help-seeking behaviors, particularly when students fear judgment or stigma (Van Harmelen et al., 2021). These patterns align with the biopsychosocial perspective, which emphasizes that adolescent mental health is shaped by the dynamic interaction of psychological, social, and physiological factors rather than isolated influences (Campo, 2012). In the Philippine context, the urgency of addressing adolescent mental health is underscored by recent reports indicating increasing cases of anxiety, depression, and self-harm among young people, with mental health conditions now recognized as a leading concern among adolescents. Despite the enactment of the Mental Health Act (Republic Act No. 11036) and ongoing school-based mental health initiatives, gaps remain in accessibility, awareness, and early intervention, particularly in community school settings. These national trends highlight the need to examine further how mental health challenges are experienced by students within their specific academic and social environments.

Despite growing research on adolescent mental health, much of the existing work relies on quantitative approaches and large-scale surveys, which limit perspectives on students' actual experiences, particularly in community school settings. There remains a lack of qualitative research that captures how students themselves perceive and experience mental health challenges on their academic, social, emotional, and physical dimensions within their everyday school environment. This gap is critically rampant in community high schools, where contextual factors may shape students' experiences differently from those in more resourced settings. Therefore, this study aimed to understand and assess the mental health challenges of high school students at Community High School in Masiu, focusing on the academic, social, emotional, physical, and coping dimensions from the students' perspectives. Through foregrounding students' voices, the study seeks to contribute to a sensitive understanding of context that can inform school-based mental health support and enrich the interdisciplinary understanding of adolescent mental health in educational settings.

Methodology

Research Design

This study employed a qualitative descriptive research design, incorporating elements of a phenomenological approach, to explore the mental health challenges experienced by high school students at a selected community high school in Masiu, Lanao del Sur. The design focused on capturing the self-reported experiences and personal perspectives of selected students regarding academic stress, emotional well-being, social interactions, physical health, sleep patterns, and coping behaviors. A qualitative approach was deemed appropriate because it enabled an in-depth understanding of students' lived experiences in their real-life school context, which purely quantitative methods could not adequately capture. Rather than aiming for statistical generalization, the study sought to provide context-specific insights drawn from participants' narratives, ensuring alignment among the research objectives, sampling approach, and interpretation of findings. This design was therefore well-suited to examining mental health challenges from an interdisciplinary and contextualized perspective.

Participants and Sampling Technique

The participants consisted of 30 high school students enrolled at a community high school in Masiu, Lanao del Sur. A purposive sampling technique was employed to select participants who were able and willing to provide meaningful insights into their mental health experiences within the school environment. The participants were not intended to represent the entire student population statistically; rather, they were selected to capture self-reported experiences relevant to the study's objectives.

Inclusion criteria required that participants be currently enrolled high school students at the selected community high school and voluntarily consent to participate in the study. Students who declined participation or were unable to provide informed consent were excluded. The sample size was considered sufficient because data

saturation was reached, as indicated by the point at which no new themes emerged from the interview data.

Research Instrument

Data were collected using a semi-structured interview guide developed by the researchers. The interview questions were designed to investigate key areas relevant to the study, including academic demands, emotional experiences, peer interactions, physical well-being, sleep patterns, and coping or help-seeking behaviors. The development of the interview guide was informed by existing literature on adolescent mental health and school-based stressors. To establish content validity, experts in education and psychology reviewed the interview guide, and revisions were made to enhance clarity and relevance. A pilot test was conducted with a small number of students outside the final sample to enhance the interview questions and ensure their relevance.

Data Gathering Procedure

Data collection was conducted at MSU-Masiu Community High School over a designated period during the academic year. Interviews were conducted in a private, conducive environment within the school to ensure confidentiality and participants' comfort. Each interview lasted approximately 20–30 minutes and followed the semi-structured interview guide. With participants' consent, interviews were audio-recorded to ensure accurate documentation of responses. In addition, field notes were taken to capture contextual details and non-verbal cues relevant to the interpretation of the data. All data collection procedures were conducted in a manner that upheld participants' privacy and encouraged open and honest responses.

Data Analysis Procedure

The collected qualitative data were analyzed using thematic analysis. Audio-recorded interviews were transcribed verbatim and reviewed repeatedly to ensure familiarity with the data. Initial codes were generated and systematically organized into broader themes reflecting recurring patterns across participants' responses. To enhance the reliability of the analysis, strategies such as peer debriefing, careful documentation of analytic decisions, and consistent coding procedures were employed. Descriptive quantification of themes (e.g., response frequencies) was used where appropriate to support interpretation, without implying statistical generalization.

Ethical Considerations

Ethical standards for research involving human participants were strictly observed. Approval to conduct the study was obtained from the school administration, including permission from MSU-Masiu Community High School. Approved consent was secured from all participants prior to data collection, and participants were informed of the study's purpose, the voluntary nature of participation, and their right to withdraw at any time without consequence. Confidentiality and anonymity were ensured by using participant codes, and no identifying information was included in transcripts or reports. All data were securely stored and accessed only by the researcher.

Results and Discussion

Mental Health Profile of High School Students

The mental health profile of high school students was examined through thematic analysis of interview transcripts, followed by frequency quantification of periodic mental health indicators. This approach allows qualitative findings to be statistically summarized without compromising the depth of participants' actual experiences.

Statistical analysis in Figure 1 revealed that MSU-Masiu students identified emotional distress as the most frequently experienced mental health issue, with 73.3%, followed by cognitive difficulties (63.3%) and stress-related physical symptoms (60%). Of the total interviewed participants ($n = 30$), the majority of students report experiencing persistent sadness, emotional exhaustion, or feelings of hopelessness. These emotional indicators were often described as continuing rather than situational, implying sustained psychological strain. The high frequency of emotional distress reflects a universal indication signifying rising mental health concerns among students at the adolescent level, particularly within school environments characterized by academic pressure and social expectations (Loades et al., 2020; Racine et al., 2021; WHO, 2025).

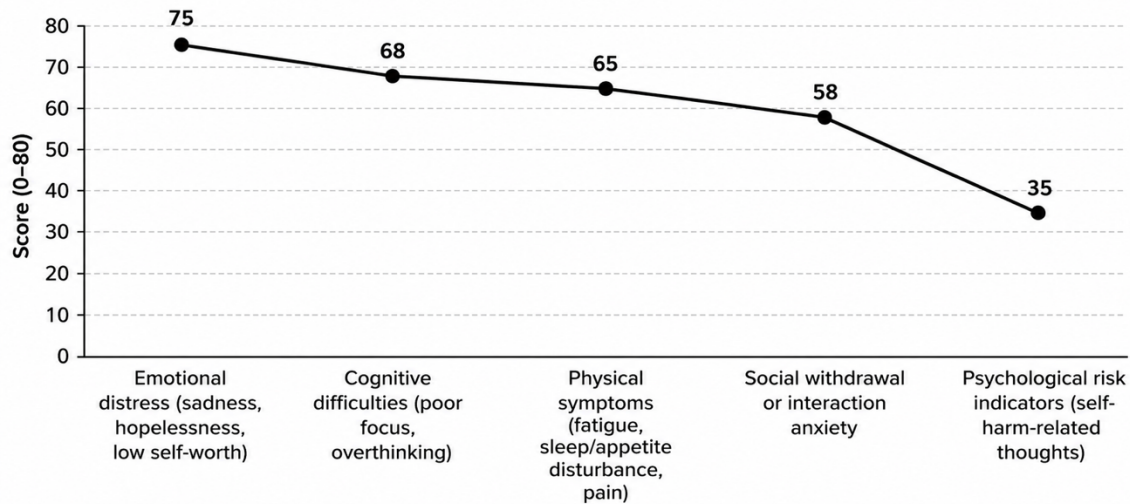


Figure 1. Quantified mental health indicators identified from interview Data (n = 30)

Cognitive challenges were also prominent. A substantial proportion of students reported difficulties with concentration, overthinking, and mental distraction, particularly in academic contexts. These cognitive symptoms frequently co-occurred with emotional distress, indicating an interaction between psychological strain and attentional functioning. This pattern is in coherence with contemporary findings showing that adolescent stress significantly impairs executive functioning and learning capacity (Compas et al., 2017; Wang et al., 2025). Hence, the co-occurrence of emotional distress and cognitive difficulty supports existing research indicating that sustained stress disrupts attentional control and learning processes in adolescents (Compas et al., 2017). Moreover, the high proportion of students reporting physical symptoms emphasizes how mental health challenges extend beyond emotional experiences to affect bodily well-being, a pattern consistently reported in adolescent mental health literature (Blakemore, 2019; WHO, 2025).

Physical manifestations of mental health challenges were widely reported. Many participants reported fatigue, sleep disturbances, changes in appetite, and unexplained body pain. These symptoms were often attributed to academic workload, emotional pressure, and irregular routines. Such findings reinforce the biopsychosocial understanding of adolescent mental health, where psychological stress is commonly expressed through physical symptoms (Blakemore, 2019; Patton et al., 2022; Baird et al., 2025). Another concern was the presence of psychological risk indicators, including thoughts of self-harm or emotional breakdown. While not universal, these experiences were reported by a meaningful subset of participants and were strongly associated with family conflict, academic pressure, and feelings of inadequacy. Recent studies emphasize that self-harm ideation among adolescents often reflects emotional overload and insufficient coping resources rather than suicidal intent alone (Cai et al., 2022; Grande et al., 2023). Also, the identification of psychological risk indicators among nearly one-third of participants underscores the urgency of early mental health intervention. Studies emphasize that timely school-based support and emotional regulation programs significantly reduce the progression of distress into severe mental health outcomes (Fazel et al., 2014; Hoare et al., 2020; Grande et al., 2023).

Academic Functioning and Mental Health Outcomes

The relationship between mental health challenges and academic functioning was examined through students' reported experiences of motivation, concentration, energy levels, and academic engagement. Analysis of interview data revealed that academic functioning was one of the most visibly affected domains among students experiencing psychological distress. Patterns across Tables 1, 2, 3, and 4 indicate that mental health challenges were closely associated with loss of academic interest, difficulty concentrating, persistent fatigue, and reduced academic engagement.

Most participants described a noticeable decline in academic motivation. As reflected in Table 1, several students reported that studying had shifted from an enjoyable or meaningful activity to a compulsory task undertaken solely to meet requirements. This loss of intrinsic academic interest was frequently linked to emotional exhaustion and stress. When quantified, 18 out of 30 participants (60%) expressed reduced interest or disengagement from

academic tasks. This finding aligns with research demonstrating that sustained psychological distress undermines intrinsic motivation and leads to academic burnout among adolescents (Salanova et al., 2010; Wang et al., 2025).

Table 1. Transcription of interview responses on lack of academic interest

Participant	Response
P4	<i>"I think studying now has become just a compliance. I don't really feel like studying much since I'm not motivated or pressured at all. Maybe my body drives me to study just to get away from pressures, something like that."</i>
P6	<i>"...at first, I really liked going to class and listening to lectures, but it seems I am getting tired of it..."</i>

Table 2. Transcription of interview responses on trouble concentrating on things, such as reading or watching television

Participant	Response
P7	<i>"As always, I always feel like hanging. Sometimes I'm watching Television, but my mind cannot concentrate or is not in the right place; it seems my mind has become moody."</i>
P3	<i>"Oftentimes, I spent my time with my friends and on my phone. My concentration has been unstable."</i>
P2	<i>"Yes! I find it difficult sometimes. Like when I'm watching movies and hear other noises outside, then I just stop watching since I cannot focus or concentrate."</i>

Table 3. Transcription of interview responses on lack of focus

Participant	Response
P5	<i>"Due to our heavy requirements and exams in school, I have experienced that my mind was blocked in a way that I cannot concentrate anymore."</i>
P9	<i>"Yes. I have this habit of overthinking. I cannot concentrate anymore because I tend to think about a lot of things."</i>
P1	<i>"Maybe my intellectual capacity caused my lack of focus."</i>
P8	<i>"I'm always hanging all the time, even when I'm with my friends or family."</i>

Difficulties in concentration were another prominent academic concern. Interview responses summarized in Tables 2 and 3 indicate that students frequently experienced mental distraction, overthinking, and difficulty sustaining attention during academic activities such as reading, listening in class, or completing schoolwork. Based on thematic frequency, 19 participants (63.3%) reported concentration-related difficulties. Students often attributed this to emotional instability, intrusive thoughts, or external distractions, stressing an interaction between emotional distress and cognitive functioning. Empirical studies support this association, indicating that anxiety and stress disrupt executive functioning and attentional control in adolescents, thereby impairing learning and academic performance (Compas et al., 2017; Spruyt, 2021).

Table 4. Transcription of interview responses on feeling tired or having little energy

Participant	Response
P2	<i>"I felt low batt! Stress in my academic requirements causes my body to feel tired!"</i>
P3	<i>"Yes. When I stepped into grade 9, I felt so weak and tired. Maybe the higher our grade level, the weaker we become due to stress or age."</i>

Academic fatigue and low energy levels were also commonly reported. As presented in Table 4, many students described persistent tiredness and mental exhaustion, often comparing themselves to being "low batt" or drained. 17 participants (56.7%) explicitly linked their fatigue to academic workload and school-related stress. This finding reflects established evidence that prolonged academic demands contribute to emotional exhaustion and burnout, particularly when students lack adequate recovery time or coping resources (Jagodics & Szabó, 2023; Sacco et al., 2024; Madigan & Curran, 2021).

Notably, these academic difficulties rarely occurred in isolation. Students who reported low motivation often also experienced concentration problems and fatigue, thus demonstrating a cumulative pattern of academic impairment associated with mental health challenges. This co-occurrence supports contemporary models of academic burnout, which conceptualize disengagement, exhaustion, and reduced efficacy as interconnected outcomes of sustained stress (Maslach & Leiter, 2016; Widlund et al., 2021). This implies that academic expectations and performance pressure play a critical role in shaping students' mental health experiences. Several participants indicated that fear of failure, expectations from family, and pressure to maintain academic standing

intensified their stress and reduced their capacity to engage meaningfully in schoolwork. Recent studies have similarly reported that adolescents exposed to high academic pressure are at greater risk of anxiety, depressive symptoms, and academic disengagement (Pascoe et al., 2020; Xu et al., 2024). Hence, reduced motivation, impaired concentration, and persistent fatigue emerged as key academic consequences of psychological distress. These findings underscore the importance of addressing mental health concerns not only as emotional or clinical issues but also as critical factors influencing students' academic success and educational engagement. School-based interventions that reduce excessive academic pressure, promote emotional regulation, and support cognitive well-being are therefore essential to improving both mental health and learning outcomes.

Social Interaction, Anxiety, and Peer Relationships

The influence of mental health challenges on students' social interaction and peer relationships emerged as a significant theme in the analysis. Interview data presented in Tables 5 and 6 below indicate that many students experienced varying degrees of social withdrawal, nervousness, and discomfort when interacting with others. These social difficulties were closely linked to emotional distress, stress levels, and self-perception, which may imply that mental health challenges extend beyond internal experiences to affect interpersonal functioning.

Analysis of participants' responses showed that social withdrawal and selective interaction were common coping behaviors. Based on thematic frequency, 16 out of 30 participants (53.3%) reported preferring isolation or limited interaction, particularly during periods of emotional distress. Some students deliberately chose to spend time alone to avoid social pressure, while others withdrew because of sadness or emotional exhaustion. This pattern reflects findings from adolescent mental health research indicating that social withdrawal is a frequent response to psychological stress and may serve as a short-term coping mechanism, albeit with potential long-term negative consequences (Coplan et al., 2018; Hutten et al., 2022; Sacco et al., 2024).

Table 5. *Transcription of interview responses on level of interaction*

Participant	Response
P10	<i>"I always sing with my friends, and I always disturb them. But I did that when I needed it to."</i>
P14	<i>"I like traveling a lot, but these past few days I prefer to be...alone."</i>
P8	<i>"When I'm depressed or sad, I am luring myself just to forget it, but all the time I want to be alone."</i>

Nervousness and anxiety during social interactions were also prominently reported. As summarized in Table 5, 14 participants (46.7%) described feeling consistently nervous, hesitant, or unsure when engaging in conversations or group settings. The responses infer that students exhibit varying levels of social interaction, with some preferring isolation due to personal preferences or emotional struggles. Participant P10 expressed a desire to limit interactions with others, stating that they avoid people unless necessary. This aligns with Asendorpf (1990), who identified social withdrawal as a common trait among individuals who prefer solitude to avoid overstimulation or social conflicts. Similarly, Participant P14 mentioned enjoying social activities but still choosing to be alone at times ("I prefer to be...alone"). This supports research by Coplan et al. (2018), which shows that some individuals engage in self-selected solitude, in which they enjoy occasional socialization but prefer spending time alone. Participant P8, on the other hand, linked their preference for isolation to feelings of sadness or depression, which may indicate social withdrawal due to emotional distress. Studies by Hutten et al. (2022) found that individuals experiencing depression or loneliness tend to limit social interactions, further reinforcing emotional struggles. These findings show that students' levels of interaction vary based on personal preference and emotional well-being, underscoring the importance of mental health support and encouraging balanced social engagement.

The responses in Table 6 below reflect different kinds of nervousness when interacting with others. Participant P2 admits to always feeling nervous, showing a persistent anxiety in the social environment. Participant P8 expresses difficulty in responding quickly or effectively, reflecting hesitation or uncertainty during interactions. Participant P9, however, describes themselves as "careless," indicating that they do not overthink social interactions, though they still experience some awkwardness. Participant P3 shows a change in their nervousness depending on the situation, stating that while they used to be more anxious, they now handle interactions better. Participant P5 discusses how stress and workload affect their mood, sometimes making them hyper and at other times leading to silence and withdrawal, which they associate with losing interest and "silent quitting." Finally, Participant P7 mentions past struggles with nervousness but claims to have matured, reflecting that they now handle problems more quickly and with less hesitation.

Table 6. *Transcription of interview responses on nervousness when interacting*

Participant	Response
P2	<i>"Yeah, I can always feel it. I always feel nervous and anxious."</i>
P8	<i>"My heart beats so fast, and it will not stop. I don't know."</i>
P9	<i>"...just like that. I cannot finish my job on time due to anxiety. I cannot understand why, but my mood is slowing down every time I feel it."</i>
P3	<i>"... There's a time that I can finish my task so effortlessly, and there's a time that I can't do it at all. I felt like I was already tired before doing my academic tasks..."</i>
P5	<i>"Yes. Yes. Yes! Like when I'm loaded with academic tasks and problems, my actions will depend on my stress. I just pretend to be so happy, carefree, like super hyper! It means I'm beating my problems, but suddenly I ought to be silent in the corner. I'm losing interest and become silent."</i>
P7	<i>"When I'm younger I feel so jolly and silly. But I think when I feel matured, I feel tired and I prefer to be silent than to be sad unexpectedly. My body becomes heavy when I have a problem. I always do things in rush."</i>

Hence, students reported difficulty expressing themselves, fear of being misunderstood, and heightened self-consciousness. These experiences are characteristic of social anxiety symptoms, which have been shown to commonly emerge during adolescence and are often exacerbated by academic and social pressures (Spence & Rapee, 2016; Prieto Fidalgo et al., 2022). Notably, students' social experiences were not uniform. Some participants reported fluctuating levels of comfort in social situations, depending on their emotional state or perceived stress level. For instance, a few students described appearing socially active or "hyper" as a way of masking emotional distress, while others alternated between sociability and withdrawal. This behavior aligns with psychological literature on emotional regulation and social masking, where individuals regulate outward behavior to conform to social expectations despite internal distress (Gross & John, 2003; Stein & Book, 2011).

The findings also indicate that peer relationships can function as both protective and risk factors. While some students found comfort and support in close friendships, others experienced social interactions as sources of stress or judgment. Students who perceived low social acceptance or understanding were more likely to withdraw or experience heightened anxiety. Recent studies emphasize that the quality of peer relationships, rather than the quantity of social interactions, plays a critical role in adolescent mental health outcomes (Van Harmelen et al., 2021; Gutiérrez et al., 2025). Thus, social withdrawal, interaction anxiety, and emotional masking emerged as common responses to psychological distress among high school students in the community school context. These findings underscore the importance of fostering supportive peer environments and implementing school-based programs that promote social skills, emotional literacy, and safe spaces for interaction. Addressing social anxiety and peer-related stress is essential not only for improving students' social well-being but also for supporting their overall mental health and academic engagement.

Physical Well-Being, Sleep Patterns, and Somatic Experiences

Mental health challenges among high school students were also reflected in their physical well-being, sleep patterns, and somatic experiences. Graphical analysis of interview data presented below indicates that psychological distress is frequently manifested through physical symptoms, stressing the interconnectedness of mental and physical health during adolescence.

As shown in Figure 2, fatigue, sleep disturbances, and somatic complaints were reported by more than half of the participants. Students commonly described feeling physically drained, tired despite adequate rest, or lacking the energy to complete daily academic and personal activities. Based on thematic frequency, 18 out of 30 participants (60%) reported recurring fatigue or physical exhaustion. These experiences were often attributed to academic workload, emotional stress, and prolonged mental strain. This finding is consistent with research demonstrating that chronic stress and emotional distress contribute to physiological exhaustion and reduced vitality among adolescents (Herman et al., 2016).

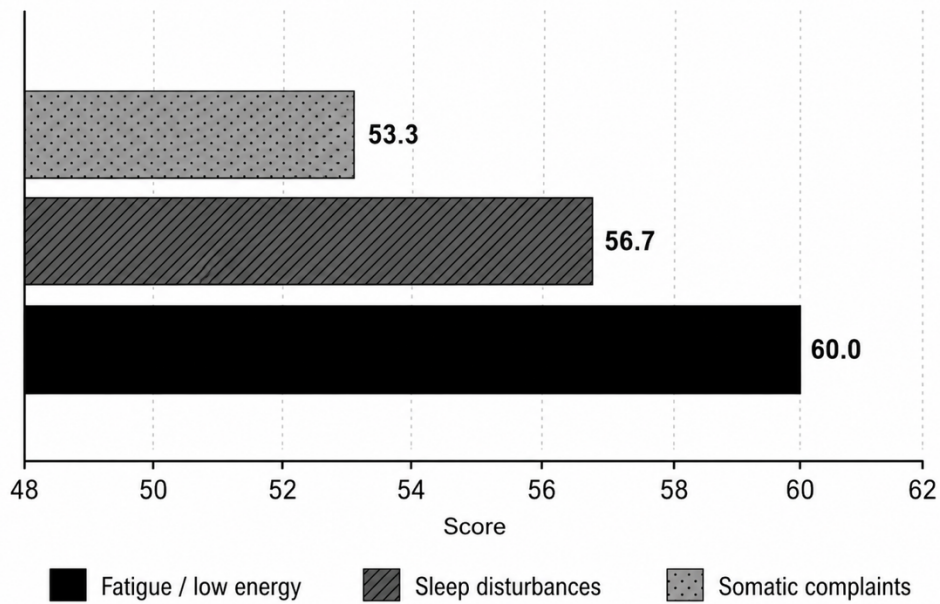


Figure 2. Prevalence of physical and sleep-related symptoms among students

Figure 3 illustrates the bidirectional relationship between mental health challenges, sleep disturbances, and physical symptoms among MSU-Masiu high school students. The model emphasizes that psychological distress, sleep problems, and somatic experiences influence one another dynamically rather than through a unidirectional cause-and-effect pathway. Previous longitudinal studies have demonstrated that sleep disturbances and internalizing symptoms such as anxiety and depression are reciprocally related across adolescence, with each predicting increases in the other over time (Gregory & Sadeh, 2012; Williamson et al., 2021). This reciprocal pattern was reflected in the present findings, where students described emotional stress and persistent worry as contributors to disrupted sleep, while poor sleep quality further intensified emotional instability and stress.

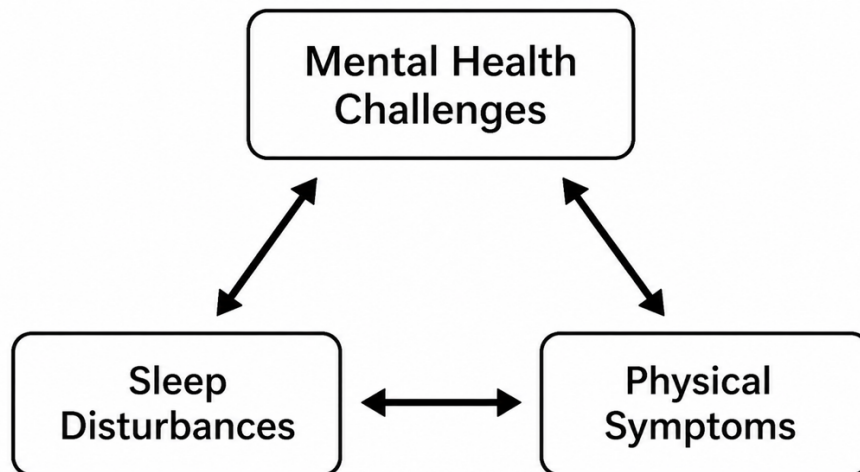


Figure 3. Bidirectional relationship between mental health challenges, sleep disturbances, and physical symptoms among high school students

The interaction between sleep disturbances and physical symptoms further reinforces this bidirectional model. Adolescents who experience insufficient or irregular sleep are more likely to report fatigue, headaches, and

general somatic complaints, which can impair daily functioning and emotional regulation (Lovato & Gradisar, 2014; Li et al., 2021; Spruyt, 2021). In turn, ongoing physical discomfort may increase irritability, frustration, and psychological distress, thereby worsening sleep quality and perpetuating a cycle of strain. Students in this study similarly reported that fatigue and bodily discomfort not only resulted from emotional stress but also contributed to heightened anxiety and reduced coping capacity.

The bidirectional relationship between physical symptoms and mental health challenges is also supported by biopsychosocial models of adolescent health, which recognize that emotional distress is frequently expressed through somatic symptoms during this developmental stage (Campo, 2012; Patton et al., 2022; Baird et al., 2025). Rather than viewing physical complaints as isolated medical concerns, the findings elucidate that such symptoms may function as both outcomes and amplifiers of psychological distress. This reciprocal process helps explain why students experiencing prolonged stress often report worsening physical well-being alongside declining emotional health.

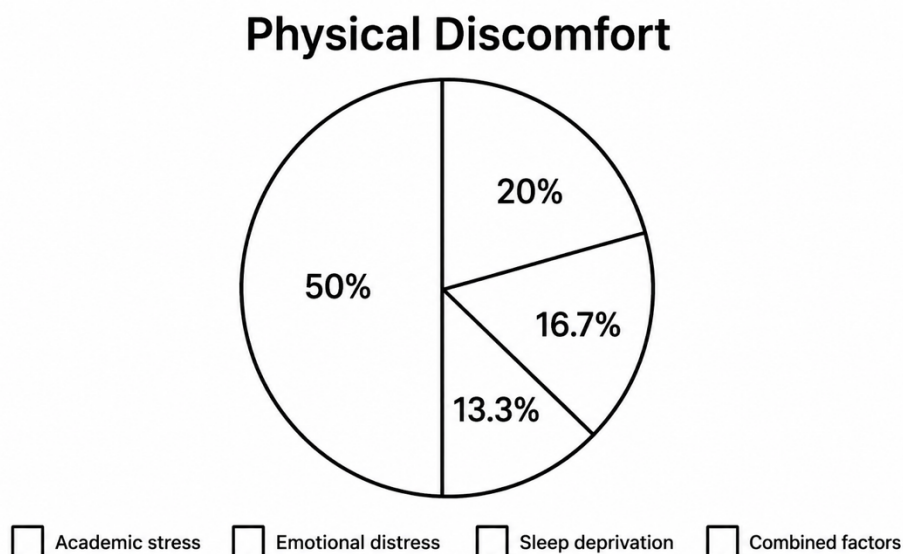


Figure 4. Reported causes of physical discomfort among high school students

Figure 4 shows that physical discomfort among high school students was most commonly attributed to combined factors, particularly the interaction of academic stress, emotional distress, and sleep deprivation. This pattern implies that physical symptoms rarely arise from a single source but instead reflect cumulative exposure to stress. Such findings are consistent with the biopsychosocial perspective, which emphasizes that adolescent physical health complaints often result from the dynamic interplay of psychological, behavioral, and environmental factors rather than from isolated stressors (Blakemore, 2019; Longino, 2020).

Academic stress, emotional distress, and sleep deprivation were also reported as standalone contributors to physical discomfort, though less frequently than combined causes. Prior studies have demonstrated that sustained academic pressure is associated with fatigue and somatic symptoms among adolescents (Pascoe et al., 2020; Madigan & Curran, 2021), while emotional distress and inadequate sleep independently increase vulnerability to physical complaints and reduced physiological recovery (Campo, 2012; Lovato & Gradisar, 2014; Spruyt, 2021). Hence, these findings highlight the need for holistic interventions that address multiple stress domains simultaneously to effectively reduce physical and psychological strain among students (Fazel et al., 2014; Grande et al., 2023).

Coping Mechanisms and Help-Seeking Behaviors

Students described a range of coping mechanisms used to manage mental health challenges, with most relying on informal and self-directed strategies. As summarized in Table 7, many participants reported engaging in solitary or distracting activities, such as listening to music, watching videos, or spending time alone, to temporarily

regulate emotions. During the interview, one student elucidated, *“When I feel pressured, I just put on my earphones and listen to music so I don’t have to think about anything for a while.”* Another shared, *“I try to distract myself by scrolling on my phone or watching shows because it helps me forget the stress, even if it’s just for a short time.”* These mechanisms showed that though such strategies provide momentary relief, they do not fully address the causal sources of distress.

Table 7. Summary of coping mechanisms and help-seeking behavior

Theme	Description	Sample Response (Optional)
Self-directed coping	Use of music, social media, and distraction	<i>“I listen to music...”</i>
Peer support	Talking to friends	<i>“I tell my best friend...”</i>
Avoidant coping	Suppression, isolation	<i>“I keep it to myself...”</i>
Limited formal help-seeking	Rare consultation with teachers/counselors	<i>“I don’t know who to talk to...”</i>

Interpersonal support was mentioned as a coping option, though it was used selectively. Some students described confiding in close friends when emotional pressure became difficult to manage. As one participant noted, *“I only talk to my best friend because I know she will not judge me.”* However, several students also expressed hesitation in sharing their struggles, even with people they trusted. One student stated, *“Sometimes I want to tell someone, but I stop because I don’t want them to think I’m weak.”* This discrepancy is consistent with research indicating that adolescents often prefer peer support but remain cautious due to fear of judgment or misunderstanding (Rickwood et al., 2005; Gulliver et al., 2010).

Seeking Formal help behaviors were rarely mentioned in the interviews. Very few students mentioned seeking support from teachers, school staff, or health professionals. A common barrier was uncertainty about access and discomfort with authority figures. One participant explained, *“I don’t really know who to talk to in school, and it feels awkward telling a teacher about personal problems.”* Another added, *“I’m scared that if I tell someone official, it might become a bigger issue.”* These responses are in coherence with research showing that stigma, limited mental health literacy, and lack of clear support pathways discourage adolescents from seeking professional help (Radez et al., 2021; Grande et al., 2023).

Avoidant coping strategies were also evident. Some students described suppressing emotions, isolating themselves, or pretending to be fine to avoid burdening others. One student shared, *“I just keep everything to myself and act normal, even when I’m not okay.”* Although this approach allowed students to maintain daily functioning, it may increase vulnerability to prolonged emotional distress. Prior studies recommend that avoidant coping is associated with poorer long-term mental health outcomes, particularly during adolescence when emotional regulation skills are still developing (Compas et al., 2017).

Therefore, the integration of students’ narratives features that coping with mental health challenges is an active but often limited process. Students demonstrated resilience through self-initiated strategies, yet the limited use of formal support systems underscores the need for more accessible, visible, and emotionally safe help-seeking pathways within schools. Encouraging adaptive coping strategies while normalizing help-seeking may play a critical role in supporting students’ mental health and long-term well-being.

Conclusion

This study explored mental health challenges among high school students by examining academic, social, emotional, physical, and behavioral dimensions within a community school context. The findings reveal that students’ mental health experiences are complex and interconnected rather than isolated concerns. Academic pressures, emotional distress, social difficulties, sleep disturbances, and physical symptoms were found to interact dynamically, reinforcing one another and shaping students’ overall well-being.

Community High School students’ narratives expounded academic demands as a central source of stress that influenced emotional regulation, concentration, motivation, and physical functioning. Psychological distress was frequently accompanied by sleep problems and somatic complaints, underscoring the bidirectional relationship between mental and physical health. Social withdrawal and limited help-seeking further compounded these challenges, as many students relied primarily on informal or avoidant coping strategies while underutilizing formal support services. Thus, the findings emphasize that mental health challenges among high school students should be understood within a holistic and interdisciplinary framework. Addressing student mental health

requires recognizing the complex interplay among emotional well-being, academic environments, social relationships, and physical health. By foregrounding students' lived experiences, this study contributes to a deeper understanding of adolescent mental health within school settings and underscores the importance of integrated approaches to student well-being.

Contributions of Authors

Author 1: conceptualization, data analysis, writing and editing
Author 2: proposal writing, data gathering, data analysis
Author 3: proposal writing, data gathering, data analysis
Author 4: proposal writing, data gathering, data analysis
Author 5: proposal writing, data gathering, data analysis
Author 6: proposal writing, data gathering, data analysis
Author 7: proposal writing, data gathering, data analysis
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Author 10: proposal writing, data gathering, data analysis

Funding

The author(s) declare that there is no funding received for this study.

Conflict of Interests

The author(s) hereby declare that there was no conflict of interest.

Acknowledgment

The researchers acknowledge all respondents and the MSU-Masiu Community High School administration for their support and the opportunity to conduct this study.

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