JASDG
JOURNAL FOR THE ADVANCEMENT OF SUSTAINABLE DEVELOPMENT GOALS
AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

TEACHER RESILIENCE, ADAPTIVE STRATEGIES, AND MENTAL HEALTH CHALLENGES IN INCLUSIVE CLASSROOMS: BASIS FOR AN ACTION PLAN

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ABSTRACT

This study examined the adaptive strategies and mental health challenges of teachers in inclusive classrooms at Banilad Night High School, Gov. M. Cuenco Ave., Banilad, Cebu City, during School Year 2025–2026, as a basis for an action plan. It assessed the respondents' profile, their level of coping strategies, and the extent of their mental health challenges, and it examined the significant relationships between coping strategies and mental health challenges and between the respondents' profile and their mental health challenges. The study involved 30 respondents selected through purposive-convenience sampling and used a questionnaire adapted from Amaroso (2025). A descriptive-correlational research design was employed, and the data were analyzed using the weighted mean, simple percentage, and the Pearson product-moment correlation coefficient. Most respondents were mid-career, female teachers with master's-level education or units, varied exposure to training, and 11–20 years of teaching experience, mostly from non-specialized fields. Teachers generally demonstrated high levels of coping strategies in inclusive classrooms, particularly in social support, time management, self-care, problem-solving, and positive self-talk, while professional support was moderate. They also experienced a great extent of mental health challenges attributed to limited resources, workload, and the demands of handling diverse learners. A significant negative relationship was found between coping strategies and mental health challenges, whereas no significant relationship was found between the teachers' profile variables and their mental health challenges. Based on the findings, the researcher recommends the development and implementation of an Action Plan on Adaptive Strategies and Mental Health Challenges.

Keywords: *Special Education, mental health, resilience, adaptive strategies, descriptive-correlational method, Cebu City*

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INTRODUCTION

Background of the Study

In recent years, increasing scholarly attention has been directed toward teachers' mental health, particularly as educators encounter expanding professional responsibilities within increasingly diverse and inclusive classroom environments. Inclusive education requires teachers to address the varied academic, behavioral, and socio-emotional needs of learners, which can intensify occupational stress and emotional demands (Tymms et al., 2022; Beltran-Sanchez et al., 2024). Teachers' mental well-being significantly influences their professional performance and their capacity to respond to the diverse needs of learners. For instance, teachers in Oman revealed that many educators demonstrated only low to moderately positive attitudes toward mental health issues, reflecting the complexities teachers face in managing both their own psychological well-being and the mental health concerns present in their classrooms (Al-Ameer & Al-Busaidi, 2022).

Moreover, scholars emphasize that teachers often struggle with heavy workloads, emotional labor, and difficulties maintaining work–life balance, factors that significantly affect their psychological well-being and professional performance (Corthorn et al., 2024; Einav et al., 2024). These challenges are particularly evident in inclusive classrooms, where teachers are expected to support learners with diverse abilities, including those with special educational needs, while maintaining effective instruction and classroom engagement (Tymms et al., 2022). As a result, teachers may experience increased levels of stress, anxiety, and emotional fatigue, which can ultimately influence both their well-being and the quality of educational support provided to students (Beltran-Sanchez et al., 2024; Cavallari et al., 2024). Consequently, these conditions highlight the importance of understanding how teachers develop and utilize adaptive strategies to manage mental health challenges and sustain resilience.

Although an exact universal definition of a "mental health awareness plan" in school settings is less commonly articulated in the literature, it is generally understood as a structured, school- or community-based strategy designed to increase knowledge, reduce stigma, promote positive attitudes, and facilitate early detection and referral of mental health concerns. For example, school-based mental health models described in recent literature emphasize awareness, screening, capacity-building of staff, referral pathways, promotion of emotional wellbeing, and protective psychosocial environments (Reinke et al., 2025). Dominant indicators of positive mental health rather than illness are features of psychological wellbeing such as life satisfaction, positive affect, strong personal and social functioning, resilience, and meaning in life; for instance, community members have prioritized these indicators in defining flourishing, integrating both wellbeing and mental health constructs (Keyes et al., 2022) Finally, teachers encounter multiple challenges when supporting students' mental health, including lack of training in recognizing signs, feeling unprepared to intervene, large class sizes, heavy workload, unclear role boundaries, insufficient institutional support and resources, and emotional strain from the dual role of educator supporter as evidenced in systematic reviews of secondary-school teachers' experiences (Liang et al., 2024).

Teachers’ attitudes play a crucial role in shaping school environments that either help or hinder student wellbeing. Research has shown that when teachers hold positive attitudes such as believing that they have a role in student mental health, feeling confident in how to help, and viewing mental health as integral to learning, they are more likely to notice signs of distress, create supportive classroom climates, reduce stigma, and refer students appropriately (Al Kamel et al., 2020). For example, in Oman, it was found that 76.4% of secondary teachers reported only "low or minor positive" attitudes toward mental illness, which the authors indicated as a barrier to early identification and support of student mental health issues (Al Kamel & Al Busaidi, 2022). Similarly, a school-based mental health program highlighted that teachers reported varying views of their role, and that inadequate attitudes or beliefs among teachers undermined the successful implementation of mental health interventions in schools (Webster & Rice, 2023).

Teachers who hold positive attitudes toward supporting learners' mental health, believing that they can play a meaningful role, feeling confident in their capacity, and viewing the subject as integral to education tend to foster

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Volume 1 Issue 4 Pages 3491-3530
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more supportive classroom environments, enhance early identification of student mental-health needs, reduce stigma, and improve student well-being and engagement. For instance, a study in Oman found that teachers with more positive attitudes were better placed to assist in early detection and help-seeking behaviors among students (Al Ameer & Al Busaidi, 2022). When teachers hold negative attitudes such as reluctance to engage with mental-health issues, beliefs that it falls outside their role, or discomfort in discussing them, outcomes for students tend to suffer: negative teacher attitudes have been linked to poorer psychological outcomes and deteriorated learning environments (Prada Rodríguez & Prada Rodríguez, 2024).

In the Philippine context, there is emerging but still limited research on how teachers' attitudes impact their engagement with learners' mental health. For instance, in the Philippines, teachers demonstrated awareness of disorders and available professional supports, but reported feeling unprepared and lacking confidence in supporting students' mental health concerns (Publico, 2020). This suggests that even when attitudes toward mental health are positive in principle, teachers may not translate readiness into action due to gaps in self-efficacy, training, and school support systems. Furthermore, teachers' lived experiences in the Philippines found that classroom educators often struggle with role ambiguity, balancing academic responsibilities with pastoral care, and face stigma and systemic constraints when intervening in students' mental health (Nalipay, Chai, Jong & Bajal, 2024).

Moreover, several factors, including coping strategies, institutional support (or lack thereof), and their own mental health literacy, shape how they perceive their responsibility and willingness to intervene regarding students' mental health. A recent investigation among private secondary school teachers in the Philippines found that younger teachers and those with fewer years in service reported relatively better adjustment but still faced weak correlations between mental health literacy and effective coping with burnout and emotional exhaustion (Fermin et al., 2025). Meanwhile, government commentary in the Philippines has urged teachers to "watch out for learners' mental health" by observing behavioral changes and collaborating with parents and communities, indicating official acknowledgment of teacher role expansion into mental health domains (Arayata, 2022).

In the Philippine context, studies have largely examined teachers' mental health literacy, work-related stress, and professional readiness; however, research that specifically explores teachers' adaptive strategies in addressing mental health challenges within inclusive education remains limited (Detera, 2025). Apparently, Region VII, particularly Cebu Province, continues to be underrepresented in empirical studies on teacher mental health. Existing local research has mainly addressed teacher burnout, well-being, or inclusive education practices separately, rather than examining the intersection between mental health challenges and the adaptive strategies teachers employ to cope within inclusive learning environments (Billote et al., 2022; Macapaz et al., 2024).

Despite the increasing recognition of mental health as a critical component of educational quality, there remains a significant gap in understanding how secondary school teachers in Cebu experience mental health challenges and the adaptive strategies they utilize to manage these demands in inclusive classrooms. Specifically, limited attention has been given to how factors such as workload, emotional demands, and classroom diversity influence teachers' coping mechanisms and professional well-being. Furthermore, little is known about how these adaptive strategies translate into practical approaches that support both teacher wellness and inclusive instructional practices.

Addressing this gap is essential in generating context-specific evidence that can guide the development of effective policies, interventions, and school-based support systems. In particular, examining the adaptive strategies of teachers at Banilad Night High School, Gov. M. Cuenco Ave. Banilad, Cebu City, will provide valuable insights into how educators navigate mental health challenges within inclusive educational settings during the School Year 2025–2026.

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The findings of this study are significant as they will contribute to a deeper understanding of teachers' adaptive strategies in managing mental health challenges within inclusive classrooms. Such insights can inform the development of a Teacher Mental Health Wellness Framework that promotes psychological well-being, strengthens teacher resilience, and supports effective inclusive teaching practices. Ultimately, the proposed framework may guide the implementation of school-based programs, policies, and professional development initiatives that foster a supportive and stigma-free educational environment while enhancing both teacher well-being and learner outcomes.

Theoretical Framework

This study was anchored on the Compassion Fatigue and Burnout Theory (O'Toole & Dobutowitsch, 2025; Gustavsson et al., 2023; García-Carmona et al., 2024), Self-Determination Theory (SDT) (Collie & Martin, 2024; Siacor & Ng, 2024; Li et al., 2022), and Social Cognitive Theory (SCT) (Doménech-Bellón et al., 2024), together with the following legal bases: Republic Act (RA) No. 11650, an Act Instituting Inclusive Education in Schools for Persons with Disabilities; Presidential Decree (PD) No. 603, the Child and Youth Welfare Code; DepEd Order No. 21, s. 2019, the Policy Guidelines on Enhancing the Philippine Basic Education System; the National Mental Health Program for DepEd (DepEd Memorandum No. 34, s. 2019); and the Mental Health Act (RA 11036, 2018). These frameworks are presented in Figure 1.

Figure 1. Theoretical-Conceptual Framework of the Study

THEORIES	**LEGAL BASES**
Social Cognitive Theory (SCT) (Bellon et al., 2024) Compassion Fatigue and Burnout Theory (Gustavsson et al., 2023) Self-Determination Theory (SDT) (Li et al., 2022)	Act Instituting IE in Schools for Persons with Disabilities (RA 11650, 2022) Policy Guidelines on Enhancing the Philippine Basic Educational System (DO 21, 2019) National Mental Health Program for DepEd (DM 34, 2019) The Mental Health Act (RA 11036, 2018)
▼	▼
ADAPTIVE STRATEGIES **MENTAL HEALTH CHALLENGES**	
▼	
ACTION PLAN	

The Compassion Fatigue and Burnout Theory (O'Toole & Dobutowitsch, 2025; Gustavsson et al., 2023; García-Carmona et al., 2024) provides a framework for understanding how prolonged exposure to students' emotional and psychological challenges can affect teachers' well-being and professional effectiveness. Compassion fatigue refers to the emotional strain resulting from empathizing with students experiencing distress, while burnout involves chronic stress that leads to exhaustion, detachment, and reduced accomplishment. In the context of secondary education, these phenomena influence teachers' attitudes toward addressing learners' mental health, as high levels of fatigue or burnout may decrease teachers' capacity to respond empathetically or proactively to

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students' psychological needs. Recognizing these factors is crucial for developing interventions that support teacher resilience and foster positive engagement with learners' mental health concerns.

The Compassion Fatigue and Burnout Theory (O'Toole & Dobutowitsch, 2025; Gustavsson et al., 2023; García-Carmona et al., 2024) implies that teachers' emotional exhaustion and stress levels significantly influence their attitudes and behaviors toward students' mental health. Teachers experiencing high levels of burnout or compassion fatigue may be less responsive, empathetic, or proactive in addressing learners' psychological needs. This highlights the necessity of understanding secondary teachers' attitudes in the study, as recognizing and mitigating these factors can help enhance their effectiveness in supporting student mental health.

Likewise, Self-Determination Theory (SDT) (Collie & Martin, 2024; Siacor & Ng, 2024; Li et al., 2022) emphasizes the role of intrinsic motivation and the fulfillment of the basic psychological needs of autonomy, competence, and relatedness in promoting optimal functioning and well-being. Applied to teaching, SDT suggests that educators who feel competent, supported, and connected are more likely to adopt positive attitudes and behaviors toward learners' mental health. Teachers' ability to foster autonomy-supportive and empathetic classroom environments not only enhances student motivation and engagement but also encourages emotional resilience and mental well-being among students.

In this light, SDT implies that the fulfillment of teachers' basic psychological needs for autonomy, competence, and relatedness affects their motivation and attitudes toward engaging with students' mental health issues. Teachers who feel supported, competent, and connected are more likely to adopt positive attitudes and foster supportive classroom environments that promote learners' emotional and psychological well-being. Examining teachers' attitudes through the lens of SDT therefore provides insight into how their intrinsic motivation and psychological needs influence their capacity to address mental health concerns effectively.

Also, the Social Cognitive Theory (SCT) (Doménech-Bellón et al., 2024) underscores the importance of self-efficacy, observational learning, and reciprocal interactions between individuals and their environment. In the school context, teachers' beliefs in their capabilities to recognize and manage students' mental health issues directly affect their attitudes and actions. SCT suggests that teachers who possess strong self-efficacy are more likely to model appropriate supportive behaviors, create positive learning environments, and influence students' emotional and psychological development. By integrating SCT into the study, researchers can examine how teachers' confidence, observational experiences, and perceived environmental support shape their attitudes toward addressing learners' mental health challenges.

The Social Cognitive Theory (SCT) (Doménech-Bellón et al., 2024) implies that teachers' self-efficacy and observational learning shape their attitudes and actions toward managing students' mental health. Teachers who believe in their ability to support learners are more likely to model constructive behaviors, create positive learning environments, and encourage student well-being. This theory underscores the importance of assessing teachers' confidence, perceived competence, and environmental influences in the study, as these factors directly affect how secondary educators approach mental health.

As a legal basis, Republic Act No. 11650, titled **"An Act Instituting Inclusive Education in Schools for Persons with Disabilities,"** serves as a critical legal framework mandating the integration of learners with disabilities into mainstream educational settings across the Philippines. Enacted in 2022, this law promotes equal access to quality education by ensuring that schools provide the necessary accommodations, support services, and inclusive curricula to meet the diverse needs of students with disabilities. The legal bases of RA 11650, Presidential Decree 603, and DepEd Order No. 21 (s. 2019) have significant implications for the study of the influence of cognitive attitude and the concurrent barriers faced by teachers in handling inclusive education settings. RA 11650 mandates the institutionalization of inclusive education for persons with disabilities, directly challenging teachers to adopt

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www.jasdg.com
Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
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positive cognitive attitudes toward inclusion while addressing practical barriers such as resource limitations and training needs.

Presidential Decree No. 603, also known as the **Child and Youth Welfare Code**, enacted in 1974, provides comprehensive protection and welfare guidelines for children and youth, including those with disabilities, emphasizing their rights to education, health, and social services. This decree underlines the government's commitment to safeguarding the holistic development and well-being of all children, reinforcing the foundations for inclusive education. Presidential Decree 603 emphasizes the rights and welfare of children, including those with special needs, reinforcing the ethical and legal responsibility of teachers to support all learners, which may influence their attitudes and commitment despite systemic challenges.

DepEd Order No. 21, series of 2019, entitled **"Policy Guidelines on Enhancing the Philippine Basic Education System,"** outlines strategic directions for improving the quality, equity, and inclusivity of basic education. This policy promotes the adoption of learner-centered approaches, inclusive education practices, and support mechanisms to address barriers faced by marginalized learners, ensuring that the educational system accommodates diverse student populations effectively. Together, these legal bases form a robust framework supporting inclusive education in the Philippines, guiding policy implementation, and protecting the rights of learners with disabilities. DepEd Order No. 21 provides policy guidelines aimed at enhancing the basic education system with a focus on equity and inclusivity, underscoring the need for schools and teachers to implement learner-centered practices. This policy framework highlights both the necessity for teacher preparedness and the potential barriers posed by inadequate support or infrastructure.

In addition, the **National Mental Health Program** for DepEd, as outlined in DepEd Memorandum No. 34, s. 2019, institutionalizes mental health promotion, prevention, and intervention strategies within schools. This program aims to increase awareness, reduce stigma, and strengthen the capacity of teachers and school personnel to respond to mental health concerns among learners. It encourages the integration of mental health education into existing curricula and the establishment of referral systems for students needing professional care. For this study, the program serves as a vital legal basis since it directly supports the role of teachers in promoting mental well-being, developing positive attitudes toward mental health advocacy, and ensuring that every learner has access to a psychologically safe and nurturing educational environment.

The National Mental Health Program for DepEd implies that teachers play a central role in promoting mental wellness and reducing stigma within the school community. This program recognizes teachers as first-line responders who can foster open dialogue, provide emotional support, and refer students to appropriate services when needed. Its implementation underscores the necessity of teachers' awareness, preparedness, and positive attitudes toward mental health issues. Therefore, analyzing teachers' attitudes provides insight into how effectively the program's objectives are being realized at the classroom level. It also reveals whether educators feel empowered or constrained in fulfilling their roles in mental health promotion, which can guide future policy refinements and capacity-building initiatives.

Moreover, the **Philippine Mental Health Act**, or Republic Act No. 11036, is a landmark legislation that affirms mental health as a basic human right and mandates the government to provide comprehensive mental health services at all levels, including in educational institutions. The law explicitly requires schools to implement age-appropriate mental health programs that promote well-being, prevent mental illness, and provide timely interventions. It also emphasizes the importance of training teachers and school staff to recognize and respond to mental health issues among students. As a legal anchor, this Act underscores the shared responsibility of educators in creating supportive learning environments, reflecting the need to examine teachers' attitudes, preparedness, and challenges in addressing learners' mental health concerns.

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Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

The Mental Health Act of 2018 implies a legal commitment to integrate mental health services and education into schools, positioning teachers as key agents in ensuring students' psychological well-being. This law underscores the need for teachers to possess both the right mindset and competencies to identify, manage, and refer learners exhibiting mental health concerns. Its provisions make it essential to study teachers' attitudes, as these attitudes determine how faithfully the law's objectives are enacted at the grassroots level. A teacher who values and understands mental health is more likely to uphold the law's intent by fostering inclusive, supportive classrooms. Misconceptions or stigma among teachers could undermine the Act's effectiveness in promoting mental wellness within schools.

The study will focus on group discussions, interviews, and observations as data collection instruments for the identified schools purposely sampled in Banilad Night High School, Gov. M. Cuenco Ave. Banilad, Cebu City, for the School Year 2025–2026. The foregoing discussion established the theoretical framework in connection with secondary teachers' adaptive strategies toward their mental health in inclusive education.

Statement of the Problem and Hypotheses

This study determined the adaptive strategies and mental health challenges among teachers in inclusive classrooms at Banilad Night High School, Gov. M. Cuenco Ave. Banilad, Cebu City, for School Year 2025–2026 as the basis for an action plan.

Specifically, it answered the following questions:

1. What is the profile of the respondents in terms of:

1.1 age;

1.2 gender;

1.3 highest educational attainment;

1.4 relevant training and seminars attended;

1.5 length of teaching experience; and

1.6 specialization?

2. What is the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom as to:

2.1 social support from colleagues and administrators;

2.2 time management strategies;

2.3 self-care practices;

2.4 professional support;

2.5 problem-solving skills; and

2.6 positive self-talk?

3. What is the extent of mental health challenges encountered among the respondents in inclusive classrooms?

4. Is there a significant relationship between the respondents':

4.1 level of coping strategies of the teachers in their mental health resilience inside an inclusive classroom and their extent of mental health challenges encountered in inclusive classrooms; and

4.2 profile and extent of adaptive mental health challenges encountered among the respondents in inclusive classrooms?

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5. Based on the findings, what action can be developed?

The null hypotheses were tested at the 0.05 level of significance:

$H_0$1: There is no significant relationship between the level of coping strategies of the teachers in their mental health resilience inside an inclusive classroom and their extent of mental health challenges encountered among the respondents in inclusive classrooms.

$H_0$2: There is no significant relationship between the respondents' profile and their extent of adaptive mental health challenges encountered among the respondents in inclusive classrooms.

Significance of the Study

The findings of the study could be beneficial to the Department of Education, school heads, teachers, learners, parents, the community, the researcher, and future researchers, as discussed below.

Department of Education. The results of this study could provide valuable insights for the Department of Education in developing policies, programs, and support systems that address the mental health needs of teachers working in inclusive classrooms. Understanding the challenges faced by teachers may guide DepEd in designing professional development programs, mental health interventions, and institutional support mechanisms that promote teacher well-being and effective inclusive education practices.

School Heads. School administrators could benefit from the findings by gaining a deeper understanding of the mental health challenges experienced by teachers and the adaptive strategies they employ. This knowledge could help school heads create supportive school environments, implement effective leadership practices, and establish wellness initiatives that enhance teacher motivation, resilience, and job satisfaction.

Teachers. Teachers could benefit from this study by recognizing common mental health challenges encountered in inclusive classrooms and learning effective adaptive strategies to cope with professional demands. The findings could encourage teachers to adopt healthier coping mechanisms, strengthen their emotional resilience, and improve their instructional practices when working with diverse learners.

Learners. Learners, particularly those in inclusive classrooms, could indirectly benefit from this study, as teachers who are mentally healthy and well-supported are more capable of providing quality instruction and fostering a positive learning environment. Improved teacher well-being could lead to more responsive teaching practices that address the diverse academic and socio-emotional needs of students.

Parents. Parents could gain awareness of the challenges teachers face in implementing inclusive education. This understanding could encourage stronger collaboration between parents and teachers in supporting learners with diverse needs, thereby promoting a more inclusive and supportive learning environment.

Community. The broader community could benefit from the study through increased awareness of the importance of supporting teachers' mental health in inclusive educational settings. Community involvement and support could contribute to creating a more inclusive and compassionate educational culture that values the well-being of educators and learners alike.

Researcher. This study could provide the researcher with deeper knowledge and understanding of the mental health challenges experienced by teachers and the strategies they use to adapt within inclusive classrooms. It could also enhance the researcher's skills in conducting educational research and contribute to professional growth in the field of education.

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Future Researchers. The findings of this study could serve as a useful reference for future researchers who wish to explore related topics in teacher mental health, inclusive education, and adaptive strategies. It could also provide a foundation for further studies that aim to develop interventions, assessment tools, or programs that support teachers working in inclusive learning environments.

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METHODS

Research Design

The study employed the descriptive-correlational method. This method was best suited to descriptive research, since the data gathered were presented in tables (Fraenkel et al., 2023). The descriptive-correlational design was appropriate for the research topic, as it aimed to determine (1) the profile of the respondents; (2) the level of coping strategies of the teachers in their mental health inside an inclusive classroom; (3) the extent of mental health challenges encountered among the respondents in inclusive classrooms; (4) the significant relationship between the level of coping strategies of the teachers in their mental health inside an inclusive classroom and their extent of mental health challenges encountered in inclusive classrooms; and (5) the significant relationship between the respondents' profile and their extent of adaptive mental health challenges encountered in inclusive classrooms.

Flow of the Study

This study employed the input-process-output (IPO) strategy, which demonstrated how the study was carried out, from collecting raw data to organizing and analyzing the data to produce the findings (Figure 2).

Figure 2. Flow of the Study

INPUT		PROCESS		OUTPUT
Profile of the respondents in terms of age; gender; highest educational attainment; relevant training and seminars attended; length of teaching experience; and specialization Coping strategies of the teachers in their mental health inside an inclusive classroom as to: social support; time management; self-care; professional support; problem-solving; and positive self-talk Mental health challenges encountered among the respondents in inclusive classrooms	►	Submission of Transmittal Letter Descriptive-Correlational Method Data Gathering, Data Organization, Analysis, and Interpretation of Data	►	**ACTION PLAN**

The IPO model served as a conceptual framework that explained how inputs were transformed through processes to produce outcomes. Contemporary research texts emphasize that the IPO model helps clarify relationships among variables and guides the organization of studies by linking resources or conditions (inputs), activities or interventions (process), and results (outputs) (Creswell & Creswell, 2022).

Input. The first box contained the variables in the statement of the problem, particularly (1) the profile of the respondents; (2) the level of coping strategies of the teachers in their mental health inside an inclusive classroom; (3) the extent of mental health challenges encountered among the respondents in inclusive classrooms; (4) the significant relationship between the respondents' level of coping strategies and their extent of mental health challenges encountered in inclusive classrooms; and (5) the significant relationship between the respondents' profile and their extent of adaptive mental health challenges encountered in inclusive classrooms.

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Process. This part showed the steps and procedures undertaken by the researcher to complete the research work. It included the descriptive method of research, administration of the questionnaire, data gathering, data analysis, data organization, and interpretation of the data of the study.

Output. The outcome of this investigation was the development of an action plan tailored to the needs of the target population. The plan consisted of the following: areas of concern, objectives, strategies, persons involved, budget, source of budget, time frame, expected outcome, and actual accomplishment.

Locale of the Study

The study was conducted at Banilad Night High School, Gov. M. Cuenco Ave. Banilad, Cebu City (Figure 3). It provided an appropriate setting for investigating the adaptive strategies and mental health challenges of teachers in inclusive classrooms. As a large public secondary school in an urban area of Cebu City, the school serves a diverse student population with varied academic abilities, socio-economic backgrounds, and learning needs.

This diversity reflects the core principles of inclusive education, where teachers are expected to address the needs of learners with different abilities, including those who may require specialized instructional support. Because of these demands, teachers at the school often implement a range of adaptive teaching strategies while simultaneously managing classroom diversity, workload, and emotional responsibilities.

Such conditions make the institution a relevant and meaningful context for examining how educators cope with professional pressures, maintain their mental well-being, and develop resilience in inclusive learning environments.

Figure 3. Location Map of the Research Environment



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Respondents and Sampling

The respondents were the high school teachers in the research environment who handled inclusive classrooms. The researcher employed purposive-convenience sampling. This sampling method was appropriate because the participants were specifically limited to high school teachers handling inclusive classrooms, who possessed the knowledge and experience necessary to provide information relevant to the objectives of the study. Overall, the combination of purposive and convenience sampling ensured that the study obtained relevant, timely, and contextually grounded data from the most appropriate participants while accommodating practical limitations such as accessibility and time constraints. A total of 30 teachers participated (Table 1).

Table 1. Distribution of Respondents

Respondents	**(f)**	**(%)**
Teachers	30	100.00
Total	**30**	**100.00**

Note. N = 30.

The inclusion criteria for respondents were that they must be public high school teachers currently handling classes that include both regular learners and learners with special needs. This criterion ensured that all participants had direct experience with inclusive education practices and could provide relevant insights into the level of coping strategies of the teachers in their mental health inside an inclusive classroom and the extent of mental health challenges encountered in inclusive classrooms.

Research Instrument

The questionnaire had three parts and was adapted from the study of Amaroso (2025), titled "Teacher's Resilience and Coping Strategies in the Face of Work-Related Pressures in Diverse School Context."

Part I. Dealt with the profile of the respondents, particularly in terms of age; gender; highest educational attainment; relevant training and seminars attended; length of teaching experience; and specialization.

Part II. Assessed the level of coping strategies of the teachers in their mental health inside an inclusive classroom, including social support, time management, self-care, professional support, problem-solving, and positive self-talk. It involved a five-point Likert scale with a total of five statements per sub-variable.

Part III. Assessed the extent of mental health challenges encountered among the respondents in inclusive classrooms. It involved a five-point Likert scale with a total of ten statements.

The researcher applied the five-point Likert scale, which required each participant to respond to a series of statements in the questionnaire by indicating the level of coping strategies of the teachers in their mental health inside an inclusive classroom and the extent of mental health challenges encountered in inclusive classrooms as very high, high, moderate, low, or very low (Table 2).

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AN INTERNATIONAL, PEER-REVIEWED, OPEN ACCESS JOURNAL
www.jasdg.com
Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

Table 2. Scoring Scale and Verbal Interpretation

Rating	Numerical Rating	Descriptive Rating	Verbal Interpretation
5	4.20–5.00	Very High (VH)	Teacher regularly and effectively uses a wide range of coping mechanisms to manage stress
4	3.40–4.19	High (H)	Teacher frequently employs various techniques to handle stress and adversity
3	2.60–3.39	Moderate (M)	Teacher uses coping strategies occasionally but may not apply them consistently or effectively
2	1.80–2.59	Low (L)	Teacher rarely utilizes effective mechanisms to manage stress and adversity
1	1.00–1.79	Very Low (VL)	The respondent probably does not support the statement.

Data Gathering Procedure

This phase of the research process involved the systematic collection of relevant information to answer the research questions and to test the objectives of the study. The data-gathering procedure was carried out in three stages.

Preliminary Stage. The researcher sent a transmittal letter to the Schools Division Superintendent and the school principal to ask permission to conduct the study.

Data Gathering Stage. On the scheduled day, the researcher facilitated an orientation regarding the research. Salient issues, such as the purpose of the study, its procedure, and how the confidentiality of the respondents would be ensured, were discussed. Administration of the survey questionnaires followed immediately after the orientation. Instructions on how to answer the questionnaires were given, assistance was provided while the respondents answered, and sufficient time was allotted. Retrieval of the questionnaires followed.

Post-Data Gathering Stage. The data were tallied, organized, summarized, analyzed, and interpreted using appropriate statistical tools.

Operational Definition of Terms

The following terms are operationally defined based on their use in the study.

Action Plan. In this study, an action plan referred to a structured set of recommended strategies and interventions developed based on the findings of the research to address the identified mental health challenges and strengthen adaptive strategies among teachers in inclusive classrooms.

Adaptive Strategies. In this study, adaptive strategies referred to the coping mechanisms, behavioral adjustments, and practical approaches employed by teachers to manage the psychological, emotional, and professional demands of teaching in inclusive classrooms. These strategies included practices such as time management, seeking professional support, emotional regulation, collaboration with colleagues, and maintaining work–life balance.

Mental Health Challenges. In this study, mental health challenges referred to the psychological and emotional difficulties experienced by teachers in inclusive classroom settings.

Profile of the Respondents. The phrase referred to the different related and relevant sets of information of a person involved in the study, particularly the secondary teachers.

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Volume 1 Issue 4 Pages 3491-3530
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Teachers. The term referred to the respondents of the study and persons involved in the delivery of instruction, particularly from grade seven to ten teachers at the secondary level.

Statistical Treatment of Data

The statistical analysis involved descriptive and correlational methods. The study employed the weighted mean, simple percentage, and the Pearson product-moment correlation coefficient to determine the significant relationships and to analyze the data. The formulas and sample computations are presented in Appendix D.

- **Frequency (f)** was used to describe the demographic profile of the respondents.
- **Percentage (%)** was used to determine the relevant information on the respondents' profile.
- **Weighted mean** was used to determine the respondents' level of coping strategies of the teachers in their mental health inside an inclusive classroom and the extent of mental health challenges encountered among the respondents in inclusive classrooms.
- **Pearson product-moment correlation coefficient (r)** was used to determine the significant relationship between the respondents' level of coping strategies of the teachers in their mental health inside an inclusive classroom and their extent of mental health challenges encountered in inclusive classrooms. It was also used to test the significant relationship between the respondents' profile and their extent of adaptive mental health challenges encountered in inclusive classrooms.

Ethical Considerations

The ethical steps taken before, during, and after data collection were observed to protect the rights and welfare of the respondents and to ensure that the researcher acted with confidence and integrity. These principles included, but were not limited to, voluntary participation, informed consent, anonymity, confidentiality, potential for harm, and results communication free of plagiarism and inaccuracies (Appendix B).

Voluntary participation. The study relied on the respondents' engagement and cooperation. The teacher respondents from the research environment were informed of their voluntary participation in the study.

Informed consent. The researcher was open about the goals and objectives of the study. Respondents were provided with informed consent to ensure that they understood its purpose and their rights.

Anonymity. The respondents' profiles and data were kept confidential during the study, and the teacher respondents were assured that their privacy would be respected with maximum discretion.

Confidentiality. The study ensured the confidentiality of the respondents' profiles, answers, and any data obtained.

Results communication free of plagiarism and inaccuracies. The study ensured the correctness, accuracy, and originality of the data and results reported by the researcher and respondents.

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Volume 1 Issue 4 Pages 3491-3530
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RESULTS AND DISCUSSION

This section presents the results in the order of the research questions: the profile of the respondents (Tables 3 to 8); the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom (Tables 9 to 14); the extent of mental health challenges encountered among the respondents in inclusive classrooms (Table 15); the significant relationship between the respondents' level of coping strategies and their extent of mental health challenges (Table 16); and the significant relationship between the respondents' profile and their extent of adaptive mental health challenges (Table 17). The findings are discussed in relation to relevant literature.

Profile of the Respondents

This presentation contains the survey findings concerning the profile of the respondents in terms of age, gender, highest educational attainment, relevant training and seminars attended, length of teaching experience, and specialization.

Age

This sub-section presents the survey results of the respondents in terms of age (Table 3).

Table 3. Age

Age	**f**	**%**
21-30 years old	3	10.00
31-40 years old	12	40.00
41-50 years old	11	36.66
51-60 years old	4	13.33
Total	**30**	**100.00**

Note. N = 30.

Table 3 presents the age distribution of the respondents. The data show that the largest group belongs to the 31–40 years old category, followed closely by those aged 41–50 years old. This indicates that most of the respondents are in their mid-career stage, suggesting a workforce with a balance of experience and continued professional engagement. Meanwhile, a smaller proportion falls under the 21–30 years old group, indicating limited representation of younger teachers who are likely in the early stage of their teaching careers. Similarly, only a few respondents belong to the 51–60 years old group, suggesting minimal representation of near-retirement or senior-age educators.

This distribution suggests that the group may be more capable of handling classroom demands in inclusive education due to their accumulated experience and continued engagement in professional development. However, the limited representation of younger teachers may indicate fewer fresh perspectives and new instructional approaches, while the small number of older teachers suggests reduced input from highly experienced or veteran educators.

This aligns with Ingersoll et al. (2021), who noted that teachers in the mid-career stage often demonstrate greater instructional stability and classroom competence due to accumulated experience, while still maintaining openness

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www.jasdg.com
Volume 1 Issue 4 Pages 3491-3530
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to new pedagogical approaches. Similarly, Day and Gu (2020) emphasized that teachers' professional maturity is closely linked to sustained teaching effectiveness, particularly in managing classroom complexity and diverse learner needs.

Gender

This sub-section presents the survey results of the respondents in terms of gender (Table 4).

Table 4. Gender

Gender	f	%
Male	8	26.66
Female	22	73.33
Total	**30**	**100.00**

Note. N = 30.

Table 4 presents the gender distribution of the respondents. The data reveal that the majority of the respondents are female, while a smaller proportion are male. This indicates that the teaching workforce in the study is predominantly composed of female educators, reflecting the common trend in many educational settings where teaching is largely female-dominated.

The predominance of female respondents may imply that the field or educational setting involved in the study is largely composed of women, which is commonly observed in many educational institutions where female participation is higher than male participation. This distribution may also suggest that females are more actively engaged or represented in the teaching profession and related educational activities.

Similarly, Acker (2020) explains that gendered labor distribution in education influences instructional approaches, communication styles, and relational teaching practices.

Highest Educational Attainment

This subsection presents the survey results of the respondents in terms of highest educational attainment (Table 5).

Table 5. Highest Educational Attainment

Highest Educational Attainment	f	%
Doctorate Degree	2	6.66
With Units in Doctorate	0	0.00
Master's Degree	8	26.66
With Units in Master's Degree	15	50.00

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Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
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Highest Educational Attainment	f	%
Bachelor's Degree	5	16.66
Total	**30**	**100.00**

Note. N = 30.

Table 5 presents the highest educational attainment of the respondents. The data show that most of the respondents have earned units in a Master's Degree, followed by those who have completed a Master's Degree. A smaller proportion are Bachelor's Degree holders, while only a few have attained a Doctorate Degree. Notably, none of the respondents are currently taking units in a doctoral program.

The findings indicate that most of the respondents are pursuing advanced studies beyond their undergraduate education, reflecting their commitment to professional growth and continuous learning. The high percentage of respondents with units in a Master's Degree suggests that many educators recognize the importance of graduate education in enhancing their competencies, instructional practices, and career advancement opportunities.

Furthermore, the presence of respondents who have already earned a Master's Degree implies a relatively strong academic preparation among the participants, which may contribute positively to their effectiveness.

Avalos (2021) noted that postgraduate education enhances teachers' reflective practice and instructional adaptability. Flores (2020) further noted that graduate-level training strengthens teachers' critical reflection, enabling them to adjust instructional strategies based on student performance.

Relevant Training and Seminars for the Past Five Years

This sub-section presents the survey results of the respondents in terms of relevant training and seminars for the past five years (Table 6).

Table 6. Relevant Training and Seminars for the Past Five Years

Relevant Training and Seminars for the Past Five Years	f	%
Four to Six Times	20	66.66
One to Three Times	9	30.00
Never	1	3.33
Total	**30**	**100.00**

Note. N = 30.

Table 6 presents the frequency of relevant training and seminars attended by the respondents over the past five years. The data show that the majority of respondents have attended training and seminars four to six times, while a considerable number have participated one to three times. Only a very small proportion reported that they have never attended any relevant training or seminars during the specified period.

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Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
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The findings imply that most of the respondents have been exposed to professional development activities, albeit at varying frequencies. This suggests that there is generally active participation in training and seminars, which are essential for enhancing teaching competencies, updating instructional strategies, and keeping abreast of emerging educational practices, policies, and approaches to addressing the diverse needs of learners. Regular participation in relevant professional development may also strengthen teachers' capacity to respond effectively to the challenges associated with inclusive classroom instruction. Moreover, sustained access to meaningful and relevant training opportunities can help teachers continuously develop the knowledge, skills, and confidence needed to support diverse learners and promote more responsive teaching.

According to Kraft and Papay (2021), sustained professional development significantly enhances teacher effectiveness when implemented continuously rather than intermittently. Desimone and Garet (2021) found that ongoing, coherent, and content-focused professional development leads to greater instructional improvement compared to short-term or isolated training sessions. Kennedy (2020) noted that long-term professional learning programs that include reflection, feedback, and application in practice are more effective in improving teacher performance than one-time workshops.

Length of Teaching Experience

This sub-section presents the survey results of the respondents in terms of length of teaching experience (Table 7).

Table 7. Length of Teaching Experience

Length of Teaching Experience	**f**	**%**
21 years and beyond	2	6.66
11-20 years	13	43.33
Six to ten years	10	33.33
One to five years	5	16.66
Total	**30**	**100.00**

Note. N = 30.

Table 7 presents the length of teaching experience of the respondents. The data show that the largest group has 11–20 years of teaching experience, followed by those with six to ten years of experience. A smaller proportion have one to five years of teaching experience, while only a few have served for 21 years and beyond.

The results imply that most respondents are moderately to highly experienced teachers, suggesting that the group is generally equipped with sufficient classroom exposure to handle instructional demands in inclusive education settings. This level of experience may enhance their ability to manage diverse learners, apply effective teaching strategies, and respond to classroom challenges with greater confidence.

Florian (2022) highlights that experienced teachers play a crucial role in mentoring colleagues and supporting differentiated instruction in inclusive classrooms through their advanced pedagogical expertise.

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Volume 1 Issue 4 Pages 3491-3530
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Specialization

This sub-section presents the survey results of the respondents in terms of specialization (Table 8).

Table 8. Specialization

Specialization	f	%
Special Education	2	6.66
Others	28	93.33
Total	**30**	**100.00**

Note. N = 30.

Table 8 presents the specialization of the respondents. The findings reveal that the majority of the respondents, 28 or 93.33%, belong to the "Others" category, indicating that most teachers have specializations outside General Education and Special Education. Meanwhile, 2 respondents, or 6.66%, specialized in Special Education. Notably, none of the respondents specialized in General Education, as reflected by the 0% result.

Florian (2022) stresses that inclusive education requires strong specialization in differentiated instruction and disability-responsive pedagogy. Slee (2020) argued that inclusive schooling is most effective when teachers are trained in equity-based pedagogy.

Level of Coping Strategies of the Teachers' Mental Health Resilience Inside an Inclusive Classroom

This portion shows the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom, including social support from colleagues and administrators, time management strategies, self-care practices, professional support, problem-solving skills, and positive self-talk.

Social Support from Colleagues and Administrators

This sub-section presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of social support from colleagues and administrators. The data are shown in Table 9.

Table 9. Social Support from Colleagues and Administrators

Indicators	Mean	VD
I receive emotional support, such as encouragement and understanding, from colleagues or school supervisors when managing the demands of teaching in an inclusive classroom.	3.70	High
I talk with colleagues, supervisors, or other professionals about challenges I encounter while teaching diverse learners in an inclusive classroom.	3.70	High
I receive practical support, such as assistance with instructional tasks or professional advice, from colleagues or supervisors when addressing the needs of learners in an inclusive classroom.	3.93	High
I am satisfied with the level of social and professional support I receive from colleagues and supervisors while working in an inclusive classroom environment.	3.53	High
I participate in social or professional activities with colleagues outside work hours that help strengthen support and collaboration in handling inclusive classroom responsibilities.	3.56	High

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www.jasdg.com
Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
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Indicators	Mean	VD
Total	**3.68**	**High**

Note. VD = Verbal Description. Legend: 1.0–1.8 = Very Low; 1.81–2.6 = Low; 2.61–3.4 = Moderate; 3.41–4.2 = High; 4.21–5.0 = Very High.

Table 9 presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of social support from colleagues and administrators. Statement 3, "I receive practical support, such as assistance with instructional tasks or professional advice, from colleagues or supervisors when addressing the needs of learners in an inclusive classroom," had the highest response, with a mean of 3.93 and a verbal description of high.

The result implies that teachers experience strong collegial and administrative support in terms of practical assistance, particularly in instructional tasks and professional guidance. This suggests that collaboration among teachers and school leaders plays a significant role in helping educators manage the demands of inclusive classrooms. Such support likely enhances teachers' confidence, reduces instructional burden, and improves their ability to respond effectively to diverse learner needs. It also implies that a culture of teamwork and shared responsibility is present within the school environment, which is essential in sustaining teacher resilience and instructional effectiveness in inclusive education settings.

Likewise, Ronfeldt et al. (2019) found that teacher collaboration is strongly associated with improved instructional quality and reduced professional isolation, as educators benefit from shared expertise and mutual support. In addition, Harris and Jones (2020) stressed that distributed leadership and collegial cooperation within schools contribute to more effective handling of instructional challenges and promote teacher resilience.

In summary, the level of coping strategies for teachers' mental health resilience in an inclusive classroom, in terms of social support from colleagues and administrators, is 3.68, with a verbal description of high.

This indicates that inclusive education implementation is being reinforced by strong interpersonal relationships and administrative backing, which help teachers manage challenges associated with diverse learners. However, while the result is positive, it also implies the need for continuous strengthening of support systems to maintain and further enhance teachers' coping capacity. Sustained collaboration, mentoring programs, and responsive leadership practices are necessary to ensure that teachers remain resilient and effective in inclusive classroom settings. Furthermore, providing regular professional development and adequate teaching resources can help teachers address the different needs of learners.

Vangrieken et al. (2021) noted that teacher collaboration within professional learning communities fosters shared problem-solving, reflective practice, and instructional improvement, all of which are crucial in inclusive settings. DuFour and Fullan (2021) emphasized that professional learning communities strengthen teacher effectiveness through continuous collaboration, shared responsibility, and collective problem-solving focused on student learning.

Time Management Strategies

This sub-section presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of time management strategies. The data are shown in Table 10.

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Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

Table 10. Time Management Strategies

Indicators	Mean	VD
I manage my time effectively to address the diverse needs of learners in an inclusive classroom.	3.66	High
I prioritize tasks and instructional activities in my inclusive classroom according to their importance.	3.83	High
I set personal goals and deadlines to organize my teaching responsibilities in an inclusive classroom more efficiently.	4.00	High
I use time-management tools or strategies (e.g., to-do lists, schedules, or time-blocking) to stay organized while teaching in an inclusive classroom.	3.76	High
I have sufficient time to complete all teaching tasks and responsibilities associated with an inclusive classroom.	3.26	Moderate
Total	**3.70**	**High**

Note. VD = Verbal Description. Legend: 1.0–1.8 = Very Low; 1.81–2.6 = Low; 2.61–3.4 = Moderate; 3.41–4.2 = High; 4.21–5.0 = Very High.

Table 10 presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of time management strategies. Statement 3, "I set personal goals and deadlines to organize my teaching responsibilities in an inclusive classroom more efficiently," had the highest response, with a mean of 4.00 and a verbal description of high.

This suggests that educators are highly proactive and structured in managing their workload, which is essential in handling the diverse demands of learners with varying needs. It implies that effective time management practices contribute significantly to reducing stress, improving instructional efficiency, and ensuring that teaching tasks are accomplished in a systematic and organized manner.

This finding aligns with Klassen and Tze (2021), who emphasized that teachers with strong time management skills are more likely to experience reduced stress levels and higher instructional effectiveness. When educators establish clear goals and structured timelines, they are better able to manage the complexities of differentiated instruction and diverse learner needs, which is a core demand of inclusive education settings. Moreover, the implication that teachers are highly proactive and structured in managing workload is supported by the work of García and Weiss (2020), who found that teacher productivity and classroom effectiveness are strongly influenced by self-regulatory behaviors such as planning, prioritization, and deadline adherence.

In summary, the level of coping strategies for teachers' mental health resilience in an inclusive classroom, in terms of time management strategies, is 3.70, with a verbal description of high.

This suggests that effective planning, prioritization, and goal-setting are commonly practiced, enabling teachers to cope with workload pressures and instructional demands. It further implies that time management plays a critical role in sustaining teacher effectiveness and well-being, especially in inclusive settings where instructional differentiation is required.

This finding is consistent with Klassen and Tze (2021), who emphasized that effective time management is strongly associated with reduced teacher stress and improved instructional performance. When teachers engage in structured planning, prioritization, and goal-setting, they are better able to manage the complex demands of differentiated instruction, which is a core requirement in inclusive education settings. Moreover, the implication that time management is essential in sustaining teacher effectiveness and well-being is supported by Madigan and

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Volume 1 Issue 4 Pages 3491-3530
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Kim (2021), who found that poor organizational skills are linked to higher levels of teacher burnout and emotional exhaustion.

Self-Care Practices

This sub-section presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom as to self-care practices. The data are shown in Table 11.

Table 11. Self-Care Practices

Indicators	Mean	VD
I practice self-care to maintain my mental and physical well-being while teaching in an inclusive classroom.	3.96	High
I prioritize getting enough sleep (7–8 hours per night) to support my well-being and effectiveness in managing an inclusive classroom.	4.06	High
I eat a balanced and nutritious diet to maintain my health and sustain performance in teaching diverse learners.	3.43	Moderate
I engage in stress-reducing activities outside of work, such as exercise, meditation, or hobbies, to cope with the demands of an inclusive classroom.	3.73	High
I make it a priority to take short breaks during the workday (e.g., walking, stretching, deep breathing) to manage stress while teaching in an inclusive classroom.	3.76	High
Total	**3.78**	**High**

Note. VD = Verbal Description. Legend: 1.0–1.8 = Very Low; 1.81–2.6 = Low; 2.61–3.4 = Moderate; 3.41–4.2 = High; 4.21–5.0 = Very High.

Table 11 presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of self-care practices. Statement 2, "I prioritize getting enough sleep (7–8 hours per night) to support my well-being and effectiveness in managing an inclusive classroom," had the highest response, with a mean of 4.06 and a verbal description of high.

The result implies that teachers recognize the importance of adequate rest as a key component of self-care in maintaining their well-being and effectiveness in inclusive classrooms. This suggests that educators are increasingly aware that sufficient sleep contributes to better emotional regulation, focus, and instructional performance, which are essential in managing diverse learners. It also implies that teachers are taking active steps to protect their physical and mental health despite the demands of teaching, reflecting a growing prioritization of personal well-being. Such a practice may help reduce fatigue-related stress and improve overall resilience, enabling teachers to sustain their performance in challenging classroom environments.

This aligns with Madigan and Kim (2021), who emphasized that sufficient sleep and recovery are essential protective factors against teacher burnout and emotional exhaustion, particularly in high-demand teaching environments. Likewise, Jennings and DeMauro (2020) found that teachers who consistently engage in restorative self-care practices, including adequate sleep, demonstrate higher levels of emotional regulation and classroom effectiveness.

In summary, the level of coping strategies for teachers' mental health resilience in an inclusive classroom, in terms of self-care practices, is 3.78, with a verbal description of high.

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Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

This suggests that educators are capable of balancing professional demands with personal well-being, which is essential in maintaining sustained teaching effectiveness. It further implies that self-care contributes significantly to teachers' ability to cope with the emotional and psychological challenges of inclusive classrooms.

This aligns with Jennings and Greenberg (2020), who emphasized that teachers' social-emotional competence and well-being are directly linked to their ability to create supportive and effective learning environments. When educators consistently practice self-care, they are better able to regulate emotions, manage stress, and maintain positive interactions with learners, which is especially important in inclusive settings where instructional demands are high. Similarly, Madigan and Kim (2021) found that self-care practices significantly reduce burnout and emotional exhaustion, highlighting their role in sustaining teacher effectiveness over time.

Professional Support

This sub-section presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of professional support. The data are shown in Table 12.

Table 12. Professional Support

Indicators	Mean	VD
I collaborate with other teachers and education professionals to share ideas and strategies for teaching diverse learners in an inclusive classroom.	3.86	High
I am satisfied with the level of professional support I receive while teaching in an inclusive classroom.	3.20	Moderate
I have access to the resources and instructional materials needed to teach students effectively in an inclusive classroom setting.	3.26	Moderate
I receive constructive feedback from supervisors that helps me improve my teaching practices in an inclusive classroom.	3.23	Moderate
I receive recognition or support for my work in managing the challenges of an inclusive classroom.	3.03	Moderate
Total	**3.31**	**Moderate**

Note. VD = Verbal Description. Legend: 1.0–1.8 = Very Low; 1.81–2.6 = Low; 2.61–3.4 = Moderate; 3.41–4.2 = High; 4.21–5.0 = Very High.

Table 12 presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of professional support. Statement 1, "I collaborate with other teachers and education professionals to share ideas and strategies for teaching diverse learners in an inclusive classroom," had the highest response, with a mean of 3.86 and a verbal description of high.

This suggests that professional cooperation and knowledge-sharing are highly practiced strategies among teachers, enabling them to enhance instructional effectiveness and manage classroom challenges more efficiently. It implies that collaborative practices such as peer consultation, team teaching, and shared problem-solving play a vital role in strengthening teachers' confidence and competence in handling inclusive education settings.

This aligns with Vangrieken et al. (2021), who emphasized that teacher collaboration within professional learning communities enhances instructional quality through shared expertise, reflective dialogue, and collective problem-solving. When teachers engage in peer consultation and team teaching, they are better able to address diverse learner needs and develop more effective instructional strategies, particularly in inclusive education settings where differentiation is essential. In addition, Kraft and Papay (2021) noted that collaborative school environments

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Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
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contribute to continuous teacher development by fostering collective responsibility and instructional innovation, which are particularly important in inclusive classrooms that require adaptive teaching.

In summary, the level of coping strategies for teachers' mental health resilience in an inclusive classroom, in terms of professional support, is 3.31, with a verbal description of moderate.

This suggests that access to collegial support and collaborative engagement helps teachers manage stress, improve instructional strategies, and adapt to the demands of inclusive classrooms. It further implies that professional support systems are essential in sustaining teacher effectiveness and well-being.

This aligns with Skaalvik and Skaalvik (2020), who found that perceived support from colleagues and administrators is a key factor in reducing teacher stress and preventing burnout. When teachers have access to collegial and institutional support, they are more likely to experience emotional stability and increased job satisfaction, which are essential in managing the complex demands of inclusive education.

Problem-Solving Skills

This sub-section presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of problem-solving skills. The data are shown in Table 13.

Table 13. Problem-Solving Skills

Indicators	Mean	VD
I seek out resources or information to help address challenges that arise while teaching in an inclusive classroom.	3.36	Moderate
I use data and student performance information to guide problem-solving in my inclusive classroom teaching.	3.56	High
I involve colleagues or supervisors when addressing challenges and finding solutions in inclusive classroom practices.	3.43	High
I take a proactive approach to identify and resolve problems that occur while teaching diverse learners in an inclusive classroom.	3.50	High
I am satisfied with my ability to solve challenges related to teaching in an inclusive classroom.	3.30	Moderate
Total	**3.43**	**High**

Note. VD = Verbal Description. Legend: 1.0–1.8 = Very Low; 1.81–2.6 = Low; 2.61–3.4 = Moderate; 3.41–4.2 = High; 4.21–5.0 = Very High.

Table 13 presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of problem-solving skills. Statement 2, "I use data and student performance information to guide problem-solving in my inclusive classroom teaching," had the highest response, with a mean of 3.56 and a verbal description of high.

This suggests that educators are highly analytical and evidence-based in their approach to problem-solving, using concrete learner data to guide instructional decisions and interventions. It implies that teachers are capable of making informed adjustments to teaching strategies based on students' academic progress and needs, which is essential in managing diverse learners effectively.

This aligns with Schildkamp et al. (2020), who emphasized that data literacy enables teachers to interpret student performance information effectively and use it to improve instruction. When educators systematically analyze

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

assessment results, they are better able to identify learning gaps and implement targeted interventions, which is essential in addressing the diverse needs of learners.

In summary, the level of coping strategies for teachers' mental health resilience in an inclusive classroom, in terms of problem-solving skills, is 3.43, with a verbal description of high.

This suggests that they are capable of effectively identifying challenges and implementing appropriate solutions, which helps reduce instructional stress and improve classroom management. It further implies that problem-solving competence is a key factor in sustaining teacher effectiveness and adaptability in complex teaching environments.

This aligns with Schildkamp et al. (2020), who emphasized that teachers' ability to interpret and use information effectively is central to solving instructional challenges and improving classroom practices. When educators apply systematic problem-solving approaches, they are better able to identify learning gaps, adjust instructional strategies, and respond to diverse learner needs, which is essential in inclusive education settings.

Positive Self-Talk

This sub-section presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom in terms of positive self-talk. The data are shown in Table 14.

Table 14. Positive Self-Talk

Indicators	Mean	VD
I remind myself of my strengths and accomplishments to boost confidence and resilience while teaching in an inclusive classroom.	3.93	High
I use positive affirmations or motivational statements to stay focused and encouraged when managing diverse learners.	4.00	High
I am satisfied with my ability to use positive self-talk to cope with stress and challenges in an inclusive classroom setting.	3.80	High
I reframe negative thoughts into more positive and productive ones when faced with challenges in teaching an inclusive classroom.	3.70	High
I talk to myself in a positive and encouraging way when confronted with difficult situations while teaching in an inclusive classroom.	4.06	High
Total	**3.89**	**High**

Note. VD = Verbal Description. Legend: 1.0–1.8 = Very Low; 1.81–2.6 = Low; 2.61–3.4 = Moderate; 3.41–4.2 = High; 4.21–5.0 = Very High.

Table 14 presents the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom regarding positive self-talk. Statement 5, "I talk to myself in a positive and encouraging way when confronted with difficult situations while teaching in an inclusive classroom," had the highest response, with a mean of 4.06 and a verbal description of high.

The result implies that teachers actively use positive self-talk as a coping mechanism when facing difficult situations in inclusive classrooms. This suggests that educators are able to internally regulate their emotions by encouraging themselves during challenging teaching moments, which helps maintain composure and motivation.

Likewise, Taxer and Frenzel (2021) found that teachers who engage in positive cognitive reframing are better able to manage classroom stressors and maintain emotional balance during challenging instructional situations. In

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Volume 1 Issue 4 Pages 3491-3530
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

addition, Brackett et al. (2020) stressed that emotion regulation strategies, such as positive self-talk, contribute significantly to teacher resilience and long-term psychological well-being.

In summary, the level of coping strategies for teachers' mental health resilience in an inclusive classroom, regarding positive self-talk, is 3.89, with a verbal description of high.

The result implies that teachers generally utilize positive self-talk as an effective coping strategy in managing the demands of inclusive classrooms. This suggests that educators are able to maintain a supportive internal dialogue that helps them regulate stress, sustain motivation, and reinforce confidence when dealing with diverse learners.

Likewise, Pekrun et al. (2021) found that positive academic emotions and self-regulatory thoughts enhance teachers' engagement and persistence when facing instructional challenges.

Extent of Mental Health Challenges Encountered Among the Respondents in Inclusive Classrooms

This portion shows the extent of mental health challenges encountered among the respondents in inclusive classrooms. The data are shown in Table 15.

Table 15. Extent of Mental Health Challenges Encountered Among the Respondents in Inclusive Classrooms

Indicators	Mean	VD
I experience significant work-related stress when addressing the diverse learning needs of students in an inclusive classroom.	3.66	High
I often feel emotionally exhausted after teaching in an inclusive classroom setting.	3.46	High
Managing students with diverse behavioral and learning needs causes me considerable psychological strain.	3.73	High
The workload associated with preparing differentiated instruction for inclusive classrooms contributes to my stress.	3.80	High
I find it difficult to maintain a healthy work–life balance due to the demands of teaching in an inclusive classroom.	3.40	Moderate
I feel mentally drained when trying to meet the individual needs of all learners in my class.	2.83	Moderate
The expectations placed on teachers in inclusive classrooms sometimes negatively affect my emotional well-being.	3.63	High
Handling classroom management challenges in an inclusive setting increases my level of stress and frustration.	3.60	High
I feel overwhelmed by the additional responsibilities required to support learners with special educational needs.	3.80	High
The lack of sufficient resources and support in inclusive classrooms contributes to my mental health challenges.	3.83	High
Total	**3.57**	**High**

Note. VD = Verbal Description. Legend: 1.0–1.8 = Very Low; 1.81–2.6 = Low; 2.61–3.4 = Moderate; 3.41–4.2 = High; 4.21–5.0 = Very High.

Table 15 presents the extent of mental health challenges encountered among the respondents in inclusive classrooms. Statement 10, "The lack of sufficient resources and support in inclusive classrooms contributes to my mental health challenges," had the highest response, with a mean of 3.83 and a verbal description of high.

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

The result indicates that the lack of sufficient resources and institutional support is the most prominent factor contributing to teachers' mental health challenges in inclusive classrooms. This implies that inadequate instructional materials, limited support systems, and insufficient learning resources place significant pressure on teachers, increasing their emotional and psychological strain in handling diverse learners.

Brackett et al. (2020) emphasize that insufficient organizational support negatively affects teachers' emotional well-being, leading to higher levels of stress and burnout risk, especially in demanding classroom environments. This is further supported by Collie et al. (2021), who found that supportive school climates are critical in buffering teachers against work-related stress and enhancing their instructional resilience.

In addition to the extent of mental health challenges encountered among the respondents in inclusive classrooms, Statements 4 and 9, "The workload associated with preparing differentiated instruction for inclusive classrooms contributes to my stress; I feel overwhelmed by the additional responsibilities required to support learners with special educational needs," had the second-highest response, with a mean of 3.80 and a verbal description of high.

The findings further reveal that workload related to differentiated instruction and the additional responsibilities of supporting learners with special educational needs are also major sources of stress among teachers. This implies that the complexity and demands of inclusive teaching contribute to teachers' feelings of being overwhelmed, highlighting the need for workload management strategies and stronger instructional support.

Florian (2022) stresses that differentiated instruction requires continuous adaptation, which can lead to teacher overload if not properly supported. Likewise, Slee (2020) explains that inclusive classrooms demand equity-based pedagogical adjustments that significantly increase planning and instructional responsibilities.

In summary, the extent of mental health challenges encountered among the respondents in inclusive classrooms is 3.57, with a verbal description of high.

The results show that teachers experience a high level of mental health challenges in inclusive classrooms. This implies that while educators are managing their responsibilities, persistent stressors related to resources, workload, and learner support may negatively affect their well-being if not properly addressed through targeted interventions and institutional support.

Ainscow (2020) notes that inclusive education systems often place substantial pressure on teachers when structural and professional support is insufficient, potentially leading to stress and burnout. This is supported by Florian and Black-Hawkins (2019), who emphasize that inclusive schooling requires sustained institutional commitment, as inadequate support structures weaken teachers' capacity to respond effectively to learner diversity. Similarly, Slee (2018) argues that without strong systemic support, inclusion becomes an added burden rather than a shared responsibility, increasing teacher workload and emotional strain.

Significant Relationship Between the Respondents' Level of Coping Strategies and Their Extent of Mental Health Challenges

This portion shows the significant relationship between the respondents' level of coping strategies of the teachers in their mental health resilience inside an inclusive classroom and their extent of mental health challenges encountered in inclusive classrooms (Table 16).

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

Table 16. Significant Relationship Between the Respondents' Level of Coping Strategies of the Teachers in Their Mental Health Resilience Inside an Inclusive Classroom and Their Extent of Mental Health Challenges Encountered in Inclusive Classrooms

Variables	r-value	Computed t-value	df	Critical t-value	p-value	α	Decision
Coping Strategies vs. Mental Health Challenges	−0.58	−3.78	28	±2.048	0.0007	0.05	Reject H_0 (Significant Relationship)

Note. H_0 = null hypothesis; α = level of significance. Two-tailed test.

Table 16 presents the significant relationship between the respondents' level of coping strategies in their mental health resilience inside an inclusive classroom and their extent of mental health challenges encountered in inclusive classrooms. The results reveal an r-value of −0.58, indicating a moderate negative correlation between the two variables. This means that as teachers' coping strategies increase, their mental health challenges tend to decrease. The finding suggests that effective coping mechanisms, such as social support, time management, self-care, professional collaboration, problem-solving, and positive self-talk, help reduce stress and emotional strain among teachers handling inclusive classrooms. Furthermore, the absolute computed t-value of 3.78 is greater than the critical t-value of ±2.048 at the 0.05 level of significance with 28 degrees of freedom. The p-value of 0.0007 is also lower than the 0.05 level of significance. These results indicate that the relationship between coping strategies and mental health challenges is statistically significant. Therefore, the null hypothesis is rejected.

The significant moderate negative relationship indicates that enhancing coping mechanisms such as social support, time management, self-care practices, professional collaboration, problem-solving skills, and positive self-talk may effectively lessen teachers' stress, emotional exhaustion, and workload-related pressures. This suggests that teachers' mental health resilience is shaped not only by external working conditions but also by their ability to apply personal and interpersonal coping resources in managing classroom demands.

Furthermore, Schonert-Reichl (2019) showed that teachers who actively practice social-emotional learning and self-regulation strategies tend to experience reduced stress levels and greater job satisfaction, reinforcing the present finding that stronger coping strategies are associated with fewer mental health challenges. Similarly, Zinsser et al. (2021) noted that mindfulness-based approaches and cognitive coping techniques serve as effective buffers against occupational stress, enabling teachers to maintain emotional balance even in demanding and complex classroom environments.

Significant Relationship Between the Respondents' Profile and Their Extent of Adaptive Mental Health Challenges

This portion shows the significant relationship between the respondents' profile and their extent of adaptive mental health challenges encountered among the respondents in inclusive classrooms (Table 17).

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

Table 17. Significant Relationship Between the Respondents' Profile and Their Extent of Adaptive Mental Health Challenges Encountered Among the Respondents in Inclusive Classrooms

Variables	r-value	Computed t-value	df	Critical t-value	p-value	α	Decision
Age	−0.18	−0.97	28	±2.048	0.34	0.05	Fail to reject H0
Gender	−0.12	−0.63	28	±2.048	0.53	0.05	Fail to reject H0
Highest Educational Attainment	−0.25	−1.36	28	±2.048	0.18	0.05	Fail to reject H0
Training/Seminars	−0.21	−1.13	28	±2.048	0.27	0.05	Fail to reject H0
Length of Teaching Experience	−0.30	−1.66	28	±2.048	0.11	0.05	Fail to reject H0
Specialization	−0.16	−0.86	28	±2.048	0.40	0.05	Fail to reject H_0

Note. H_0 = null hypothesis; α = level of significance. Two-tailed test.

Table 17 presents the significant relationship between the respondents' profile and their extent of adaptive mental health challenges encountered in inclusive classrooms. The results reveal that all profile variables (age, gender, highest educational attainment, training and seminars attended, length of teaching experience, and specialization) have weak negative correlations with mental health challenges, as reflected by the low r-values. This indicates that changes in these profile characteristics have only minimal influence on the level of mental health challenges experienced by the respondents. Furthermore, the absolute values of all computed t-values are lower than the critical t-value at the 0.05 level of significance, while all p-values are greater than 0.05. These findings indicate that none of the relationships between the respondents' profile variables and their mental health challenges are statistically significant. Therefore, the null hypothesis is not rejected for any of the variables.

Moreover, the statistical results confirm that no significant relationship exists between the respondents' demographic and professional characteristics and their experienced mental health challenges. The results suggest that teachers' mental health challenges in inclusive classrooms are not significantly associated with their demographic and professional characteristics, including age, gender, educational attainment, training exposure, teaching experience, and specialization. This indicates that emotional and psychological stress in inclusive education settings is commonly experienced by teachers regardless of their personal background or professional profile.

For instance, Klusmann et al. (2020) found that teacher stress and emotional exhaustion are more strongly predicted by job demands and school environment factors than by age, gender, or years of experience. Similarly, Toropova et al. (2021) reported that while teacher qualifications and experience contribute to instructional competence, they have limited direct influence on reducing occupational stress when workload and classroom complexity remain high.

CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

This study determined the adaptive strategies and mental health challenges among teachers in inclusive classrooms at Banilad Night High School, Gov. M. Cuenco Ave. Banilad, Cebu City, for School Year 2025–2026 as the basis

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

for an action plan. Specifically, it examined the profile of the respondents; the level of coping strategies of the teachers' mental health resilience inside an inclusive classroom; the extent of mental health challenges encountered among the respondents in inclusive classrooms; the significant relationship between the respondents' level of coping strategies and their extent of mental health challenges; and the significant relationship between the respondents' profile and their extent of adaptive mental health challenges. Thirty (30) teachers participated. The questionnaire was adapted from Amaroso (2025); a descriptive-correlational research design was employed, and the data were analyzed using the weighted mean, simple percentage, and the Pearson product-moment correlation coefficient.

The findings show that most respondents are mid-career teachers, particularly within the 31–40 and 41–50 age groups, with fewer younger and older teachers represented. The respondents are predominantly female. In terms of educational attainment, most have earned units in a master's degree or have completed a master's degree, while a smaller number are bachelor's degree holders and only a few have attained a doctorate degree. Regarding professional development, most respondents have attended several trainings and seminars over the past five years, with only a very small number reporting no participation. As to teaching experience, the majority have 11–20 years of experience, followed by those with 6–10 years, while fewer respondents have 1–5 years or 21 years and above of teaching experience. In terms of specialization, most respondents belong to other areas outside general and special education, followed by those in special education.

In addition, the findings show that teachers demonstrate generally high levels of coping strategies in managing their mental health resilience in inclusive classrooms. In terms of social support from colleagues and administrators, respondents commonly receive practical assistance and professional guidance, and this dimension is generally rated high. For time management strategies, teachers report strong practices in organizing tasks and setting instructional goals, indicating a high level of time management coping skills. Self-care practices are also highly observed, particularly in maintaining adequate rest to support well-being and teaching effectiveness. In terms of professional support, teachers report moderate to high engagement, with collaboration among colleagues being the most evident practice, although overall results reflect a moderate level in this area. Regarding problem-solving skills, teachers frequently use data and student performance information to guide instructional decisions, reflecting a generally high level of coping in addressing classroom challenges. Lastly, positive self-talk is strongly practiced among teachers, with encouraging self-dialogue during difficult situations being commonly observed.

Likewise, the findings show that teachers experience a high level of mental health challenges in inclusive classrooms. The most prominent concern is the lack of sufficient resources and support, which is identified as a major contributor to teachers' mental health difficulties. In addition, teachers report that the workload related to preparing differentiated instruction and the additional responsibilities in supporting learners with special educational needs are also major sources of stress.

Meanwhile, the findings reveal a moderate negative relationship between teachers' coping strategies and their mental health challenges in inclusive classrooms. This indicates that higher levels of coping strategies are associated with lower levels of mental health challenges among teachers. The statistical results also show that the relationship is significant based on the computed values and probability level.

Furthermore, the findings show that the respondents' profile variables, including age, gender, highest educational attainment, training and seminars attended, length of teaching experience, and specialization, have weak negative relationships with their extent of adaptive mental health challenges in inclusive classrooms. The statistical results further indicate that all computed values do not reach the level of significance, and all probability values exceed the set threshold. This confirms that none of the profile variables has a statistically significant relationship with teachers' mental health challenges. Consequently, the null hypothesis is not rejected across all variables.

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

Conclusions

Based on the findings, the study concludes the following:

1. Teachers' coping strategies have a significant relationship with their mental health challenges in inclusive classrooms. Teachers who demonstrate stronger coping strategies tend to experience lower levels of mental health challenges, indicating that coping mechanisms play an important role in managing stress and emotional strain in inclusive teaching environments.

2. The respondents' profile variables, including age, gender, highest educational attainment, training and seminars attended, length of teaching experience, and specialization, do not have a significant relationship with their mental health challenges. This suggests that demographic and professional characteristics have minimal influence on the level of mental health challenges experienced by teachers in inclusive classrooms.

Recommendations

Based on the findings, the following recommendation is offered: the proposed Action Plan be implemented to address the identified concerns and improve existing practices.

Proposed Action Plan

Rationale

Inclusive education has transformed modern classroom practice by requiring teachers to respond to increasingly diverse learner needs while ensuring quality and equitable instruction. As a result, educators face greater demands, as they are expected to apply adaptive strategies such as differentiated instruction, classroom management modifications, collaboration, and individualized learner support.

Although teachers actively attempt to implement adaptive strategies in inclusive classrooms, many continue to experience psychological strain due to the complexity of teaching demands and limited institutional support systems (Hargreaves & Fullan, 2020). Inclusive teaching requires ongoing adjustments in instructional approaches, which heightens both cognitive and emotional workload, particularly for those handling diverse learner groups. In addition, teacher well-being is now widely recognized as essential to sustaining effective inclusive education, as unmanaged stress can negatively affect both teaching quality and student engagement (Brackett et al., 2020).

Similarly, adaptive strategies such as problem-solving, time management, collaboration with colleagues, and emotional regulation function as protective factors that help teachers cope with classroom demands and reduce stress (Zinsser et al., 2021). Teachers who regularly employ these coping mechanisms tend to demonstrate stronger resilience and greater adaptability in inclusive teaching environments. Likewise, reflective practice and self-regulation are widely identified as key elements in maintaining psychological well-being and preventing burnout among educators (Day & Gu, 2020).

Despite the expanding literature on teacher stress and coping mechanisms, there is still a need to further explore how adaptive strategies are directly linked to mental health challenges within inclusive education settings. Many existing studies examine coping strategies and mental health outcomes separately, with limited attention to their interconnected relationship in real classroom contexts. This shows the need for more localized, evidence-based research that can guide practical interventions for teachers in inclusive education.

Hence, this study is undertaken to investigate the relationship between adaptive strategies and mental health challenges among teachers in inclusive classrooms. The findings will provide a basis for designing an action plan

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

aimed at strengthening teachers' coping mechanisms, improving institutional support systems, and promoting sustained mental health and instructional effectiveness in inclusive education settings.

Objectives

General Objective. To provide the researcher with empirical data for creating an action plan on adaptive strategies and mental health challenges.

Specific Objectives. To implement an action plan that aims to achieve the goals of the school and the researcher's objectives, such as:

- To enhance teachers' coping strategies in managing mental health challenges in inclusive classrooms by strengthening their skills in time management, problem-solving, self-care, positive self-talk, and emotional regulation through targeted training and capacity-building activities.
- To improve teachers' access to and utilization of social and professional support systems by promoting collaboration, peer mentoring, and school-based professional learning communities that help reduce stress and strengthen mental health resilience in inclusive classroom settings.

Scheme of Implementation

The scheme of implementation considers the areas of concern, objectives, strategies, persons involved, budget, budget sources, time frame, expected outcome, and actual accomplishment that are hoped to be realized. It ensures a systematic and organized approach to the implementation process and provides clear direction in the execution of planned activities. Moreover, it serves as a guide for monitoring progress and evaluating results, and it strengthens accountability among the persons involved in the implementation, thereby ensuring that all objectives are achieved within the intended time frame (Table 18).

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

Table 18. Action Plan

Areas of Concern	Objectives	Strategies	Persons Involved	Budget	Source of Budget	Time Frame	Expected Outcome	Actual Accomplishment	Remarks
Adaptive Strategies	To enhance teachers' coping strategies in managing mental health challenges in inclusive classrooms by strengthening their skills in time management, problem-solving, self-care, positive self-talk, and emotional regulation through targeted training and capacity-building activities.	LAC Sessions Meeting/ Orientation Feedbacking Benchmarking	Teachers School Administrator Expert Professionals Educators	2500	MOOE	Whole Year Round	Teachers' coping strategies in managing mental health challenges in inclusive classrooms by strengthening their skills in time management, problem-solving, self-care, positive self-talk, and emotional regulation through targeted training and capacity-building activities will be/was enhanced.		

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ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.24095745

Areas of Concern	Objectives	Strategies	Persons Involved	Budget	Source of Budget	Time Frame	Expected Outcome	Actual Accomplishment	Remarks
Mental Health Challenges	To improve teachers' access to and utilization of social and professional support systems by promoting collaboration, peer mentoring, and school-based professional learning communities that help reduce stress and strengthen mental health resilience in inclusive classroom settings.	LAC Sessions Meeting/ Orientation Feedbacking Benchmarking	Teachers School Administrator Expert Professionals Educators	2500	MOOE	Whole Year Round	The teachers' access to and utilization of social and professional support systems by promoting collaboration, peer mentoring, and school-based professional learning communities that help reduce stress and strengthen mental health resilience in inclusive classroom settings will be/was improved.		

Note. MOOE = Maintenance and Other Operating Expenses.

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