

An Analysis of the Connection Between Interpersonal Relationships and Mental Health of Senior High School Students at Iligan City National High School

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ABSTRACT

This study explored the connection between interpersonal relationships and mental health of senior high school students at Iligan City National High School. Personal Survey and online questionnaires were used for data gathering with an emphasis on physical and emotional support, communication patterns, and conflict management. There were a total of 55 respondents all together. Most respondents were aged 16-17, with a majority being female and from medium-income families. The data reveal varied experiences of support: many students are uncertain or neutral about the consistency of physical and emotional assistance they receive, while responses about communication and conflict management show both positive efforts and challenges in expressing emotions and solving disputes calmly. The findings indicate that positive relationships marked by love, trust, support, and good communication foster emotional stability and motivation, while poor relationships and unresolved conflicts increase stress and mental health difficulties. The study recommends that students maintain healthy communication, teachers foster supportive classrooms, parents provide emotional support, and schools offer mental health programs and awareness.

Keywords: interpersonal relationships, mental health, physical and emotional support, communication patterns, conflict management

INTRODUCTION

Mental health is a vital component of an individual's overall wellbeing, influencing how people think, feel, and behave in their everyday lives. It plays a central role not only in personal happiness but also in academic performance, workplace productivity, and the ability to maintain fulfilling relationships. Among students, particularly those in adolescence, maintaining good mental health proves to be of significant challenge, as this is a stage in life where the intersection of academic demands, developmental changes, and interpersonal relationship dynamics remain as a constant challenge to balance and properly maintain. Relationships, whether it is with family, friends, peers, or teachers have a central part of their daily lives, shaping their emotional states, self-esteem, and capacity to handle stress. When these relationships are healthy and supportive, they can act as protective factors, bolstering resilience and encouraging positive coping mechanisms. Conversely, strained, toxic, or neglected relationships can contribute to stress, anxiety, and even long-term mental health issues, impacting both personal and academic outcomes.

Historically, interpersonal relationships have been studied mainly in the context of sociology and psychology, focusing on how social bonds influence behavior and mental well-being. In recent years, however, mental health research has increasingly emphasized the role of social connections as both a preventive measure and a risk factor for mental disorders. For students, particularly in the transitional phase to adolescence, the quality of interpersonal relationships can determine how well they adjust to new responsibilities, peer groups, and academic challenges. This period is often marked by heightened emotional sensitivity and identity exploration, making students more vulnerable to the negative effects of relational conflicts, misunderstandings, or social isolation. Misunderstandings with friends, recurring family disputes, and negative peer interactions such as bullying or

exclusion can erode emotional stability, leading to academic disengagement, absenteeism, and deteriorating academic performance.

Interpersonal relationships have a powerful influence on a person's mental health. The quality of our social connections can either strengthen our emotional well-being or make us more vulnerable to mental struggles. As social beings, we naturally seek bonds with family, friends, classmates, and mentors, and these relationships give us a sense of belonging, identity, and support. Positive and nurturing connections help us build resilience, manage stress, and protect against issues like anxiety and depression. In contrast, relationships marked by conflict, neglect, or a lack of genuine care can lead to isolation, low self-esteem, and a higher risk of mental health problems. Research supports this link—Umberson and Montez (2010) found that strong social ties are connected to lower levels of stress, anxiety, and depression, while unstable or poor relationships can increase the risk of psychological distress. For adolescents in particular, supportive friendships, understanding families, and encouraging teachers can greatly improve emotional resilience, which make it easier in turn to balance both academic and personal pressures. On the other hand, toxic or neglectful relationships have been linked to depression, low self-worth, and even behavioral issues (La Greca & Harrison, 2005). This highlights how crucial healthy social connections are, especially in schools, where daily interactions play a big role in shaping students' mental health.

In the Philippine context, cultural and socio-economic factors further shape the dynamics of interpersonal relationships and their impact on mental health. Filipino culture traditionally values close-knit family ties, communal living, and strong social support networks. While these cultural norms can provide a safety net during difficult times, they can also create additional pressure when familial expectations clash with personal goals or when social norms discourage open discussions about mental health. A study by Estrella and Reyes (2019) revealed that Filipino adolescents often hesitate to share emotional struggles due to fear of stigma, judgment, or being perceived as weak. This reluctance can be compounded by limited access to mental health resources, particularly in rural areas where professional psychological services are scarce. The Mental Health Act of 2018 has aimed to address some of these gaps, but implementation challenges remain, especially in integrating mental health education and support into school systems.

Technological advancements and the widespread use of social media have also transformed the landscape of interpersonal relationships among students. While digital platforms provide opportunities for connection and peer support, they can also contribute to cyberbullying, social comparison, and feelings of isolation. Research by Best, Manktelow, and Taylor (2014) suggests that excessive engagement with social media can intensify feelings of inadequacy and anxiety, particularly when online interactions replace face to face communication. For students, balancing virtual and in-person relationships has become a modern challenge, with mental health implications that are still being explored in educational research.

Given these complexities, understanding how interpersonal relationships affect the mental health of Iligan City National High School students is essential for both educators and policymakers. This study seeks to investigate the nature and quality of these relationships, how they influence students' emotional well-being, and the coping mechanisms students employ in response to relational stressors. It will also examine students' perceptions of their own relationship dynamics whether they feel supported, understood, and respected. These factors are of utmost importance because it shows how these perceptions correlate with indicators of mental health such as stress levels, emotional resilience, and self-esteem.

The research will further consider contextual factors such as socio-economic status, access to mental health resources, and exposure to technology, which may influence both the quality of relationships and mental health outcomes. By focusing on the SHS population within a local school division, the study aims to provide nuanced insights into the everyday realities of students' social lives and their psychological well-being.

Ultimately, the goal of this research is to contribute to the development of more supportive educational environments where positive interpersonal relationships are actively fostered and mental health is prioritized. The findings could inform targeted interventions, such as peer mentoring programs, conflict resolution workshops, and family-school collaboration initiatives. These recommendations may also serve as valuable resources for school administrators, guidance counselors, and policymakers seeking to improve mental health outcomes among students nationwide. By shedding light on the intricate link between interpersonal relationships

and mental health, particularly in the Philippine context, this study aspires to promote holistic well-being and equip students with the emotional and relational skills necessary for success in both academic and life pursuits.

Statement of the Problem

This study aims to determine the influence of interpersonal relationships on the mental health of senior high school students at Iligan City National High School. Focusing on physical and emotional support, communication patterns, and conflict management.

Specifically, it seeks to answer the following questions:

1. What is the level of physical and emotional support students experience in their interpersonal relationships?
2. How do communication patterns in interpersonal relationships influence students' mental health?
3. How does conflict management within interpersonal relationships relate to students' mental health?
4. Do demographic factors (age, gender, socioeconomic status) significantly influence the relationship between interpersonal relationships and students' mental health?

Hypotheses

Learners who maintain high-quality interpersonal relationships marked by physical and emotional support, communication patterns and conflict management are expected to exhibit better mental health outcomes, including lower stress, anxiety, and depression, as well as greater overall psychological well-being, compared to those with lower quality relationships. Demographic factors such as age, gender, socioeconomic status, and personal life experiences may influence the strength and direction of this relationship. However, it is anticipated that the positive link between relationship quality and mental health will remain significant even after accounting for these variables, indicating that relationship quality independently and strongly predicts learners' mental health.

Alternative Hypothesis (H₁):

Learners who maintain higher-quality interpersonal relationships that are supported by physical and emotional support, communication patterns and conflict management are more likely to experience better mental health outcomes such as lower stress levels, reduced anxiety, and fewer feelings of depression compared to those with lower-quality relationships. This positive relationship is expected to remain significant even after considering demographic factors such as age, gender, and socioeconomic status.

Null Hypothesis (H₀):

The quality of interpersonal relationships, measured in physical and emotional support, communication patterns, has no significant effect on learners' mental health when age, gender, socioeconomic status, and outside stressors are taken into account.

Research Question

1. Is there a significant difference in mental health outcomes between students who experience strong physical and emotional support and those who do not?
2. What specific aspects of interpersonal relationships (e.g., communication, trust, support) are most strongly associated with students' mental health?
3. Is there a significant difference in mental health between students with mostly negative and mostly positive interpersonal relationships?

Significance of the Study

This study is significant as it seeks to deepen the understanding of the intricate connection between interpersonal relationships and mental health among learners. By examining key elements such as physical and emotional support, communication patterns, the research aims to uncover how these factors collectively influence the

psychological wellbeing of students. The insights gained will be invaluable to educators, school counselors, mental health professionals, and policymakers who strive to create nurturing educational environments that promote positive mental health outcomes.

Moreover, this study addresses an important gap in existing research by considering how demographic variables such as age, gender, outside stressors and socio-economic status moderate the relationship between interpersonal dynamics and mental health. Understanding these moderating effects will enable more tailored and culturally sensitive interventions to support diverse student populations.

The identification of specific aspects of interpersonal relationships that are most strongly associated with mental health can guide the design of targeted programs and strategies to enhance communication skills, emotional support systems, and conflict resolution techniques within schools. Such evidence-based approaches have the potential to improve student mental health, reduce feelings of loneliness and anxiety, and foster overall psychological resilience.

Furthermore, the study's dual focus on both quantitative data (through statistical analysis) and qualitative insights (via thematic data analysis) provides a comprehensive perspective. This mixed-methods approach not only quantifies the strength of relationships but also captures the rich, subjective experiences of learners, ensuring a holistic understanding of the challenges and supports affecting their mental health.

Ultimately, the findings of this research are expected to contribute to creating healthier interpersonal environments that positively impact learners' academic performance and personal growth. It also serves as a foundation for future studies exploring mental health and relational dynamics in educational settings.

THEORETICAL FRAMEWORK

This study examines the link between interpersonal relationships and mental health by using key theories that explain how social interactions impact psychological well-being.

Sullivan's Interpersonal Theory

Sullivan's theory highlights that personality develops through social interactions, with stable and positive relationships being crucial for healthy development. Unstable or problematic relationships can lead to mental health issues, showing how interpersonal patterns affect psychological problems.

Interpersonal Psychotherapy (IPT)

IPT builds on Sullivan's ideas by focusing on improving mental health through enhancing social functioning and resolving interpersonal challenges like grief and conflicts. This approach emphasizes that the quality of interpersonal relationships directly affects mental health outcomes.

Attachment Theory

Bowlby's attachment theory explains how early bonds with caregivers shape adult relationships. Secure attachments promote emotional security and well-being, while insecure attachments increase stress and risk for depression. Research by Feeney and Collins reinforces the importance of supportive relationships for emotional and psychological health throughout life.

Kiesler's Transactional Interpersonal Model

Kiesler's model describes interpersonal behaviors along dominance–submissiveness and friendliness–disengagement dimensions. It helps understand how harmful interpersonal patterns, like disengagement, are linked to depression and negatively impact mental health.

Integration and Relevance to the Study

These theories collectively deepen understanding of how interpersonal relationships influence mental health. Sullivan's and Bowlby's theories provide a foundation for the role of relationships in psychological functioning,

IPT offers practical ways to address relational problems, and Kiesler's model explains harmful behavior patterns. Together, they support this study's goal to analyze how interpersonal relationships affect mental health outcomes.

Conceptual Framework

The conceptual framework of this study is grounded in the understanding that interpersonal relationships play a crucial role in influencing mental health in senior high students within Iligan City National High School. As the quality of these connections can either promote well-being or contribute to psychological distress and mental health concerns.

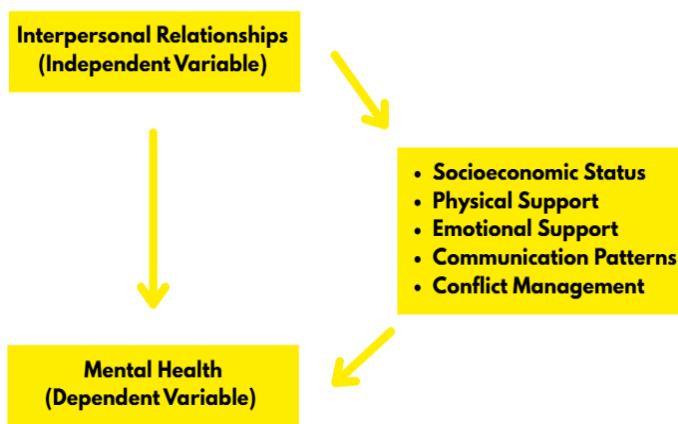


Figure 1. Conceptual Framework

Independent Variable: Interpersonal Relationships. The independent variable of this study is interpersonal relationships, which consist of three main dimensions: physical and emotional support, communication patterns and conflict management. Physical and emotional support refers to the care, encouragement, and empathy that learners receive from peers, friends, and family. Communication patterns focus on how learners express themselves, share ideas, and maintain healthy dialogue in their relationships. Conflict management involves the ways learners handle disagreements and resolve misunderstandings with others. These dimensions of interpersonal relationships are examined to determine how they influence learners' mental health, in line with the specific problems of the study.

Dependent Variable: Mental Health. This variable represents a person's emotional, psychological, and social well-being, which affects how they think, feel, and behave in daily life. It influences how individuals cope with stress, relate to others, and make decisions. In the context of the conceptual framework we developed, mental health is the dependent variable, meaning it is the outcome that may be influenced by the quality of interpersonal relationships. When relationships are supportive and nurturing, they can enhance mental health by reducing stress, boosting self-esteem, and promoting resilience against challenges such as anxiety or depression. On the other hand, unhealthy or conflict-filled relationships can harm mental health, increasing the likelihood of emotional distress, loneliness, and mental health disorders. Thus, mental health reflects the overall state of psychological well-being shaped in part by the nature of a person's social connections.

Scope And Delimitation

This study focuses on understanding the connection between interpersonal relationships and mental health among senior high school students at Iligan City National High School. The research is limited to this school because it's a familiar place where we can gather information easily and without outside distractions.

We will only look at students between the ages of 16-20 since this is an important time when people go through a lot of social and emotional changes. Focusing on this age group helps us keep the study clear and more focused.

There will be about 50 to 70 students who choose to participate willingly. We will make sure their information stays private and that they feel comfortable sharing honest answers. All surveys and interviews will take place at school to keep everything consistent.

By limiting the study to this school, these ages, and this number of participants, we hope to get reliable results that reflect the experiences of students like us. This way, the study is easier to manage, fair to everyone involved, and useful for understanding how relationships affect mental health in our school.

Definition Of Terms

Conceptual Definition

Demographic Factors - Characteristics of learners such as age, gender, and socioeconomic status that may influence how they experience interpersonal relationships and mental health.[1]

Interpersonal Relationship - A connection or association between two or more individuals characterized by emotional, physical, and communicative interactions. In this study, it includes elements such as emotional and physical support, communication patterns, and conflict management among learners.[2]

Mental Health - A learner's psychological, emotional, and social wellbeing, which influences how they think, feel, and cope with life's stresses. This study looks at mental health outcomes related to anxiety, stress, loneliness, depression, and overall psychological wellbeing.[3]

Psychological Wellbeing - A state characterized by positive mood, emotional balance, self-acceptance, and the capacity to form satisfying interpersonal relationships, which is influenced by the quality of learners' social connections.[4]

Operational Definition

Emotional Support - Expressions of empathy, encouragement, understanding, and care provided by close relationships that contribute to the learner's psychological well-being and resilience.

Communication Patterns - refer to the consistent ways in which individuals express thoughts, feelings, and information within their relationships. These patterns shape how effectively people connect, resolve conflicts, and provide support, ultimately impacting the quality of their interpersonal relationships and mental health.

Conflict Management - is the process of identifying and addressing interpersonal disagreements or tensions to reduce negative effects on mental health and promote healthy relationships.

Social Connection - refers to the feeling of closeness and belonging with others, built through relationships that provide emotional, psychological, and physical bonds. It's about feeling loved, cared for, and valued within a network of social ties. These connections can be with family, friends, or within a larger community.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents the review of related literature and studies that are directly connected to the present research. It discusses important concepts, theories, and previous findings that provide background and support to the study. By examining these sources, the chapter identifies gaps and establishes the foundation for the conduct of the current research.

Review of Related Literature

Mental Health as a Public Concern

Mental health has emerged as a pressing global issue, influencing individuals' thoughts, emotions, and behaviors. In the Philippines, Montemayor (2019) reported that approximately 3.3 million Filipinos suffer from depressive disorders, with suicide rates of 2.5 for males and 1.7 for females per 100,000. To address this, Republic Act No. 11036, also known as the Philippine Mental Health Act, was enacted to provide accessible, community-based mental health services and to promote awareness in schools and workplaces (Republic of the Philippines, 2018). These initiatives highlight the urgency of addressing mental health challenges through preventive programs and supportive systems.

The Role of Interpersonal Relationships in Mental Health

Interpersonal relationships are widely recognized as essential to psychological well-being. Stewart-Brown (2005) emphasized that relationships within families, schools, and communities form the foundation of mental health. Smith (2023) and Johnson and Lee (2022) further argued that trust, empathy, and communication in relationships foster resilience and reduce the risks of anxiety and depression. In the Filipino context, *pakikisama*—a cultural value of harmony and belonging—illustrates how social acceptance and supportive interactions enhance mental wellness. Garcia (2021) highlighted that strong family ties provide security and life satisfaction, while Williams (2020) found that healthy romantic relationships help regulate emotions and alleviate psychological distress.

Risks of Poor or Negative Relationships

Conversely, strained or negative interpersonal relationships can harm mental health. Okada, Suzue, and Jitsunari (2010) observed that high school students without confidants experienced greater hopelessness and life dissatisfaction, with boys being especially vulnerable. Brown and Davis (2019) linked negative family and peer interactions to heightened stress and depressive symptoms. Miller (2022) identified loneliness as a major risk factor for suicidal ideation, while Kim (2021) emphasized that neglect and abuse within families can lead to long-term psychological harm.

Cultural, Educational, and Developmental Influences

The influence of interpersonal relationships varies across developmental stages and cultural settings. Nguyen et al. (2023) noted that peer acceptance is particularly critical during adolescence, while family support becomes more important in adulthood. Lopez and Martinez (2022) added that cultural norms shape how individuals value and maintain relationships, which in turn affects coping strategies and mental health outcomes. In education, a 2025 comparative study revealed that the Philippines integrates mental health literacy across the K–12 curriculum more comprehensively than neighboring countries, highlighting schools as a critical context for building resilience and awareness (PMC, 2025).

Stress, Coping, and Resilience

Stress remains one of the most significant contributors to mental health challenges, particularly depression. Schneiderman, Ironson, and Siegel (2005) found that men are especially vulnerable to the psychological effects of stress. Murphy (1988) provided one of the earliest discussions on the role of coping strategies in recovery from trauma, emphasizing the importance of both personal mechanisms and external social support. More recent research continues to affirm these insights, showing that resilience is reinforced by strong interpersonal connections and social capital, which buffer the effects of stress and promote long-term well-being (Sage Journals, 2025).

Digital Age Influences

In the modern era, technology and relationships are increasingly intertwined. A 2025 study revealed that the quality of interpersonal relationships helps reduce loneliness and smartphone addiction among students, suggesting that supportive human connections remain vital despite digital reliance (Frontiers in Psychiatry, 2025).

Review of Related Studies

Global Empirical Evidence

Several empirical studies confirm the importance of interpersonal relationships in mental health. Zartaloudi (2011) reported that untreated depression often results from a reluctance to seek professional help and the absence of supportive relationships. Schneiderman et al. (2005) also found that individuals with limited social support are more prone to emotional distress. A 2024 scoping review of 64 studies on young adults showed that high-quality relationships—whether with peers, family, or romantic partners—are strongly associated with reduced distress and enhanced resilience (Open Psychology Journal, 2024).

Philippine and Asian Context

In the Philippine setting, Okada et al. (2010) found that high school students without close confidants reported higher hopelessness and dissatisfaction with life. Garcia (2021) noted that Filipino adolescents with strong family bonds experienced greater life satisfaction and fewer depressive symptoms. Williams (2020) similarly observed that romantic relationships marked by trust and open communication among young Filipino adults reduced psychological distress. Beyond the Philippines, a 2025 Sri Lankan study revealed that maintaining social connections during the COVID-19 pandemic helped reduce psychological strain (Arxiv, 2025).

Workplace and Adult Relationships

A 2023 study in India found that workplace interpersonal relationships and emotional coping strategies mediated the link between emotional intelligence and overall wellness, emphasizing the protective role of supportive bonds in adulthood (ResearchGate, 2023).

Digital Behavior and Youth Mental Health

Modern studies show that interpersonal relationships also affect digital habits. A 2025 investigation found that students with stronger social connections were less vulnerable to loneliness and smartphone dependency, illustrating how offline relationships help regulate online behaviors (Frontiers in Psychiatry, 2025).

Resilience and Cultural Traits

Finally, resilience has been identified as a key protective factor. A cross-cultural study in the Philippines and the United States showed that grit, defined as perseverance and passion for long-term goals, was positively associated with psychological well-being and negatively associated with mental distress (ResearchGate, 2021).

METHODOLOGY

This chapter presents the research design and the procedures used in the conduct of the study. It also includes the locale of the study, the respondents, the sampling procedure, the research instrument, the data gathering procedure, the ethical considerations, and the statistical treatment employed.

Research Design

This study will use a quantitative correlational research design to analyze the connection between interpersonal relationships and the mental health of learners. This design is appropriate because it helps the researcher find out if there is a relationship between the factors of interpersonal relationships—peer support, class cohesion, conflict resolution, and emotional support, and the mental health of the respondents. It is also useful in checking if demographic factors such as age, gender, and socioeconomic status affect this relationship.

Locale of the Study

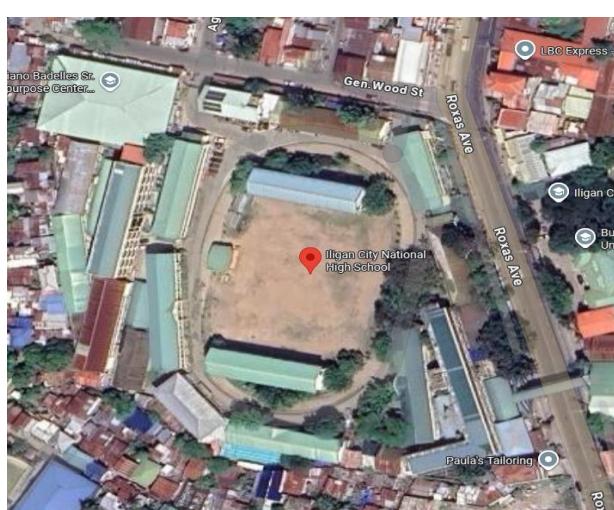


Figure 1. Map of Iligan City National High School

This research will be conducted at Iligan City National High School (ICNHS). The school has a diverse student population in terms of age, gender, and socioeconomic status, which is directly aligned with the study's focus on demographic factors influencing mental health. ICNHS offers various strands under the Senior High School program, such as Academic, TVL, and Sports, which creates opportunities for students to build different types of interpersonal relationships. These interactions make the school an ideal setting to explore how communication patterns, physical and emotional support, and conflict management affect mental health. The school also has an active Guidance and Counseling Office that addresses students' psychological and emotional concerns. This shows the school's recognition of the importance of student mental health, making it a suitable environment for analyzing the connection between interpersonal relationships and mental well-being. In addition, ICNHS is known for its large campus and student-centered activities that encourage collaboration, peer bonding, and teamwork. These features provide meaningful contexts for observing how interpersonal relationships are formed and managed among senior high school students.

Participants / Respondents

There will be a total of 55 respondents of this study who will be senior high school students who are enrolled at Iligan City National High School during the School Year 2025–2026.

They were chosen because they are within the developmental stage of adolescence and young adulthood, where interpersonal relationships and mental health are considered most significant.

The profile of the respondents will include age (16-20), gender, and socioeconomic status, which will be considered in analyzing how interpersonal relationships are connected to students' mental well-being.

Sampling Procedure

A simple random sampling method will be employed to select participants who are willing participants to the presented questionnaire. This approach is chosen due to its involvement in selecting participants indiscriminately, ensuring no selection bias will not take place in the research. The study will include willing groups of students from all around Iligan City National Highschool, representing themselves as one individual instead of a group in order to capture a broader range of perspectives and understandings. The target is to include at least 55 willing participants from all around ICNHS, thus enhancing the validity and complexity of the findings within the standards of the study.

Data Gathering

The data for this study will be gathered using a structured questionnaire that focuses on the connection between interpersonal relationships and mental health among students. The following steps will be followed:

Preparation of the Instrument

The researcher will prepare a questionnaire titled "Interpersonal Relationships and Mental Health Among Senior High School Learners." This questionnaire includes sections on demographic information, interpersonal relationship factors, mental health status, demographic moderating influences, and perceived strategies or interventions.

Securing Permission

Prior to data collection, permission will be sought from the respective class presidents and advisers, school authorities or institution administrators to conduct the study and administer the questionnaire among students.

Informed Consent and Confidentiality

Participation will be voluntary. Respondents will be informed about the purpose of the research, the confidentiality of their responses, and their right to withdraw at any time without any penalty.

Pilot Testing

The questionnaire will be pilot-tested with a small group of learners to ensure clarity, relevance, and reliability of the questions. Any necessary adjustments will be made based on the pilot test results.

Distribution of the Questionnaire

Upon approval, the researcher, with the assistance of school staff if needed, will distribute the questionnaires to the voluntary respondents during scheduled school sessions. The respondents will be provided instructions on how to complete the questionnaire and assured of confidentiality.

Completion and Collection

Respondents will be given adequate time (approximately 10-20 minutes) to complete the questionnaire. Once the respondent is finished, the researcher or an assigned school personnel will collect all completed questionnaires promptly to avoid data loss.

Data Handling and Storage

Collected questionnaires will be reviewed for completeness and accuracy. All data will be securely stored, with access limited to the researcher to ensure privacy and confidentiality.

Instrument Used

The instrument utilized for this study titled “Interpersonal Relationships and Mental Health Among Senior High School Learners” was a structured questionnaire divided into seven key sections designed to comprehensively assess the influence of interpersonal relationships on the mental health of senior high school learners. Each section used a standardized 5-point Likert scale (Strongly Disagree to Strongly Agree) for items assessing interpersonal relationship constructs and mental health dimensions.

Section 1: Demographic Information

This section gathered essential participant background data, including age, gender, and socioeconomic status (parental income). These variables were included to explore their potential moderating effects on the relationship between interpersonal relationships and mental health outcomes.

Section 2: Physical Support

This section assessed the degree of physical support perceived by the students from their families and friends. Statements were designed to measure the availability and effectiveness of such support in helping students cope with emotional distress and stressful situations.

Section 3: Emotional Support

This section assesses the degree of emotional support perceived by the students from their families and friends. Statements were designed to measure the availability and effectiveness of such support in providing comfort, understanding, and reassurance during times of emotional distress and challenges.

Section 4: Communication Patterns

Focusing on students’ communication experiences, this section measured the openness, understanding, and comfort level students have when expressing thoughts and emotions within their interpersonal relationships. Effective communication was viewed as a vital component influencing mental health.

Section 5: Conflict Management

This section evaluated how students handle conflicts in their relationships, including their communication approaches to prevent or resolve disputes as well as the perceived emotional impact of such conflicts on their mental well-being.

Section 6: Psychological Well-being

Statements in this section were intended to capture students' overall mental health status and the influence of various interpersonal relationship factors (support, communication, conflict) on their psychological stability, emotional resilience, and feelings of anxiety or sadness.

Section 7: Additional Open-Ended Question

An optional qualitative question allowed respondents to describe their perceptions of how demographic factors such as age, gender, and socioeconomic status affect the support they receive and their mental health. This section aimed to provide richer, explanatory data complementing the quantitative results.

This comprehensive and structured survey design supports the quantitative methodology of the study by enabling systematic data collection and robust statistical analysis. It ensures that the results are objective, reliable, and generalizable within the target population.

RESEARCH ETHICS

The researchers will respect the rights and dignity of all respondents throughout the study. Participation will be voluntary, and no student will be forced or pressured to take part in the survey. Before answering, respondents will be informed about the purpose of the study and how their data will be used. They will also have the right to refuse or withdraw from the study at any time without any penalty.

All responses will be treated with strict confidentiality. The names of the respondents will not be written on the questionnaires to protect their identities. Instead, codes will be used when tabulating the data to ensure anonymity.

Statistical Treatment of The Data

This study used both descriptive and inferential statistics to analyze the data gathered from the respondents. Descriptive statistics were applied to present the demographic profile and responses, while inferential statistics were used to test significant differences and determine the relationship between variables.

1. Descriptive Statistics

Frequency and Percentage

Used to describe the demographic profile of the respondents in terms of age, gender, and educational level.

$$P = \frac{f}{N} \times 100$$

Where:

P = percentage

f = frequency

N = total number of respondents

To summarize categorical data such as age groups, gender, education, and strategies used.

b. Weighted Mean

Used to determine the level of interpersonal relationships and the level of mental health and wellbeing.

$$\bar{X} = \frac{\sum fx}{N}$$

Where:

f = frequency

x = weight of response

N = total number of responses

To calculate average scores on Likert-scale items (e.g., support, communication, mental health statements).

c. Standard Deviation

$$s = \sqrt{\frac{1}{n-1} \sum_{i=1}^n (x_i - \bar{x})^2}$$

Measures variability/spread of responses, important to know how consistent or spread responses are

Why:

These provide a summary of the central tendency and dispersion of your data, helping to understand the overall patterns and distributions of responses.

2. Inferential Statistics

a. t-Test

Compare mean effectiveness ratings between two demographic groups.

$$t = \frac{\bar{d}}{s_d / \sqrt{n}}$$

Where:

- \bar{d} = mean of the differences between paired observations
- s_d = standard deviation of the differences
- n = number of paired observations

b. Correlation Coefficient

Used to measure the degree of relationship between the two main variables of the study (e.g., interpersonal relationships and mental health).

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n\sum x^2 - (\sum x)^2][n\sum y^2 - (\sum y)^2]}}$$

Compare mean scores between two groups (e.g., male vs. female, or those who have used counseling vs. those who have not)

0.00 – 0.19	Very Weak	Almost no relationship between the variables
0.20 – 0.39	Weak	Low relationship between the variables
0.40 – 0.59	Moderate	Noticeable but not strong relationship
0.60 – 0.79	Strong	High relationship between the variables
0.80 – 1.00	Very Strong	Very high relationship, almost perfect correlation

Why: To assess if there are statistically significant differences in perceptions or outcomes by groups.

3. Thematic Data Analysis

Understand what respondents say in their own words about how demographics influence support/communication and any other strategies they specify.

1. Extract text responses from open-ended questions.
2. Assign codes to meaningful segments.
3. Group codes into themes related to demographics and mental health strategies.

Presentation, Analysis, And Interpretation Of Data

This chapter provides the presentation of statistical data relative to the problems posited. The said data were presented in tabular form in accordance with the specific questions posited on the statement of the problem.

Section 1: Demographic Information

TABLE 1 Age of Respondents

AGE	FREQUENCY	PERCENTAGE	RANK
Under 16	0	0%	4
16-17 Years Old	36	66.7%	1
18-19 Years Old	18	33.3%	2
20 and above	0	0%	3
TOTAL	54	100%	

In this table most respondents (66.7%) are aged 16-17, typical of senior high school students, which is important as different adolescent stages may influence how interpersonal relationships affect their mental health, followed by 33.3% who are 18-19 years old. No respondents are under 16 or 20 and above.

TABLE 2 Gender of Respondents

GENDER	FREQUENCY	PERCENTAGE	RANK
Male	24	44.4%	2
Female	30	55.6%	1

Prefer not say	0	0%	3
TOTAL	54	100%	

Females represent 55.6% of respondents, while males represent 44.4%. No respondents chose “prefer not to say.”. Gender differences matter because social interactions and mental health experiences can vary between males and females in adolescence.

TABLE 3 Parental Income

PARENTAL INCOME	FREQUENCY	PERCENTAGE	RANK
Low	25	46.3%	2
Medium	28	51.9%	1
High	1	1.8%	3
TOTAL	54	100%	

More than half of the respondents’ parents have a medium income (51.9%), followed by 46.3% with low income, and only 1.8% with high income. Economic status can impact mental health and social relationships by affecting stress levels and access to social resources.

SECTION 2: PHYSICAL SUPPORT

PIE CHART 1: My family and friends help me with tasks when I need assistance.

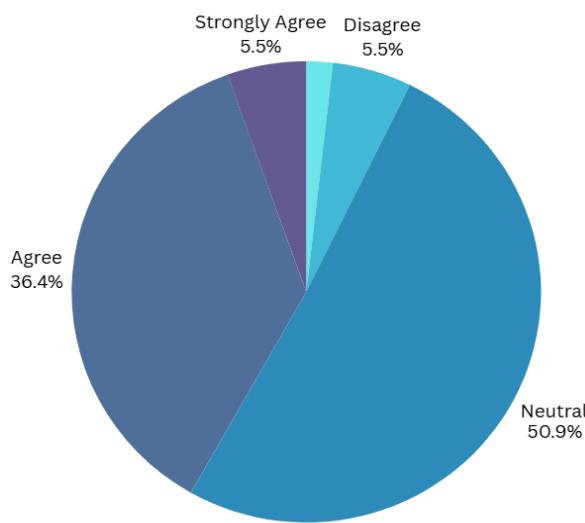


TABLE 4: My family and friends help me with tasks when I need assistance.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
My family and friends help me with tasks when I need assistance.	1	3	28	20	3

This chart and table shows that a large portion of the respondents 50.9% answered neutral, while 36.4% responded in agreement. With the final two disagreeing and strongly agreeing being tied for 5.5% of the votes.

Their responses imply that the amount of assistance loved ones seem to be helpful, the amount is believed to be random, and infrequent.

PIE CHART 2: I feel that others are physically present to support me during difficult times.

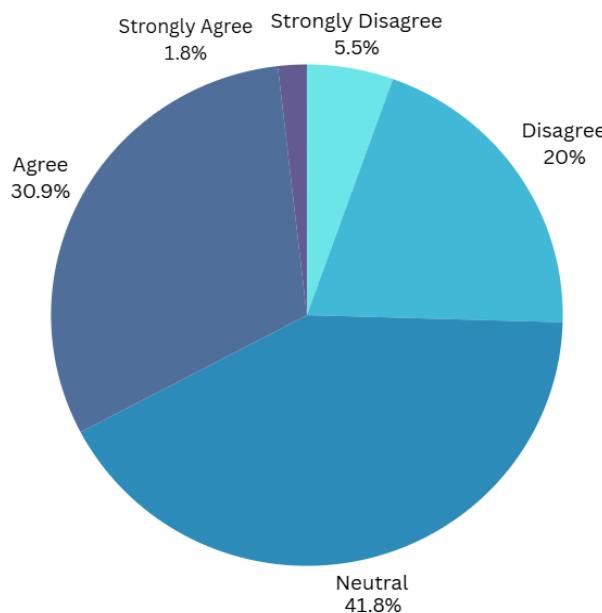


TABLE 5: I feel that others are physically present to support me during difficult times.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I feel that others are physically present to support me during difficult times.	3	11	23	17	1

This chart and table shows that a large portion of the respondents 41.8% answered neutral, while 30.9% responded with agreement. 20% chose to disagree, with the 5.5% picking strongly disagree, and 1.8% choosing to pick strongly agree. These responses imply that their choices are commonly varied in results with contrasting beliefs and uncertainty being its highlight.

PIE CHART 3: I receive practical help from those close to me when I am stressed or overwhelmed.

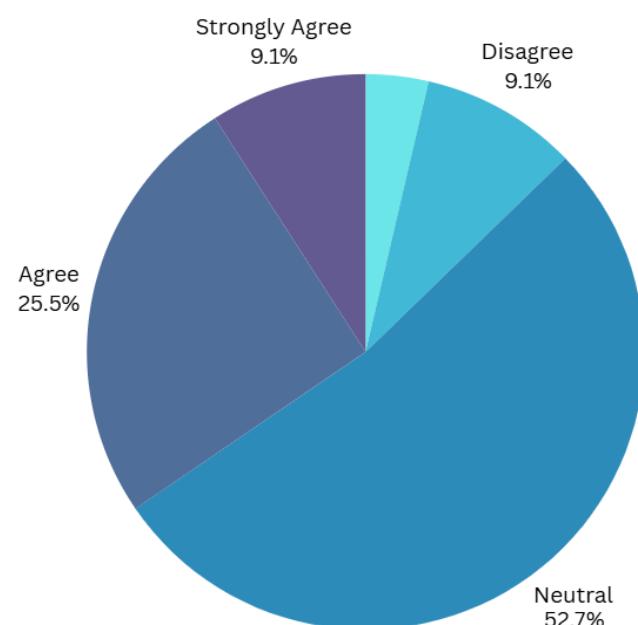


TABLE 6: I receive practical help from those close to me when I am stressed or overwhelmed.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I receive practical help from those close to me when I am stressed or overwhelmed.	2	5	29	14	5

This chart and table shows that a large portion of the respondents 52.7% answered neutral, while 25.5% responded with agreement. 20% chose to disagree, and both teams strongly agree and disagree having 9.1% votes respectively. The final group strongly disagrees, making up 3.6%. The results show a common occurrence in experience yet offer varied results and uncertainty in one's belief of their benefit in their experiences.

SECTION 3: EMOTIONAL SUPPORT

PIE CHART 4: People close to me listen and understand my feelings.

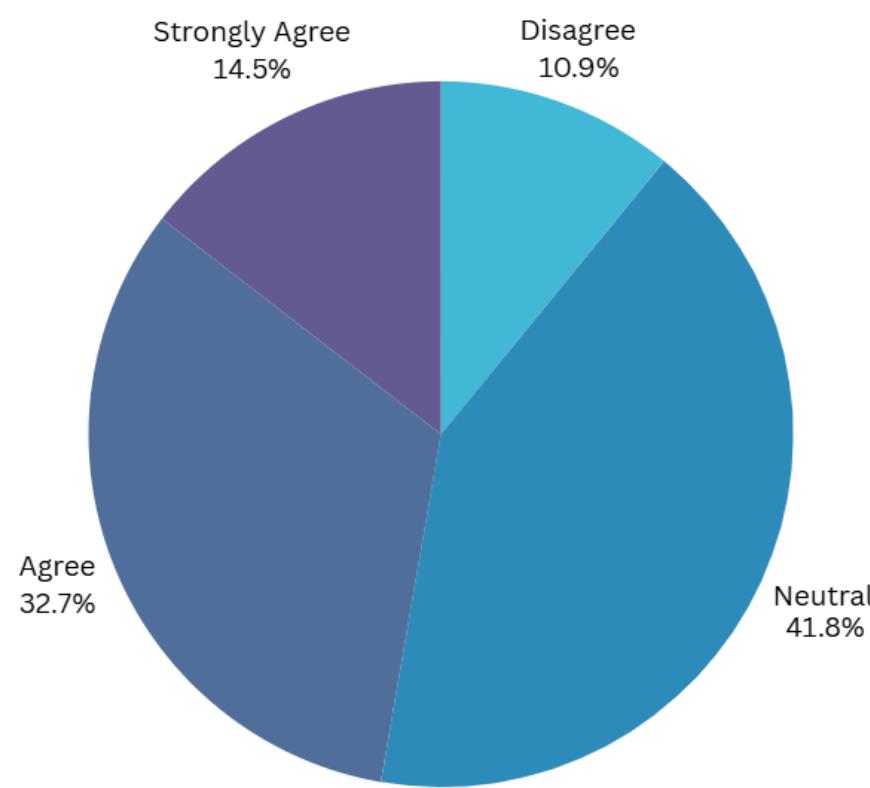


TABLE 7: People close to me listen and understand my feelings.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
People close to me listen and understand my feelings.	0	6	23	18	8

This chart and table shows that a large portion of the respondents 41.8% answered neutral, while 32.7% responded with agreement. Only 14.5% indicated strongly agree, and the smallest respondents 10.9% answering disagree. Their responses imply that

These traits of behaviors, although common in nature, are heavily consistent on individual circumstances, and effect on motivation levels.

PIE CHART 5: When I am upset, there is someone who offers me comfort.

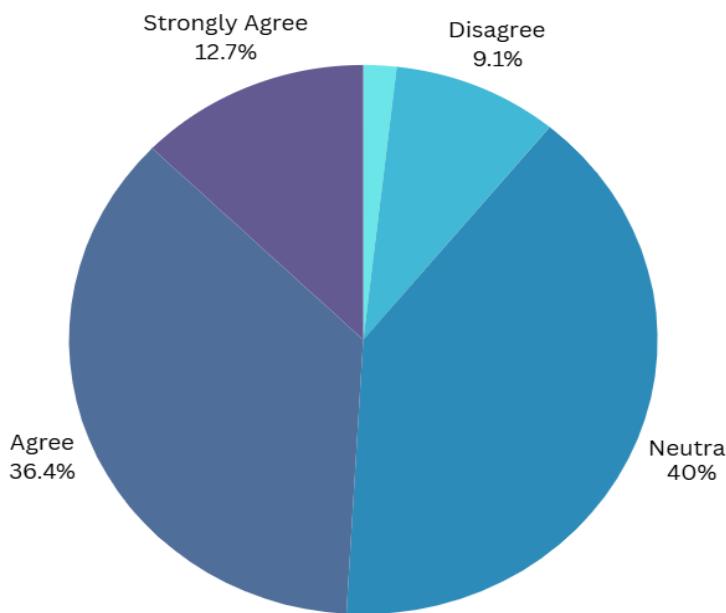


TABLE 8: When I am upset, there is someone who offers me comfort.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
When I am upset, there is someone who offers me comfort.	1	5	22	20	7

This chart and table shows that a large portion of the respondents 40% answered neutral, while 36.4% responded with agreement. Only 12.7% indicated strongly agree, and the smallest respondents 9.1% answering disagree. Their responses

Highlight the fact that although the traits of behaviors are commonly found, they are heavily consistent on individual experiences, and the level of motivation

CHART 6: I feel emotionally supported by my family and friends.

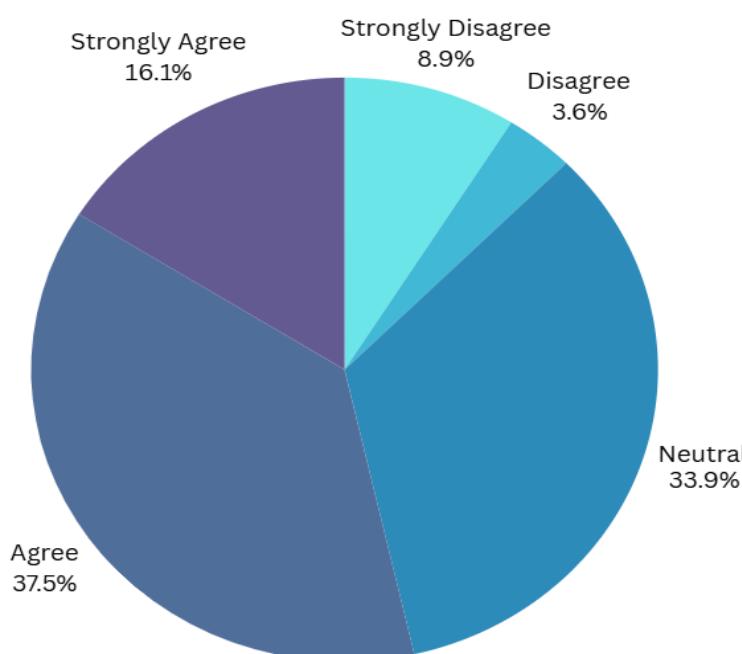


TABLE 9: I feel emotionally supported by my family and friends.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I feel emotionally supported by my family and friends.	5	2	19	21	9

This chart and table shows that a large portion of the respondents 37.5% answered agree, while 33.9% responded with neutral. 16.2% chose strongly agree, with the 8.9% picking strongly disagree, and 1.8% choosing to pick disagree. These responses imply that the answers given are of varied and of positive degree.

SECTION 4: COMMUNICATION PATTERNS

CHART 7: I can openly express my thoughts and feelings to my friends.

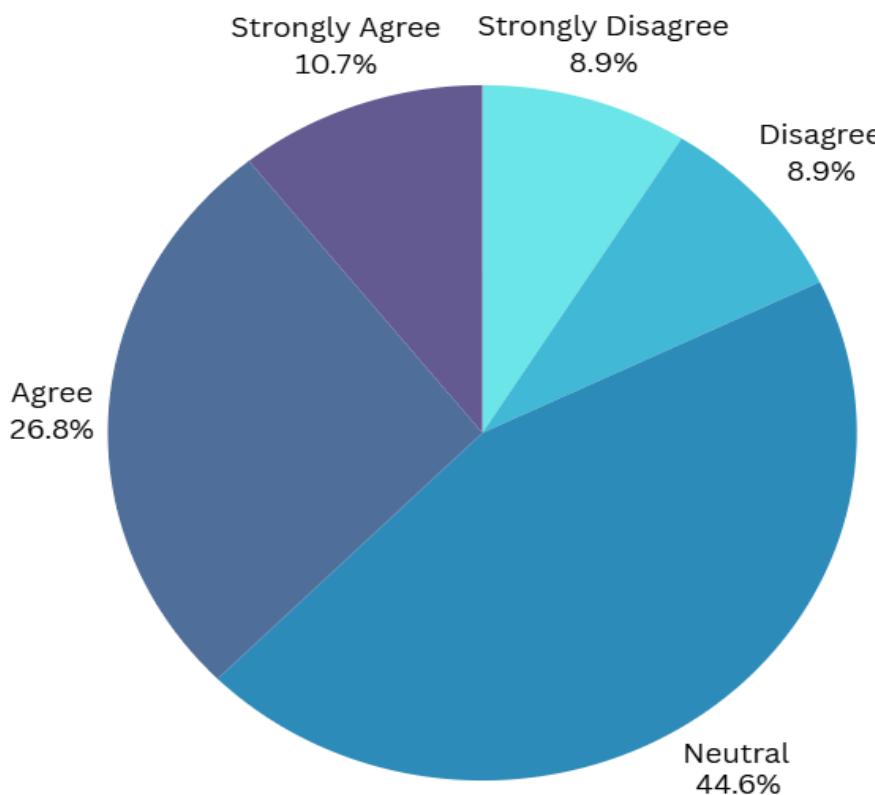


TABLE 10: I can openly express my thoughts and feelings to my friends.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I feel emotionally supported by my family and friends.	5	5	25	15	6

This chart and table shows that a large portion of the respondents 44.6% answered neutral, while 26.8% responded with agreement. 10.7% chose strongly agree, with both 8.9% respondents respectively picking strongly disagree and disagree. These responses, albeit common to be seen, are varied and uncertain in nature, highlighted by the majority being neutral in their belief.

CHART 8: My family listens to and understands me when I share my concerns.

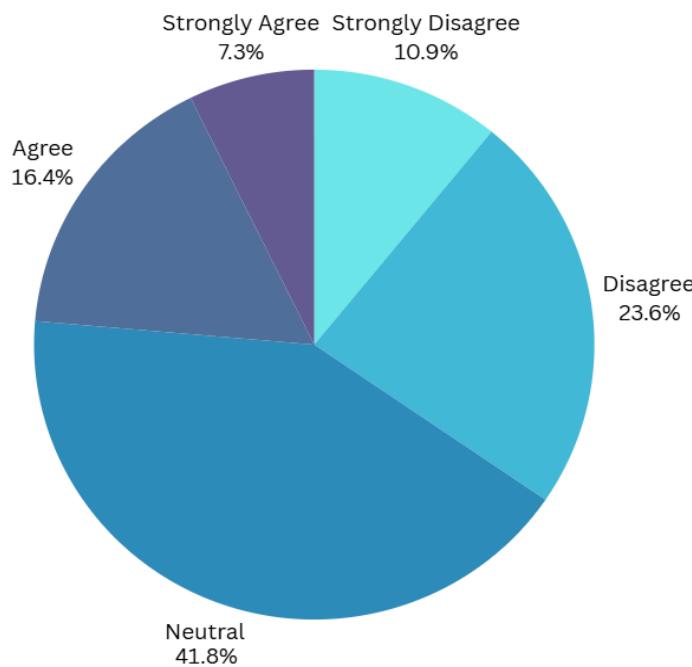


TABLE 11: My family listens to and understands me when I share my concerns.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
My family listens to and understands me when I share my concerns.	6	13	23	9	4

This chart and table shows that a large portion of the respondents 41.8% answered neutral, while 23.6% responded with disagreement. 16.4% chose to agree, while 10.9% respondents strongly disagreed, and lastly, 7.3% strongly agreed. These responses highlight the major doubt between the trust and understanding between parent and child in regards to mental health.

CHART 9: I feel comfortable talking about my emotions with others.

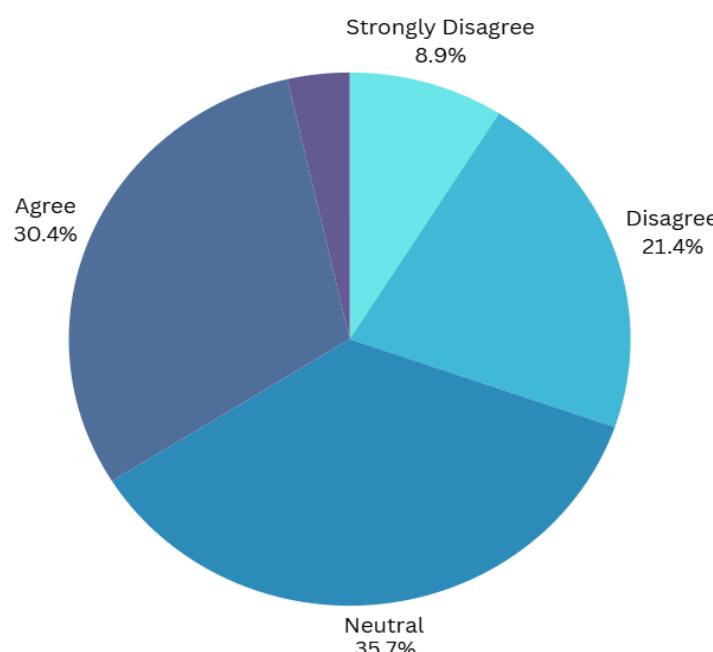


TABLE 12: I feel comfortable talking about my emotions with others.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I feel comfortable talking about my emotions with others.	5	12	20	17	2

This chart and table shows that a large portion of the respondents 35.7% answered neutral, while 30.4% responded with agreement. 21.4% chose to disagree, while 8.9% respondents strongly disagreed, and lastly 3.6% chose strongly to agree. Their responses imply that despite the commonality that these habits and behaviors exhibit, it depends heavily on a person's varied belief, personality and mental state for them to express to others their feelings the same.

SECTION 5: CONFLICT MANAGEMENT

CHART 10: I avoid conflicts by communicating effectively.

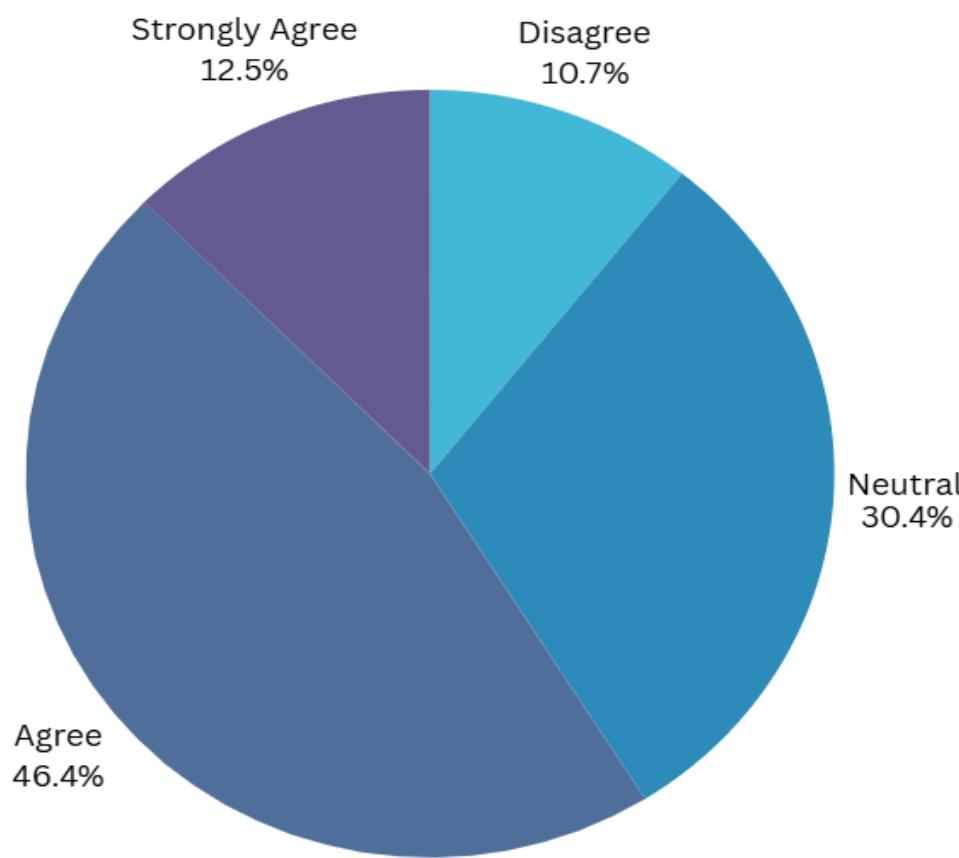


TABLE 13: I avoid conflicts by communicating effectively.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I avoid conflicts by communicating effectively.	0	6	17	26	7

This chart and table shows that the majority of the respondents 46.4% answered with agreement, while 30.4% responded with neutral. Only 14.5% indicated strongly agree, and the smallest respondents 10.7% answering disagree. These responses show the belief in independent problem solving through communication or action.

CHART 11: When conflicts arise, I try to calmly find a solution.

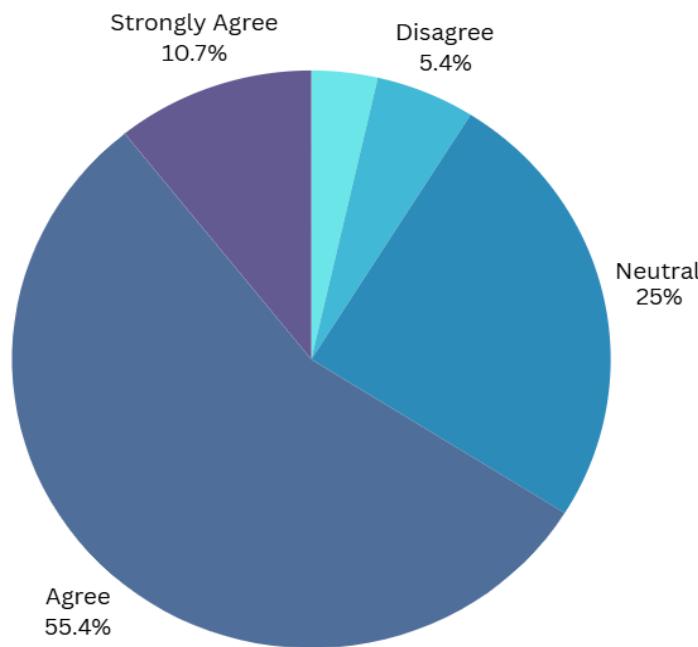


TABLE 14: When conflicts arise, I try to calmly find a solution.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
When conflicts arise, I try to calmly find a solution.	2	3	14	31	6

This chart and table shows that the largest portion of the respondents 55.4% answered agree, while 25% responded with neutral. 10.7% chose to strongly agree, while 5.4% of respondents chose to disagree, and lastly 3.5% chose strongly disagree. Their responses imply that despite the commonality that these habits and behaviors exhibit, it depends heavily on a person's belief, personality and mental state for them to assess their situation in varied ways .

CHART 12: Conflicts with friends or family affect my mental well-being.

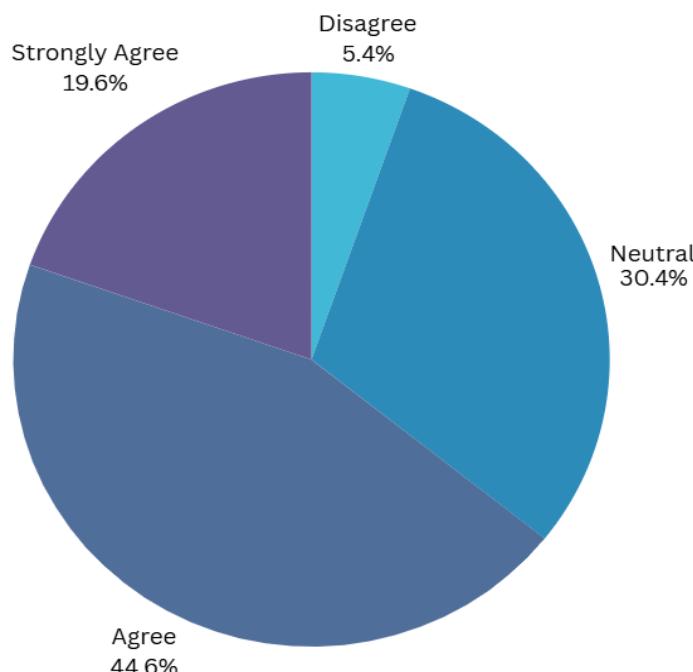


TABLE 15: Conflicts with friends or family affect my mental well-being.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Conflicts with friends or family affect my mental well-being.	0	3	17	25	11

This chart and table shows that the majority of the respondents 44.6% answered with agreement, while 30.4% responded with neutral. 19.6% indicated strongly agree, and the smallest respondents 5.4% answering disagree. These responses highlight the commonality of such events and how it can negatively affect others as they develop.

SECTION 6: PSYCHOLOGICAL WELL-BEING

CHART 13: Positive relationships with others contribute to my mental well-being.

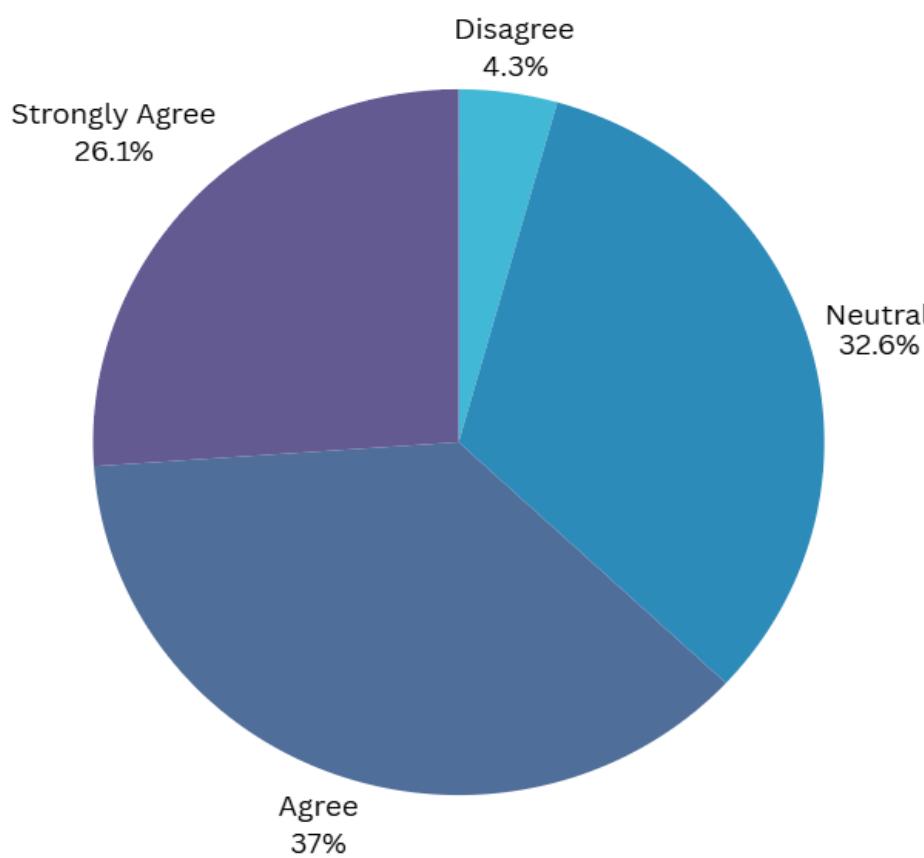


TABLE 16: Positive relationships with others contribute to my mental well-being.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Positive relationships with others contribute to my mental well-being.	0	2	15	27	12

This chart and table shows that the largest portion of the respondents 37% answered with agreement, while 32.6% responded with neutral. 26.1% indicated strongly agree, and the smallest respondents 4.3% answering disagree. Their responses displays the need for communication and companionship to stimulate growth in one's wellbeing

CHART 14: Poor communication or unresolved conflicts negatively affect my mental health.

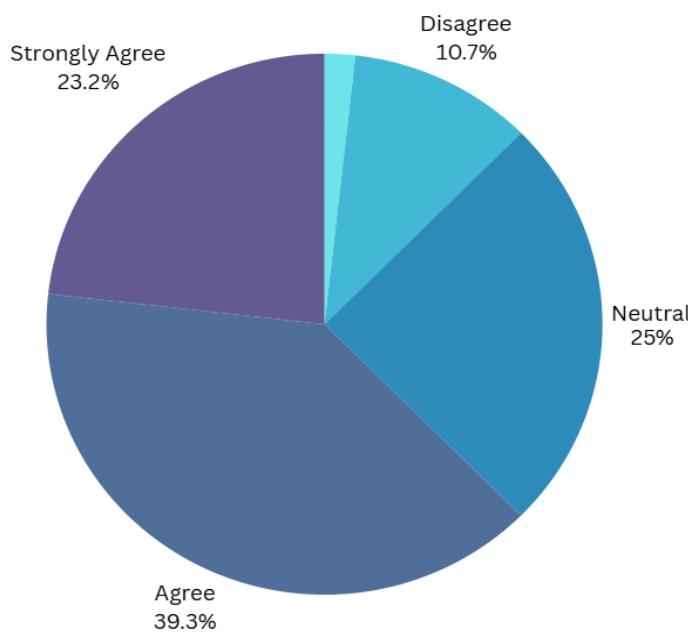


TABLE 17: Poor communication or unresolved conflicts negatively affect my mental health.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Poor communication or unresolved conflicts negatively affect my mental health.	1	6	14	22	13

This chart and table shows that the majority of the respondents 39.3% answered with agreement, while 25% responded with neutral. 23.2% indicated strongly agree, 10.7% chose to disagree and the smallest respondents 1.8% answered strongly disagree. The responses show the frequency in occurrence and its effects on those it includes, especially in youth.

CHART 15: Receiving physical and emotional support helps reduce my feelings of anxiety or sadness.

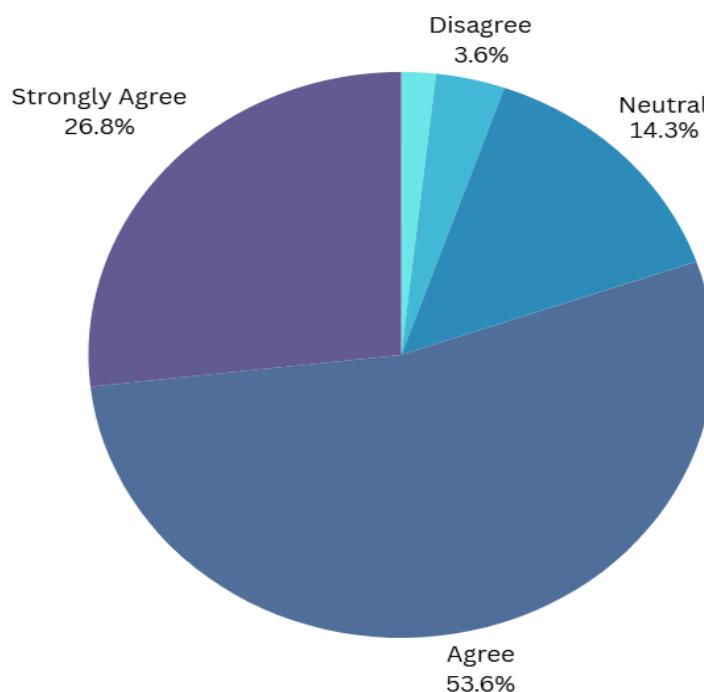


TABLE 18: Receiving physical and emotional support helps reduce my feelings of anxiety or sadness.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Receiving physical and emotional support helps reduce my feelings of anxiety or sadness.	1	2	8	30	15

This chart and table shows that the largest batch of respondents 53.6% answered with agreement, while 26.8% responded with neutral. 14.3% indicated strongly agree, 3.6% chose to disagree and the smallest respondents 1.7% answered strongly disagree. Their responses highlight the effects and exposure to these habits massively contributes to the mental wellbeing of others.

CHART 16: Overall, I consider myself emotionally stable and mentally healthy.

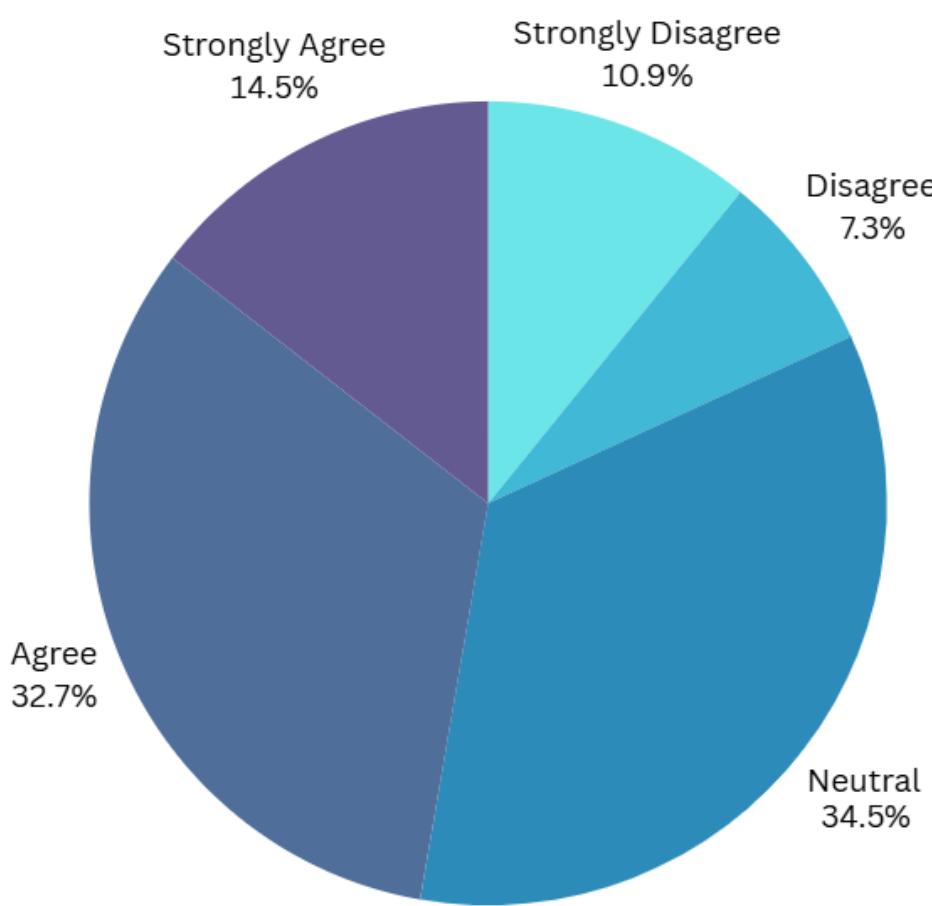


TABLE 19: Overall, I consider myself emotionally stable and mentally healthy.

QUESTION	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Overall, I consider myself emotionally stable and mentally healthy.	6	4	19	18	8

This chart and table shows that the majority of respondents 34.5% answered with neutral, while 32.7% responded with agreement. 14.5% indicated strongly agree, 10.9% strongly disagree and the smallest respondents 7.3% answered disagree. These responses imply that despite overall stable physical functionality, the mental functionality can come off as varied from person to person whether negative or positive.

SECTION 7: OPEN-ENDED QUESTIONS

TABLE 20: In your opinion, how do your age, gender, or socioeconomic background influence the support you receive and your mental health?

STATEMENT	TRANSLATION	THEME
<p>Q: In your opinion, how do your age, gender, or socioeconomic background influence the support you receive and your mental health?</p> <p>P1: I think my age, gender, and background affect how people see and support me. Sometimes, people expect me to be strong or independent, so I don't always get the help I need. But my background also taught me to be resilient, which helps me handle stress and protect my mental health.</p>		Age-related Expectations and Pressure
<p>P2: In my opinion my age now is turning 18 next year and it influences my mental health through knowing that I am older and I should probably handle those kind of stuffs that hit directly to my mental health and I know that only myself will help me to get through of that mental health issues.</p>		Age-related Expectations and Pressure
<p>P3: My age has always felt like a barrier that separates me from others. I am always seen as the older one. People tend to expect maturity, calmness, and wisdom from me—even in situations where I'm still figuring things out myself. As for gender, societal norms and gender stereotypes might affect how we express emotions or seek help. I'm not really sure how my gender affects the support I receive, but I know for sure it might influence how open I am about my emotions. And socioeconomic background, I don't always notice its effects—but I know it shapes the kind of opportunities and support I get.</p>		Age-related Expectations and Pressure
<p>P4: I think my age, gender, and background really affect the support I get and my mental health. At this age, people expect me to be mature, but I still need understanding and guidance. Being a girl sometimes means facing pressure to act or look a certain way, which can affect my confidence. Also, my family's situation influences how much support I receive, when things are hard, it can be stressful and impact my mental well-being.</p>		Age-related Expectations and Pressure
<p>P5: As an 18 year old male, my age and gender affect how people support me and my mental health. Some people expect me to be strong and not show emotions, so I don't always get the support I need. Being young, others sometimes think my problems aren't serious, which can make it harder to talk about how I feel.</p>		Age-related Expectations and Pressure

<p>P6: As a 17-year-old female, I feel that the support I receive is limited. At this age, I'm expected to be mature and responsible, but sometimes people forget that I'm still learning and growing. There's a lot of pressure placed on me from school, family, and society which can affect my mental health. Being open-minded helps, but it's still overwhelming to handle so many responsibilities at once. It feels like a lot is put on my plate, and not enough support is offered to help me manage it.</p>		<p align="center">Age-related Expectations and Pressure</p>
<p>P7: i think my age, gender, and socio background affect how much support i get and howihandle my mental health. as a teen, i sometimes feel misunderstood by adults, but having a supportive family and friends helps me cope better.</p>		<p align="center">Age-related Expectations and Pressure</p>

The responses highlight age-related expectations. Respondents shared how their age creates certain expectations and pressures that affect their mental health. Students often feel that being a certain age means they have to be mature, responsible, and strong even when they are still learning to cope with life's challenges. For example, one respondent said, "My age has always felt like a barrier that separates me from others.

TABLE 21: In your opinion, how do your age, gender, or socioeconomic background influence the support you receive and your mental health?

STATEMENT	TRANSLATION	THEME
<p>Q: In your opinion, how do your age, gender, or socioeconomic background influence the support you receive and your mental health?</p>		
<p>P8: As an 18 year old male, my age and gender affect how people support me and my mental health. Some people expect me to be strong and not show emotions, so I don't always get the support I need. Being young, others sometimes think my problems aren't serious, which can make it harder to talk about how I feel.</p>		<p align="center">Gender Norms Affecting Emotional Expression</p>
<p>P9: Gender expectations affect mental health a lot, men are often told not to show emotion, while women are sometimes labeled as "too emotional." Either way, both can feel misunderstood and unsupported.</p>		<p align="center">Gender Norms Affecting Emotional Expression</p>
<p>P10: I think age gender, and socioeconomic background really affect the support people get and their mental health. For example, young people aren't always taken seriously, men might feel pressured to hide their feelings, and those with fewer resources often struggle to get proper help. These factors can really shape how someone deals with stress and whether they reach out for support.</p>		<p align="center">Gender Norms Affecting Emotional Expression</p>

P11: When it comes to my age, 17 I'm still figuring things out. With gender it really depends on how people see me, some expect me to act or feel certain ways, which can mess with my mental health if I don't fit into those ideas		Gender Norms Affecting Emotional Expression
P12: I think my age, gender, and family background affect the kind of support I receive and my mental health. As a student, being young means I still depend on my family and friends for emotional help. My gender can also influence how people treat me or expect me to act.		Gender Norms Affecting Emotional Expression

Respondents shared that gender expectations influence how emotions are shown and the kind of support they get. For example, boys often feel pressured to stay strong and hide their feelings, while girls are sometimes seen as "too emotional." These ideas come from society's ideas about how boys and girls should act, which can make it hard for both to express what they truly feel. These gender roles affect mental health because if people don't express their emotions freely, they may not get the support they need.

TABLE 22: In your opinion, how do your age, gender, or socioeconomic background influence the support you receive and your mental health?

STATEMENT	TRANSLATION	THEME
<p>Q: In your opinion, how do your age, gender, or socioeconomic background influence the support you receive and your mental health?</p> <p>P13: Honestly, being a 17-year-old girl from a low-income background makes getting support for my mental health a real struggle. People often don't take my problems seriously because of my age, and as a woman, I feel like I need to be strong and not burden others. But the biggest thing is definitely the money. My family is always stressed about bills, so I feel guilty asking for help.</p>		Socioeconomic Status
<p>P14: To me, nothing affects my health more than money problems do, as most of my problems all circle back to financials in the end</p>		Socioeconomic Status
<p>P15: malaki ang effect ng age, gender, at social status sa mental health, minsan hindi sineseryoso yung nararamdam ko, at ang hirap mag-reach out lalo na kung kulang sa support at pera</p>	Age, gender and social status have a big effect on mental health, sometimes my feelings are not taken seriously, and it is hard to reach out especially when I am short on money.	Socioeconomic Status

These responses highlight how poverty and lack of resources increase stress and limit access to help, which can worsen mental health. "Being a 17-year-old girl from a low-income background makes getting support a real struggle,".

TABLE 23: In your opinion, how do your age, gender, or socioeconomic background influence the support you receive and your mental health?

STATEMENT	TRANSLATION	THEME
Q: In your opinion, how do your age, gender, or socioeconomic background influence the support you receive and your mental health?		
P17: from the support that i received from the people that i know and to my mental health is alright i dont have that many conflicts since i avoid them even though i am a high tempered person and since im a teenager im still trying to learn things on how to have composure and physical and mental well-being throughout my entire life		Personal Resilience and Coping

Some people said they are strong enough to handle problems even if others don't support them. They believe their own strength helps them get through tough times and keep their mental health okay. Overall, some students believe their own ability to cope is crucial in maintaining good mental health, even when external support is limited.

TABLE 24: Distribution of the Key Theme: Age-related Expectations and Pressure

Theme	Frequency	Percentage
Age-related Expectations and Pressure	7	41.2%

This theme has the highest frequency and percentage, indicating that age-related expectations and pressure are the most commonly experienced or mentioned issue among participants. It suggests that individuals may feel pressured by society, family, or peers to meet certain milestones or achievements at a particular age (e.g., completing education, finding a job, or starting a family). This finding highlights how societal norms regarding age can significantly influence people's emotions, decisions, and self-perception.

TABLE 25: Distribution of the Key Theme: Gender Norms Affecting Emotional Expression and Support

Theme	Frequency	Percentage
Gender Norms Affecting Emotional Expression and Support	5	29.4%

This table shows that nearly one-third of the participants experienced the impact of gender norms on how they express emotions and seek support. It implies that cultural expectations about masculinity or femininity may limit individuals' ability to express vulnerability or ask for help. For instance, men may feel pressured to suppress emotions, while women may be expected to display empathy and emotional openness. This highlights the ongoing influence of gender stereotypes on emotional well-being and interpersonal relationships.

TABLE 26: Distribution of the Key Theme: Socioeconomic Status

Theme	Frequency	Percentage
Socioeconomic Status	3	17.6%

Well, although less frequently mentioned socioeconomic status shows that a smaller but notable portion of participants identified financial or class-related issues as affecting their experiences. This could relate to differences in access to education, healthcare, or emotional support depending on one's economic background. The data suggests that while not the dominant theme, economic inequality still plays a significant role in shaping individuals' stress, opportunities, and coping capacity.

TABLE 27: Distribution of the Key Theme: Personal Resilience and Coping

Theme	Frequency	Percentage
Personal Resilience and Coping	2	11.8%

This subject has the lowest frequency, indicating that fewer participants explicitly discussed personal resilience and coping mechanisms. However, its inclusion suggests that despite pressures and challenges from age, gender norms, or socioeconomic factors, some individuals demonstrate the ability to adapt, stay positive, and manage difficulties effectively. This theme adds a hopeful and strength-based dimension to the findings, showing that personal resilience still emerges amid external pressures.

SUMMARY, CONCLUSION, RECOMMENDATIONS

Summary

This study, titled "An Analysis of the Connection Between Interpersonal Relationships and Mental Health of Senior High School Students at Iligan City National High School" aimed to analyze the connection between interpersonal relationships and the mental health of senior high school students. The research focused on how physical and emotional support, communication patterns, and conflict management can either positively and negatively affect relationships with family, friends, classmates, and teachers can affect students' emotional well-being and mental state.

The findings showed that students who have strong and supportive relationships tend to feel happier, more confident, and less stressed. In contrast, those who experience conflicts, lack of communication, or isolation often show signs of anxiety, sadness, or low self-esteem. The study also revealed that peer relationships play a big role in shaping students' mental health since they spend most of their time with classmates and friends in school.

Conclusion

The results of this study show that interpersonal relationships have an important effect on the mental health of senior high school students. When students experience positive relationships filled with love, physical and emotional support, trust, clear communication patterns, and effective conflict management, they tend to feel more emotionally stable and motivated in their daily lives. These healthy interactions create a supportive environment that helps them cope with challenges. On the other hand, students who have poor relationships or face communication problems and unresolved conflicts often experience higher levels of stress, loneliness, and other mental health difficulties. This highlights how crucial good interpersonal connections are for the overall well-being of high school learners.

Recommendations

Based on the conclusion of the study, the following recommendations can be made;

1. For Students:

Maintain open communication and healthy friendships. Avoid toxic relationships and seek help from friends, teachers, or counselors when feeling emotionally down.

2. For Teachers:

Create a supportive and understanding classroom environment. Encourage teamwork, kindness, and respect among students to help them develop positive connections.

3. For Parents:

Spend quality time with your children and listen to their concerns. Emotional support from family is important for a student's mental health.

4. For Schools:

Implement programs or seminars about mental health awareness and relationship-building skills to help students manage stress and emotions properly.

5. For Future Researchers:

Conduct further studies using larger samples or include other factors such as social media influence or family background to understand more about the relationship between mental health and interpersonal connections.

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3. We also give special thanks to our respondents, the Senior High School student, for their willingness and time to participate in this research. Your honest answers and cooperation were vital to the success of our study.
4. To our parents and families, we are deeply grateful for your unconditional love, patience, and support. Your encouragement and understanding motivated us to keep going, even through challenges.
5. Lastly, to our classmates and friends, thank you for your help, ideas, and teamwork that made this journey both productive and memorable.

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