

Depression, Anxiety, and Stress among Senior High School Students in a Private School in Northern Luzon

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Abstract. Senior high school students are at a developmental stage marked by increasing academic demands, social pressures, and identity formation, which may affect their emotional well-being. These conditions make adolescents particularly vulnerable to experiencing emotional distress within the school setting. This study examined the emotional states of senior high school students in a private school in Northern Luzon. Using a quantitative, descriptive-comparative research design, data were collected from 368 respondents using the Depression, Anxiety, and Stress Scale-21 (DASS-21) to assess the three dimensions of emotional states, namely depression, anxiety, and stress. Findings revealed that students generally experience elevated levels of emotional distress. Anxiety emerged as the most prevalent emotional concern, with a majority of respondents falling under the extremely severe category (67.90%). Depression was also notably present, with many students classified under moderate (28.50%) to extremely severe (28.80%) levels, while stress was found to be moderate to severe (26.10-27.70%) among the respondents. In terms of differences, the results indicated a statistically significant difference in emotional states when grouped according to sex, with female students consistently reporting higher levels of depression (MR= 196.03), anxiety (MR= 207.58), and stress (MR= 200.40) compared to male students (MR= 171.07; 157.62; 165.98). On the other hand, no significant differences were found when respondents were grouped according to academic strand, family structure, and socioeconomic status. The findings suggested that emotional distress is a widespread concern among senior high school students and is not limited to specific demographic groups. This highlights the need for comprehensive and inclusive school-based mental health programs that address the emotional well-being of students and equip them with effective coping strategies. The study provides a basis for the development of targeted psychological intervention programs in the school setting.

Keywords: adolescents; depression; anxiety; stress; senior high school students

Introduction

Depression, anxiety, and stress have become significant concerns among adolescents because these symptoms may affect their academic engagement, interpersonal relationships, decision making, and ability to manage daily responsibilities. Studies have shown that psychological distress frequently emerges during adolescence and may be influenced by developmental, social, academic, and environmental factors (Loades et al., 2020; Racine et al., 2021; World Health Organization, 2025). These concerns highlight the need for schools to identify students who may require timely and appropriate psychological support.

Adolescence is marked by considerable physical, emotional, cognitive, and social development. For senior high school students, generally aged 16 to 18 years, this period also involves increased academic responsibilities, identity exploration, changing social relationships, career preparation, and expectations from families and schools. Although these experiences may promote personal development, they may also contribute to depression, anxiety, and stress when students experience difficulty managing multiple demands (Wang et al., 2021; Graves et al., 2021; Hashmi & Fayyaz, 2022).

Academic pressure is among the factors commonly associated with psychological distress among students. Excessive academic demands may affect concentration, motivation, sleep, social participation, and academic performance (Pascoe et al., 2020; Dela Noche, 2024). Adolescents may also be particularly vulnerable because their emotional regulation and coping abilities are still developing, while they are expected to manage academic, personal, and social responsibilities with increasing independence (Aridhona et al., 2026; Graves et al., 2021).



Early identification and intervention may prevent psychological concerns from becoming more severe and may reduce their possible long-term effects (Martínez et al., 2023). School based programs involving families, educators, guidance personnel, and health professionals may also help students develop healthier coping strategies, resilience, and emotional regulation skills (Beckman et al., 2023; Pokhrel, 2024). Assessing students' depression, anxiety, and stress may therefore provide useful evidence for strengthening guidance services and developing interventions that respond to their identified needs.

Emotional well-being is a broad and multidimensional concept involving positive emotions, life satisfaction, resilience, psychological functioning, self-acceptance, personal growth, and the ability to maintain healthy relationships (Langeland, 2022; Park et al., 2022; Budler, 2025). The World Health Organization (2025) similarly explains that mental well-being includes the ability to manage stress, realize one's potential, maintain meaningful relationships, and contribute to the community.

The present study, however, did not assess emotional well-being in its entirety. It specifically measured the negative emotional symptoms of depression, anxiety, and stress using the Depression, Anxiety, and Stress Scale–21. These symptoms represent selected dimensions related to psychological functioning and should not be interpreted as a complete measure of emotional well-being or as clinical diagnoses.

Positive emotional responses, adequate sleep, regular physical activity, social support, and life satisfaction may help students manage stress and maintain better psychological functioning (Pascoe et al., 2020; Nogueira & Sequeira, 2024; Tuck et al., 2025). In contrast, persistent depression, anxiety, and stress may interfere with academic performance, relationships, motivation, and daily functioning. Although manageable levels of pressure may encourage students to focus on academic responsibilities, excessive symptoms may impair concentration, memory, and participation and may contribute to procrastination and social withdrawal (Cebu et al., 2023; Dela Noche, 2024).

International studies have reported varying levels of psychological distress among adolescents. Gautam and Paudel (2025) found that a substantial proportion of adolescents experienced moderate stress, while Zhou et al. (2023) identified adolescence as a period associated with considerable emotional and psychological challenges. Karki (2022) also reported that depression, anxiety, and stress remain important causes of illness and disability among young people. Although prevalence levels differ across populations and settings, these findings support the need for continuous assessment and accessible mental health support.

Philippine studies have likewise documented depression, anxiety, and stress among senior high school students. Cleofas and Rocha (2021) reported that these symptoms may influence students' academic and social functioning. Baligod (2024) identified moderate depression, severe anxiety, and mild stress among senior high school students, while Delanoche and Mamba (2024) reported mild anxiety and moderate distress. These variations indicate that students' psychological experiences may differ according to their personal characteristics, educational environment, and available support systems.

Sex, academic strand, family structure, and socioeconomic status may influence students' exposure to stressors, coping resources, family support, and access to psychological services. Examining these characteristics may help determine whether particular groups experience significantly different levels of depression, anxiety, and stress. Such information may assist schools in designing more focused and equitable support programs.

The study focused on senior high school students in a private school in Northern Luzon because guidance and psychological programs should be based on evidence obtained from the specific population they are intended to serve. The selection of the setting was not based on the assumption that students in private schools experience greater pressure than those in other educational settings. Rather, the study sought to generate institution specific baseline data concerning the actual levels of depression, anxiety, and stress among students in the selected school.

Findings from international studies, other Philippine regions, or different educational settings may not fully reflect the academic, familial, social, and economic circumstances of students in the selected institution. The available studies also provide limited context specific evidence concerning differences in depression, anxiety, and stress according to sex, academic strand, family structure, and socioeconomic status among senior high school students in a private school in Northern Luzon.

The use of the DASS–21 provided a standardized approach for assessing the severity of depression, anxiety, and stress symptoms. Through this assessment, the study aimed to generate localized evidence that could guide the enhancement of school-based guidance services and the development of an appropriate psychological intervention program for senior high school students.

Research Questions

This study assessed the levels of depression, anxiety, and stress among senior high school students in a private school in Northern Luzon. Specifically, it sought to answer the following questions:

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

- 1.1. sex;
- 1.2. strand;
- 1.3. family structure; and
- 1.4. socioeconomic status?
2. What are the levels of the respondents' negative emotional symptoms in terms of:
 - 2.1 depression;
 - 2.2 anxiety; and
 - 2.3 stress?
3. Are there significant differences in the respondents' depression, anxiety, and stress scores when they are grouped according to their demographic profile?
4. Based on the findings, a guidance and psychological intervention program was proposed to address the identified needs of the respondents.

Scope and Delimitation of the Study

This study focused on examining the emotional states of senior high school students in a private school in Northern Luzon using a quantitative descriptive research design. Specifically, it assessed the levels of depression, anxiety, and stress among 368 respondents through the Depression, Anxiety, and Stress Scale-21 (DASS-21) and examined differences in emotional states when grouped according to sex, academic strand, family structure, and socioeconomic status. The study was delimited to senior high school students from the selected private school and was limited to the three dimensions measured by the DASS-21, namely depression, anxiety, and stress. As the study relied on self-reported responses, the findings represent students' reported emotional experiences and do not constitute clinical diagnoses. Other factors that may influence students' emotional well-being, including coping strategies, academic demands, social support, and personal experiences, were beyond the scope of the investigation.

Literature Review

Emotional States, Emotional Well-Being, and Mental Well-Being

Emotional states refer to individuals' immediate or relatively short-term emotional experiences in response to internal and external conditions. These states may be positive, such as enthusiasm, calmness, and satisfaction, or negative, such as sadness, fear, tension, and irritability. Emotional well-being is a broader concept that concerns how individuals experience, understand, and manage their emotions over time. It includes positive affect, life satisfaction, resilience, emotional regulation, and the ability to cope with difficulties. Mental well-being encompasses emotional well-being together with psychological functioning, social relationships, personal growth, purpose, and the ability to manage ordinary life demands (Langeland, 2022; Park et al., 2022; Cilar-Budler, 2025). Although these concepts are related, they should not be used interchangeably. A person may experience symptoms of anxiety or stress while still maintaining some aspects of emotional or mental well-being. Conversely, the absence of severe psychological symptoms does not necessarily indicate high emotional well-being. The World Health Organization (2025) emphasizes that adolescent mental health is shaped by individual, familial, social, educational, and economic conditions. Supportive relationships and environments can strengthen well-being, whereas exposure to adversity, social pressure, violence, family difficulties, and socioeconomic problems may increase vulnerability to mental health concerns. The present study examines the severity of three specific negative emotional symptoms—depression, anxiety, and stress—using the Depression, Anxiety, and Stress Scale-21, or DASS-21. Thus, the classifications of normal, mild, moderate, severe, and extremely severe should not be interpreted as clinical diagnoses of depressive, anxiety, or stress-related disorders (Lovibond & Lovibond, 1995).

Depression, Anxiety, and Stress During Adolescence

Adolescence is a formative stage marked by rapid physical, emotional, cognitive, and social development. During this period, young people establish stronger personal identities, develop increasing independence, form more complex relationships, and prepare for future educational or occupational roles. These developmental tasks may promote maturity and resilience, but they may also increase vulnerability when adolescents encounter demands that exceed their available coping resources. Globally, depression and anxiety are among the leading causes of illness and disability among adolescents, and their consequences may extend to educational functioning, relationships, physical health, and adult well-being. Research conducted among secondary-school students consistently demonstrates that depression, anxiety, and stress are present across different cultural and educational settings, although reported severity levels vary. Karki et al. (2022) found that high school students experienced different levels of all three symptoms and that these were associated with personal, family, and academic factors. Similarly, Nakie et al. (2022) identified substantial

levels of depression, anxiety, and stress among randomly selected high school students using the DASS-21. Their findings associated the outcomes with factors such as sex, social support, family history of mental illness, health conditions, and risk-related behaviors. Martínez-Líbano and Yeomans-Cabrera (2024) likewise reported elevated depression, anxiety, and stress symptoms among children and adolescents in the Chilean educational system. Their findings indicated that symptom severity was related to several personal and contextual conditions, including sex, school level, parental separation, sleep difficulties, self-esteem, and social-media use. Haritay et al. (2025), Barnawi et al. (2023), Gedda-Muñoz et al. (2023), and Prakash et al. (2024) also documented psychological symptoms among school-going adolescents. Taken together, these studies show that depression, anxiety, and stress are not isolated emotional experiences but multidimensional concerns shaped by the interaction of developmental characteristics, school experiences, family relationships, social conditions, and coping resources. Studies conducted during the COVID-19 pandemic also reflected exceptional circumstances, including quarantine, online education, social isolation, health concerns, and disruptions to family income. AlAzzam et al. (2021), for example, identified predictors of depression and anxiety among senior high school students during home quarantine and online education.

Depression Among Senior High School Students

Depression involves persistent low mood, reduced interest or pleasure, hopelessness, lack of motivation, and difficulty engaging in ordinary activities. Among adolescents, depressive symptoms may affect attendance, participation, concentration, relationships, decision-making, and academic performance. When symptoms become persistent or severe, they may also contribute to social withdrawal, reduced self-worth, and difficulty planning for the future. Studies involving high school students have connected depressive symptoms with family conflict, limited social support, academic pressure, low self-esteem, financial hardship, bullying, and adverse life experiences. Karki et al. (2022) found that depression among high school students was related to academic stress and sociodemographic conditions. Nakie et al. (2022) similarly identified sex and limited social resources as relevant factors, while Martínez-Líbano and Yeomans-Cabrera (2024) associated depression with parental separation, sleep difficulties, rumination, and low self-esteem. These findings indicate that depression cannot be adequately explained by a single factor. Rather, it may develop through the combined influence of individual vulnerability and stressful environmental conditions. Philippine studies provide further evidence that depressive symptoms affect senior high school students. Baligod (2024) found varying levels of depression, anxiety, and stress among Filipino senior high school students, while Serrano et al. (2023) examined how sociodemographic characteristics, social support, and family history were related to DASS-21 outcomes among senior high school students in Metro Manila. Cleofas and Rocha (2021) also identified relationships among demographic characteristics, technology use, depression, and anxiety among Filipino high school students.

Anxiety Among Senior High School Students

Anxiety is characterized by excessive worry, fear, apprehension, physiological arousal, and anticipation of possible threats. Senior high school students may experience anxiety concerning examinations, grades, academic performance, social acceptance, family expectations, career decisions, and transitions to higher education or employment. While temporary anxiety may alert students to important tasks, persistent or excessive anxiety may interfere with concentration, memory, sleep, participation, and effective decision-making. Research suggests that anxiety among adolescents is influenced by both personal and environmental conditions. Cebu et al. (2023) identified differences in academic anxiety among Filipino senior high school students according to demographic factors. AlAzzam et al. (2021) also found that depression and anxiety among senior high school students were related to sex, age, parental education, and challenges associated with online learning. Martínez-Líbano and Yeomans-Cabrera (2024), Karki et al. (2022), and Nakie et al. (2022) similarly reported that anxiety symptoms varied according to sex, family circumstances, health-related factors, social support, and stressful experiences. Philippine evidence also indicates that anxiety is a notable concern among senior high school students. Delanoche and Mamba (2024) examined anxiety and distress in relation to academic achievement, while Baligod (2024) reported severe anxiety as the most pronounced of the three DASS-21 dimensions in the population studied. Serrano et al. (2023) further found that the likelihood of anxiety differed according to sociodemographic and social-support conditions.

Stress and Academic Demands

Stress occurs when individuals perceive that environmental demands exceed their available resources or ability to cope. Among adolescents, stress may arise from academic workloads, examinations, deadlines, competition, family expectations, peer relationships, financial concerns, and uncertainty about the future. Academic stress is particularly high among senior high school students because they are expected to complete increasingly demanding academic requirements while making decisions about college, employment, and



future careers. Pascoe et al. (2020) explained that stress among secondary-school students may affect learning, academic performance, sleep, health, and general well-being. Gao (2023) similarly found that academic stress was associated with academic burnout among adolescents, although its effects depended partly on personal and contextual factors. Stress should not automatically be viewed as harmful. Manageable pressure may motivate students to prepare, meet deadlines, and improve performance. However, prolonged or excessive stress may contribute to exhaustion, irritability, difficulty relaxing, poor concentration, and decreased academic engagement. Al-Amer et al. (2024) found that adolescents aged 14 to 18 experienced varying levels of stress and used different coping strategies, including religious coping and instrumental support. Academic strand may be relevant because each strand may involve different subject requirements, performance expectations, assessment practices, career pathways, and learning environments. However, strand should not be treated as a direct cause of depression, anxiety, or stress. It functions more appropriately as an indicator of the academic context in which students encounter particular workloads, expectations, and future-oriented decisions. Karki et al. (2022) found differences in psychological symptoms across academic groupings, while Baligod (2024) included strand in examining the experiences of senior high school students.

Sex-Related Differences in Psychological Symptoms

Sex-related differences in depression, anxiety, and stress have been widely examined, but findings are not entirely consistent. Several adolescent studies have reported higher anxiety and stress among female students. Martínez-Líbano and Yeomans-Cabrera (2024) identified female sex as a factor associated with elevated depression, anxiety, and stress, while Karki et al. (2022) and Nakie et al. (2022) found sex-related differences across particular psychological outcomes. Serrano et al. (2023) similarly reported that sex was related to the likelihood of anxiety and stress among Filipino senior high school students. These differences may reflect interactions among biological development, emotional expression, coping patterns, gender norms, social expectations, exposure to stressful experiences, and willingness to disclose symptoms. However, sex does not directly or inevitably determine psychological outcomes. Some studies have reported different patterns, including higher scores among male students or nonsignificant differences between groups. Such inconsistencies suggest that sex-related findings are influenced by the cultural and educational context in which students live.

Family Structure, Family Functioning, and Social Support

The family is a central context for adolescent development. It may provide emotional security, financial assistance, guidance, discipline, communication, and practical support. Supportive family environments can help adolescents manage academic and personal challenges, whereas conflict, separation, instability, neglect, and limited communication may increase vulnerability to depression, anxiety, and stress. Family structure is the composition or arrangement of the household, such as living with both parents, one parent, relatives, guardians, or within another family arrangement. Family functioning, in contrast, concerns the quality of relationships, communication, cohesion, support, and problem-solving within the household. Wang et al. (2021) found that family functioning was associated with internalizing problems among adolescents and that positive youth-development characteristics helped explain this relationship. Similarly, parental separation and negative family experiences have been associated with mental health difficulties among adolescents, although their effects differ according to the quality of relationships and support available after the separation (Karhina et al., 2023; Tullius et al., 2022). Social support may reduce psychological distress by helping individuals interpret difficult situations as more manageable. Acoba (2024), drawing on the Transactional Model of Stress and Coping, found among Filipino adults that family and significant-other support were related to lower perceived stress and reduced anxiety and depression. Although the population differed from senior high school students, the study provides Philippine evidence for the psychological process through which social support may influence emotional symptoms. Serrano et al. (2023) more directly demonstrated the relevance of social support among Filipino senior high school students, making it particularly applicable to the present investigation.

Socioeconomic Status and Psychological Symptoms

Socioeconomic status may influence adolescent mental health through access to educational resources, healthcare, safe housing, nutritious food, technology, transportation, extracurricular opportunities, and psychological services. Financial hardship may also expose students to worries about tuition, daily expenses, family income, future education, and household responsibilities. These pressures may increase perceived stress and limit the resources available for coping. Studies have associated socioeconomic disadvantage with a greater likelihood of internalizing problems among children and adolescents. Antolín-Suárez et al. (2020) found that demographic, social, and economic factors were related to internalizing concerns among adolescents, while Kinge et al. (2021) demonstrated an association between parental income and mental



disorders among children and adolescents. Matar et al. (2024), however, showed that adolescents from higher socioeconomic groups may also experience mental health concerns and barriers to help-seeking. Thus, financial advantage does not eliminate psychological vulnerability, just as lower income does not inevitably produce depression, anxiety, or stress. Serrano et al. (2023) examined household income alongside other sociodemographic and support-related factors among Filipino senior high school students. Al-Amer et al. (2024) also considered economic and parental variables when examining stress among school-going adolescents.

School-Based Guidance and Psychological Interventions

Schools are important settings for mental health promotion because students spend a substantial portion of their daily lives within educational environments. Guidance services, mental health education, screening, referral systems, coping-skills activities, peer-support initiatives, and family collaboration can help identify and address psychological concerns before they become more severe. WHO recommends multilevel approaches that strengthen emotional regulation, resilience, problem-solving, supportive relationships, and access to appropriate care. Interventions should not focus solely on changing students' individual coping behaviors. Psychological symptoms may also be influenced by excessive academic demands, family conflict, social isolation, financial hardship, bullying, and limited access to support. Effective school-based responses should therefore combine individual assistance with improvements in the learning environment, family engagement, referral procedures, and collaboration among teachers, guidance personnel, administrators, parents, and mental health professionals.

Methodology

Research Design

This study utilized a descriptive-comparative research design. According to Deckert & Wilson (2023), descriptive research provides information and describes things the "way they are" using surveys, questionnaires, rubrics, interviews, or rankings. On the other hand, comparative research design seeks to describe, explore, and explain the similarities and differences of the cases under study (Iranifard & Latifnejad-Roudsari, 2022). Hence, descriptive-comparative research design is a non-experimental quantitative approach in which the researcher describes existing characteristics of two or more naturally occurring groups and compares them to determine statistically significant differences, without manipulating any variables (Cantrell, Creswell & Creswell, 2018). Therefore, this was the most appropriate research design for this study, as the purpose was to examine the differences in the emotional states of senior high school students when grouped according to their demographic profile.

Sampling Design

The researcher employed a stratified random sampling design in determining the respondents of the study. Stratified random sampling is a sampling method in which a researcher selects a small sample size for the study and proportionally distributes it across the year levels to form appropriate strata (Simkus, 2023). There were seven hundred thirty-three (733) total respondents enrolled in the senior high school of the private institution identified in this study. Using the Raosoft online sample size calculator, the minimum required sample was determined to be 253 respondents. However, a total of 368 qualified students completed the survey and were included in the final analysis because the number of responses exceeded the minimum requirement. The respondents were selected through stratified random sampling, with proportional allocation based on the number of students in each class. Students who were officially enrolled in Senior High School during the Academic Year 2025-2026, belonged to the selected classes, and voluntarily agreed to participate were included in the study. Students who did not provide consent, submitted incomplete responses, or were absent during data collection were excluded. The participants were between 16 to 18 years old. Of the 380 students invited to participate, 368 completed the survey, resulting in a response rate of 96.84%.

Research Locale

The study was conducted in one of the private institutions in Northern Luzon that offers senior high school level and is located in the City of Santiago. The school offers education from kindergarten to Grade 12 and is considered a large private school. The study profiled the students based on sex, strand, family structure, and socioeconomic status, examined the emotional states, in terms of Depression, Anxiety, and Stress.

Research Participants

This study included senior high school students in one private secondary school in Northern Luzon. The total student-respondents was 368 from grades 11 and 12, who are enrolled during the Academic Year 2025-2026.

Research Instrument

The study utilized an adopted questionnaire consisting of two parts. The first part gathered the respondents' demographic characteristics, including sex, academic strand, family structure, and socioeconomic status. The second part used the Depression, Anxiety, and Stress Scale-21 developed by Lovibond and Lovibond (1995) to assess the respondents' levels of depression, anxiety, and stress. The DASS-21 is a 21-item self-report instrument composed of three subscales: Depression, Anxiety, and Stress. Each subscale contains seven items. Respondents rated each item using a four-point Likert scale ranging from 0, which means "did not apply to me at all," to 3, which means "applied to me very much or most of the time," based on their experiences during the previous week. The score for each subscale was obtained by adding the responses to its seven corresponding items and multiplying the total by two. The resulting scores were classified as normal, mild, moderate, severe, or extremely severe based on the standard scoring guide of Lovibond and Lovibond (1995). Higher scores indicated greater levels of depression, anxiety, and stress. The DASS-21 was used as a dimensional screening measure rather than a diagnostic instrument. Data were analyzed using IBM SPSS Statistics version 25. Frequencies and percentages were used to describe the respondents' demographic characteristics and the distribution of their depression, anxiety, and stress classifications. Means and standard deviations were used to summarize the DASS 21 subscale scores. The Shapiro Wilk test was conducted to assess the normality of the data. Since the data were not normally distributed, nonparametric statistical tests were used. The Mann Whitney U test was applied to determine differences in depression, anxiety, and stress scores according to sex. The Kruskal Wallis H test was used for variables with three or more groups, including academic strand, family structure, and socioeconomic status. Significant Kruskal Wallis results were further examined through pairwise comparisons using the Bonferroni adjustment. The level of significance was set at .05. Rank biserial correlation was used as the effect size measure for the Mann Whitney U test, while epsilon squared was used for the Kruskal Wallis H test.

Data Gathering Procedure

Primarily, the researcher sought permission from the School Administration through a request letter for the conduct of the study. After approval, informed consent was provided and secured from the students to ensure ethical participation. There was also an orientation on the research purpose and objective, followed by a discussion on the proper ways of answering the survey questions. This ensured completeness of the responses and clarity in what the researcher intends to measure. After the consent papers were secured, the researcher administered the survey questionnaire to the respondents on a face – to – face setting, with ample time to carefully answer the questions. All responses were collected and analyzed for interpretation with the help of a statistician. Afterwards, the researcher determined the levels of emotional states of the respondents based on the responses, which served as the basis for designing a guidance services psychological intervention program.

Results and Discussions

Research Question 1: What is the demographic profile of the respondents?

Table 1. Distribution of the Respondents according to their Demographic Profile

Profile	<i>f</i>	%
Sex		
Male	170	46.20
Female	198	53.80
Strand		
ABM	70	19.00
HUMSS	51	13.90
STEM	247	67.10
Family Structure		
Living with both Parents	239	64.90
Living with only one parent	79	21.50
Living with Guardian	50	13.60

Socioeconomic Status		
High	28	7.61
Middle	250	67.93
Low	90	24.46

Table 1 presents the distribution of respondents by sex, strand, family structure, and socioeconomic status. In terms of sex, the majority of the respondents were female, comprising 53.8% (n = 198), while 46.2% (n = 170) were male. As for the academic strand, most respondents belong to the STEM strand, accounting for 67.1% (n = 247), followed by ABM and HUMSS, with 19% (n=70) and 13.9% (n = 51), respectively. In addition, the table shows the family structure where most of the respondents are living with both parents, with 64.9% (n = 239), followed by those living with only one parent (21.5%, n = 79), and those living with a guardian (13.60%, n = 50). Finally, in terms of socioeconomic status, most respondents belong to the middle-income background, with 67.93% (n = 250), followed by low and high – income status with 24.46 % (n=90) and 7.61% (n = 28).

Research Question 2: What is the level of emotional states of the respondents in terms of depression, anxiety, and stress?

Table 2. Level of Emotional States in terms of Depression among Senior High School Students

Category	f	%
Normal	46	12.50
Mild	42	11.40
Moderate	105	28.50
Severe	69	18.80
Extremely Severe	106	28.80

Table 2 indicates the level of emotional states of the respondents in terms of depression. The results show that the largest proportion of respondents falls under the extremely severe category with 28.80% (n = 106), followed closely by those in the moderate category at 28.50% (n = 105), and 18.80% (n = 69) classified as severe. This indicates that a notable proportion of students are experiencing elevated levels of depressive symptoms. On the other hand, a smaller proportion of respondents falls under the normal level at 12.5 percent (n = 46) and the mild level at 11.4 percent (n = 42). This pattern supports previous studies which reported that many senior high school students experience elevated levels of depression, particularly within the severe range (Tus, 2021). Similarly, international studies have documented that adolescents commonly exhibit moderate to high levels of depressive symptoms, as seen among students in Bangladesh and Nepal (Islam et al., 2022; Shrestha, 2023), suggesting that depression is a widespread concern across different contexts. However, some studies present contrasting findings. For instance, Dong et al. (2025) reported that a majority of students fall within normal levels, although a significant proportion still exhibit depressive symptoms. This disparity implies that the prevalence of depression may differ depending on environmental, cultural, and academic conditions. Despite these variations, the present findings align with global trends indicating that depression remains one of the most common mental health concerns among adolescents (World Health Organization, 2025).

Table 3. Level of Emotional States in terms of Anxiety among Senior High School Students

Category	f	%
Normal	22	6.00
Mild	9	2.40
Moderate	42	11.40
Severe	45	12.20
Extremely Severe	250	67.90

Table 3 reveals the level of the respondents' emotional state in terms of anxiety. The findings show that the majority of the respondents experience extremely severe anxiety, accounting for 67.90% (n = 250). This is followed by smaller, similar proportions reporting severe anxiety at 12.2% (n = 45) and a moderate level at 11.4% (n = 42). This indicates that a substantial proportion of students are experiencing very high levels of anxiety symptoms. In contrast, only a small proportion of respondents fall under the normal level at 6.0 percent (n = 22) and the mild level at 2.4 percent (n = 9). This finding is consistent with recent studies conducted in different contexts that reported high levels of anxiety among students. For instance, Nakie (2022) documented a comparable prevalence of anxiety among high school students, while Yin (2022) and Tus (2021)

also reported that a considerable proportion of adolescents experience moderate to severe levels of anxiety. The heightened level of anxiety observed in this study may be associated with academic demands, social pressures, and uncertainty regarding future educational and career paths. In competitive educational environments, students are often exposed to high expectations and performance pressures, which may contribute to increased anxiety levels.

Table 4. Level of Emotional States in terms of Stress among Senior High School Students

Category	<i>f</i>	%
Normal	67	18.20
Mild	64	17.40
Moderate	102	27.70
Severe	96	26.10
Extremely Severe	39	10.60

Table 4 shows the level of the respondents' emotional state in terms of stress. Analysis of the respondents' stress levels revealed that the mainstream experienced moderate (27.70%, $n = 102$) to severe (26.10%, $n = 96$) stress levels. On the other hand, smaller comparable parts reported to have mild (17.4%, $n = 64$) and normal stress levels (18.2%, $n = 67$), while the smallest proportion fell into the extremely severe category (10.6%, $n = 39$). These findings are consistent with previous studies which reported that adolescents commonly experience moderate to high levels of stress (Al-Amer, 2024; van Heeringen, 2024). In addition, the American College Health Association (2023) noted that many students report moderate to high stress levels. These studies support the present findings, indicating that stress is widely experienced among students across different contexts. The results imply that stress has become a common and, to some extent, normalized aspect of students' daily lives, often influenced by academic workload, extracurricular responsibilities, and interpersonal relationships. While moderate stress may serve as a motivating factor, prolonged exposure to higher levels of stress may result in negative psychological and physiological outcomes. Therefore, these results highlight the importance of equipping students with effective coping strategies to manage stress in a healthy and adaptive manner.

Research Question 3: Is there a significant difference in the emotional state of the respondents in a private school in Northern Luzon when grouped according to their demographic profile?

Table 5. Differences in the Level of Emotional States among Respondents when Grouped according to their Sex

Emotional States	Sex	<i>n</i>	Mean Rank	<i>U</i>	<i>p</i>
Depression	Male	170	171.07	14546.500	0.025
	Female	198	196.03		
Anxiety	Male	170	157.62	12260.000	<0.001
	Female	198	207.58		
Stress	Male	170	165.98	13682.000	0.002
	Female	198	200.40		

Note. *n* = number of respondents; *U* = Mann-Whitney *U* statistic; *p* = *p*-value.

Table 5 presents the differences in the level of emotional states among respondents when grouped according to sex. A Mann-Whitney *U* Test was conducted to compare the differences in the level of emotional states between male and female respondents. The results reveal significant differences across all three emotional states, with female respondents having consistently higher mean ranks than males (depression: $U = 14546.50$, $p = 0.025$; anxiety: $U = 12260.00$, $p = <0.001$; stress: $U = 13682.00$, $p = 0.002$). Since all *p*-values were less than the 0.05 significance level, the null hypothesis was rejected. Therefore, there is a significant difference in the level of depression, anxiety, and stress among respondents when grouped according to their sex. This indicates that female students tend to experience higher levels of depression, anxiety, and stress than their male counterparts.

The analysis of emotional states according to sex revealed a statistically significant difference across depression, anxiety, and stress, with female respondents consistently reporting higher levels than males. This finding is supported by recent studies which indicate that female adolescents are more likely to experience elevated levels of depression, anxiety, and stress compared to their male counterparts (Dong et al., 2025; Hu, 2024; AlAzzam et al., 2021).

One possible explanation for this difference is the tendency of females to engage in rumination, a cognitive process associated with self-critical thinking, which has been identified as a risk factor for depression (Zou, 2025). In addition, biological factors such as hormonal changes, as well as socio cultural influences related to gender roles and emotional expression, may contribute to higher reported emotional distress among females. These findings are further supported in the local context, where female students were also found to exhibit higher levels of anxiety compared to males (Baligod, 2024).

Table 6. Differences in the Level of Emotional States among Respondents when Grouped according to their Strand

Strand	<i>n</i>	<i>Mean Rank</i>	<i>H</i>	<i>df</i>	<i>p</i>
Depression					
ABM	70	166.03	3.231	2	0.199
HUMSS	51	178.23			
STEM	247	191.03			
Anxiety					
ABM	70	180.15	0.565	2	0.754
HUMSS	51	176.75			
STEM	247	187.33			
Stress					
ABM	70	164.71	3.548	2	0.170
HUMSS	51	179.23			
STEM	247	191.20			

Table 6 presents the differences in the respondents' depression, anxiety, and stress scores when grouped according to academic strand. A Kruskal–Wallis H test showed no statistically significant differences among ABM, HUMSS, and STEM students in depression, $H(2) = 3.231$, $p = .199$, $\varepsilon^2 = .009$; anxiety, $H(2) = 0.565$, $p = .754$, $\varepsilon^2 = .002$; and stress, $H(2) = 3.548$, $p = .170$, $\varepsilon^2 = .010$. The effect sizes were negligible to very small, indicating that only minimal differences in symptom scores were observed across academic strands. Since all p values exceeded the .05 significance level, the null hypothesis was not rejected. Although STEM students obtained higher mean ranks for depression, anxiety, and stress, the observed differences were not statistically significant. Therefore, no statistically significant difference in DASS-21 symptom scores according to academic strand was detected in this sample. The findings suggest that symptoms of depression, anxiety, and stress may occur across academic strands rather than being concentrated within a particular group. This pattern may reflect the influence of shared academic, familial, social, and developmental stressors. Lin and Guo (2024) similarly explained that adolescent mental health outcomes are shaped by interacting individual, family, school, and environmental factors rather than by a single academic characteristic.

Table 7. Differences in the Level of Emotional States of the Respondents when grouped according to Family Structure

Family Structure	<i>n</i>	<i>Mean Rank</i>	<i>H</i>	<i>df</i>	<i>p</i>
Depression					
Living with both Parents	239	182.17	0.648	2	0.723
Living with only one parent	79	184.62			
Living with Guardian	50	195.46			
Anxiety					
Living with both Parents	239	176.88	3.511	2	0.173
Living with only one parent	79	198.22			
Living with Guardian	50	199.23			
Stress					
Living with both Parents	239	181.76	0.534	2	0.766
Living with only one parent	79	191.67			
Living with Guardian	50	186.27			

Table 7 presents the differences in the respondents' depression, anxiety, and stress scores when grouped according to family structure. A Kruskal–Wallis H test revealed no statistically significant differences among the family-structure groups in terms of depression, $H(2) = 0.648$, $p = .723$, $\varepsilon^2 = .002$; anxiety, $H(2) = 3.511$, $p = .173$, $\varepsilon^2 = .010$; and stress, $H(2) = 0.534$, $p = .766$, $\varepsilon^2 = .001$. Since all p values exceeded the .05

significance level, the null hypothesis was not rejected. The effect sizes were negligible to very small, indicating minimal differences in the respondents' DASS-21 symptom scores across the reported family-structure categories. The findings indicate that no statistically significant differences in depression, anxiety, and stress scores according to family structure were detected in this sample. However, this result does not establish that family circumstances are unrelated to adolescent mental health. Family structure describes household composition, whereas family functioning concerns the quality of communication, cohesion, adaptability, relationships, and emotional support within the household. Demetriou (2025) similarly emphasized that adolescent mental health may be more closely associated with family functioning than with family structure alone.

Table 8. Differences in the Level of Emotional States of the Respondents when grouped according to Socioeconomic Status

Socioeconomic Status	<i>n</i>	<i>Mean Rank</i>	<i>H</i>	<i>df</i>	<i>p</i>
Depression					
High	28	202.32	3.896	2	0.143
Middle	250	177.01			
Low	90	199.77			
Anxiety					
High	28	211.14	4.680	2	0.096
Middle	250	176.56			
Low	90	198.28			
Stress					
High	28	199.73	0.735	2	0.692
Middle	250	182.10			
Low	90	186.43			

Table 8 presents the differences in the respondents' depression, anxiety, and stress scores when grouped according to socioeconomic status. A Kruskal–Wallis *H* test revealed no statistically significant differences among the socioeconomic-status groups in terms of depression, $H(2) = 3.896$, $p = .143$, $\varepsilon^2 = .011$; anxiety, $H(2) = 4.680$, $p = .096$, $\varepsilon^2 = .013$; and stress, $H(2) = 0.735$, $p = .692$, $\varepsilon^2 = .002$. Since all *p* values exceeded the .05 significance level, the null hypothesis was not rejected. The effect sizes were small for depression and anxiety and negligible for stress, indicating that only minimal differences in DASS-21 symptom scores were observed across the socioeconomic-status groups.

The findings indicate that no statistically significant differences in depression, anxiety, and stress scores according to socioeconomic status were detected in this sample. However, this does not establish that socioeconomic conditions are unrelated to adolescent mental health. Students from high-, middle-, and low-income backgrounds may experience psychological symptoms because of different academic, familial, social, and personal circumstances. Matar et al. (2024) similarly found that adolescents from higher socioeconomic-status groups may experience mental health concerns related to contextual factors, including family, peer, school, and neighborhood influences. These findings support the provision of accessible school-based mental health services across socioeconomic groups, while allowing more targeted assistance based on students' individual needs.

Research Question 4: What guidance services and psychological intervention program can be proposed to address the emotional states of the respondents?

A comprehensive school-based guidance and psychological intervention program is proposed to address the emotional states of the respondents by integrating preventive, developmental, and responsive mental health services. The proposed program includes Individual Inventory Services through mental health screening for early identification of students requiring support; Counseling Services through case work intervention, peer support group sessions, referral, and case management; Emotional Wellness Engagement through psychoeducation, resilience-building activities, and stress management; Services for administrators, teachers, and parents through faculty and staff training and development and parent seminar-workshops; and Student Wellbeing and Development initiatives focusing on emotion regulation, mindfulness and relaxation techniques, and positive thinking skills. This integrated approach aims to strengthen students' emotional awareness, coping abilities, resilience, and access to appropriate psychological support within the school environment.

Ethical Considerations

The study was reviewed and approved by the Research Ethics Committee of the University. Permission to conduct the study was also obtained from the school principal and other appropriate school authorities before data collection. Because some respondents were below 18 years of age, written parental or guardian consent and student assent were obtained before participation. Respondents who were 18 years old or older provided their own written informed consent. The consent and assent forms explained the purpose and procedures of the study, the voluntary nature of participation, possible risks and benefits, confidentiality measures, and the respondents' right to decline or withdraw at any time without penalty. The forms were distributed three days before data collection and collected before the administration of the questionnaire. Students who did not submit the required consent or assent documents were not allowed to participate. To minimize possible pressure within the school setting, students were informed that participation or nonparticipation would not affect their grades, academic standing, school privileges, or relationship with their teachers and school personnel. Teachers and advisers were not permitted to influence students' decisions or view their individual responses. Respondents were also allowed to leave any question unanswered or discontinue participation without providing a reason. During the face-to-face administration, respondents were seated with sufficient space to protect the privacy of their answers. Questionnaires were completed individually and collected directly by the research team in sealed envelopes or designated collection folders. No names, student numbers, or other direct personal identifiers were written on the questionnaires. Each questionnaire was assigned a unique alphanumeric code. The code list, consent documents, and research data were stored separately. Electronic files were kept in password-protected and encrypted storage, while printed materials were secured in a locked cabinet. Access was limited to the researchers and authorized members of the research team. The data will be retained for [insert retention period] after the completion or publication of the study and will then be permanently deleted. Printed documents will be destroyed through secure shredding. The DASS-21 was used as a symptom-severity screening instrument and not as a diagnostic tool. Responses classified under the severe or extremely severe levels were treated as indicators that further assessment might be necessary. These respondents were confidentially referred to the school guidance counselor or designated mental health professional for an initial assessment. When a respondent showed signs of immediate distress or disclosed a possible safety concern, data collection was discontinued, and the student was accompanied to a private and safe location for immediate assessment by qualified guidance or mental health personnel. The student was not left alone while the concern was being assessed. Parents or guardians were informed when appropriate and when necessary to protect the student's safety, while maintaining confidentiality to the greatest extent possible. If the student required services beyond the capacity of the school, a referral was made to a licensed psychologist, psychiatrist, physician, or an appropriate mental health facility. Follow-up procedures were conducted by the Guidance Office to determine whether the student received the recommended assistance and whether additional school-based support was needed.

Conclusion

This study assessed the self-reported symptoms of depression, anxiety, and stress among 368 senior high school students using the DASS-21. The findings showed varying symptom-severity classifications, with anxiety emerging as the most pronounced dimension among the respondents. These classifications reflect symptoms experienced during the previous week and should not be interpreted as confirmed clinical diagnoses. The respondents' depression, anxiety, and stress scores significantly differed according to sex, with female students obtaining higher scores than male students. However, no statistically significant differences were detected when the respondents were grouped according to academic strand, family structure, and socioeconomic status. These findings apply only to the present sample and do not establish that these demographic characteristics are unrelated to students' psychological experiences. The results provide a basis for strengthening school-based guidance services and developing a psychological intervention program responsive to the identified needs of the respondents. However, the findings should be interpreted in light of the study's limitations. The data were based on self-reported responses, collected from a single private school, and obtained through a cross-sectional design. Therefore, the findings cannot establish causal relationships or be generalized to all senior high school students. Further studies involving multiple schools, broader populations, and additional methods of assessment are recommended.

Recommendations

The school should establish a tiered mental health support program for senior high school students. Universal services may include mental health awareness, stress-management sessions, coping-skills activities, and information on where students can seek help. Students with elevated DASS-21 scores should be offered

confidential follow-up sessions through the Guidance Center. Qualified guidance counselors may provide basic guidance and support, while students who require psychological assessment or treatment should be referred to licensed psychologists, psychiatrists, physicians, or other qualified mental health professionals. Teachers should observe possible signs of distress and refer concerned students to the Guidance Center. They should not assess, diagnose, or provide psychological treatment. Student information should remain confidential and should be shared only with authorized personnel involved in the student's care. Students with severe or extremely severe symptom classifications should receive immediate confidential assessment. When there is a possible risk of self-harm, suicide, abuse, or other safety concerns, the school should inform the appropriate parent or guardian, activate its safeguarding procedures, and refer the student to a qualified mental health professional. The program should be evaluated using participation rates, completed referrals, student feedback, symptom monitoring, and pre-program and post-program results. Future studies may include students from other schools, additional psychosocial variables, and longitudinal or qualitative methods.

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