INTERNATIONAL MULTIDISCIPLINARY JOURNAL OF RESEARCH FOR INNOVATION, SUSTAINABILITY AND EXCELLENCE (IMJRISE)
Online ISSN: 3028-032X | Print ISSN: 3028-0370
PUBLISHED BY: RISEJOURNALS.ORG
Volume 2, Issue no. 7 | **238**

EXPLORING LEADERSHIP INFLUENCES ON MENTAL HEALTH SUPPORT FOR ENGLISH AS A SECOND LANGUAGE LEARNERS

DOI: 10.5281/zenodo.15848300

Liang Feng
University of the Visayas
liangfeng123qas@gmail.com

Ria M. Vertulfo
University of the Visayas
ria.vertulfo@deped.gov.ph

ABSTRACT.

Emotional well-being is increasingly recognized as integral to student success, especially for English as a Second Language (ESL) learners navigating cultural transitions, language barriers, and academic demands. This study explored how school leadership influences the implementation and effectiveness of mental health strategies in supporting ESL learners at B' Cebu Academy. It aimed to uncover the emotional realities of students and how leadership practices impact their adjustment, with the goal of informing the development of a leadership-driven mental wellness guideline. A qualitative research design using thematic analysis was conducted with twelve ESL learners enrolled in B' Cebu Academy for Academic Year 2025. Data were collected through semi-structured interviews, then transcribed and coded to identify emerging themes. The approach centered on understanding students' emotional experiences in relation to how school leaders responded to or overlooked their needs. Seven themes emerged: masked emotional struggles, emotional-linguistic disconnect, peer isolation, hidden burdens, quiet resilience, leadership gaps, and community-driven healing. Participants repeatedly described how leadership visibility, empathy, and responsiveness influenced their feelings of safety and inclusion. While many appreciated individual acts of kindness, the absence of structured emotional support systems led to inconsistent experiences. Leadership behavior directly affected students' ability to cope, seek help, and emotionally engage in the learning process. The study reveals that school leadership plays a central role in shaping emotionally responsive environments for ESL learners. Emotional support must move beyond informal gestures and become an institutional responsibility led by trained leaders. Embedding culturally sensitive mental wellness strategies into ESL education is essential for learner retention, well-being, and success. The findings offer a foundation for creating a structured, leadership-led mental health program that supports holistic learner development in ESL settings.

Keywords: *school leadership, ESL learners, mental health strategies, emotional well-being, inclusive education, qualitative research, student support, B' Cebu Academy*

INTRODUCTION

Mental health is increasingly being recognized as an essential pillar of academic success, especially in learning spaces where students are faced with both educational and cultural challenges. In the context of English as a Second Language (ESL) education, mental health concerns are often compounded by language barriers, acculturative stress, and social isolation—factors that can significantly block learner engagement and academic performance. While ESL programs are primarily designed to strengthen linguistic proficiency, there is a growing body of evidence suggesting that emotional well-being is inseparable from language acquisition. The issue is no longer just about whether students can speak English fluently, but it is also about whether they feel emotionally secure, mentally healthy, and socially connected enough to do so. Despite the increasing attention to mental health in broader educational discourse, mental wellness among ESL learners—particularly in localized, private institutional settings—remains insufficiently explored and inadequately addressed.

According to the World Health Organization (2023), mental well-being is a foundational condition for effective learning, especially among migrant, international, and linguistically diverse student populations. Similarly, ESL learners often endure a lot of anxiety, insecurity, and emotional exhaustion as they try to integrate into new academic and cultural environments. Harber (2021) argues in this case that ESL institutions must extend their role beyond linguistic instruction and provide meaningful mental health support systems which include access to trained professionals and peer-based coping mechanisms. Lee & Rice (2020) notes that in countries with a strong mental health integration in schools, such as in Canada and in the United States, strong emotional support corresponds with improved retention and performance of ESL students. In the Philippines, the enactment of Republic Act 11036 or the Mental Health Act reflects the Philippine government's commitment to mental health as a basic human right, mandating educational institutions to provide culturally appropriate psychological services. However, implementation at the grassroots level—particularly within ESL academies and training centers—has been inconsistent and often lacks contextual adaptation for linguistically and culturally diverse students.

The disconnect between national policy and local practice is evident in B'Cebu Academy, a Cebu-based language institution that caters to both foreign and Filipino ESL learners. While the academy is recognized for academic rigor in language training, anecdotal observations and informal teacher accounts reveal a persistent challenge: ESL students grappling with emotional struggles frequently keep their distress to themselves. In a non-native language environment, students face not only unfamiliar academic expectations but also the emotional toll of living in a foreign country, sharing space with strange roommates, and struggling with the inability to communicate fluently in English. These factors—combined with uncertainty about improving academic performance and English proficiency—creates psychological strain within learners. Many ESL teachers are primarily trained to teach English, not to address emotional or mental health concerns. As such, students' mental health often falls outside the perceived scope of a teacher's responsibility. The hiding of emotional distress, together with the absence of a structured mental health program within the institution, highlights a critical gap in the student support ecosystem. The lack of mental health protocols tailored for ESL contexts reveals a blind spot in both leadership practice and institutional responsiveness. This study responds to this urgency by focusing on how school leadership at B'Cebu Academy affects the implementation (or lack thereof) of mental health strategies for ESL learners.

The purpose of this study is to explore how school leadership impacts the development and execution of mental health support mechanisms in an ESL-specific environment. Through qualitative inquiry, this research investigates the perceptions, decisions, and practices of institutional leaders in relation to mental health advocacy for language learners. It also considers how leadership attitudes and institutional culture affect students' access to emotional support and their willingness to seek help. The ultimate aim is to develop an evidence-based, context-sensitive ESL Mental Health Support Program for B'Cebu Academy that aligns with both the learners' lived experiences and the broader goals of inclusive, human-centered education. In doing so, this research intends to bridge the policy-practice divide and offer a replicable framework that other ESL institutions may adapt.

This study holds both academic and practical significance. For students, it seeks to create a pathway for psychological safety and emotional openness in an environment where silence and self-reliance often prevail. For teachers, it provides insight into the emotional dimensions of language learning, equipping them with tools for empathetic classroom engagement. For parents, the research highlights the hidden emotional labor involved in language acquisition, helping them support their children more effectively. For school leaders and policymakers, the study presents evidence-based recommendations for integrating mental wellness into the core of ESL program design and school governance. Finally, on a personal level, the researcher's motivation is rooted in first-hand exposure to ESL settings where students silently struggle, often misunderstood or unsupported. Witnessing these realities has fueled a professional and ethical responsibility to advocate for mental health as a core component of language education—not as an optional add-on, but as a necessary condition for student success.

Philosophical Stance

This study is grounded in the belief that language schools are not only centers for linguistic development but also vital spaces for nurturing the holistic well-being of students. ESL (English as a Second Language) learners often face emotional and psychological stressors that extend beyond the classroom that range from cultural adjustment and social isolation to academic pressure and communication anxiety. As such, schools that cater to ESL learners must serve as safe and inclusive environments where students feel heard, supported, and connected. Creating relationships with empathetic teachers and supportive peers is crucial in helping ESL students develop emotional strength, especially when navigating identity and adjustment issues in a foreign language context. More than just providers of academic instruction, ESL institutions become bridges between learners and the broader network of mental health resources—particularly important in contexts where access to psychological support outside school is limited.

This study is anchored in the interpretivist paradigm, which emphasizes the subjective and socially constructed nature of knowledge. In exploring the mental health needs of ESL students, the researcher acknowledges that emotional well-being cannot be examined through standardized indicators alone. Rather, it must be interpreted through the lived experiences and cultural backgrounds of learners, educators, and school leaders. Each ESL student's journey is uniquely shaped by language proficiency, cultural identity, familial expectations, and institutional support. Thus, understanding how school leadership supports mental health initiatives requires attentiveness to individual narratives and contextual nuances. This research aligns with social constructivist views, recognizing that ESL students' mental health is not merely a clinical concern but a dynamic outcome of their interactions with peers, teachers, systems, and their environment. It assumes that the challenges and coping mechanisms surrounding mental health are culturally embedded and interpreted differently across contexts.

Epistemology. This study adopts an interpretivist orientation, which posits that knowledge is co-constructed through social interaction, reflection, and meaning-making. In this context, the research does not seek objective generalizations but instead aims to capture the diverse and deeply personal understandings of how ESL students experience mental health challenges. It also examines how leadership figures within B'Cebu Academy

perceive and enact their roles in addressing these concerns. The study values the insights of participants not as data points but as co-authors of knowledge whose perspectives reveal the underlying dynamics of school mental health practices. Mental well-being is explored as a shared responsibility, shaped by the institutional culture, leadership priorities, and the extent to which students feel seen and supported.

Ontology. From an ontological standpoint, this research takes a relativist stance, asserting that multiple, equally valid realities exist depending on one's background, role, and lived experiences. ESL students at B'Cebu Academy may perceive mental health and leadership differently based on their cultural upbringing, age, length of stay, and personal challenges. School leaders and teachers, too, construct their understanding of mental health based on institutional norms, professional development, and prior experiences with learners. Mental health is understood not as a fixed or universally experienced phenomenon but as something relational, fluid, and context-dependent. Within this study, attention is given to how ESL students express emotional struggles, how openly they seek help, and how leadership responds to those silent needs. Such recognition allows for a richer, more authentic interpretation of mental wellness in the ESL setting.

Axiology. This study acknowledges its value-laden nature, particularly in addressing a sensitive issue like student mental health. Ethical considerations such as informed consent, confidentiality, and participant dignity are central to the research process. The researcher is aware of their positionality and maintains reflexivity throughout the study to minimize personal bias during data interpretation. By highlighting voices that are often unheard—such as ESL students hesitant to share their struggles—the research advocates for greater equity and compassion within educational settings. Furthermore, the study upholds the importance of mental health literacy, not only among students but also among school leaders and teachers. Mental health literacy includes recognizing emotional distress, knowing when and how to seek support, and cultivating an inclusive environment where students feel psychologically safe. Promoting such literacy is both a moral and educational imperative in ESL institutions.

Methodology. Methodologically, this study employs a qualitative descriptive design to explore how school leadership influences the implementation of mental health strategies in an ESL setting. Data is gathered primarily through interviews and focus group discussions with ESL students and school leaders at B'Cebu Academy, facilitated via online platforms such as Zoom. The study focuses on uncovering the leadership practices, institutional gaps, and student perceptions related to mental health support. Limitations include the small sample size and reliance on virtual communication, which may influence the depth of participant responses. Moreover, participants may vary in how openly they disclose personal challenges due to cultural or emotional barriers. Despite these limitations, the study prioritizes the authentic voices of participants, acknowledging the complexity and diversity of their experiences

Rhetoric. Rhetorically, this study adopts a participant-centered narrative style that reflects the voices and emotional realities of ESL students. It draws on descriptive and interpretive rhetoric, integrating direct quotations and thematic analysis to provide a vivid picture of what mental health looks like in the context of an ESL academy. Mental health, as some scholars argue, is not only a medical or psychological domain but also a rhetorical construct—how we speak about it shapes how it is understood and addressed. In ESL contexts, where students often struggle with self-expression due to linguistic limitations, the rhetorical framing of mental health by leaders, teachers, and institutions becomes even more crucial. This study seeks to illuminate those framings and contribute to a discourse where mental wellness is integrated into the core mission of language education.

Domain of Inquiry

This study seeks to explore how school leadership influences implementation of mental health strategies that support the well-being of students at B'Cebu Academy for Academic Year 2025, as basis for mental wellness guidelines. Furthermore, this study will evaluate how leadership influences the effectiveness of ESL mental health initiative**.**

METHODOLOGY

Design

This study employs a qualitative descriptive design, a methodological approach that seeks to provide a rich, comprehensive, and straightforward summary of specific phenomena as they occur in natural settings. According to Sandelowski (2000), qualitative descriptive research is especially suited for questions that aim to understand the "who, what, and where" of experiences, processes, or events from the perspective of those directly involved. Unlike more interpretative designs such as phenomenology or grounded theory, qualitative descriptive studies remain close to the data, using participants' actual words and observable behavior to construct meaning.

This design is particularly suitable for the present study, which aims to explore how school leadership influences the implementation of mental health strategies for ESL students at B'Cebu Academy. Given that the research objective is to describe leadership behaviors, contextual dynamics, and mental health practices within a

specific institutional setting, qualitative description allows the researcher to capture the depth of participants' views and practices without abstracting them into theoretical constructs. It also enables the generation of practical, actionable insights that may serve as the foundation for developing mental wellness guidelines tailored to the ESL context.

Environment

The study will take place at B'Cebu Academy, a private English as a Second Language (ESL) institution situated at Mactan New Town in Cebu, Philippines. It is the fourth campus of the BECL (Behar English Centre Language) network and has over two decades of expertise in ESL education. The academy serves both local Filipino and foreign students who wish to enhance their English proficiency for either academic, professional, or immigration purposes.

B'Cebu Academy's mission centers on delivering high-quality, student-centered instruction supported by research-driven practices. Its commitment to academic excellence and learner support creates a fitting environment to examine how institutional leadership fosters or limits mental wellness practices within an ESL context. Conducting the study there enables attentive exploration of leadership roles, institutional policies, and student experiences—particularly in the implementation and perceived effectiveness of mental health strategies designed for language learners.

Participants

The participants of this study will consist of 12 adult students who have completed or are currently completing the ESL training program at B'Cebu Academy. Selecting the students will be based on specific inclusion criteria: participants must (1) be 18 years or older, (2) have completed at least two levels of ESL coursework, and (3) voluntarily consent to participate in the study.

The participants are uniquely positioned to share insights into the emotional and psychological challenges they encounter, as well as how they perceive school leadership and its support systems. Their experiences are important in understanding how institutional strategies — or the lack thereof — affect their well-being and engagement in the learning process. In addition, this study may include observations from school leaders and teachers to further contextualize the institutional perspective on mental wellness.

Sampling Technique

This study will utilize voluntary response sampling which is a type of non-probability purposive sampling often used in qualitative research. Participants choose based on interest, relevance, and willingness to contribute their perspectives to the study. Etikan, Musa, and Alkassim (2016) notes that purposive sampling allows researchers to intentionally target individuals who possess the traits needed to perform the inquiry.

In the context of this study, voluntary response sampling is appropriate because it ensures that participants are genuinely motivated and comfortable sharing their experiences—especially important given the sensitive nature of mental health discourse. This approach also respects ethical considerations by prioritizing informed consent, confidentiality, and emotional safety in discussing personal or institutional challenges related to mental health and leadership.

Instrument

In accordance with the qualitative descriptive design, this study will employ semi-structured interviews, open-ended questionnaires, and document review as its main instruments for data collection.

All participants will be provided with an informed consent form before participating, confirming their voluntary involvement and understanding of the study's purpose, procedures, and ethical safeguards, including confidentiality and the right to withdraw from the study. The interview guide is split into three segments: preliminary, content, and concluding questions. The open-ended questionnaire will consist of 8–10 reflective prompts that are designed to elicit written responses from participants. It will explore similar themes as the interview but allows flexibility for participants who prefer to write their responses. The questionnaire is estimated to take 20 minutes to complete.

Furthermore, a document review will be undertaken to examine institutional materials such as mental health policies, strategic plans, wellness programs, staff training modules, and internal communication memos. This component supports triangulation by offering an organizational lens that complements personal narratives. The combination of the participant's personal experience and institutional documents aims to provide a complete understanding of the school leadership's role in promoting mental health within the ESL setting.

Data Gathering Procedure

Data collection will follow a three-phase process: pre-data gathering, actual data gathering, and post-data gathering—ensuring ethical compliance, procedural transparency, and methodological rigor throughout the study.

Pre-Data Gathering: The researcher will begin by securing clearance from the University of the Visayas Institutional Review Board (UV-IRB). Afterwards, a formal letter of request will be submitted to the Dean of the College of Education requesting approval to conduct the research. If the request letter is approved by the dean, the researcher will send a letter of cooperation to the school administration of B'Cebu Academy seeking formal approval to perform the study in the academy. Once everything is approved, the researcher will hold an orientation with the selected ESL student participants. The study's purpose, objectives, procedures, risks and benefits, confidentiality procedures, and the voluntary nature of participation will be explained to the participants during the orientation. They will then be asked to sign informed consent forms emphasizing their right to withdraw the study at any time without any penalty. To ensure the quality of the research instrument, a pilot interview will be conducted with an ESL student who is not participating in the study. This will help improve the interview guide, ensuring appropriateness for the target participants.

Actual Data Gathering: One-on-one semi-structured interviews will be conducted with the 12 adult ESL students who meet the inclusion criteria. Each interview session will either be held in a private, neutral space within the academy or online, whichever the participants prefer, and is expected to last between 45 to 60 minutes. In the interview, the researcher will keep a respectful and supporting space to encourage openness and honest reflection. Interviews may be audio-recorded, and field notes during the interview may be taken to capture non-verbal cues and contextual insights with the participant's permission. Documents from the academy relevant to mental health policies and programs will also be gathered for analysis.

Post-Data Gathering: All recorded interviews permitted by the participants will be transcribed verbatim and is subject to qualitative coding and thematic analysis. To ensure trustworthiness, member checking will be conducted by sharing transcripts or summaries with participants for approval. Participants will be given an opportunity to clarify or elaborate on their responses. The data will be stored in password-protected digital folders with limited access and upon the study's competion, all identifiable data in the folders will be permanently deleted to protect confidentiality. A summary of the results will be presented to the B'Cebu Academy to provide insights that may guide the formation of mental health support programs in ESL settings in the academy.

Data Analysis

This study will employ thematic analysis, a qualitative method that systematically identifies, analyzes, and interprets patterns of meaning (themes) across qualitative data sets. Braun and Clarke (2006) notes that thematic analysis is especially effective for capturing participants experiences, perceptions, and insights—making it a proper choice to see how school leadership affect the implementation of mental health strategies among ESL students.

The thematic analysis process will follow the six-phase framework proposed by Braun and Clarke:

Familiarization with the data – The researcher will immerse themselves in the data by repeated reading and re-reading interview transcripts, field notes, and relevant documents to allow themselves to be familiar with the data and properly understand it. It is generally discouraged to skip over this phase as this step is important for the rest of the analysis.

Generating initial codes – Key features of the data will be systematically coded across the entire dataset using inductive (data-driven) coding.

Searching for themes – Codes will be analyzed into potential themes that reflect patterns in the data related to leadership practices, mental health strategy implementation, and student well-being. It is essentially how the codes will relate to the overarching themes of this study.

Reviewing themes – The initial themes will be improved, merged, or discarded based on cohesion, consistency, and relevance to the research questions. If the refinements are not substantial, this step must be stopped and must continue to the next.

Defining and naming themes – Finalized themes will be clearly defined, named, and described in alignment with the study's objectives.

Producing the report – A narrative account will be developed, supported by direct quotations and contextual interpretation, to reflect the role of leadership in shaping ESL mental health initiatives.

All audio-recorded interviews will be transcribed verbatim to ensure precision. Transcripts and institutional documents such as mental health policies, program reports, and leadership communications will be analyzed to support triangulation (Bowen, 2009). To preserve confidentiality, personal identifiers will be removed and replaced with pseudonyms or participant codes.

Qualitative data analysis software (such as NVivo or MAXQDA) may be used to assist in organizing codes and retrieving data segments efficiently. Trustworthiness of the data analysis will be ensured through triangulation, member checking, and researcher reflexivity. Participants will be invited to verify transcript excerpts and theme interpretations to enhance accuracy and credibility.

This analytical approach will allow the study to uncover leadership-driven factors that influence the planning, delivery, and effectiveness of mental health initiatives in an ESL setting, generating valuable insights to inform the development of contextually relevant wellness guidelines at B'Cebu Academy.

Ethical Consideration

The study was conducted according to the guidelines of the Declaration of Helsinki. It will be approved following the protocol of the Research and Ethics Committee of the University of the Visayas with Reference No. NPMAED2025-49 dated June 26, 2025 The research will involve adults participating voluntarily in an interview. Before completion of the interview, an accompanying cover letter will be given to explain the confidentiality and purpose of the study, the potential objectives, and the voluntary participation. No financial incentives will be provided for participating in the study. The authors declare no conflict of interest.

RESULTS AND DISCUSSION

This section presents the key findings derived from the qualitative narratives of twelve ESL learners at B' Cebu Academy. The purpose of this analysis is to explore how school leadership influenced the implementation and effectiveness of mental health strategies supporting students' well-being. Using thematic analysis, seven significant themes were identified that show the emotional challenges, coping mechanisms, and leadership responses experienced by the participants. These themes were drawn from coded interview data, showing patterns across multiple responses that provided deep insight into the learners' emotional landscapes.

Instead of duplicating information from tabulated data, this textual presentation expands on the emotional nuances found within the participants' testimonies. It shows how emotional stress, cultural barriers, social isolation, and institutional gaps were either mitigated or intensified by the actions—or inactions—of school leadership. The findings show both consistencies and contradictions when compared with existing literature which shows points of convergence and divergence in the ESL mental health discourse. Each theme is supported by direct participant quotes, followed by interpretations and relations to scholarly studies from the last five years. This results in a synthesized, literature-anchored discussion that contributes practical implications for mental wellness leadership within ESL contexts. Ultimately, the results aim to inform a responsive and inclusive approach that centers emotional support as a vital part of academic success and school leadership in multilingual learning environments.

Thematic Analysis: The Lived Emotional Worlds of ESL Learners in B' Cebu

This section presents the themes that was revealed from the lived experiences of twelve ESL learners at B' Cebu Academy. The findings provide insights into the emotional challenges students faced during their language learning journey, especially in the leadership support they received within the academy. Each theme highlights a specific aspect of their experience, such as emotional struggles, difficulties in communication, feelings of isolation, support systems, and the role of school leaders in addressing or overlooking these concerns. The results highlight the important connection between leadership practices and students' mental well-being, especially in culturally diverse and linguistically demanding spaces. The discussion connects these findings with current research, offering practical and research-based implications for creating emotionally supportive educational settings.

Theme 1: Leadership Visibility and Emotional Safety

Participants emphasized that the physical and emotional presence of school leaders contributed significantly to their sense of security and belonging in the ESL environment. Regular interactions with administrators, even in informal contexts, were described as comforting and reassuring.

"When the school director visits our class, just to ask how we are or say hi, it makes me feel like we are important—not just customers." —(Line 107) Participant 3
"I see the manager every morning. He smiles and sometimes gives short messages during breaktime. That makes me feel like we are part of something, not just learning English." — (Line 102) Participant 6

These narratives highlight how students perceive leadership presence not as a formality, but as emotional grounding. As a teacher-researcher, I observed how small gestures—eye contact, a name call-out, a brief hallway greeting—created an atmosphere where students felt seen. Leadership, when visible and approachable, becomes a consistent emotional anchor, especially for those silently adjusting to a new cultural and linguistic environment.

This finding is supported by Lee and Rice (2020), who emphasized that non-instructional interactions with school leaders—such as casual greetings or short check-ins—greatly enhance students' psychological safety and school connection. Similarly, Tian and Zhang (2021) found that visible leadership behavior in multicultural classrooms positively impacts students' engagement and emotional security.

However, Garcia and Moran (2022) caution that visibility, when not paired with meaningful interaction, can become routine or symbolic. This suggests that authenticity must accompany presence—students respond not just to being seen, but to being valued.

In conclusion, leadership visibility in ESL contexts must go beyond administrative roles. When school leaders consistently engage with students—even informally—they foster an emotionally responsive environment where learners feel acknowledged, not overlooked.

Theme 2: Language Limitations and Emotional Frustration

Students expressed the emotional toll of being unable to communicate feelings accurately in English. Many described experiencing deep emotions that they couldn't name or express, which led to frustration, isolation, and misinterpretation of their behavior.
"I want to say what I feel, but the words don't come out right. I just keep it all in." (Line101)—Participant 1

"Staff sometimes don't know how to deal with deeper emotional problems." (Line103) --Participant 2

"Cultural gaps make it hard to connect deeply with some staff."(Line110) — Participant 5

"I had a panic attack before a test. A teacher helped me breathe and stay calm, but stigma and lack of cultural understanding are still big barriers." (Line 113)—Participant 6

"I experienced culture shock. Staff explained expectations clearly, but not all teachers understand cultural sensitivity." (Line 116) — Participant 8

Drawing from my dual role as a classroom teacher and researcher, I've witnessed this struggle firsthand—students freezing not because they didn't understand the task, but because they lacked the words to express what they were feeling. Some avoid eye contact. Others stay silent. Their silence is emotional, not academic. These situations call for emotionally literate leadership—leaders who not only understand grammar and scores, but also read between the lines of silence.

This theme is supported by Hajiyeva (2024), who found that language anxiety in ESL students is often linked to the fear of emotional misrepresentation. When learners cannot express their emotions correctly, they disengage socially and emotionally. This communication barrier contributes not only to academic challenges but also to a growing sense of frustration and emotional withdrawal. Learners may appear silent or unmotivated, when in reality, they are struggling to find the words that match their internal experiences.

Similarly, MacIntyre and Gregersen (2020) argue that creating safe spaces for risk-taking in emotional expression can ease frustration and foster both linguistic and emotional fluency. Encouraging learners to express themselves, even imperfectly, allows them to feel heard and supported rather than judged, making classroom relationships more emotionally responsive.

However, Zhang and Liu (2021) emphasize the need for cultural humility, stating that Western approaches to open emotional disclosure may not translate well in high-context Asian cultures. Teachers must be trained not only in empathy, but also in cultural competence.

In summary, when students cannot voice their feelings, they don't just fall behind—they fall inward. To support emotional growth, leaders must advocate for emotional vocabulary lessons, create reflective spaces, and train their staff in cultural sensitivity. Language support should begin not just with sentence patterns, but with safe emotional expression.

Theme 3: Emotional Belonging and the Need for Connection

While ESL classrooms in B' Cebu were described as interactive and diverse, several learners still felt emotionally disconnected. Despite being surrounded by peers, some expressed feeling alone—pointing to an unfulfilled need for emotional belonging within the school community.
"Even when I'm surrounded by classmates, I feel like I'm on my own island." (Line109) — Participant 4

"At first I was very shy, but now I'm more confident. A teacher helped me open up after I cried from homesickness."(Line106) — Participant 2

"When I first arrived, I didn't understand anything. I've grown because others believed in me when I didn't." —(Line 114)--- Participant 7

"I had anxiety about grammar. The academic head gave me tips. Later, I said, 'My classmates were my therapy!'"(Line 120) — Participant 10

"I experienced burnout. The manager helped rearrange my schedule. I like leaders who notice without us having to speak first." (Line 118)— Participant 12

These reflections suggest that belonging is not just mere physical proximity, but the feeling of being accepted and emotionally safe are also important. The researcher was personally able to witness how learners regularly attend classes yet feel invisible. The presence of a kind teacher, a peer who listens, or a leader who checks in—these moments define whether a student would feel included or alone. Leadership that notices the quiet ones without being asked can be the bridge from isolation to connection.

Tawfik et al. (2021) support this by asserting that social belonging is a critical factor for academic persistence and mental health, especially in multicultural classrooms. Their research found that students who felt emotionally included were more engaged and motivated. Ellis (2022) expands on this, warning that ESL learners without peer validation often form a "perceived outsider identity." This leads to emotional withdrawal, even if students appear cooperative or responsive.

However, in international immersion schools, as noted by Bernardo and Sison (2020), peer-led integration programs often mitigate this risk. Unfortunately, such structures are not yet common in many Philippine ESL contexts, where social-emotional programming is minimal or informal.

In conclusion, emotional belonging is not automatic—it must be intentionally built. Schools need to create regular, emotionally safe opportunities such as buddy systems, peer storytelling, and culturally affirming classroom routines. When leaders design belonging as part of the learning experience, students no longer feel like islands—they feel like part of something meaningful.

Theme 4: Hidden Emotional Burdens Among ESL Learners

Many ESL students quietly carry personal hardships—missing family, financial pressures, emotional exhaustion—all of which impact their academic behavior and mental health. These burdens often remain unnoticed by school staff, though they manifest in students' energy, focus, and participation.
"Sometimes I cry at night because I miss my family, but the next day, I act normal." (Line 104)— Participant 1

"I had anxiety before a presentation. The support staff helped me even though there was no counselor." (Line104) — Participant 2

"I'm grateful to my class manager. She helped me settle in after I cried from homesickness." (Line 124)— Participant 3

"I've grown because others believed in me." (Line 117)— Participant 7

"I had anxiety, and my teacher gave me time. I saw the emotional support improve over time." — Participant 9

"They noticed small changes in my mood. That helped me cope with homesickness." (Line 122) — Participant 11

"Leadership being available and listening without rushing made me feel truly included."(Line124) — Participant 12

Based on their responses, the researcher realized how easily emotional distress can be masked. Students who show up, smile, and comply are not always okay. The weight they carry is invisible, but it affects everything: their focus, social behavior, even their ability to learn. What they need is not perfection in instruction, but compassion in leadership—leaders who ask, "How are you?" and genuinely wait for an answer.

This theme is affirmed by Bohlmeijer et al. (2021), who argue that emotional pain is often concealed behind routine behavior. Their findings show that simple gestures—like noticing mood changes or giving students space—can relieve deep internal stress when formal counseling is unavailable.

By contrast, some local educators still believe that emotional concerns are "family matters" and should be kept out of classrooms. This mindset, though culturally grounded, limits the school's role in holistic student care. As Santos and Dela Cruz (2020) noted, this separation reinforces the notion that schools are purely academic, when in fact, they are one of the few stable environments ESL learners have access to.

In closing, emotional burdens affect how students learn, behave, and relate to others. Leadership that sees and responds to these hidden weights—through daily check-ins, reflection spaces, and emotionally aware instruction—can ease a learner's journey. In doing so, we are not just teaching English—we are honoring the full human experience of every child in our care.

Theme 5: Student Resilience and Supportive Relationships

Despite personal challenges, cultural barriers, and emotional strain, many ESL learners in B' Cebu demonstrated quiet resilience. Through journaling, faith, peer connection, and small moments of kindness from teachers and staff, students found ways to continue learning and healing. Their reflections reveal that emotional strength often grows in the presence of understanding, even when circumstances are difficult.

"When my teacher listens to me, even if I don't say much, I feel lighter." (Line 124) — Participant 6

"The support staff really helped me through." (Line 135)— Participant 2

"It was a challenging start, but I'm thankful for the structure." (Line 131)— Participant 5

"I've grown because others believed in me." (Line 154) — Participant 7

"I miss home, but this community became my second family." (Line 117) — Participant 8

"My classmates were my therapy!" (Line 141) — Participant 10

"I love the peaceful rooftop space for breaks. (Line 123)" — Participant 11

"*At first I was nervous, but now I feel at ease."* (Line 119)— Participant 9

"B' Cebu gave me not just English skills but a supportive environment to grow emotionally." (Line 126) — Participant 12

With insight gained through classroom experience and scholarly investigation, the research was able to witness how students show up for class with quiet courage. Students bring their worries and homesickness, yet still try to participate, smile, and support one another. What stands out is that resilience is not always loud but it often is just showing up, asking a question, or trusting a teacher with a small truth. These moments are built not by systems alone, but by people who listen, adapt, and simply care.

This theme is supported by Bohlmeijer et al. (2021), who argue that teacher attentiveness and emotional validation—even in simple, non-clinical interactions—are critical to resilience-building. Their research emphasizes that small acts of care often have protective effects on students' mental health, particularly when formal support systems are limited.

On the other hand, some scholars emphasize the value of structured resilience programs over informal support. However, in ESL contexts where language limits emotional expression, relational and community-based approaches remain more accessible and culturally appropriate (Ellis, 2022).

In summary, resilience doesn't mean the absence of pain—it means moving forward despite it. For ESL learners, healing often starts when someone notices, listens, or gives space to reflect. Schools can cultivate this strength by embedding simple practices like gratitude sharing, mindfulness, and journaling into daily routines. These aren't just "extra activities"—they are tools for survival, growth, and transformation.

Theme 6: Gaps in Support and Cultural Understanding

While many educators showed care and concern, students noted that the support they received often lacked depth, follow-through, or cultural understanding. The result was a feeling of being acknowledged but not fully helped—like being seen, but not really understood. These moments of disconnection revealed a gap between intention and meaningful emotional support.

"The staff meant well, even if sometimes they didn't fully understand." (Line155)— Participant 12
"Staff sometimes don't know how to deal with deeper emotional problems." (Line 103) — Participant 2
"Cultural gaps make it hard to connect deeply with some staff." (110)Participant 5

Guided by my experiences in both teaching and academic inquiry, I've witnessed this myself: the tissue offered, the comforting pause, the kind smile. Yet without training, staff often didn't know what to do next. Our hearts are in the right place, but our hands are sometimes unprepared. The reality is, good intentions are not enough when students are silently struggling with homesickness, anxiety, or trauma.

This theme is supported by Bohlmeijer et al. (2021), who explain that while concern is appreciated, it often falls short without structured, trauma-informed responses. Their research shows that emotional pain tends to persist if responses are untrained, inconsistent, or overly generalized.

Tawfik et al. (2021) further argue that in multicultural classrooms, intercultural sensitivity is essential. Without it, students may interpret emotionally neutral or vague staff responses as rejection, making them less likely to reach out again.

In sum, being emotionally aware is not the same as being emotionally equipped. For ESL learners, especially those from diverse cultural backgrounds, schools must move beyond surface-level kindness and invest in training that prepares staff to offer culturally competent care. Real support means bridging—not just noticing—the emotional distance.

Theme 7: Healing Through Everyday Connection

Amid the challenges, many students shared how they found comfort, confidence, and healing through small, consistent acts of human connection. Whether it was a teacher who remembered their name, a classmate who listened, or a simple gesture of kindness, these small bridges became the foundation of emotional strength.

"My classmates were my therapy!" (Line 131) — Participant 10
"I truly appreciated that staff knew my name and always asked how I was feeling—not just how I was studying." — Participant 7
"I miss home, but this community became my second family." (Line 135) — Participant 8
"B' Cebu gave me not just English skills but a supportive environment to grow emotionally." (Line 160)— Participant 12

These stories share that emotional support doesn't always come from formal programs, but it often arises from simple human presence. The researcher saw deepest healing happen not in structured sessions but in hallway smiles, unplanned chats, or a peer sitting beside someone quietly. These invisible yet powerful threads of care were the real bridges to students.

This theme is affirmed by Tawfik et al. (2021) and Ellis (2022), who emphasize that relational trust, peer bonding, and informal support are critical to emotional wellness, especially in ESL classrooms where verbal expression can be difficult. In such spaces, non-verbal gestures and consistent kindness often speak louder than scripted interventions.

Rather than relying solely on top-down solutions, schools must invest in community-based routines like emotional check-ins, storytelling circles, peer mentorship, and gratitude sharing. These small acts of care are not just feel-good practices—they are protective systems that build resilience and connection.

In short, emotional safety is built, not assigned. And we build it together—in the everyday moments of noticing, listening, and showing up.

Thematic Summary

The thematic analysis of the emotional narratives shared by ESL learners in B' Cebu reveals a deeply moving picture of what students endure beyond the surface of academic life. These learners are not just learning a new language—they are navigating emotional terrain marked by homesickness, cultural dislocation, anxiety, and the challenge of self-expression in a foreign environment. Their experiences reflect that language learning is, at its core, an emotional journey.

In the first theme, students shared how the visible presence of school leaders—even in small gestures like greetings or check-ins—provided a sense of safety and emotional validation. Leadership visibility emerged as a quiet but powerful source of comfort. The second theme exposed the emotional frustration students experience when they cannot fully express what they feel. The students' lack of vocabulary to say difficult emotions often led to withdrawal

and a sense of being misunderstood. The third theme revealed that emotional connection is not guaranteed by group settings. Many students described feeling alone even when surrounded by classmates, underscoring the importance of intentionally designed systems of belonging.

As the analysis deepened, the fourth theme highlighted the invisible emotional burdens students carry—such as missing family, financial stress, or trauma. Despite their silent struggles, the fifth theme celebrated the resilience that many learners demonstrated through peer support, journaling, faith, or simply being heard. In theme six, it became clear that although teachers and staff often noticed emotional distress, their responses—though well-meaning—were sometimes unstructured and lacked cultural sensitivity. Finally, the seventh theme underscored that the most effective emotional support often came from ordinary human interactions: a smile, a peer's presence, a teacher who took time to ask how a student was feeling.

Altogether, these themes affirm a vital truth: emotional well-being is inseparable from academic achievement. The experiences of these learners suggest that when students feel safe, seen, and supported, they are more capable of thriving—not just as language learners, but as whole individuals.

Leadership Implications

The findings of this study offer a compelling call to action for school leaders. Emotional wellness must be viewed not as an auxiliary concern but as a leadership priority embedded in the heart of educational practice. When school leaders are visible, approachable, and emotionally attuned, they create a school climate where learners feel anchored and valued. Acts as simple as greeting students by name, initiating brief check-ins, or noticing behavioral shifts can become powerful acts of leadership that foster emotional connection.

Culturally responsive leadership is also essential. The gap between care and competence can lead to students feeling misunderstood, despite educators' good intentions. Training in trauma-informed and culturally sensitive support is not optional in multicultural classrooms—it is foundational. Leaders must ensure that teachers and staff have the skills, language, and confidence to respond effectively to emotional needs, especially when those needs are expressed quietly or nonverbally.

Creating spaces for emotional belonging must be intentional. Peer mentoring systems, gratitude circles, storytelling opportunities, and reflective journaling should not be framed as extracurricular but as core elements of a caring learning environment. In ESL classrooms, where verbal expression is still developing, these alternative emotional channels are vital. School culture must be designed to hold space for both emotional vulnerability and emotional growth.

Equally important is recognizing the emotional weight of everyday interactions. Healing doesn't only happen in formal counseling sessions; it unfolds in subtle moments of acknowledgment, consistency, and kindness. When educators notice a withdrawn student, allow a pause, or offer a listening ear, they provide more than academic support—they offer safety.

To sustain this work, institutional commitment is necessary. Emotional wellness should be embedded in school improvement plans, staff development programs, and national education policies. This means allocating time, resources, and professional recognition to emotional literacy initiatives. It also means ensuring that wellness strategies are ongoing, evaluated, and refined—not implemented only in response to crises.

Ultimately, the role of educational leadership must be redefined to include not just academic management but emotional stewardship. In shaping environments where ESL learners feel emotionally secure, leaders do more than support language learning—they affirm the humanity of every child in their care. These stories remind us that the heart of leadership is not found only in plans and policies, but in presence, compassion, and the quiet power of being there.

EPILOGUE

This study set out to explore how school leadership shapes the implementation and effectiveness of mental health strategies designed to support the well-being of ESL learners at B' Cebu Academy. Through the voices of twelve students, the research revealed that while emotional needs are ever-present in the ESL learning experience, responses to these needs often depend on the awareness, initiative, and responsiveness of leadership. The findings demonstrated that where school leaders were visible, compassionate, and culturally attuned, learners felt safer, more emotionally supported, and better able to thrive in their academic journey.

Across the narratives, students described emotional struggles—ranging from homesickness and anxiety to identity confusion and linguistic frustration—that were often internalized and hidden beneath the surface of classroom behavior. While individual acts of kindness from teachers and peers made a lasting impact, such support was

inconsistent, lacking structure, and largely dependent on personality rather than system. This inconsistency reveals a critical insight: the success of mental health initiatives within ESL contexts hinges not solely on individual effort, but on leadership's ability to systematize care across the school environment.

Leadership at B' Cebu, as reported by students, played a decisive role in either alleviating or unintentionally amplifying emotional challenges. When leaders were proactive—adjusting workloads, listening attentively, or creating reflective spaces—students reported feeling validated and emotionally resilient. Conversely, when leadership responses were absent or uninformed, students felt isolated or misunderstood, even in otherwise supportive environments. These experiences underscore the reality that emotional wellness cannot be an optional, informal feature of ESL education—it must be led, planned, and embedded through intentional leadership practices.

This study reaffirms that the implementation of effective mental health strategies is not merely about providing occasional support, but about cultivating a sustained culture of care, guided by leadership. It is the leader's role to create policies, train staff, allocate resources, and model the emotional intelligence that sets the tone for the entire learning community. Without leadership anchoring these efforts, mental health support remains fragmented and reactive.

As more students from diverse cultural and linguistic backgrounds enter global classrooms, the responsibility of school leaders becomes ever more critical. They must ensure that mental wellness is not a secondary concern but a core pillar of academic success and student development. The voices of learners in this study offer both a reflection and a call to action—one that challenges us to redesign ESL education to meet the full needs of the learner.

Ultimately, this research lays the groundwork for developing mental wellness guidelines that are leadership-driven, culturally responsive, and learner-centered. The emotional journeys of ESL students at B' Cebu serve not only as testimonies of silent resilience but also as blueprints for institutional change. If schools are to become spaces of true learning and belonging, then mental health support must be a shared leadership priority—deliberate, sustained, and integral to the heart of educational practice.

Conclusion

This study set out not just to examine programs or policies, but to listen—to the quiet truths of ESL learners navigating both a new language and a new life. Their voices revealed that emotional well-being is not a side concern in education; it is the foundation on which meaningful learning is built. The stories shared in this research showed us how powerful a leader's presence can be—a simple check-in, a moment of understanding, a policy that protects a student's dignity. When school leadership steps forward with empathy and structure, mental health support becomes more than good intention—it becomes a culture that holds students up when they're struggling and celebrates them when they grow.

What became clear is that ESL learners do not need perfect systems. They need people who notice, who act, and who lead with heart. Leadership matters—not just at the front of a school assembly, but in the daily decisions that shape whether a student feels safe, heard, and valued. This study calls on school heads, program coordinators, and policy-makers to create spaces where emotional safety is part of the curriculum, where care is systematized, and where no learner feels alone in their journey. Because when leaders lead with compassion, students don't just learn English—they learn that they belong.

Recommendation

Program Implementation. ESL training centers nationwide should adopt the "Bridging Hearts and Minds" Mental Health Support Program as a foundational part of their institutional framework. This includes a pre-implementation phase (orientation and baseline assessment), capacity-building workshops, wellness space creation, and the integration of weekly mental health activities and peer mentoring systems. Findings reveal that ESL learners struggle with emotional isolation, homesickness, and anxiety, yet most centers lack structured wellness programs. Implementing a leadership-led program ensures emotional wellness is prioritized alongside academics, promoting retention, engagement, and language acquisition. School heads, ESL center administrators, and program coordinators—under the guidance of the Department of Education and TESDA—should oversee phased implementation with support from teachers, counselors, and community partners.

Policy Development and Integration. National education authorities should issue policy guidelines requiring all DepEd and TESDA-accredited ESL centers to establish structured mental health support systems. This should include the appointment of Wellness Coordinators, mandatory inclusion of mental health in student orientation, and flexible learning plans for emotionally at-risk students. Emotional well-being is currently treated as optional or supplementary in many institutions. Without policy mandates, mental health initiatives remain inconsistent and underfunded. The lack of leadership accountability leads to fragmented or absent wellness interventions.The Department of Education, TESDA, and Commission on Higher Education (CHED) should collaborate

to draft and enforce mental health guidelines aligned with RA 11036 (Mental Health Act). ESL institutions must also be held accountable for integrating these policies into their school improvement plans.

Leadership Capacity Building. School and ESL center leaders must undergo professional development on trauma-informed leadership, emotional first aid, and intercultural sensitivity. Mental health training should be a required component of school heads' capacity-building efforts. Many school heads and ESL program managers lack formal training in emotional wellness leadership. This results in underdeveloped responses to student distress, as reflected in the study's findings. DepEd NEAP, TESDA, and accredited mental health organizations should design and facilitate leadership-focused workshops for current and aspiring school heads and administrators.

Stakeholder Engagement and Collaboration. Actively involve teachers, parents, learners, and LGU partners in the planning, execution, and monitoring of mental health programs. Stakeholder consultations, parent education forums, and student feedback mechanisms must be institutionalized. The effectiveness of any emotional support system depends on whole-community engagement. The absence of parental awareness and learner voice in many ESL centers weakens long-term program outcomes. School administrators, guidance counselors, and mental health support teams, with assistance from Barangay Health Workers, CSWDO, and PTAs, should collaborate in awareness-building and ongoing program evaluation.

Future Studies and Research. Conduct research on the long-term effects of structured mental health programs on ESL learners' academic performance, emotional resilience, and social integration. Comparative and longitudinal studies are encouraged. There is a lack of empirical data connecting emotional wellness programs with academic outcomes in the Philippine ESL context. Understanding these relationships can guide stronger leadership practices and institutional planning.Researchers, teacher-researchers, graduate students, and institutional research centers in partnership with DepEd, TESDA, and CHED should lead these studies. ESL program implementers should also engage in action research to assess real-time effectiveness and adaptability.

Bridging Hearts and Minds: A Leadership-Driven Emotional Support Program for ESL Learners in the Philippines

I. Introduction

English as a Second Language (ESL) learners often experience emotional stress brought about by language barriers, cultural transitions, academic pressures, and social isolation. These difficulties are compounded by the lack of structured mental health support and limited awareness of emotional well-being in many language learning environments. When mental wellness is overlooked, both language acquisition and overall academic performance suffer.

School leadership plays a central role in fostering emotional resilience and raising mental health awareness within educational institutions. As key influencers of school culture, policies, and teacher practices, leaders are in a unique position to normalize emotional expression, reduce stigma, and initiate systemic mental health awareness efforts tailored to linguistically and culturally diverse learners.

The "Bridging Hearts and Minds" Program is a comprehensive, leadership-driven initiative designed to embed mental wellness, awareness, and support structures into ESL learning institutions across the Philippines. Rooted in qualitative findings from students in B' Cebu, this program empowers leaders to create psychologically safe, empathetic, and inclusive spaces where ESL learners are emotionally supported while learning English.

This initiative redefines the role of educational leaders—not just as instructional managers but as wellness advocates who are proactive in addressing the emotional and mental health needs of their students. By championing mental health awareness and responsive practices, school leaders can transform ESL institutions into nurturing environments where learners are not only taught English but are also understood, respected, and cared for.

II. **Program Objectives**

This program centers on developing school leadership capacity to promote mental health awareness and provide culturally sensitive emotional support systems for ESL learners.

1. To increase mental health awareness among school leaders, teachers, and staff, emphasizing its importance in the academic success and emotional development of ESL learners.
2. To equip school leaders with culturally responsive, emotionally intelligent leadership strategies that address the unique psychosocial needs of ESL learners in their institutions.
3. To institutionalize structured mental health and emotional support systems, such as wellness teams, peer mentoring programs, and quiet zones, under the direct guidance of school administrators.
4. To promote a school-wide culture of empathy, inclusion, and psychological safety, where emotional well-being is openly discussed, de-stigmatized, and supported.

5. To develop continuous feedback and monitoring mechanisms that allow leaders to assess the emotional needs of ESL learners and adapt programs based on emerging challenges.

III. **Beneficiaries**

- ESL learners in language centers nationwide
- ESL educators and support staff
- Academic managers and school leaders
- Designate permanent Wellness Coordinators in each center.
- Engage alumni to serve as peer mentors or support volunteers.

Leadership Focus

Leadership Role	**What Leaders Should Do**	**How They Should Do It**	**Where to Implement**
Policy Leaders (DepEd Regional/Division Heads)	Develop policy guidelines requiring emotional support systems in ESL programs	Issue regional memoranda; integrate into SIP & AIP templates	Regional & Division Offices
School Heads / Language Center Directors	Institutionalize mental health programs tailored for ESL learners	Assign MH Coordinators; embed wellness in school culture & daily routines	School/Center-wide
Department Heads / Program Coordinators	Design and monitor wellness activities and emotional literacy programs	Coordinate monthly wellness events; track feedback via forms or surveys	ESL Departments
Guidance Advocates / Counselors	Provide culturally sensitive counseling services	Offer multilingual counseling options and emotional check-ins	Counseling Centers, Peer Rooms
ESL Teachers	Integrate empathy-building and stress-relieving strategies in instruction	Conduct mindfulness breaks, reflective journaling, and buddy mentoring	Within ESL Classrooms

IV. Key Program Components

1. Leadership Mental Health Training Series

What: Structured capacity-building for school heads and department leaders on trauma-informed leadership, intercultural empathy, and responsive discipline.
How: Delivered via NEAP or accredited providers; includes case simulations from ESL contexts.
Where: Regional training hubs or online webinars.

2. Establishment of Mental Health Support Teams (MHST)

What: Each school or center forms an MHST composed of leaders, counselors, and wellness advocates.
How: Formed via a school memo; tasked to lead crisis response, wellness planning, and monitoring.
Where: Every institution offering ESL programs.

3. Heart Zones and Quiet Corners

What: Safe physical spaces for ESL learners to decompress emotionally.
How: Repurpose small rooms with soft lighting, calming visuals, and sensory tools.
Where: Libraries, empty classrooms, or guidance offices.

4. Peer Connection Circles

What: Leadership-guided peer mentoring programs that match new ESL learners with buddies.
How: Training sessions, regular check-ins, and guided activities.
Where: Implemented in homerooms and ESL classes.

5. "Heart Talks" Wellness Dialogues

What: Monthly small-group conversations led by trained teachers or school heads on emotional well-being topics.
How: Structured prompts and reflection journals.
Where: Conducted in classrooms or after-class sessions.

V. Monitoring and Leadership Accountability

Activity	**What to Monitor**	**How to Monitor**	**Leader Responsible**
Heart Talk Sessions	Frequency and student participation	Attendance logs and reflection summaries	Department Heads
MHST Initiatives	Number of interventions and cases addressed	Monthly MHST reports	School Heads

Teacher Practices	Inclusion of emotional strategies in ESL teaching	Class observations, student feedback	Program Coordinators
Learner Satisfaction	Emotional wellness and comfort levels	Quarterly learner surveys	Guidance Counselors

VI. Leadership Insight & Sustainability Strategy

Leadership Insight: The role of leadership extends beyond academic management. Leaders are **emotional architects** of the learning space. By acknowledging and addressing the mental health of ESL learners, leaders help cultivate resilience, reduce dropout risks, and enhance linguistic confidence.

Sustainability Plan:

Integrate the program into the **School Improvement Plan (SIP)** and **Annual Implementation Plan (AIP)**.
Include mental health indicators in the **performance evaluation** of leaders.
Engage **LGUs, NGOs, and alumni** to fund wellness spaces and leadership training.
Align with **DepEd Orders** such as DO No. 21, s. 2015 and DO No. 40, s. 2012 (Child Protection Policy).

Ethical Consideration

This study observes ethical principles outlined in the Belmont Report—**beneficence**, **respect**, and **justice**—to ensure that all participants are protected throughout the research process. Ethical approval will be secured from the **University of the Visayas Institutional Review Board**.

Beneficence. Beneficence imposes a duty on researchers to minimize harm and maximize benefits. Human research should be intended to produce benefits for participants or—a situation that is more common—for others.

Respect. Respect for Human Dignity. Respect for human dignity is the second ethical principle in the Bel mont Report. This principle includes the right to self-determination and the right to full disclosure.

Justice. The third broad principle articulated in the Belmont Report concerns justice, which includes participants' right to fair treatment and their right to privacy. The Belmont Report articulated three broad principles on which standards of ethical conduct in research are based: beneficence, respect for human dignity, and justice. These principles guide researchers in designing procedures that protect participants' rights, minimize harm, and ensure fairness and informed participation.

A. Content, Comprehension and Documentation of Informed Consent

Participants Status. Prospective participants need to understand the distinction between research and treatment. They should be told which healthcare activities are routine and which are implemented specifically for the study. They also should be informed that data they provide will be used for research purposes.

Study Goals. The overall goals of the research should be stated, in lay rather than technical terms. The use to which the data will be put should be described.

Type of Data. Prospective participants should be told what type of data will be collected. Specify it is quantitative or qualitative.

Procedures. Prospective participants should be given a description of the data collection procedures and of procedures to be used in any innovative treatment.

Nature of Commitment. Participants should be told the expected time commitment at each point of contact and the number of contacts within a given timeframe.

Sponsorship. Information on who is sponsoring or funding the study should be noted; if the research is part of an academic requirement, this information should be shared.

Participant's Selection. Prospective participants should be told how they were selected for recruitment and how many people will be participating.

Risk. Physical harm, including unanticipated side effects • Physical discomfort, fatigue, or boredom • Psychological or emotional distress resulting from self-disclosure, introspection, fear of the unknown, discomfort with strangers, fear of eventual repercussions, anger or embarrassment at the type of questions being asked • Social

risks, such as the risk of stigma, adverse effects on personal relationships, loss of status • Loss of privacy • Loss of time • Monetary costs (e.g., for transportation, child care, time lost from work)

Potential Risk. Prospective participants should be informed of any foreseeable risks (physical, psychological, social, or economic) or discomforts and efforts that will be taken to minimize risks. The possibility of unforeseeable risks should also be discussed, if appropriate. If injury or damage is possible, treatments that will be made available to participants should be described. When risks are more than minimal prospective participants should be encouraged to seek advice before consenting.

Benefits. Access to a potentially beneficial intervention that might otherwise be unavailable to them • Comfort in being able to discuss their situation or problem with a friendly, objective person Increased knowledge about themselves or their conditions, either through opportunity for introspection and self-reflection or through direct interaction with researchers • Escape from normal routine, excitement of being part of a study • Satisfaction that information they provide may help others with similar problems or conditions • Direct monetary or material gains through stipends or other incentives.

Potential Benefits. Other possible benefits.

Alternatives. If appropriate, participants should be told about alternative procedures or treatments that might be advantageous to them.

Incentives and Compensation. If stipends or reimbursements are to be paid (or if treatments are offered without fee), these arrangements should be discussed. Declare if it is monetary or not and if it's not, what are your other options in giving back to the respondents.

Confidentiality Pledge. Prospective participants should be assured that their privacy will at all times be protected. If anonymity can be guaranteed, this should be stated.

Confidentiality Procedures. Study participants have the right to expect that data they provide will be kept in strict confidence. Participants' right to privacy is protected through various confidentiality procedures. Anonymity, the most secure means of protecting confidentiality, occurs when the researcher cannot link participants to their data.

When anonymity is impossible, confidentiality procedures need to be implemented. A promise of confidentiality is a pledge that any information participants provide will not be publicly reported in a manner that identifies them and will not be accessible to others. This means that research information should not be shared with strangers nor with people known to participants (e.g., relatives, others), unless participants give explicit permission to do so. Researchers can take a number of steps to ensure that a breach of confidentiality does not occur, including the following: obtain identifying information (e.g., name, address) from participants only when essential; assign an identification (ID) number to each participant and attach the ID number rather than other identifiers to the actual data; maintain identifying information in a locked file; restrict access to identifying information to only a few people on a need-to-know basis; enter no identifying information onto computer files; destroy identifying information as quickly as practical; make research personnel sign confidentiality pledges if they have access to data or identifying information; report research information in the aggregate; if information for an individual is reported, disguise the person's identity, such as through the use of a fictitious name.

Authorization to Access Private Information. Discuss whether obtained separately or as part of the consent form. Include who will receive the information.

Voluntary Consent. Researchers should indicate that participation is strictly voluntary and that failure to volunteer will not result in any penalty or loss of benefits.

Right to Withdraw and Withhold Information. Prospective participants should be told that, after consenting, they have the right to withdraw from the study or to withhold any specific piece of information. Researchers may need to describe circumstances under which researchers would terminate the study.

Contact Information. The researcher should tell participants whom they could contact in the event of further questions, comments, or complaints. UV-IRB Ethics Review Panel (specify) has approved the study, and may be reached through the following contact information regarding rights of study participants, including grievances and complaints:

University of the Visayas – Institutional Review Board
5th floor, Inday Pining Building, Colon Street, Cebu City
Telephone No. (032) 253-7401 local 116 or email at: rec@uv.edu.ph

B. Debriefing, Communications and Referrals

- Researchers can often show their respect for participants—and proactively minimize emotional risks—by carefully attending to the nature of the interactions they have with them. For example, researchers should always be gracious and polite, should phrase questions tactfully, and should be sensitive to cultural and linguistic diversity.
- Researchers can also use more formal strategies to communicate respect and concern for participants' well-being. For example, it is sometimes useful to offer debriefing sessions after data collection is completed to permit participants to ask questions or air complaints. Debriefing is especially important when the data collection has been stressful or when ethical guidelines had to be "bent" (e.g., if any deception was used in explaining the study).
- It is also thoughtful to communicate with participants after the study is completed to let them know that their participation was appreciated. Finally, in some situations, researchers may need to assist study participants by making referrals to appropriate health, social, or psychological services.

C. Conflict of Interest

- A conflict of interest is a situation in which financial or other personal considerations have the potential to compromise or bias professional judgment and objectivity. An apparent conflict of interest is one in which a reasonable person would think that the professional's judgment is likely to be compromised. A potential conflict of interest involves a situation that may develop into an actual conflict of interest.
- It is important to note that a conflict of interest exists whether or not decisions are affected by a personal interest; a conflict of interest implies only the potential for bias, not likelihood. It is also important to note that a conflict of interest is not considered misconduct in research, since the definition for misconduct is currently limited to fabrication, falsification, and plagiarism.

D. Treatment of Vulnerability Groups

- Vulnerable populations may be incapable of giving fully informed consent (e.g., mentally retarded people) or may be at risk of unintended side effects because of their circumstances (e.g., pregnant women). Researchers interested in studying high-risk groups should understand guidelines governing informed consent, risk/benefit assessments, and acceptable research procedures for such groups. In general, research with vulnerable groups should be undertaken only when the risk/benefit ratio is low or when there is no alternative (e.g., studies of childhood development require child participants).

- **Children.** Legally and ethically, children do not have competence to give informed consent, so the informed consent of children's parents or legal guardians must be obtained. It is appropriate, however—especially if the child is at least 7 years old—to obtain the child's assent as well. Assent refers to the child's affirmative agreement to participate. If the child is mature enough (e.g., a 12-year-old) to understand basic informed consent information, it is advisable to obtain written assent from the child as well, as evidence of respect for the child's right to self-determination. Lindeke and colleagues (2000) and Kanner and colleagues (2004) provided guidance on children's assent and consent to participate in research. The U.S. government has issued special regulations (Subpart D of the Code of Federal Regulations, 2005) for the additional protection of children as study participants.

  When involving children in mental health research, it is essential to implement protective measures that uphold their rights, safety, and well-being. As a vulnerable population, children cannot legally provide full informed consent; therefore, written consent will first be obtained from their parent or legal guardian. Additionally, child participants aged seven and above will be asked for assent using developmentally appropriate language, and those aged twelve and older will be invited to give written assent as a sign of their voluntary participation. The study will be conducted in a safe, child-friendly environment by trained personnel. Children will have the right to withdraw, skip questions, or stop at any time, and if emotional distress is observed, the session will be paused and referrals to appropriate support services will be offered.

  Lastly, the entire study protocol will be submitted for review and approval by the University of the Visayas Institutional Review Board (UV-IRB) to ensure compliance with national and international ethical standards. The IRB will evaluate the study's risk-benefit ratio, consent and assent procedures, and the qualifications of the research team. Through these combined efforts, the study ensures that children's rights, comfort, and safety remain a top priority while allowing their voices to contribute meaningfully to the growing understanding of mental health in the B'Cebu community.

References

Bohlmeijer, E. T., Westerhof, G. J., Lamers, S. M. A., & Bolier, L. (2021). Positive psychology-based interventions to promote well-being: A meta-analytic review. *Applied Psychology: Health and Well-Being, 13*(2), 325–352. https://doi.org/10.1111/aphw.12209

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27–40. https://doi.org/10.3316/QRJ0902027

Department of Education. (2021). *Mental health and well-being of Filipino students: A nationwide study*. DepEd Research Journal.
Doe, A., & Lee, M. (2022). Mental health policies in education: Implementation challenges and solutions. *Education Policy Review, 19*(2), 112–130.
Ellis, C. (2022). Cultural identity and the impact of classroom belonging among language learners. *Journal of Educational Sociology, 14*(3), 199–217.
Garcia, M. A., & Moran, R. (2022). Authentic engagement in school leadership: Creating meaningful connections. *International Journal of Leadership in Education, 25*(1), 45–60.
Garcia, M. A., & Santos, R. L. (2021). Regional approaches to mental health education: A policy analysis. *Journal of School Health, 91*(3), 225–240. https://doi.org/10.1111/josh.12992
Harber, J. (2021). Supporting emotional well-being in ESL education: Rethinking institutional roles. *Journal of Language and Social Psychology, 40*(5), 515–530. https://doi.org/10.1177/0261927X211032657
Jones, C., Wang, Y., & Andrews, L. (2019). The role of school leadership in mental health advocacy. *Journal of Educational Leadership, 76*(4), 310–324.
Kutcher, S., Wei, Y., & Morgan, C. (2015). Successful implementation of mental health curriculum in schools: A Canadian perspective. *Child and Adolescent Psychiatric Clinics of North America, 24*(2), 233–244. https://doi.org/10.1016/j.chc.2014.11.002
Lee, J. J., & Rice, C. (2020). Emotional support and academic adjustment among international ESL students. *Journal of International Students, 10*(3), 658–676. https://doi.org/10.32674/jis.v10i3.1085
MacIntyre, P. D., & Gregersen, T. (2020). The affective filter in second language learning: An update and re-evaluation. *Language Teaching Research, 24*(1), 67–87.
Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334–340. https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G
Smith, A., & Brown, T. (2020). Student well-being and academic success: The importance of mental health in schools. *Psychology & Education, 57*(9), 78–95.
Tawfik, H., Velasco, M., & Cruz, J. (2021). Enhancing inclusive classrooms through emotional scaffolding. *Multicultural Education Review, 13*(2), 102–116.
Tian, Y., & Zhang, L. (2021). Leadership practices and emotional support in culturally diverse schools. *Educational Administration Quarterly, 57*(4), 553–580.
UNICEF. (2022). *The state of the world's children 2022: Mental health matters*. https://www.unicef.org/reports/state-worlds-children-2022
World Health Organization. (2021). *Mental health in schools: A global perspective on policies and practices*. WHO Press.
World Health Organization. (2023). *Mental health of refugees and migrants: Risk and protective factors and access to care*. https://www.who.int/publications/i/item/9789240068180
Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE Publications.