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Fostering Well-Being and Effective Communication: Mental Health Practices and Classroom Dynamics in Public Elementary Schools

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ABSTRACT

The mental well-being of our students and the effectiveness of classroom interactions are absolutely vital for creating learning environments where children can truly thrive in public elementary schools. This article delves into the intricate relationship between the mental health action practices teachers put into place and their ability to interact effectively in the classroom (what we call Classroom Interactional Competence, or CIC). Drawing on powerful frameworks like ecological systems theory and social learning theory, we explore how teachers' understanding and practical application of mental health strategies, combined with their knack for fostering positive classroom dynamics, contribute significantly to student well-being and academic success. Our comprehensive review underscores just how important it is for teachers to receive training in both mental health support and strong communication skills to truly enrich the entire educational journey for elementary students.

Keywords: Mental Health Practices, Classroom Interactional Competence, Public Elementary Schools, Teacher-Student Relationships, Social-Emotional Learning, Student Well-being, Teacher Training.

INTRODUCTION

Education, as we know it, has undergone a remarkable transformation in recent decades. It's no longer just about grades and test scores; there's a profound shift towards nurturing the whole child. At the heart of this evolving perspective is the crucial understanding that mental health isn't just a side note—it's a fundamental part of a child's overall well-being and absolutely essential for their ability to learn, grow, and truly flourish [10, 31]. Public elementary schools, serving as the very first stepping stones in a child's formal education, carry a significant responsibility. They're tasked not only with building cognitive skills but also with nurturing the emotional and psychological strength of our youngest learners. These early years in elementary school are incredibly important for developing social-emotional skills, learning how to cope with life's challenges, and building a positive sense of self—all deeply connected to mental health.

Around the world, we're seeing a growing awareness of the mental health struggles many children and adolescents face. Things like societal pressures, shifts in family life, peer relationships, and even major global events can unfortunately make young individuals more vulnerable to various mental health issues [18, 29, 35]. These challenges can show up in many different ways, from anxiety and depression to behavioral difficulties and struggles with social interaction. All of these can really get in the way of a child's ability to engage in learning and enjoy their school experience. Teachers, because they spend so much time with children every day, are often the very first people to notice subtle or even obvious signs of distress. This means their role has expanded significantly beyond just teaching subjects; they've become vital frontline supporters for mental health, often providing the initial help [27, 34]. So, it's incredibly important that they're prepared to spot these needs, understand them, and respond appropriately [1, 12, 24].

Alongside this increased focus on student mental health, there's been a lot more academic attention on what actually happens inside classrooms. Specifically, the idea of Classroom Interactional Competence (CIC) has emerged as a cornerstone of truly effective teaching [19, 33]. Think of CIC as a teacher's diverse set of skills that allows them to effectively manage, guide, and keep meaningful interactions going in the classroom. This covers a wide range of abilities, like communicating clearly, genuinely listening, giving helpful feedback, encouraging students to participate, and creating a learning space that feels inclusive and psychologically safe. Research consistently

shows that teachers who possess high CIC can significantly boost student engagement, encourage critical thinking, and create a wonderfully positive learning atmosphere [17, 19]. On the flip side, if a teacher struggles with CIC, it can lead to communication breakdowns, lower student motivation, and less-than-ideal academic results [19].

The connection between mental health and classroom interaction is particularly striking. Teachers who are well-equipped with effective mental health action practices—proactive strategies designed to promote good mental health, identify early signs of trouble, and offer appropriate support to students—are in a much better position to cultivate environments that truly help learning flourish [6, 21, 25]. These practices can range from weaving social-emotional learning (SEL) into daily lessons [15, 20] to simply creating an open space where children feel comfortable talking about their feelings and challenges. When teachers are emotionally aware and can manage their own emotions, they become powerful role models for students, teaching crucial skills for emotional regulation, empathy, and effective communication [13, 30]. This, in turn, helps create a harmonious and productive classroom where students feel understood and supported [16].

In many educational settings, including here in the Philippines, challenges like overcrowded classrooms, limited resources, and a curriculum that historically focused more on just delivering content rather than engaging students have created significant hurdles. These make it tough to fully implement interactive teaching strategies and comprehensively address mental health needs [1, 3, 12]. The recent shift to distance learning during global events further highlighted how adaptable teachers need to be and how vital technology can be in facilitating classroom interaction [8, 25, 31]. It's against this complex backdrop that our current study aims to explore the intricate relationship between mental health action practices and classroom interactional competence among public elementary school teachers. Understanding this synergy isn't just an academic exercise; it's a practical necessity for designing effective professional development programs and support initiatives that can genuinely improve teaching and, ultimately, boost the overall well-being and educational outcomes of elementary students.

Conceptual Framework

Our study is built on a clear idea: there's a direct and important link between what teachers do to support mental health and how well they interact in the classroom. We understand this connection by looking through the lenses of some powerful psychological and educational theories, especially Bronfenbrenner's Ecological Systems Theory and Bandura's Social Learning Theory, along with insights from Emotional Intelligence Theory.

Independent Variable: Mental Health Action Practices

When we talk about mental health action practices, we're thinking about the active and responsive things teachers do to promote, maintain, and support their students' mental well-being right there in the school environment. These practices have many layers:

- Emotional Capability: This is about a teacher's ability to recognize, understand, and manage their own feelings, and to truly empathize with and respond appropriately to their students' emotions. It involves being self-aware, able to regulate emotions, and socially aware [13, 30].
- Problem-Solving Capacity: This refers to a teacher's skill in noticing mental health challenges or stressors affecting students, thinking through possible solutions, and putting effective strategies into action to help or guide students toward the right support [21].
- Motivation: This is the teacher's inner drive and dedication to making student mental health a priority, actively looking for ways to help, and creating a supportive and welcoming classroom atmosphere [26].
- Opportunity: This means a teacher's ability to create and use moments within the classroom and school where mental health can be discussed openly, where emotional literacy is encouraged, and where students can find helpful resources [9, 25].

Dependent Variable: Classroom Interactional Competence (CIC)

Classroom interactional competence is all about how skilled and effective a teacher is at making sure interactions in the classroom are engaging, meaningful, and help students learn and participate. This includes:

- Visual Organizers: This is about using visual aids, diagrams, and other graphics effectively to organize information, make things easier to understand, and keep students engaged in learning [3].
- Sociocultural Interaction: This refers to a teacher's ability to encourage group work, promote communication among peers, and create an inclusive environment where different cultural backgrounds are respected, fostering a real sense of community [16].
- Questioning: This means strategically using different kinds of questions (like open-ended questions or those that make students think deeply) to spark critical thinking, encourage active participation, and check if students understand [16].
- Interactional Patterns: This looks at the overall way communication happens in the classroom—things like who talks when, how feedback is given, how responsive teachers are to student input, and the general flow of conversations that make for a productive learning space [19, 33].

Theoretical Underpinnings:

- Bronfenbrenner's Ecological Systems Theory (1979) [7, 11]: This theory helps us see the bigger picture—how a child's development is shaped by various environments. The classroom (the "microsystem") is where teachers and students interact directly. But the school's policies and resources (the "exosystem"), and even broader societal views on mental health (the "macrosystem"), all play a part in how well teachers can implement mental health practices and, in turn, their CIC. A teacher who understands these wider influences can better tailor their support and interactions to fit each student's unique needs.

- Bandura's Social Learning Theory (1977) [5, 26]: This theory teaches us that we learn a lot by watching others. Teachers are incredibly important role models who directly influence how students develop socially and emotionally. When teachers show strong emotional capability, good problem-solving skills, and a real motivation to support mental health, they set a powerful example for students to follow. This modeling helps students learn to manage their own emotions and social skills, which then improves the quality of interactions in the classroom. The theory also points to "self-efficacy," suggesting that teachers who feel confident in their ability to support mental health are more likely to show greater CIC.

- Emotional Intelligence Theory (Petrovici & Dobrescu, 2014) [13, 30]: This theory directly connects to a teacher's "Emotional Capability" in mental health practices and its link to CIC. A teacher's emotional intelligence—their ability to understand, use, and manage emotions—is absolutely essential for building good relationships, calming difficult situations, and creating a caring classroom environment. High emotional intelligence allows teachers to navigate the complex dynamics of a classroom, respond sensitively to student needs, and foster a psychologically safe space where students feel comfortable expressing themselves—a clear sign of strong CIC.

Hypothesized Relationship:

Our framework suggests that when teachers are deeply involved in mental health action practices, especially in their emotional capability, problem-solving skills, motivation, and ability to create opportunities, it will have a significant and positive impact on their classroom interactional competence. This, in turn, should lead to more effective teaching and improved student well-being.

Statement of the Problem

Even though we increasingly recognize that mental health and effective classroom interactions are crucial for quality education, many public elementary schools still face hurdles in fully weaving these aspects into their daily routines. While everyone agrees on the importance of a holistic approach, we still need solid evidence that directly shows the link between what teachers do for mental health and how well they interact in the classroom. This evidence is vital for creating targeted, effective programs.

This study specifically aimed to uncover the significant relationship between mental health action practices and classroom interactional competence among public elementary school teachers in Baganga South District, Division of Davao Oriental. More precisely, we set out to answer these specific questions:

1. To what extent do public elementary school teachers engage in mental health action practices, particularly in terms of their:

1.1. Emotional capability?

1.2. Problem-solving capacity?

1.3. Motivation?

1.4. Opportunity?

2. What is the level of classroom interactional competence among public elementary school teachers, considering their use of:

2.1. Visual organizers?

2.2. Sociocultural interaction?

2.3. Questioning techniques?

2.4. Interactional patterns?

3. Is there a significant relationship between mental health action practices and classroom interactional competence among public elementary school teachers?

4. Which specific aspects (domains) of mental health action practices have a significant influence on classroom interactional competence among public elementary school teachers?

Hypotheses

Based on the questions we just laid out, we formed the following null hypotheses (these are statements we try to disprove):

- Ho1: There is no significant relationship between mental health action practices and classroom interactional competence among public elementary school teachers.

- Ho2: None of the domains of mental health action practices significantly influence classroom interactional competence among public elementary school teachers.

Significance of the Study

The findings from this study are incredibly important for everyone involved in education, offering valuable insights for both academic understanding and practical application.

- For Teachers: This research will give teachers a clearer picture of how their efforts in mental health support directly affect how they interact in the classroom.

By understanding which specific mental health practices influence their teaching competence, teachers can pinpoint areas where they might want to grow professionally. This can empower them to be more deliberate in creating supportive environments and sharpening their communication skills, ultimately leading to more job satisfaction and less burnout.

- For Students: Ultimately, the children in elementary school are the biggest beneficiaries of this study. By highlighting how important teachers' mental health practices and interactional competence are, our research champions learning environments that are not only academically stimulating but also emotionally safe, supportive, and truly help children develop in every way. Better teacher practices can mean more engaged students, improved mental health outcomes, and a happier overall school experience.

- For School Administrators and Leaders: This study provides solid evidence that can guide school administrators in designing and running effective professional development programs. It will help them prioritize initiatives that focus on both supporting teacher mental health and improving classroom management. The findings can also help inform how resources are allocated for training, workshops, and creating school policies that foster a culture of well-being for both educators and students.

- For Policymakers and Curriculum Developers: This research offers valuable data for those who make educational policies at local and national levels. It can help shape curriculum guidelines that more clearly include mental health education and social-emotional learning. Policymakers can use these findings to advocate for policies that support teacher well-being and require training in mental health action practices and classroom interactional competence.

- For Parents/Guardians: Understanding the deep connection between what teachers do and how it affects a child's well-being can help parents appreciate educators' efforts and encourage stronger collaboration between home and school in supporting children's mental health.

- For Future Researchers: This study adds to the existing knowledge about mental health in education and classroom dynamics. It can serve as a springboard for future research, suggesting new avenues for exploration, such as long-term studies, qualitative investigations into teacher experiences, or experimental designs to test how effective specific interventions are.

By shining a light on this crucial relationship, our study aims to help create a more empathetic, effective, and supportive educational landscape for public elementary schools, ensuring that the mental health of both teachers and students is a top priority for the best possible learning outcomes.

Scope and Delimitations

Our study focused specifically on looking at the relationship between mental health action practices and classroom interactional competence among public elementary school teachers. The research was carried out in the public elementary schools within the Baganga South District, Division of Davao Oriental, during the 2024-2025 school year.

Scope:

- The study primarily looked at two main areas: Mental Health Action Practices (what we considered the influencing factor) and Classroom Interactional Competence (what we considered the outcome).

- We assessed Mental Health Action Practices across four specific areas: emotional capability, problem-solving capacity, motivation, and opportunity.

- Classroom Interactional Competence was evaluated based on four dimensions: visual organizers, sociocultural interaction, questioning, and interactional patterns.

- Our participants were public elementary school teachers who met specific criteria, including having at least three years of teaching experience and having attended relevant training or seminars.

- We used a quantitative research approach, specifically a descriptive-correlational design, to describe how much these factors were present and to see if there was a strong connection between them.

Delimitations (What our study didn't cover or its boundaries):

- Geographical Limitation: Our study was confined to public elementary schools in Baganga South District, Division of Davao Oriental. This means our findings might not directly apply to other districts, regions, or private schools without further research, as conditions can vary greatly.

- Population Limitation: We only included public elementary school teachers. Our study didn't look at teachers from private schools, high schools, or other educational levels.

- Methodological Limitation: Because we used a descriptive-correlational design, we can identify relationships and associations, but we can't definitively say that one thing causes another. Even if we find a strong connection, it doesn't mean mental health practices directly cause changes in classroom interactional competence, though it certainly suggests a strong link. To prove cause and effect, we'd need different types of studies.

- Data Collection Method: Our study relied on teachers' self-reported information from questionnaires. Sometimes, people might answer in a way they think sounds good (social desirability bias), or they might not

remember things perfectly. While our tools were very reliable, this is still a possibility.

- Timeframe: We collected our data during the 2024-2025 school year. Educational environments and teacher experiences can change over time, so our findings reflect this specific period.

- Variables Measured: While our study was thorough, we focused on specific aspects of mental health action practices and classroom interactional competence as defined by our chosen questionnaires. There might be other important facets of these concepts that our study didn't explicitly measure.

Despite these boundaries, our study offers valuable insights into the unique context of Baganga South District and adds to the broader understanding of how effective teaching and student well-being are connected.

Operational Definitions

To make sure we're all on the same page and keep things clear throughout this study, here's how we're defining some key terms:

- Mental Health Action Practices: In this study, these are the visible actions and strategies that public elementary school teachers use to actively promote, support, and address their students' mental well-being right in the classroom and school. We measured this using the Mental Health Action Practices Scale, which looks at:

  - Emotional Capability: How well a teacher can understand and manage their own emotions, and how they empathize with and respond to their students' feelings.

  - Problem-Solving Capacity: A teacher's effectiveness in noticing mental health issues or stressors in students, thinking through solutions, and helping students find ways to cope or get support.

  - Motivation: A teacher's clear enthusiasm, dedication, and proactive drive to make student mental health a priority and always look for ways to improve well-being.

  - Opportunity: How actively a teacher creates and uses moments in the classroom to talk about mental health, teach about emotions, and connect students to helpful resources.

- Classroom Interactional Competence (CIC): This refers to how skilled and effective a teacher is at making sure communication and exchanges in the classroom are dynamic, meaningful, and engaging, all to boost student learning and participation. We measured this using the Classroom Interactional Competence Scale, which covers:

  - Visual Organizers: How consistently and effectively a teacher uses visual aids, charts, and other visual tools to make information clear, organize concepts, and keep students engaged during lessons.

  - Sociocultural Interaction: A teacher's ability to create an inclusive classroom where students from different backgrounds feel comfortable working together, talking with peers, and having respectful social exchanges, building a sense of community.

  - Questioning: A teacher's smart and varied use of questions (like open-ended or thought-provoking ones) to encourage critical thinking, get students actively involved, and check their understanding during class.

  - Interactional Patterns: The noticeable routines, rules, and overall flow of communication set by the teacher in the classroom, including who talks when, how feedback is given, how responsive the teacher is to student ideas, and the general way conversations happen that makes for good learning.

- Public Elementary Schools: These are the government-funded and managed schools that provide primary education (usually kindergarten to sixth grade) to children within the Baganga South District, Division of Davao Oriental.

- Teachers: These are the professional educators working in the public elementary schools of Baganga South District, Division of Davao Oriental, who directly interact with students in classrooms and met our specific criteria for participating in the study.

- Descriptive-Correlational Research Design: This is the type of quantitative research we used. It helps us describe the characteristics of what we're studying (how much teachers do for mental health and how competent they are in interactions) and figure out the strength and direction of the connection between these two things, without changing anything ourselves.

Literature Review

Our current study stands on a strong foundation of existing research that explores the fascinating connections between mental health, what teachers do, and how classrooms function. This section offers a thorough look at important scholarly works, helping to place our current research within the broader academic and practical discussions.

Mental Health in Educational Contexts

The way we think about mental health in schools has really changed. It's moved away from just reacting to problems or clinical disorders and now focuses much more on being proactive, preventing issues, and building well-being and resilience [9, 25]. The World Health Organization (WHO) beautifully defines mental health as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." In schools, this means creating environments where students feel safe, supported, and ready to handle both academic demands

and social situations [16, 20].

Major global events, like the recent pandemic, have really driven home how fragile mental well-being can be and how desperately we need strong support systems built right into our educational policies [31, 35]. Students faced unprecedented disruptions, which unfortunately led to more stress, anxiety, and feelings of isolation [31]. This made it even more urgent for schools to integrate comprehensive mental health support, shifting our focus beyond just traditional grades to truly prioritize the emotional and psychological health of our learners. Limone and Toto (2022) conducted a review that pointed out various factors that can make college students vulnerable to mental health issues, many of which actually start with experiences in elementary and secondary school [21]. These include academic pressure, social dynamics, family challenges, and even exposure to difficult events. So, it's clear that early intervention and consistent mental health promotion in elementary schools are absolutely vital.

One of the most important strategies for promoting mental health in schools is putting Social-Emotional Learning (SEL) programs into practice [15, 20]. SEL focuses on helping students develop key skills like self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. These skills aren't just important for personal well-being; they directly contribute to academic success and positive social interactions. Gueldner et al. (2020) emphasize that when we weave SEL into the curriculum, we can boost both mental health and academic success at the same time [20]. What's more, a systemic, whole-school approach to mental health and well-being, as championed by Cefai et al. (2021), is absolutely crucial [9]. This means everyone in the school—staff, parents, and community resources—working together to create a supportive environment that addresses the diverse mental health needs of students. This holistic view fits perfectly with Bronfenbrenner's Ecological Systems Theory, which reminds us that a child's development is shaped by many interconnected systems [7, 11].

The Role of Teachers in Student Mental Health

Teachers are, without a doubt, at the very heart of student development. They spend a huge amount of time with children and are often the first to notice changes in behavior or emotional states. Their role in supporting student mental health is complex, involving both proactive efforts to promote well-being and responsive actions when challenges arise.

First and foremost, teachers act as incredibly important role models for emotional regulation and resilience. As Bandura's Social Learning Theory beautifully explains, students learn so much by watching and imitating others [5, 26, 32]. When teachers demonstrate emotional capability, show effective ways to cope, and maintain a positive outlook, they set powerful examples for their students to follow. This modeling helps students build their own emotional understanding and ability to handle difficulties. Wang (2023) specifically looked at how teacher mindfulness and emotional intelligence work together to create positive teacher-student relationships, which then impacts student mental health [30].

Secondly, teachers are instrumental in creating a psychologically safe and inclusive classroom environment [16, 25]. A classroom where students feel truly safe, respected, and valued is fundamental for their mental well-being. This involves establishing clear expectations, promoting mutual respect, and actively addressing issues like bullying or exclusion. Ruhela (2024) discusses how promoting positive mental health practices in special education classrooms is about fostering "inclusive minds" and creating supportive spaces for all learners [29]. Blewitt et al. (2020) further elaborate on how improving the quality of interactions between educators and children can boost mental health outcomes for preschoolers, emphasizing that positive interactions are the very foundation [6]. Jones (2022) also highlights the importance of fostering a respectful and engaging classroom environment [18].

Thirdly, teachers play a critical role in early identification and intervention. By being truly attuned to their students' emotional needs, teachers can spot early signs of stress, anxiety, or other mental health concerns [2, 21]. This requires proper training in mental health literacy, so they can tell the difference between typical developmental challenges and signs that need more attention or a referral to a specialist. Morgan et al. (2022) investigated teachers' experiences with social-emotional engagement, knowledge, and skills, highlighting the ongoing need for professional development in these areas [26]. Challenges like crowded classrooms and a lack of specific training can unfortunately make it harder for teachers to give individualized attention and support [1, 3, 12].

Finally, teachers contribute to mental health by nurturing positive teacher-student relationships. Research consistently shows that strong, reciprocal relationships between teachers and students lead to better academic performance, increased engagement, and improved mental health outcomes [2, 4, 17, 20]. Li (2024) specifically examined how teacher-student relationships affect students' mental health and found a significant positive connection [20]. These relationships are built on trust, empathy, and effective communication—all core components of classroom interactional competence.

Understanding Classroom Interactional Competence (CIC)

Classroom Interactional Competence (CIC) is a complex skill that goes far beyond simply delivering lessons. It's about a teacher's ability to skillfully manage and guide dynamic, meaningful, and effective communication within the classroom to truly boost student learning and engagement [19, 33]. It's both an art and a science—the art of orchestrating the intricate dance of verbal and non-

verbal cues, knowing when to talk and when to listen, giving helpful feedback, and encouraging participation to create a truly productive learning environment.

Several key ingredients make up a teacher's CIC:

- Effective Communication Strategies: This is the bedrock of CIC. It involves clearly explaining instructions, genuinely listening to what students say, providing constructive and timely feedback, and adjusting how they communicate to fit different learners [16]. Teachers with high CIC are masters at using language to make things clear, encourage, and challenge their students.

- Teacher-Student Rapport and Relationships: A fundamental part of CIC is the ability to build strong, positive connections with students [4, 17]. This good rapport creates a safe psychological space where students feel comfortable asking questions, sharing ideas, and even making mistakes without fear of judgment. Havik and Westergård (2020) found that how students perceive classroom interactions significantly affects how engaged they are [17]. When students see their teachers as caring and approachable, they're much more willing to participate and interact.

- Strategic Questioning Techniques: Asking the right questions is a hallmark of strong CIC. It means using a variety of question types—from simple recall to those that make students think deeply (like analyzing, evaluating, or creating)—to spark critical thinking, encourage active involvement, and check understanding [16]. Teachers with high CIC use questions not just to test, but as a powerful tool for dialogue and exploring ideas.

- Facilitating Sociocultural Interaction and Collaboration: Modern teaching really emphasizes learning together and talking with peers. CIC involves a teacher's skill in organizing group work, encouraging discussions among students, and creating opportunities for them to learn from each other [16]. This also means fostering an inclusive environment where different viewpoints are valued and cultural backgrounds are respected, as Gulnaz (2020) highlighted when discussing how debate can boost communication and collaboration skills [16].

- Use of Visual Organizers and Instructional Aids: While it might seem like a technical detail, smartly using visual organizers, diagrams, and other visual aids is crucial for making things clear and keeping students engaged, especially for elementary learners [3]. A teacher's skill in choosing and using these tools effectively contributes to the overall flow of interaction by making complex information easier to grasp and stimulating different ways of learning.

- Adaptability and Responsiveness: CIC also includes a teacher's flexibility in changing their interaction style based on what students need, how the classroom is feeling, and unexpected situations. For example, when learning shifted online during the pandemic, teachers had to develop "e-classroom interactional competencies," learning how to guide language learning during live online lessons [25]. This shows that CIC isn't a fixed skill; it's dynamic and requires continuous adaptation.

In essence, CIC is the lively interplay of a teacher's teaching skills, their ability to connect with people, and their emotional intelligence. Together, these shape the quality and effectiveness of classroom communication and the entire learning experience.

Interplay between Mental Health Practices and Classroom Interaction

The relationship between what teachers do for mental health and how well they interact in the classroom is a two-way street—they feed into each other. A teacher's ability to support student mental health directly makes them better at engaging in effective classroom interactions, and conversely, strong interactional skills create a rich environment for promoting mental health.

First, a teacher's emotional capability (which is a key part of mental health action practices) is absolutely foundational to their CIC. Teachers who are emotionally self-aware and can manage their own feelings are much better at staying calm under pressure, responding with empathy when a student is upset, and keeping a positive atmosphere in the classroom [13, 30]. This emotional stability and responsiveness are vital for building trust and open communication, which are hallmarks of effective classroom interactions [16]. Wang (2023) specifically points out how teacher mindfulness and emotional intelligence work together to create positive teacher-student relationships [30].

Second, a teacher's problem-solving capacity when it comes to mental health concerns directly helps create a more stable and predictable classroom environment. When teachers can effectively spot and address student distress, disruptions caused by emotional challenges are minimized [6, 25]. This leads to smoother transitions, more focused learning, and more constructive interactions between students and teachers. Shim and Lee (2020) observed that teachers who could intervene early when students were stressed or anxious helped those students engage more fully in class, thereby improving interaction [31].

Third, a teacher's motivation to prioritize mental health influences their entire teaching approach, boosting their enthusiasm and commitment to creating an engaging classroom. Teachers who are genuinely motivated to support student well-being are more likely to actively seek out and use interactive teaching strategies, encourage student participation, and foster a sense of belonging [26]. This inner drive translates into more dynamic questioning, richer social interactions, and overall more positive ways of interacting.

Finally, the opportunity aspect of mental health action

practices—creating spaces for mental health discussions and support—is directly linked to open communication in the classroom. When teachers intentionally create moments for students to express their feelings, learn coping strategies, and access resources, they're simultaneously boosting the psychological safety of the classroom [25, 29]. This safety encourages students to participate more confidently, ask questions, and engage in group discussions without fear of judgment, which in turn improves their overall classroom interactional competence [16, 17].

Real-world studies back up this connection. Moorhouse et al. (2023) emphasized that teachers with high classroom interactional competence are better equipped to facilitate meaningful student engagement and interaction, often because they're so good at creating a supportive environment [25]. Ferreira et al. (2020) found that when teachers are skilled at addressing students' emotional needs, they create a more welcoming environment for interaction, leading to better student participation and learning outcomes [15]. Similarly, Alwaely et al. (2024) highlighted that teachers who weave mental health practices into their teaching strategies are more successful at building strong relationships with students, thereby improving overall classroom dynamics and interactional competence [4].

In short, the research strongly suggests that mental health action practices aren't just extra tasks for teachers; they're essential components that actually make teachers better at interacting effectively in the classroom, ultimately creating environments where students can truly flourish, both academically and emotionally.

METHODOLOGY

This section lays out the systematic way we approached our investigation into the relationship between mental health action practices and classroom interactional competence among public elementary school teachers. It covers our research design, where we conducted the study, who participated, the tools we used, how we collected the data, and the statistical methods we employed for analysis.

Research Design

Our study used a quantitative research design, specifically a descriptive-correlational approach. We chose this design because it was the best fit for our goals: to describe how much teachers were engaging in mental health practices and how competent they were in classroom interactions, and then to see if there was a connection between these two important areas.

Quantitative Research: This type of research involves systematically collecting and analyzing numerical data. Its main purpose is to measure things, test hypotheses, and apply findings from a smaller group (our sample) to a larger group (the entire population). As Mohajan (2020) explains, quantitative research uses statistical, mathematical, or computational techniques to ensure results are objective, accurate, and measurable [23]. In our study, using standardized questionnaires and statistical analyses helped us ensure a rigorous and objective assessment of our variables.

Non-Experimental Framework: Our research falls under a non-experimental framework. This means we observed and analyzed relationships between variables as they naturally occurred, without us interfering or trying to change anything. Unlike experimental research, which aims to figure out cause-and-effect by manipulating variables, non-experimental designs, as discussed by LaVigne-Jones (2023), focus on understanding and describing relationships as they naturally unfold in real-world settings [17]. This approach made sense for our study, given that it wouldn't be ethical or practical to try and manipulate how teachers practice mental health support in a school.

Descriptive-Correlational Approach: This specific approach combines two elements:

- Descriptive Component: This part of our design was all about describing the current situation or characteristics of our variables. We wanted to answer "what is" questions, specifically about the extent of mental health action practices and the level of classroom interactional competence among the teachers we surveyed. We used descriptive statistics like means and standard deviations to paint this picture.

- Correlational Component: This part aimed to explore and describe the connections, patterns, or associations between two or more variables without changing them. Our main goal was to identify and understand how strong and in what direction the relationship was between mental health action practices and classroom interactional competence. As Mertler et al. (2021) clarify, descriptive-correlational research measures the strength and direction of relationships as they naturally happen [22]. Devi et al. (2022) further explain how correlational research designs are used in various fields to spot associations [14]. In our study, we used Pearson product-moment correlation and multiple linear regression analyses to look at these relationships.

We felt the descriptive-correlational design was just right because it allowed us to get a comprehensive understanding of the current situation regarding teachers' mental health practices and interactional competence, while also determining if there was a statistically significant link between these crucial educational concepts. Gamage (2025) provides a detailed overview of quantitative approaches in scientific research, reinforcing that this design is suitable for studies that aim to describe and correlate variables [15].

Research Locale

Our study took place in the Baganga South District,

Division of Davao Oriental, which is located in the Davao Region of the Philippines. This district is home to 21 public elementary schools, serving a diverse group of students and a dedicated team of educators.

Davao Oriental, nestled in the southeastern part of Mindanao, is a province known for its unique geography, with both beautiful coastlines and rugged mountains. The educational landscape in this region, especially within its public elementary schools, often faces specific challenges. These can include things like how many resources are available, the ratio of teachers to students, and how well modern teaching methods are put into practice. In the Baganga District, as we mentioned in the introduction, there are particular issues like overcrowded classrooms, limited access to professional development programs that focus on communicative teaching, and administrative tasks that can make it harder for teachers to improve their interaction skills [1, 3, 12].

Choosing Baganga South District as our research site was a strategic decision. It allowed us to conduct an in-depth investigation within a specific, yet representative, educational environment that faces common challenges found in public elementary education across the Philippines. By focusing on this particular district, our study aimed to provide localized, evidence-based insights that could help create targeted programs and support for teachers and students in similar areas. The findings from this location contribute to a broader understanding of educational dynamics in regions that might share similar socio-economic and educational characteristics.

Research Respondents

The people who participated in our study were public elementary school teachers currently working in the 21 schools of Baganga South District, Division of Davao Oriental, during the 2024-2025 school year.

Population and Sample Size: The total number of teachers in the Baganga South District was 250. To figure out how many teachers we needed for our study, we used Slovin's Formula. (While we're not showing the exact calculation here, this formula is widely used in social sciences to determine the right sample size given the total population and an acceptable margin of error, usually 5%). Based on this calculation, we determined that a sample size of 154 teachers would be representative of the larger teacher population in the district.

Sampling Technique: To make sure every teacher in the district had an equal chance of being chosen for our study, we used a simple random sampling technique. Specifically, we employed the lottery or fishbowl method. Here's how it worked: we assigned a unique number to each of the 250 teachers in the district. These numbers were then written on individual slips of paper, rolled up, and placed into a container that was big enough to allow them to mix freely when shaken. We then drew 154 slips from the container, and the teachers whose numbers were drawn became our study's participants. This method helps minimize bias and makes our findings more likely to apply to the entire teacher population.

Inclusion and Exclusion Criteria (Who we included and who we didn't): To ensure the data we collected was relevant and of high quality, we set specific rules for who could participate:

- Inclusion Criteria (Who was included):
  - The teacher had to be currently working at a public elementary school within Baganga South District, Division of Davao Oriental, during the 2024-2025 school year. This ensured our participants were actively involved in the specific educational setting we were studying.
  - The teacher needed to have at least three years of teaching experience in any subject. We set this rule to make sure our participants had enough practical experience to give us well-informed opinions on mental health practices and classroom interaction. More experienced teachers are often exposed to a wider range of student needs and classroom situations.
  - The teacher must have attended training or seminars related to Psychosocial, Health, and Wellness. This criterion ensured that our participants had some basic knowledge or exposure to mental health concepts, making their responses more relevant to our study's focus on mental health action practices.
- Exclusion Criteria (Who was not included): Teachers who didn't meet all of the above inclusion criteria were not allowed to participate in our study.

This careful selection process was designed to ensure that our data came from relevant and experienced educators, which in turn boosts the validity and reliability of our study's findings regarding teacher practices and competencies.

Research Instrument

To gather the necessary data for our study, we used a structured survey questionnaire. This questionnaire had two main parts, each designed to measure a specific area of interest. We carefully checked the reliability of both parts using Cronbach's alpha coefficient, which showed they were consistent and suitable for our study.

Part 1: Mental Health Action Practices Scale

This section of the questionnaire was adapted from the Mental Health Action Practices Scale, originally developed by Thornicroft et al. (2022) and cited by Rocha et al. (2021) [28, 34]. We designed this scale to collect information on how teachers actually weave different aspects of mental health support into their daily teaching routines and how they manage their classrooms. It specifically looked at four key areas of mental health action practices:

- Emotional Capability: Questions in this area explored how self-aware teachers are about their own emotions, how well they can manage their emotional responses in the classroom, and how much empathy and effective responsiveness they show towards their students' emotional needs.

- Problem-Solving Capacity: This section focused on teachers' skills in identifying mental health challenges among students, figuring out the root causes, and putting practical strategies into action or guiding students toward solutions for emotional or psychological distress.

- Motivation: This area assessed teachers' inner drive, dedication, and proactive engagement in making student mental health a priority, actively seeking out relevant knowledge, and fostering a supportive classroom environment.

- Opportunity: Questions here aimed to understand how teachers create and use moments within the classroom to openly discuss mental health, promote emotional understanding, and provide access to helpful support or resources.

The original scale's overall Cronbach's alpha coefficient was reported as 0.738, which is generally considered acceptable for reliability. What's exciting is that in our study, the Mental Health Action Practices Scale showed excellent reliability, with an impressively high Cronbach's alpha value of 0.993. This extremely high value means that the questions within the scale were incredibly consistent in measuring what they were supposed to measure, giving us strong confidence in the internal consistency of our tool for this research.

Part 2: Classroom Interactional Competence Scale

The second part of our questionnaire was developed by Tajeddin and Kamali (2023) [33] and was used to assess teachers' classroom interactional competence. This scale looked at four distinct ways teachers manage and facilitate interactions in their classrooms:

- Visual Organizers: This area assessed how often and how effectively teachers use visual aids, graphic organizers, charts, and other visual tools to make information clear, organize concepts, and boost student engagement during lessons.

- Sociocultural Interaction: Questions in this section explored a teacher's ability to encourage collaborative learning, promote communication between students, and create an inclusive classroom where different cultural backgrounds are respected, fostering positive social exchanges among students.

- Questioning: This area focused on how strategically and variedly teachers use questions (like open-ended, probing, or higher-order thinking questions) to spark critical thinking, get students actively involved, and check their understanding during class.

- Interactional Patterns: This section evaluated the overall way communication happens in the classroom, set by the teacher. This includes things like how turn-taking works, how feedback is given, how responsive the teacher is to student input, and the general flow of conversations—all contributing to a productive learning environment.

The original Classroom Interactional Competence Scale had an overall Cronbach's alpha coefficient of 0.880, which indicates good reliability. For our study, this questionnaire also demonstrated excellent reliability, yielding a Cronbach's alpha value of 0.962. This high reliability further confirms that our instrument was consistent and appropriate for accurately measuring classroom interactional competence among the teachers who participated.

We administered both questionnaires through face-to-face surveys. This allowed us to clarify any questions on the spot if needed, which helped ensure we got a high response rate and complete data. Using established and highly reliable tools strengthens the rigor of our methods and makes the findings of our study more trustworthy.

Data Gathering Procedure

Collecting the data for our study was a carefully planned and executed process, ensuring we followed all ethical guidelines, institutional rules, and gathered high-quality information efficiently. We approached it step-by-step:

1. Getting Initial Permissions:

   - First, we secured formal permission from the Dean of the Graduate School at The Rizal Memorial Colleges, Inc., where our study was based. This initial approval was like getting an academic green light, ensuring our research aligned with the institution's guidelines.

   - After the Dean's approval, we then sent our request to the School's Division Superintendent of Davao Oriental. This was a crucial step to get all the necessary clearances from the Department of Education (DepEd), allowing us to conduct our research in the public elementary schools under their care. This step-by-step approval process was absolutely vital to make sure we followed all institutional and educational rules, showing respect for the administrative structure.

2. Ethical Clearance and Informed Consent:

   - Before we collected any data, we obtained ethical clearance from the institution's Ethics Review Committee. This committee thoroughly reviewed our research plan, including all our tools and procedures, to ensure our study met all ethical standards for research involving people. The ethical guidelines we followed were based on established protocols, including those from Pregoner et al. (2025), which emphasize protecting the rights, dignity, and well-being of participants in educational settings [27].

   - Once we had ethical clearance, we prepared informed consent forms for everyone who might participate. These forms clearly explained what our study was about, what we hoped to achieve, what participating

would involve (like filling out a questionnaire), how much time it would take, and any potential benefits or very minimal risks. Most importantly, it clearly stated that participation was completely voluntary and that participants had the absolute right to withdraw at any time without any negative consequences.

○ When we distributed the questionnaires, we personally explained the study's purpose to each teacher and made sure they fully understood the informed consent document before they signed it. This direct interaction allowed us to answer any questions right away, ensuring that their consent was truly free and well-informed.

3. Questionnaire Distribution and Administration:

○ With all permissions and ethical clearances in hand, and after getting informed consent from our selected teachers, we distributed the survey questionnaires.

○ Working closely with school principals and designated school coordinators in the Baganga South District was key to a smooth distribution. We coordinated with them to find the best times and places to administer the questionnaires so that it wouldn't disrupt teaching schedules too much.

○ We administered the questionnaires through face-to-face surveys. This method allowed us to be present while teachers completed them, giving us the chance to clarify any instructions or questions they might have had. This really helped us get high-quality, complete data.

○ Throughout the data collection phase, we took strict measures to ensure the confidentiality and anonymity of our participants. Teachers were assured that their answers would be kept strictly confidential and that no personal information would be linked to their responses. This assurance was crucial in encouraging honest and candid feedback.

4. Data Retrieval and Organization:

○ After giving enough time for completion, we systematically collected the completed questionnaires from the schools.

○ We carefully counted the retrieved questionnaires, checked them for completeness, and organized them for the next step: data processing.

○ Finally, we meticulously recorded the responses and prepared the data for statistical evaluation using appropriate software. This involved assigning codes to responses and structuring the data in a format ready for quantitative analysis.

This thorough and ethical data gathering procedure ensured the integrity of our research process and the reliability of the data we collected, providing a solid foundation for our study's findings.

Data Analysis

To answer our research questions and test our hypotheses, we put the data we gathered from the survey questionnaires through various statistical analyses. We carefully chose our statistical tools based on the type of data we had (interval/ratio scale) and what we wanted to achieve (description, correlation, and understanding influence).

1. Mean:

○ Purpose: The mean was our primary tool for describing the extent or level of mental health action practices and classroom interactional competence among public elementary school teachers. It gave us an average score for each specific area (domain) and for the overall variables.

○ Application: We calculated the mean scores for "emotional capability," "problem-solving capacity," "motivation," and "opportunity" to see how much teachers engaged in mental health action practices. Similarly, we computed mean scores for "visual organizers," "sociocultural interaction," "questioning," and "interactional patterns" to understand the level of classroom interactional competence.

○ Interpretation: We interpreted these mean scores against a predefined scale (like a 5-point Likert scale with descriptions such as "Very Extensive," "Extensive," "Moderate," "Limited," "Very Limited") to give us a qualitative understanding of our numerical data.

2. Standard Deviation (SD):

○ Purpose: We used standard deviation along with the mean to measure how spread out or varied our data points were around the average. A small standard deviation means the data points are very close to the average, suggesting that people's responses were very consistent. A large standard deviation means there's more variety in the responses.

○ Application: We calculated standard deviations for each domain of mental health action practices and classroom interactional competence, as well as for the overall scores of both main variables.

○ Interpretation: In our study, a standard deviation of less than 1 (which we observed in our results) generally indicates high consistency in ratings. This tells us that our participants largely agreed in their assessment of the extent of practices and competence.

3. Pearson Product-Moment Correlation Coefficient (Pearson r):

○ Purpose: This statistical tool helped us examine the strength and direction of the linear relationship between our two main variables: mental health action practices (our independent variable) and classroom interactional competence (our dependent variable).

○ Application: We calculated the Pearson r between

the overall average score of mental health action practices and the overall average score of classroom interactional competence.

○ Interpretation: The Pearson r value ranges from -1 to +1. A value close to +1 means a strong positive linear relationship (as one variable goes up, the other tends to go up too). A value close to -1 means a strong negative linear relationship (as one variable goes up, the other tends to go down). A value close to 0 means there's a weak or no linear relationship. We used the p-value associated with the correlation coefficient to see if the relationship was statistically significant. If the p-value was less than our chosen significance level (alpha = 0.05), it meant the relationship was statistically significant, leading us to reject our first null hypothesis (Ho1). As Mellinger and Hanson (2020) explain, correlation analysis is key to understanding how variables are connected [22].

4. Multiple Linear Regression Analysis:

○ Purpose: This more advanced statistical technique helped us figure out which specific areas (domains) of mental health action practices significantly influence or predict classroom interactional competence. It allowed us to look at how much our independent variable's sub-domains collectively and individually predicted our dependent variable.

○ Application: We set classroom interactional competence as the variable we wanted to predict, and then we entered emotional capability, problem-solving capacity, motivation, and opportunity (the domains of mental health action practices) as the predictor variables.

○ Interpretation:

■ R-squared (R2): This value told us the percentage of variation in classroom interactional competence that could be explained by our combined mental health action practices domains. A higher R2 means our model was a better fit for the data.

■ F-value and p-value of the model: These statistics helped us assess if our overall regression model was statistically significant. A significant F-value ($p < 0.05$) meant that our group of predictor variables, taken together, explained a significant amount of the variation in the dependent variable.

■ Beta coefficients (Standardized Coefficients): These values showed us the unique contribution of each independent domain in predicting classroom interactional competence, while holding other variables constant. They allowed us to compare the relative strength of influence among the different domains.

■ t-statistics and p-values for individual predictors: These statistics helped us determine if each individual mental health action practice domain significantly influenced the dependent variable. If a p-value for a specific domain was less than 0.05, it meant that domain had a significant influence, leading us to reject the second null hypothesis (Ho2) for that particular domain. Mertler et al. (2021) provide practical guidance on how to apply and interpret these types of multivariate statistics [22].

We performed all our statistical analyses using appropriate software to ensure accuracy and efficiency in processing and interpreting our data.

Ethical Considerations

Conducting this research meant strictly adhering to the highest ethical standards to protect the rights, privacy, and well-being of everyone who participated. We understood that research involving people, especially in schools, comes with serious responsibilities, so we established a thorough ethical framework and followed it meticulously throughout the entire study.

1. Institutional Review Board (IRB) Approval: Before we even started collecting any data, our research plan, including all our questionnaires and procedures, went through a rigorous review and received clear ethical approval from the Ethics Review Committee of The Rizal Memorial Colleges, Inc. This approval confirmed that our study design met strict ethical guidelines and aimed to minimize any potential risks to our participants. The ethical procedures we followed were based on established guidelines for research involving human participants in educational environments, including those laid out by Pregoner et al. (2025) [27].

2. Informed Consent:

○ Voluntary Participation: Everyone's participation in our study was entirely voluntary. We made it very clear to teachers that their decision to participate or not would have absolutely no impact on their job status, performance reviews, or any other professional aspect.

○ Comprehensive Information: We provided a detailed informed consent form to each potential participant. This form clearly explained the study's purpose, what kind of data we'd be collecting, what the procedures involved (like filling out a questionnaire), how much time it would take, and any potential benefits or very minimal risks associated with participating.

○ Right to Withdraw: We explicitly informed participants that they had the right to withdraw from the study at any point, without needing to explain why or facing any penalties, even if they had initially agreed to participate.

○ Signed Consent: We obtained written informed consent from every participant before they completed the questionnaire. This signature confirmed their understanding and agreement to take part under the conditions we outlined.

3. Anonymity and Confidentiality:

○ Anonymity: We put measures in place to ensure that responses were anonymous whenever possible. Our

questionnaires did not ask participants for their names or any other information that could directly identify them.

○ Confidentiality: All the data we collected was treated with the highest level of confidentiality. We coded responses, and all data was stored securely in password-protected digital files and locked physical cabinets, accessible only to the primary researcher. No individual responses were ever shared with school administrators, colleagues, or any other third party. The aggregated data was used solely for the academic purposes of this research.

4. Minimization of Harm: Our study design was non-invasive and posed very little to no psychological or physical risk to participants. We carefully worded our questions to be sensitive and respectful, avoiding any content that might cause discomfort or distress. We were prepared to provide contact information for mental health support services if any participant expressed distress, though we didn't anticipate this given the nature of our survey.

5. Transparency and Disclosure: We maintained full transparency throughout our research process. We clearly communicated the study's purpose, and we explicitly disclosed the use of artificial intelligence tools (like Grammarly and Quillbot) for grammar, spellchecking, paraphrasing, and refining sentence flow during the preparation of our manuscript, as stated in the original source material's disclaimer. This commitment to transparency ensures academic integrity and openness.

6. Data Use and Dissemination: Participants were informed that the collected data would be used exclusively for academic purposes, specifically for this research study. We also made it clear that the findings would be presented in a summarized, aggregated form to protect individual identities.

By strictly adhering to these ethical considerations, our study aimed to build trust, protect the rights of our participants, and uphold the integrity of the research process, ensuring that our pursuit of knowledge never compromised the well-being of those involved.

RESULTS

This section lays out the findings of our study, systematically addressing each of our research questions. We'll present the results using descriptive statistics (like averages and how spread out the data is) to describe the extent of our variables, and then use inferential statistics (like correlation and regression) to examine the relationships and influences between them.

Extent of Mental Health Action Practices of Teachers in Public Elementary Schools

Table 1 (which we've included again below for easy reference) gives us a clear picture of how extensively public elementary school teachers engage in mental health action practices, broken down by specific areas: Emotional Capability, Problem-Solving Capacity, Motivation, and Opportunity.

Table 1. Extent of Mental Health Action Practices of Teachers in Public Elementary Schools

Indicators	SD	Mean	Descriptive Level
Emotional Capability	0.55	4.39	Very Extensive
Problem-Solving Capacity	0.70	4.40	Very Extensive
Motivation	0.75	4.37	Very Extensive
Opportunity	0.52	4.39	Very Extensive
Overall	**0.38**	**4.39**	**Very Extensive**

Our findings clearly show that teachers generally demonstrate a "Very Extensive" level of mental health action practices across all the areas we measured.

● Problem-Solving Capacity received the highest average score of 4.40. This tells us that teachers feel highly capable of noticing and dealing with mental health-related issues among their students. It suggests they take a strong, proactive approach to helping students manage distress and guiding them toward solutions. The relatively low standard deviation (0.70) means that teachers largely agreed on their problem-solving skills in this context.

● Both Emotional Capability and Opportunity were right behind, with average scores of 4.39. The "Very Extensive" rating for Emotional Capability suggests that

teachers are very aware of their own emotions, skilled at managing them in the classroom, and show a lot of empathy and responsiveness to their students' feelings. Similarly, the "Very Extensive" rating for Opportunity indicates that teachers are highly effective at creating and using moments in the classroom for promoting mental health, having open talks about feelings, and making sure students can access helpful resources. The very low standard deviations (0.55 and 0.52, respectively) further confirm that teachers' perceptions in these areas were very consistent.

- Motivation had an average score of 4.37, also categorized as "Very Extensive." This tells us that teachers have a very high level of inner drive and commitment to making student mental health a priority, actively looking for ways to improve well-being, and integrating mental health support into their daily teaching. While its standard deviation of 0.75 was slightly higher than others, it still indicates strong agreement among those who responded.

The overall average score of 4.39, with a standard deviation of 0.38, further solidifies our finding: mental health action practices among public elementary school teachers are perceived as "Very Extensive." The overall standard deviation, being less than 1, means there was a high degree of consistency in the ratings, suggesting that teachers across our sample generally share a similar view of their extensive involvement in these practices.

These findings fit well with what Cefai et al. (2021) emphasized: that teachers who actively implement strong mental health practices are better able to create a positive, supportive environment that boosts both emotional well-being and academic success [9]. Wiedermann et al. (2023) also support this, arguing that teachers who prioritize mental health practices help students build resilience and coping skills—essential for navigating both school and personal challenges [35]. Furthermore, the high levels of motivation and opportunity shown by teachers resonate with Li's (2024) findings that students in classrooms where teachers actively promote mental health awareness are more likely to engage with their peers, feel better about themselves, and be more motivated academically, leading to better overall outcomes [20]. All this evidence together points to a strong foundation of mental health support being provided by teachers in the schools we looked at.

Extent of Classroom Interactional Competence of Teachers in Public Elementary Schools

Table 2 (which we've included again below for clarity) summarizes how extensively public elementary school teachers demonstrate classroom interactional competence, broken down by its four key areas: Visual Organizers, Sociocultural Interaction, Questioning, and Interactional Patterns.

Table 2. Extent of Classroom Interactional Competence of Teachers in Public Elementary Schools

Indicators	SD	Mean	Descriptive Level
Visual Organizers	0.72	4.38	Very Extensive
Sociocultural Interaction	0.70	4.37	Very Extensive
Questioning	0.67	4.38	Very Extensive
Interactional Patterns	0.75	4.39	Very Extensive
Overall	**0.43**	**4.38**	**Very Extensive**

The results clearly show that teachers generally exhibit a "Very Extensive" level of classroom interactional competence across all the areas we assessed.

- Interactional Patterns received the highest average score of 4.39, which we categorized as "Very Extensive." This means teachers are highly effective at setting up and maintaining positive and productive communication flows in their classrooms. This includes managing who talks when, giving helpful feedback, and ensuring that conversations, both verbal and non-verbal, move smoothly. The standard deviation of 0.75 indicates that teachers were quite consistent in their high ratings for this skill.

- Visual Organizers and Questioning were very close behind, both with average scores of 4.38, also rated as "Very Extensive." The high average for Visual Organizers implies that teachers are very good at using visual aids, graphic organizers, and other visual tools to make concepts clear, organize information, and keep students engaged. Similarly, the "Very Extensive" rating for

Questioning indicates that teachers skillfully use a variety of questioning techniques (like open-ended or higher-order thinking questions) to spark critical thinking, encourage active student participation, and effectively check understanding. The relatively low standard deviations (0.72 and 0.67, respectively) suggest a strong agreement among teachers about their competence in these areas.

- Sociocultural Interaction had an average score of 4.37, also categorized as "Very Extensive." This tells us that teachers are highly skilled at fostering group learning, encouraging communication among peers, and creating a welcoming classroom where different cultural backgrounds are respected, which helps promote positive social exchanges among students. The standard deviation of 0.70 further supports the consistency of this perception.

The overall average score of 4.38, with a standard deviation of 0.43, confirms that public elementary school teachers perceive their classroom interactional competence as "Very Extensive." The low overall standard deviation (less than 1) means that the ratings were very consistent, indicating that teachers in our sample generally show a high and steady level of skill in managing and guiding classroom interactions.

These findings are consistent with research by Moorhouse et al. (2023), who highlighted that teachers with strong classroom interactional competence are better able to facilitate meaningful student engagement and interaction [25]. Their study showed that teachers who are good at managing classroom dynamics, using clear communication, and encouraging participation create a more inclusive and effective learning environment. Similarly, Gulnaz (2020) found that teachers who excel in classroom interactional competence help students develop stronger communication skills, critical thinking, and collaboration [16]. Furthermore, Ahmed et al. (2024) emphasized that such teachers cultivate an atmosphere of mutual respect and trust, which boosts student confidence and overall academic performance [2]. The consistently high ratings across all areas suggest that teachers in Baganga South District are truly proficient in creating dynamic and engaging learning spaces.

Significant Relationship between Mental Health Action Practices and Classroom Interactional Competence of Teachers

Table 3 (which we've included again below for clarity) shows the results of our statistical analysis (Pearson product-moment correlation) that looked at the connection between mental health action practices and classroom interactional competence among public elementary school teachers.

Table 3. Significant Relationship between Mental Health Action Practices and Classroom Interactional Competence of Teachers

Variables	Mean	SD	R	R^2	Degree of Relationship	p-value	Decision
Mental Health Action Practices	4.39	0.38					
Classroom Interactional Competence	4.38	0.43	0.70	0.49	High	0.000	Reject Ho1

Our analysis revealed a correlation coefficient (R) of 0.70 between mental health action practices and classroom interactional competence. This number points to a strong, positive linear relationship between these two areas. A positive correlation means that as teachers' mental health action practices become more extensive, their classroom interactional competence also tends to increase.

The p-value of 0.000 is much smaller than our chosen significance level of 0.05. This statistical significance

means we can confidently reject our first null hypothesis (Ho1), which claimed there was no significant relationship between mental health action practices and classroom interactional competence. So, our study concludes that there is indeed a statistically significant relationship between these two important concepts.

What's more, the coefficient of determination (R^2) is 0.49. This tells us that roughly 49% of the variation in classroom interactional competence can be explained by mental health action practices. This is a substantial finding, suggesting that how teachers approach mental health is a very strong predictor of how skilled they are at managing and facilitating classroom interactions. While other factors certainly play a role in CIC, mental health action practices clearly contribute a lot.

This finding strongly suggests that teachers who actively use effective mental health action practices—like understanding students' emotional needs, offering support during tough times, and creating a positive and welcoming environment—are much more likely to show high classroom interactional competence. This improved competence, in turn, helps foster better communication, boosts student engagement, and leads to overall more productive interactions in the classroom, ultimately creating a more supportive and effective learning environment for students.

This result aligns powerfully with existing research. Moorhouse et al. (2023) highlighted how important mental health action practices are for fostering effective classroom interactional competence, showing that teachers who prioritize mental health awareness and support can significantly improve their ability to engage with students, create a positive classroom atmosphere, and encourage open communication [25]. Similarly, Ferreira et al. (2020) found that teachers who are good at addressing students' emotional needs create a more welcoming environment for interaction, leading to better student participation and learning outcomes [15]. Additionally, Alwaely et al. (2024) emphasized that teachers who integrate mental health practices into their teaching strategies are more successful at building strong relationships with students, which then improves overall classroom dynamics and interactional competence [4]. Our study's findings provide even more solid evidence for this crucial connection in the context of public elementary schools.

Influence of the Domains of Mental Health Action Practices on Classroom Interactional Competence of Public Elementary School Teachers

Table 4 (which we've included again below for clarity) presents the results of our multiple linear regression analysis. This analysis looked at how each specific area of mental health action practices (Emotional Capability, Problem-Solving Capacity, Motivation, and Opportunity) individually and collectively influences classroom interactional competence.

Table 4. Influence of the Domains of Mental Health Action Practices on Classroom Interactional Competence of Public Elementary School Teachers

Domains	B	BE	Beta	t-stat	p-value	Decision
Constant	3.10	0.80		8.20	0.000	Significant
Emotional Capability	0.82	0.76	0.65	3.38	0.000	Significant
Problem-Solving Capacity	0.80	0.75	0.65	3.35	0.000	Significant
Motivation	0.84	0.78	0.68	3.40	0.000	Significant
Opportunity	0.78	0.73	0.70	3.32	0.000	Significant

Regression Model:

Classroom Interactional Competence = 3.10 + 0.82(Emotional Capability) + 0.80(Problem-Solving Capacity) + 0.84(Motivation) + 0.78(Opportunity)

$R = 0.70$; $R^2 = 0.490$; $F = 58.65$; p-value = 0.000

The regression analysis tells us that the overall model is

statistically significant (F = 58.65, p = 0.000). This means that when we combine these four mental health action practice areas, they significantly predict classroom interactional competence. The R^2 value of 0.490 is quite important; it means that these four areas of mental health action practices can explain about 49% of the differences we see in classroom interactional competence. This really emphasizes how much mental health practices can predict a teacher's interactional skills.

Let's break down how each area influences CIC:

- Motivation turned out to be the strongest predictor, with a Beta coefficient of 0.68 (B = 0.84, t-stat = 3.40, p = 0.000). This means a teacher's inner drive and dedication to prioritizing student mental health have the biggest positive impact on how well they interact in the classroom. Highly motivated teachers are simply more likely to actively engage students and create dynamic interactions.

- Emotional Capability was right behind it, with a Beta coefficient of 0.65 (B = 0.82, t-stat = 3.38, p = 0.000). This highlights how crucial a teacher's ability to understand and manage emotions (both their own and their students') is for shaping effective classroom interactions. Teachers who are emotionally capable can create a more empathetic and responsive environment, which really helps open up communication.

- Problem-Solving Capacity also showed a significant influence, with a Beta coefficient of 0.65 (B = 0.80, t-stat = 3.35, p = 0.000). This suggests that a teacher's skill in noticing and dealing with mental health challenges contributes significantly to their interactional competence. When teachers can effectively resolve or lessen student distress, it reduces disruptions and allows for more focused and productive classroom interactions.

- Opportunity also had a significant positive influence, with a Beta coefficient of 0.70 (B = 0.78, t-stat = 3.32, p = 0.000). This indicates that when teachers actively create opportunities for mental health discussions and support in the classroom, it significantly boosts their interactional competence. By opening these doors, teachers build a sense of psychological safety that encourages greater student participation and engagement.

Since all four areas of mental health action practices were found to be statistically significant predictors (all p-values were 0.000), we can confidently reject our second null hypothesis (Ho2), which stated that none of these areas significantly influence classroom interactional competence.

In conclusion, these results powerfully demonstrate that the areas of mental health action practices—especially motivation, emotional capability, problem-solving capacity, and opportunity—play an incredibly crucial and significant role in improving classroom interactional competence among public elementary school teachers. When teachers are effective in these mental health practices, they are better able to foster communication, engagement, and overall interaction with their students, ultimately leading to a more supportive and productive learning environment.

This finding strongly supports what previous research has shown. Blewitt et al. (2020) highlighted the significant influence of mental health action practices on teachers' classroom interactional competence, finding that teachers who are skilled in emotional awareness, problem-solving, and providing a supportive environment contribute to more effective classroom interactions [6]. Similarly, Morgan et al. (2022) showed that when teachers incorporate mental health strategies like motivation and creating opportunities for emotional expression, they become better at engaging students in meaningful interaction [26]. Furthermore, Li's (2024) work emphasized that teachers who show high mental health competence create a positive classroom atmosphere, which leads to improved student participation and stronger teacher-student relationships, ultimately boosting overall classroom dynamics [20]. Our current study provides strong quantitative evidence for these theoretical and empirical claims specifically within public elementary education.

DISCUSSION

Our thorough analysis of mental health action practices and classroom interactional competence among public elementary school teachers in Baganga South District has given us some truly compelling insights. Not only do our findings confirm that these educators are extensively engaged in both areas, but, even more importantly, they establish a significant and influential link between them. This discussion will dive deeper into what these findings mean, their practical implications for education, how they contribute to existing theories, and also touch upon the study's limitations and suggestions for future research.

Interpretation of Findings

The consistent "Very Extensive" ratings for both mental health action practices and classroom interactional competence among our teachers are incredibly encouraging. This tells us that the educators in the district we studied are largely aware of and actively involved in promoting student well-being and creating effective classroom interactions. This level of dedication really speaks to how our understanding of a teacher's role is evolving—it's now about much more than just delivering content; it's about nurturing the whole child.

The high average scores for mental health action practices, particularly in problem-solving capacity and emotional capability, suggest that teachers feel well-equipped to navigate the emotional landscape of their classrooms. This fits perfectly with the growing emphasis on social-emotional learning (SEL) in education today [15, 20]. Teachers aren't just reacting when problems arise; they're proactively building resilience and emotional

understanding in their students. The "Very Extensive" ratings for motivation and opportunity further highlight a proactive and committed stance, indicating that teachers are not only willing but actively creating ways to support mental health. This proactive approach is vital, as early help and a supportive environment can significantly reduce the impact of mental health challenges [21, 35].

Similarly, the "Very Extensive" ratings for classroom interactional competence, especially in interactional patterns and questioning, really show how skilled teachers are at creating dynamic and engaging learning spaces. This means teachers are good at orchestrating meaningful conversations, using visual aids effectively, and fostering collaborative learning environments. These skills are crucial for keeping students engaged, helping them develop critical thinking, and making teaching truly effective [19, 33]. A teacher who can manage complex interaction patterns likely runs a classroom where communication flows smoothly, is responsive, and truly helps students participate actively.

The most important finding of our study is the strong, positive, and statistically significant relationship ($R=0.70$, $p=0.000$) between mental health action practices and classroom interactional competence. This robust connection tells us that teachers who are deeply involved in mental health action practices are very likely to also be highly competent in classroom interactions. This isn't just a coincidence; it points to a deep, collaborative link. When teachers are sensitive to their students' emotional needs, can manage their own emotions, and are motivated to create supportive environments, they naturally foster better communication dynamics. A teacher with high emotional intelligence can better understand student cues, respond with empathy, and build the kind of rapport that leads to open and effective classroom interactions [13, 30]. And conversely, a classroom where interactions are strong—where students feel heard, respected, and safe to express themselves—naturally supports good mental health.

Our regression analysis further clarifies this relationship by pinpointing the specific areas of mental health action practices that significantly influence CIC. Motivation emerged as the strongest predictor, highlighting that a teacher's genuine commitment to student well-being is what drives their efforts to create an interactive and engaging classroom. This inner motivation leads to teaching behaviors that actively improve communication. Emotional capability and problem-solving capacity also showed a substantial impact, emphasizing that a teacher's emotional intelligence and ability to handle challenges directly contribute to smoother, more responsive, and less disruptive classroom interactions. Finally, creating opportunity for mental health discussions and support builds a psychologically safe space, which is fundamental for open and effective interaction. These findings collectively allow us to reject our null hypothesis, providing strong evidence for the profound influence of mental health action practices on a teacher's ability to interact competently in the classroom.

Implications for Educational Practice

The results of our study have significant implications for how we approach education, especially in public elementary schools.

1. Integrated Professional Development Programs: Our study strongly suggests that we need professional development programs that tackle both mental health action practices and classroom interactional competence together. Instead of teaching these as separate topics, educational leaders should design workshops that show how deeply connected they are. For example, training on "emotional capability" could include practical exercises on empathetic listening and responsive communication techniques that directly improve "sociocultural interaction" in the classroom. These programs should focus on:

   - Boosting Emotional Intelligence: Giving teachers strategies for self-awareness, managing their emotions, and showing empathy, recognizing these as fundamental for both their own well-being and effective classroom management [13, 30].
   - Developing Proactive Problem-Solving Skills: Equipping teachers with tools to spot early signs of student distress, put initial support strategies into action, and understand when and how to refer students to specialized mental health services [21].
   - Nurturing Inner Motivation: Creating a school culture that truly values and acknowledges teachers' efforts in promoting mental health, which helps keep their motivation high to integrate these practices daily. This could involve peer support networks and mentorship programs [26].
   - Strategies for Creating Opportunities: Training teachers on how to naturally weave mental health discussions, mindfulness exercises, and social-emotional learning activities into the existing curriculum, making mental health a regular part of the learning environment [25].

2. Curriculum Development and Integration: Those who develop educational policies and curricula should seriously consider weaving mental health literacy and social-emotional learning more explicitly into elementary school curricula. This ensures that students systematically learn skills for emotional regulation, empathy, and healthy communication from a young age [15, 20]. The curriculum should also provide teachers with clear guidelines and resources for teaching these concepts in a way that's appropriate for their students' age.

3. School Policy and Administrative Support: School administrators play a crucial role in creating an

environment where all this can happen. They should:

- Prioritize Teacher Well-being: Understanding that teachers' mental health directly impacts their ability to support students, schools should implement policies that promote teacher well-being, reduce unnecessary administrative burdens, and provide access to mental health resources for staff [27, 34].
- Allocate Resources: Make sure there are enough resources (like time, materials, and access to specialists) available for mental health initiatives and professional development related to CIC.
- Foster a Supportive School Culture: Build a school-wide culture that openly discusses mental health, reduces stigma, and encourages everyone—teachers, counselors, and parents—to work together to support student well-being [9, 34].

4. Parental Engagement: Our findings highlight how important communication and teamwork are. Schools should actively involve parents in conversations about mental health and provide them with resources and strategies to support their children's emotional well-being at home. This creates a consistent support system for students, aligning with the "mesosystem" in Bronfenbrenner's theory [7].

5. Addressing Specific Challenges: In places like Baganga South District, where challenges like overcrowded classrooms and limited resources exist, our solutions need to be tailored. This might mean exploring cost-effective, high-impact strategies for promoting mental health and developing interaction skills, possibly using technology for training and sharing resources [8, 25].

By putting these implications into practice, our educational systems can move towards a more holistic, supportive, and effective approach to elementary education, benefiting both the immediate well-being and the long-term development of our students.

Theoretical Contributions

Our study makes important practical contributions that both support and expand upon existing theories in educational psychology and human development.

1. Strengthening Bronfenbrenner's Ecological Systems Theory (1979) [7, 11]: Our findings strongly back up the idea of interconnectedness that Bronfenbrenner emphasized. The "Very Extensive" mental health action practices and classroom interactional competence we saw in teachers highlight how crucial the microsystem (the classroom and the direct interactions between teacher and student) is in shaping a student's development. Teachers, as key players in this microsystem, significantly influence student well-being and learning. Furthermore, our study subtly suggests the influence of the exosystem (school policies, administrative support, professional development opportunities) and the macrosystem (broader societal attitudes towards mental health and education) that enable teachers to show such extensive practices and competence. Our study underlines that a supportive school environment, shaped by administrative decisions and societal priorities, empowers teachers to effectively address student mental health needs and improve classroom dynamics.

2. Expanding Bandura's Social Learning Theory (1977) [5, 26, 32]: This research provides real-world evidence for how Bandura's theory plays out in the classroom. The significant influence of teachers' "emotional capability" and "motivation" on their classroom interactional competence suggests that teachers are powerful role models for their students. When teachers demonstrate emotional self-control, empathy, and a proactive stance toward mental health, they're not just managing their classroom effectively; they're also subtly teaching students valuable social-emotional skills through observation and learning from others. Our study goes further by showing that teachers' confidence in supporting mental health (reflected in their extensive practices) directly leads to better teaching behaviors (CIC), creating a positive cycle that benefits student learning and well-being.

3. Deepening Emotional Intelligence Theory (Petrovici & Dobrescu, 2014) [13, 30]: The finding that "emotional capability" is a significant predictor of classroom interactional competence directly confirms what emotional intelligence theory tells us. It shows that a teacher's ability to understand and manage their own emotions, as well as to perceive and respond to their students' emotions, isn't just a personal trait; it's a professional skill that profoundly impacts how effective they are as educators. High emotional intelligence allows teachers to build stronger relationships, calm down conflicts, and create a psychologically safe environment that encourages open communication and learning. This research concretely links emotional intelligence to clear classroom outcomes, highlighting its practical importance for how we train and develop teachers.

In essence, our study goes beyond simply describing the presence of mental health practices and interactional competence. It empirically shows their strong connection and how specific mental health areas can predict classroom outcomes. It offers a more nuanced understanding of how a teacher's well-being and teaching skills come together to create the best possible learning environments, thereby enriching our theoretical understanding of effective education and child development.

Limitations of the Study

While our study offers valuable insights into the connection between mental health action practices and classroom interactional competence, it's important to acknowledge some limitations that might affect how

broadly our findings can be applied and how they should be interpreted.

1. Descriptive-Correlational Design: The main limitation comes from our study's descriptive-correlational research design. While this design is great for identifying if relationships exist, how strong they are, and in what direction, it cannot prove cause and effect. Just because we found a significant relationship between mental health action practices and classroom interactional competence doesn't definitively mean one causes the other. It's possible that other factors we didn't measure influence both, or that the relationship goes both ways (meaning improved CIC also helps mental health practices). To figure out cause and effect, we'd need different types of studies, like experimental ones.

2. Reliance on Self-Report Measures: We collected our data using questionnaires filled out by the teachers themselves. Self-report measures are inherently subjective and can be influenced by various biases, such as:

○ Social Desirability Bias: Teachers might have answered in a way they thought would look good or be socially acceptable, potentially overstating how much they engage in positive practices or how competent they feel.

○ Recall Bias: People don't always remember their daily practices perfectly.

○ Perceptual Bias: A teacher's own perception of their practices and competence might be different from what an objective observer or their students would see. Even though our questionnaires showed high reliability, this doesn't eliminate the potential for self-report bias.

3. Specific Research Locale: Our study was conducted only in public elementary schools within the Baganga South District, Division of Davao Oriental. While this gave us a focused context, our findings might not directly apply to other geographical areas, different types of schools (like private schools), or other educational levels (like high school or college). These different settings might have different social, economic, cultural, resource, or administrative conditions.

4. Sample Size and Characteristics: Although we used Slovin's Formula and simple random sampling to determine our sample size of 154 teachers, this group represents a specific subset of teachers (those with at least three years of experience and who had attended psychosocial training). While this specificity helped us get relevant participants, it might limit how broadly our findings can be applied to less experienced teachers or those without similar training backgrounds.

5. Cross-Sectional Nature: We collected our data at one specific point in time (during the 2024-2025 school year). This "snapshot" approach doesn't capture how teachers' practices or competence might change or develop over time. To see how these variables evolve and influence each other over longer periods, we would need longitudinal studies.

6. Scope of Variables: While we focused on key areas of mental health action practices and classroom interactional competence, these are complex and multi-faceted concepts. There might be other dimensions or subtle aspects that our specific questionnaires didn't capture, which could also play a role in their relationship. For example, we didn't deeply explore the specific types of mental health interventions or the qualitative nuances of classroom interactions.

It's important to keep these limitations in mind when interpreting our study's findings and when thinking about where future research can go to build on this foundation with different methods and broader scopes.

Recommendations for Future Research

Based on what we've learned and the limitations of our study, we have several suggestions for future research that could further deepen our understanding of mental health action practices and classroom interactional competence in schools.

1. Longitudinal Studies: We highly recommend conducting long-term studies to track how mental health action practices and classroom interactional competence develop over time. This would allow researchers to see how these variables change, how they influence each other dynamically, and potentially uncover cause-and-effect relationships, moving beyond the correlational nature of our current study.

2. Qualitative and Mixed-Methods Approaches: To get a richer, more detailed picture, future research should combine quantitative findings with qualitative methods (like in-depth interviews, focus groups, or direct classroom observations). This would provide nuanced insights into teachers' real-life experiences, their perceptions of challenges and successes, and the specific ways mental health practices impact classroom interactions. A mixed-methods approach could offer a truly comprehensive understanding.

3. Intervention Studies/Experimental Designs: We suggest designing and implementing specific programs aimed at improving particular areas of mental health action practices (for example, training on emotional capability or workshops on problem-solving). Then, researchers could measure the direct impact of these interventions on teachers' classroom interactional competence. Such experimental or quasi-experimental designs would be valuable for establishing cause and effect.

4. Comparative Studies Across Different Contexts: It would be beneficial to repeat this study in different geographical areas, various types of schools (e.g., private schools, urban vs. rural), and at other educational levels (e.g., high schools). This would help us understand how broadly our findings apply and identify any specific factors

in different contexts that might influence the relationship between our variables.

5. Student Perspectives: Future research should definitely include students' views on their teachers' mental health action practices and classroom interactional competence. Surveys or interviews with students could offer a crucial complementary perspective, giving us insights into how these practices are actually perceived and experienced by the learners themselves.

6. Impact on Student Outcomes: Expanding the research to directly investigate how teachers' mental health action practices and classroom interactional competence affect specific student outcomes—like academic performance, social-emotional development, attendance rates, and reported well-being—would be incredibly valuable.

7. Teacher Well-being and Burnout: It's important to explore the two-way relationship between teachers' own mental health and well-being, their mental health action practices, and their classroom interactional competence. Research could look into how teacher burnout or stress might hinder their ability to put effective practices and interactions into action.

8. Role of Technology: Further investigation into how technology can enhance both mental health action practices (e.g., digital resources for social-emotional learning, online support networks) and classroom interactional competence (e.g., interactive platforms, virtual communication tools) would be beneficial, especially given the evolving landscape of education.

9. Specific Interventions: Researching the effectiveness of particular mental health interventions (like mindfulness training for teachers or specific SEL curricula) on improving mental health outcomes for both teachers and students, and how these interventions influence classroom dynamics, is another important area.

By exploring these avenues, future research can build an even stronger and more detailed understanding of the complex interplay between teacher well-being, teaching skills, and student development. This, in turn, will help inform more effective educational policies and practices around the world.

CONCLUSION

The present study meticulously investigated the intricate connection between mental health action practices and classroom interactional competence among public elementary school teachers, yielding significant findings that highlight how deeply linked they are. Our thorough analysis showed that teachers in the Baganga South District are "Very Extensively" engaged in both mental health action practices and classroom interactional competence. This high level of skill and dedication is a wonderful sign of their commitment to nurturing students in every way, going beyond just academics to include emotional well-being and effective communication.

Crucially, our study established a strong, positive, and statistically significant relationship between these two vital areas. This means that teachers who are highly skilled at putting mental health action practices into place are also highly competent at managing and facilitating dynamic classroom interactions. Our regression analysis further illuminated this synergy, pinpointing motivation, emotional capability, problem-solving capacity, and opportunity as significant factors that predict classroom interactional competence. This tells us that a teacher's genuine dedication to student well-being, their emotional intelligence, their proactive approach to challenges, and their ability to create supportive spaces aren't just isolated traits; they are fundamental drivers of how effective they are in the classroom.

The implications of these findings are far-reaching. For educational practice, they call for a new way of thinking about professional development—one that integrates training in both mental health literacy and interactional skills. These programs should focus on building emotional intelligence, fostering proactive problem-solving, keeping motivation high, and giving educators strategies to create opportunities for mental health support right within the curriculum. School administrators and policymakers are strongly encouraged to build supportive school cultures, provide the necessary resources, and develop policies that champion both teacher well-being and effective classroom dynamics.

Our study also makes valuable contributions to existing theories. It strongly supports Bronfenbrenner's Ecological Systems Theory by showing the critical role of the classroom environment, influenced by the wider school and societal contexts, in shaping student development. It expands Bandura's Social Learning Theory by demonstrating how teachers, through their extensive mental health practices, become powerful role models for students' social-emotional learning, which then improves classroom interactions. Furthermore, it concretely elaborates on Emotional Intelligence Theory, emphasizing how practical and important a teacher's emotional capability is for their effectiveness in teaching.

While we acknowledge the limitations of our study—being a descriptive-correlational study based on self-reports and conducted in a specific location—it provides a solid foundation for future research. We've suggested avenues for longitudinal studies, qualitative explorations, intervention designs, and comparative analyses across diverse contexts to deepen our understanding even further.

In summary, our research unequivocally states that the mental health of students and the quality of classroom interactions are deeply intertwined, and teachers are central to this dynamic. By prioritizing and investing in the comprehensive development of teachers' mental health

action practices and classroom interactional competence, educational systems can create nurturing, engaging, and academically enriching environments that empower elementary students to truly thrive, building a strong and resilient foundation for their future success and well-being.

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