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Institutional Responses to Student Suicide Risk Management and Implementation Challenges in Masbate Diocesan Schools

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ABSTRACT

This study assessed institutional responses and challenges encountered in student suicide risk management among selected Masbate Diocesan Schools, focusing on prevention practices, crisis intervention, support systems, spiritual care integration, and implementation barriers. A quantitative descriptive-comparative-correlational design was employed involving 36 School Heads and Classroom Teachers from three private Catholic schools in Aroroy, Baleno, and Milagros, Masbate. Using total enumeration sampling, data were collected through a validated researcher-made questionnaire and analyzed using frequencies, percentages, weighted means, and Analysis of Variance (ANOVA). Findings revealed favorable institutional responses, particularly in spiritual care integration (M = 3.63), policy dissemination and prevention programs (M = 3.58), crisis management (M = 3.54), and supervision and support systems (M = 3.51). However, all respondents reported the absence of designated guidance personnel, while implementation challenges (M = 3.31) centered on inadequate funding, limited professional mental health services, and insufficient localized protocols. Although statistical significance was reported, the relationship between institutional responses and implementation challenges requires further verification. The study concludes that existing institutional practices demonstrate preparedness but remain constrained by financial, personnel, and operational limitations. It recommends standardized suicide risk management protocols, professional referral partnerships, personnel training, and integrated psychological and pastoral support. Limited institutional coverage, reliance on respondents' perceptions, and analytical constraints restrict broader generalization. The study provides institution-specific evidence to guide administrative decisions, resource allocation, and coordinated suicide prevention initiatives in Catholic educational institutions.

Keywords: *Catholic Schools, Crisis Intervention, Institutional Responses, Masbate Diocesan Schools, Mental Health, Spiritual Care, Suicide Risk Management*

1. INTRODUCTION

Student suicide risk is a growing concern in educational institutions, emphasizing the need for effective prevention, crisis intervention, and mental health support systems. Schools are essential in identifying psychological distress, facilitating professional assistance, and promoting student well-being (Hughes et al., 2023; Mushthi & Chaudhury, 2025). In the Philippines, resource limitations, inadequate professional training, and shortages of guidance counselors continue to challenge school-based suicide prevention (Alibudbud, 2023; Lacson et al., 2024). Catholic educational institutions face additional responsibilities in integrating psychological support with spiritual and pastoral care. Effective suicide risk management requires coordinated policies, trained personnel, accessible resources, and appropriate intervention protocols (Cupo et al., 2025; Reinbergs et al., 2025). Accordingly, this study examines the institutional responses and challenges encountered in student suicide risk management among selected Masbate Diocesan Schools, providing a basis for strengthening prevention, intervention, and holistic student support.

Research Problem

Despite existing mental health policies and legislative initiatives, educational institutions continue to face challenges in implementing suicide prevention and crisis intervention protocols. In the Philippines, Republic Act No. 12080 (2024), known as the Basic Education Mental Health and Well-Being Promotion Act, establishes a legislative framework for strengthening mental health services in basic education. Similarly, the Department of Education (2020) issued guidelines on required health standards in basic education offices and schools, providing a broader institutional context for student health and safety. Nevertheless, inadequate resources, limited professional training, unclear institutional responsibilities, and insufficient referral systems continue to affect school-based mental health preparedness (Hoover, 2024; Reinbergs et al., 2025; Weissinger et al., 2023). Effective suicide risk management also requires ethical decision-making, crisis preparedness, and coordinated institutional responses. Knapp (2024) examines legal, ethical, and risk management considerations in treating suicidal patients, while Tripathi et al. (2023) discuss clinical guidelines for assessing and managing psychosocial crises. In educational settings, Demerse (2025) explores institutional responses to student deaths by suicide, whereas Sparrow (2024) examines the effects of inadequate resources and support on middle school students' mental health. Furthermore, communication difficulties and insufficient postvention preparation may compromise coordinated responses to suicide-related concerns (Anderson et al., 2024; Pittleman, 2023; Webb et al., 2025). Although supportive school environments and social connectedness are important protective factors against suicide risk (Arango et al., 2024), limited research has examined how resource-constrained Catholic educational institutions integrate formal suicide prevention protocols with spiritual and pastoral care. Accordingly, this study investigates institutional responses, implementation challenges, and the relationship between these variables among selected Masbate Diocesan Schools to identify areas requiring improvement in student suicide risk management.

Assumptions of the Study

The study assumes that School Heads and Classroom Teachers can accurately assess institutional suicide risk management practices based on their professional experiences. It further assumes that participating schools differ in student population, guidance personnel, financial resources, and implementation challenges. Respondents are expected to provide reliable information concerning policy dissemination, prevention programs, crisis intervention, support systems, and spiritual care integration. The study also adopts the null hypothesis that no significant relationship exists between institutional responses and encountered

implementation challenges. Findings are expected to provide an empirical basis for proposing appropriate institutional improvements.

Objectives of the Study

This study aims to assess institutional responses and challenges encountered in student suicide risk management among Masbate Diocesan Schools. Specifically, it seeks to determine the respondents' professional profiles and the participating schools' institutional characteristics; evaluate policy dissemination, prevention programs, crisis intervention protocols, supervision and support systems, and spiritual care integration; identify implementation challenges; examine the significant relationship between institutional responses and encountered challenges; and propose measures to strengthen suicide risk management and holistic student support.

Conceptual and Theoretical Framework

The study is anchored in Systems Theory (von Bertalanffy, 1968), Organizational Readiness for Change Theory (Weiner, 2009), and Ecological Systems Theory (Bronfenbrenner, 1979). Systems Theory emphasizes the interdependence of institutional components, while Organizational Readiness for Change Theory explains how collective commitment, resources, and organizational capacity influence policy implementation. Ecological Systems Theory highlights the influence of family, school, and community relationships on student well-being. These perspectives support coordinated institutional responses involving administrators, teachers, guidance personnel, families, and pastoral stakeholders. The theoretical framework also recognizes the potential contributions of religiosity, spirituality, and psychological well-being to adolescent development. Buenconsejo and Datu (2023) examine the relationship between religiosity, spirituality, and positive youth development, providing a relevant perspective for understanding faith-based educational environments. Similarly, Caparas and Llenares (2025) investigate religious orientation in relation to perceived mental illness stigma and suicidal ideation among Filipino young adults. Del Castillo et al. (2023) examine associations between prayer and mental health among Christian youth in the Philippines, while Reyes et al. (2025) explore religiosity and attitudes toward suicide among Filipinos. These studies provide a basis for considering spiritual and religious dimensions within the institutional context of Catholic schools. However, spiritual care must be understood as a complementary component of student support rather than a substitute for professional psychological assessment, crisis intervention, and referral services. The study also adopts the Input-Process-Output (IPO) Model. The inputs consist of respondents' professional profiles, institutional characteristics, existing suicide risk management practices, and encountered implementation challenges. The process involves data collection through a validated researcher-made questionnaire and statistical analysis using descriptive and inferential measures. The output consists of proposed institutional improvements aimed at strengthening suicide prevention, crisis intervention, professional referral systems, and integrated psychological and pastoral support within Masbate Diocesan Schools.

Sustainable Development Goal and Multidisciplinary Sustainability Relevance

The study aligns with SDG 3 (Good Health and Well-Being) by promoting suicide prevention, psychological well-being, and accessible school-based mental health support. Effective prevention and early intervention are essential to protecting vulnerable learners (Alberto et al., 2025; McGillivray et al., 2021). It supports SDG 4 (Quality Education) by emphasizing safe, inclusive, and psychologically supportive learning environments that promote student development and educational participation (Heinrich et al., 2023). Furthermore, it contributes to SDG 17 (Partnerships for the Goals) by encouraging collaboration among school administrators,

teachers, guidance personnel, families, mental health professionals, and pastoral stakeholders (Cupo et al., 2025; Alberto et al., 2025). Overall, the study promotes public health, educational, institutional, and community sustainability by identifying practical measures to strengthen suicide prevention, professional preparedness, and coordinated psychological and spiritual care within Masbate Diocesan Schools.

2. METHODOLOGY

Research Design

The study utilized a quantitative descriptive-comparative-correlational research design. The descriptive component examined respondents' characteristics, institutional profiles, existing suicide risk management practices, and implementation challenges. The comparative and correlational components assessed differences in respondents' evaluations and the relationship between institutional responses and encountered challenges. This design enabled the systematic assessment of existing institutional conditions without manipulating the study variables.

Research Locale or Study Setting

The study was conducted in three private Catholic educational institutions under the Diocese of Masbate, Philippines: Liceo de Aroroy Educational Foundation, Inc. in Aroroy, Liceo de Baleno, Inc. in Baleno, and Liceo de San Jose, Inc. in Milagros. These municipalities are located within the province of Masbate in the Bicol Region, as reflected in Philippine Statistics Authority (2021) geographic and population records. More recent municipal population information is available from the Philippine Statistics Authority (2025a, 2025b, 2025c), providing demographic context for Aroroy, Milagros, and Baleno, respectively. The geographic setting may also be contextualized using the Philippine map produced by Balingit (2012), while the institutional background of Liceo de Aroroy may be supplemented by information from its institutional Facebook page (Liceo de Aroroy formerly ASJMS, n.d.). The participating institutions provide faith-based education integrating academic development, student welfare, and spiritual formation. The study focused on their institutional suicide risk management practices and the administrative, financial, and operational challenges affecting implementation.

Participants or Data Sources

The respondents consisted of School Heads and Classroom Teachers from the participating Masbate Diocesan Schools. Total enumeration sampling was employed, wherein all qualified personnel were invited to participate. School Heads provided information concerning institutional policies, administrative preparedness, resource allocation, and support systems, while Classroom Teachers assessed prevention activities, referral procedures, and implementation challenges. Their participation provided administrative and instructional perspectives on institutional suicide risk management.

Research Instruments or Materials

Data were collected using a researcher-made structured questionnaire consisting of five parts. The instrument gathered information on respondents' educational attainment, professional designation, and years of experience; institutional student population, guidance personnel ratio, and mental health budget; institutional responses involving policy dissemination, crisis intervention, supervision, and spiritual care; challenges related to financial resources, personnel, training, workload, parental cooperation, and mental health services; and proposed measures for institutional improvement. A four-point Likert scale ranging from Strongly Agree (4) to Strongly Disagree (1) was used to assess institutional responses and implementation challenges. Proposed improvement measures were evaluated using a four-point effectiveness

scale ranging from Highly Effective (4) to Not Effective (1). The questionnaire underwent expert validation for clarity, relevance, and appropriateness, followed by pilot testing among qualified nonparticipants to assess reliability and internal consistency.

Data Gathering Procedure

The researcher first secured approval from the appropriate diocesan educational authorities and participating School Heads. Following institutional authorization, coordination was undertaken with designated school representatives regarding questionnaire administration. Prospective respondents were informed of the study's purpose, scope, procedures, and voluntary nature before providing informed consent. The validated questionnaires were distributed to qualified School Heads and Classroom Teachers, who were given sufficient time to respond based on their professional experiences. Completed questionnaires were retrieved, checked for completeness, organized, coded, and tabulated for statistical analysis. The collected information was used exclusively for academic research purposes.

Data Analysis

The data were analyzed using descriptive and inferential statistical measures. Frequency counts and percentages described respondents' demographic characteristics and institutional profiles, while weighted means assessed institutional responses, implementation challenges, and the perceived effectiveness of proposed improvement measures. One-way Analysis of Variance (ANOVA), or the F-test, was identified to determine significant differences among group means, subject to the statistical assumptions and requirements of the research design. The findings were interpreted according to the study objectives to identify institutional strengths, operational challenges, and possible improvements in student suicide risk management.

Ethical Consideration

The study observed ethical research principles through institutional approval, informed consent, voluntary participation, and confidentiality. Respondents were informed of their right to decline or withdraw from participation without penalty. Individual responses were treated confidentially and used solely for academic purposes. To protect students' privacy and welfare, the research did not collect personally identifying student information or details of individual suicide-related cases. The investigation focused exclusively on institutional policies, professional assessments, and administrative practices, ensuring that the collection and handling of data respected respondents' rights and the sensitive nature of student suicide risk management.

3. RESULTS AND DISCUSSION

3.1 Respondents' Professional Profiles

3.1.1 Educational Attainment

Of the 36 respondents, 25 (69.44%) held bachelor's degrees, while 11 (30.56%) had earned master's degree units. None reported completing a master's or doctoral degree. The findings indicate that most respondents possessed undergraduate qualifications. Espinosa (2022) found that knowledge and confidence in managing selfinjurious behavior did not eliminate the need for specialized training. Thus, academic qualifications alone do not establish competence in student suicide risk management.

3.1.2 Current Position or Designation

The respondents comprised 24 Classroom Teachers (66.67%) and 12 School Heads, Principals, or Administrators (33.33%). Classroom Teachers constituted the majority. Weissinger et al. (2023) emphasized that teachers and administrators are often among the first to notice learners

who need mental health assistance. Their participation provides relevant perspectives on institutional responses, although teaching responsibilities do not necessarily indicate specialized clinical competence.

3.1.3 Years of Professional Experience

Seventeen respondents (47.22%) had three to five years of professional experience, 13 (36.11%) had less than three years, and six (16.67%) had six to ten years. None reported more than ten years of service. The findings indicate that most respondents had relatively limited institutional experience. Spafford et al. (2024) highlighted the value of gatekeeper training in strengthening intentions to intervene in suicide-related concerns. This supports the need for practical preparation regardless of professional tenure.

3.2 Institutional Profile of Masbate Diocesan Schools

3.2.1 Student Population

Most respondents (55.56%) reported student populations ranging from 150 to 300, while 22.22% reported fewer than 150 students and another 22.22% reported 301 to 500 students. None reported populations exceeding 500. Student enrollment provides context for assessing institutional support requirements. Deng et al. (2025) considered student population among the institutional characteristics of participating schools. Brown and Knight (2025) further highlighted differences in access to counseling personnel, indicating the importance of considering enrollment alongside available mental health resources.

3.2.2 Availability of Guidance Personnel

All 36 respondents (100%) reported that their institutions had no designated guidance personnel. Consequently, student mental health crises were handled directly by School Heads or Classroom Teachers. This finding indicates substantial reliance on personnel without designated guidance responsibilities. Lasco et al. (2024) reported that Filipino teachers often assumed responsibilities associated with mental health professionals despite limited specialized preparation and resources. The findings emphasize the importance of professional referral mechanisms and clearly defined institutional responsibilities.

3.2.3 Budget Allocation for Mental Health Programs

Twenty respondents (55.56%) reported annual mental health allocations of ₱3,000 and above, ten (27.78%) reported ₱1,001–₱3,000, and six (16.67%) reported allocations below ₱1,000. Although the highest budget category received the greatest proportion of responses, the reported allocations do not independently establish funding adequacy. Heinrich et al. (2023) emphasized that adequate resource allocation and sustained financial support are essential to maintaining school mental health services. Budget sufficiency must therefore be considered alongside institutional needs and service requirements.

3.3 Institutional Responses to Student Suicide Risk

3.3.1 Policy Dissemination and Prevention Programs

Policy dissemination and prevention programs obtained an overall weighted mean of 3.58, interpreted as Strongly Agree. Visible information campaigns received the highest rating (3.72), followed by mental health discussions during Homeroom, Christian Living Education, or Values Education (3.58), and orientation activities (3.56). Handbook guidelines and teacher orientation

both obtained 3.53. These results reflect favorable perceptions of institutional prevention practices. Alibudbud (2023) emphasized schools' role in suicide prevention and psychosocial support, while the Department of Education (2021) promoted learner-friendly mental health activities involving learners, parents, teachers, and other personnel. Hughes et al. (2023) emphasized the importance of appropriate suicide risk screening, assessment, and intervention procedures, highlighting the need for institutional preparedness and timely professional assistance. McGillivray et al. (2021) reported favorable changes following a structured school-based mental health program, while noting the absence of a randomized comparison group. These studies (see also Walsh et al., 2023) support continued prevention activities, professional preparation, and evaluation of program outcomes. The importance of preventive institutional initiatives may also be considered in relation to Majid (2025), whose evidence review addresses psychosocial approaches to adolescent suicide prevention. Furthermore, Tura and Cadorna (2024) examine suicide prevention mechanisms as a basis for developing a mental health intervention program. These sources provide additional context for considering structured prevention activities, mental health awareness, and the development of school-based intervention measures. In the participating Masbate Diocesan Schools, the favorable assessment of policy dissemination and prevention programs suggests that respondents recognize the importance of institutional prevention practices, although their actual effectiveness requires further evaluation.

3.3.2 Crisis Management and Intervention Protocols

Crisis management and intervention protocols obtained an overall weighted mean of 3.54, interpreted as Strongly Agree. Established emergency procedures received the highest rating (3.62), followed by confidential recordkeeping (3.58), immediate psychological support (3.50), and referral connections with external mental health professionals (3.46). The findings indicate positive perceptions of emergency preparedness, with relatively lower ratings for professional referrals and immediate support. Hughes et al. (2023) identified the importance of standardized intervention guidelines, professional preparation, and confidentiality in managing suicide-related concerns. Arellano et al. (2025) identified limited access to qualified counselors and difficulties connecting with external mental health practitioners as barriers to referral services. These findings support strengthening institutional coordination with professional mental health providers.

3.3.3 Supervision and Support Systems

Supervision and support systems recorded an overall weighted mean of 3.51, interpreted as Strongly Agree. Administrative assistance during emergencies received the highest rating (3.58), followed by coordination meetings (3.56), student monitoring (3.50), parent conferences (3.47), and staff debriefing activities (3.44). These findings indicate favorable perceptions of administrative support and coordination, although parent engagement and staff debriefing received comparatively lower ratings. Nalipay et al. (2025) described teachers' use of consultation, counselor referrals, and communication in responding to learners' mental health concerns. Umali and Hilario (2023) highlighted professional preparedness and the psychological demands of student support work, while Alberto et al. (2025) emphasized consultation, referral, monitoring, and follow-up mechanisms that prevent teachers from managing complex concerns independently. The role of educational personnel in supporting psychologically vulnerable learners may also be examined through the work of Phelan (2023), which focuses on educators'

perceptions of the care and instruction of trauma-exposed students in a Christian school. This perspective is particularly relevant to the present study because participating institutions operate within a Catholic educational environment where teachers and administrators are expected to contribute to both student welfare and holistic formation. The findings reinforce the importance of clearly defined responsibilities, appropriate professional preparation, and coordinated support systems for students experiencing psychological distress.

3.3.4 Strategic Integration of Spiritual Care

Spiritual care integration obtained an overall weighted mean of 3.63, interpreted as Strongly Agree, the highest among the four institutional response dimensions. Spiritual activities received the highest rating (3.69), followed by efforts to foster a compassionate Christ-centered community (3.64) and teaching the sacredness of human life (3.56). These results indicate that respondents viewed spiritual activities as an important component of institutional student support. Tajonera and Madrigal (2022) found a significant relationship between psychological and spiritual well-being among students in selected Catholic schools. Cena and Bual (2021) found that high religious well-being could coexist with only moderate existential well-being. Mallari and Peltzer (2025) further emphasized that spiritual care should complement professional psychological assessment, intervention, and referral. Accordingly, spiritual support should remain integrated with appropriate professional mental health services.

3.4 Challenges Encountered in Implementing Suicide Risk Protocols

Respondents strongly agreed that their institutions encountered implementation challenges, with an overall weighted mean of 3.31. Inadequate funding for licensed professionals and mental health programs ranked highest (3.50), followed by limited access to specialized mental health facilities (3.36) and the absence of a localized diocesan manual (3.33). Heavy teaching workloads and insufficient psychological first aid training both obtained 3.28, while the absence of registered guidance counselors and parental resistance each received 3.22. The findings identify financial constraints, limited professional services, and insufficient institutional guidelines as important implementation barriers. Heinrich et al. (2023) identified inadequate funding and unstable longterm support as barriers to sustaining school mental health services. Hoover (2024) likewise highlighted workforce shortages and resource limitations that can hinder the translation of policies into consistent student assistance. Salanguit et al. (2024) identified shortages of professionals, inadequate referral training, and the need for practical intervention manuals. Arellano et al. (2025) also reported reluctance among some students and families to participate in available support, emphasizing the importance of stakeholder engagement and coordinated referrals.

3.5 Relationship Between Institutional Responses and Implementation Challenges

The study reported a computed F-value of 2.9539, exceeding the stated critical value of 1.84, with a reported p-value of 0.0013, below the 0.05 significance level. These results were interpreted in the original manuscript as statistically significant. However, because the reported analysis used a one-way Analysis of Variance (ANOVA), which tests differences among group means rather than the association between two variables, the findings do not conclusively establish a significant relationship between institutional responses and implementation challenges. Further statistical verification is therefore necessary. The findings highlight the importance of examining how institutional preparedness and operational challenges interact in student suicide risk

management. Espinosa (2022) emphasized the relevance of professional knowledge, confidence, and continuing training, while Salanguit et al. (2024) identified resource availability, professional competencies, and referral systems as important considerations in institutional implementation. These studies provide context for the variables examined but do not establish their statistical relationship in the present study.

3.6 Suggested Measures for Improving Student Suicide Risk Management

The proposed improvement measures obtained an overall weighted mean of 3.32, interpreted as Strongly Agree. Establishing nonjudgmental safe spaces received the highest rating (3.44). Integrated psychological and spiritual care, mental wellness activities, and access to traveling or teleconsulting licensed professionals each obtained 3.33. Confidential electronic monitoring received 3.31, while mental health literacy training and psychological first aid certification each obtained 3.28. Peer-facilitator programs received the lowest rating (3.22), although respondents still strongly agreed with their proposed implementation. The findings indicate strong support for compassionate, coordinated, and accessible mental health services. Entegro and Del Castillo (2021) associated spiritual resources with hope, meaning, and connectedness, while Arellano et al. (2025) emphasized professional referral networks. Spafford et al. (2024) reported improvements in intentions to intervene following gatekeeper training, and Wright-Berryman et al. (2022) found lower suicide-related stigma in schools implementing a peer-support program. These findings support consideration of the proposed measures, although their effectiveness in Masbate Diocesan Schools remains subject to implementation and evaluation.

4. CONCLUSIONS AND RECOMMENDATIONS

The study revealed that Masbate Diocesan Schools demonstrated favorable institutional responses to student suicide risk management despite significant operational challenges. Based on the assessments of 36 School Heads and Classroom Teachers, spiritual care integration emerged as the strongest institutional practice, followed by policy dissemination, crisis intervention, and supervision and support systems. However, the absence of designated guidance personnel, inadequate funding, limited access to mental health professionals, insufficient training, and the lack of localized protocols constrained implementation. These findings indicate that existing prevention and intervention practices coexist with substantial resource and personnel limitations. Although the manuscript reported a statistically significant relationship between institutional responses and implementation challenges, the statistical analysis requires verification before this association can be conclusively established. Overall, the study provides institution-specific evidence of the need to strengthen administrative preparedness, professional support, and coordinated psychological and pastoral care within the participating diocesan schools.

The Diocese of Masbate and participating school administrators should prioritize the development of standardized suicide risk management protocols covering early identification, emergency intervention, referral, confidentiality, monitoring, and follow-up procedures. Financial allocations should be reviewed according to institutional needs, particularly professional mental health services, personnel training, and crisis management resources. Given the absence of designated guidance personnel, schools should establish referral partnerships with qualified mental health professionals and explore shared counseling services, scheduled consultations, or teleconsultation arrangements. School Heads and Classroom Teachers should receive continuing training in suicide warning signs, psychological first aid,

supportive communication, and appropriate referral procedures. Existing spiritual care initiatives should be maintained while ensuring that pastoral assistance complements professional psychological interventions. Schools should also strengthen parental involvement, confidential student monitoring, staff support, and supervised peer-support activities. These measures should be regularly evaluated to determine their implementation and effectiveness.

The study was limited to 36 School Heads and Classroom Teachers from three selected private Catholic schools in Aroroy, Baleno, and Milagros, Masbate, restricting the applicability of findings to other educational settings. Its quantitative, questionnaire-based design relied on respondents' perceptions rather than direct evaluations of student mental health outcomes. Students and public schools were excluded, limiting the perspectives represented. Additionally, the reported statistical relationship requires verification because the presented ANOVA does not conclusively establish an association between the principal variables. Future studies may include broader institutional samples, additional stakeholder perspectives, and appropriate statistical analyses to strengthen the evidence concerning institutional suicide risk management.

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