

SCHOOL-BASED APPROACHES IN ADDRESSING SUICIDAL BEHAVIOR AMONG HIGH SCHOOL STUDENTS: A PERSPECTIVE FROM FILIPINO GUIDANCE COUNSELORS

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Abstract: For some, schools are more than just places to learn. They serve as sanctuaries for students. Recent reports indicate a troubling rise in suicide rates among Filipino students, requiring urgent attention. Despite implemented solutions, new challenges continue to emerge, calling for ongoing work. Hence, this study explored the practical interventions and counseling techniques of four registered guidance counselors and one guidance associate in handling cases of suicidal behavior among high school students, the factors influencing the selection and application of these interventions and techniques, and the process of assessing the effectiveness of interventions in addressing suicidal behavior using data from semi-structured interviews analyzed through Giorgi and colleagues' descriptive phenomenological analysis (2017). Key interventions include integrating various counseling techniques, tailoring individualized support strategies to students' unique needs, and implementing structured referral systems that encourage collaboration with parents and other relevant stakeholders. The results provide important insights into the strategies utilized by school personnel to address suicidal behavior among students. These outcomes underscore the need for ongoing refinement in addressing mental health concerns, highlighting the importance of a collaborative and adaptive approach to ensure student well-being.

Keywords: guidance associate; guidance counselor; school counseling; suicidal behavior; Filipino students

INTRODUCTION

Suicide is the act of intentionally causing one's own death (Nock et al., 2008), often influenced by complex psychological, social, and environmental factors (De Berardis et al., 2018). The increasing number of suicide cases has now become a global concern. In the Philippines, the rise among young people is nearly 1 in 5 Filipino youth aged 15-24 have contemplated suicide (UPPI, 2021). Particularly, 7.5% (about 1.5 million young people) attempted suicide in 2021, more than doubling from 3% (574,000) in 2013, highlighting the urgent need to recognize that suicidal behavior appears in different ways, such as distress and self-harm, collectively called suicidal phenomena.

Suicidal phenomena include various experiences and expressions of suicidal thoughts and behaviors, ranging from suicidal ideation to suicide attempts and completed suicide (Beck & Greenberg, 1971). The National Institute of Mental Health classifies these into suicide, suicide attempts, and suicidal thoughts (Posner, Mann, & Brodsky, 2014). Suicidal intent is a key factor, regardless of injury severity or method lethality. Suicidal ideation, involving thoughts, plans, or intentions to end one's life, plays a critical role in understanding suicidal behavior (Bagley, 1975; Beck et al., 1979; Posner et al., 2014). Understanding these categories and their causes is vital for shaping effective mental health responses and support systems.

In the Philippines, the mental health crisis among students has become more evident, especially during the COVID-19 pandemic. Data from the Department of Education shows that in 2021, 404 students died by suicide, while 2,147 attempted it. In addition, 775,962 students sought guidance counseling, reflecting the urgent need for mental health support in schools (Philstar, 2023). Studies on secondary school students have identified several factors contributing to suicidal behavior, including academic pressure, exam failures, bullying, family conflicts, romantic relationships, lack of stress management skills, social media influence, and substance use (Chaniang et al., 2022; Efeyadu et al., 2023). Addressing these concerns requires a multi-faceted approach where suicide prevention strategies emphasize peer support, parental guidance, school-based interventions, access to mental health professionals, and fostering self-worth (Chaniang et al., 2022).

Given the alarming increase in suicide rates among students, mental health professionals play an important role in identifying those at risk, providing psychological support, and addressing the underlying psychological and social factors. However, working with parents or guardians of at-risk students can be challenging, as securing treatment is often complex and sensitive (Correa, 2020). Some schools may also lack a structured suicide prevention plan, making it essential for school counselors to advocate for such programs and educate school personnel on crisis preparedness (Fineran, 2012).

Since adolescents spend much of their time in school, guidance counselors are uniquely positioned to identify at-risk students and provide immediate interventions (Gallo & Morris, 2022). Traditionally, they assist students with academic challenges, career planning, and personal adjustment issues (Villar, 2008). Their role has expanded to include mental health support, especially in detecting and assessing adolescents with high levels of suicidal ideation. However, school counselors often experience ambiguity and conflicting demands, hindering their ability to provide support (Harrison et al., 2023; Savitz-Romer et al., 2021) as they balance their duties without clear guidelines and resources, underscoring the need for better institutional support.

School counseling programs are critical interventions in suicide prevention, helping students cope with psychological distress and improve their well-being (Ignacio & Tudy, 2021). Psychological interventions like Rational Emotive Behavioral Therapy (REBT) and Cognitive Behavioral Therapy (CBT) have proven effective in managing suicidal thoughts (Baloyo, 2021). These approaches address cognitive biases, develop problem-solving skills, improve emotional regulation, and strengthen social support systems (Ignacio & Tudy, 2021). Effective suicide prevention strategies include helping students recognize reasons to live, set goals, offer academic support, teach grounding techniques, identify warning signs of suicidal

thoughts, and encourage communication with loved ones (Efeyadu et al., 2023). Given the diversity of students, guidance counselors must adapt their techniques to different cultural and personal backgrounds, such as using religious doctrine, which may alienate students with different beliefs (Quintos, 2019). Counselors should interview students, family members, and friends to assess cases individually and tailor management strategies (Palma, 2016). Suicide prevention strategies must be inclusive and personalized to support at-risk individuals with early intervention to reduce suicidal vulnerability.

Implementing comprehensive mental health programs in schools, training professionals in suicide risk assessment, and fostering open discussions on mental health contribute to long-term prevention (Chiu & Vargo, 2022). Addressing suicide requires a multidisciplinary approach that combines psychological support, educational initiatives, and policy changes to create a safer, more supportive environment for young people.

The Present Study

There is an urgent need for targeted interventions in schools because of student suicide and the counselor-to-student ratio of 1:14,000, far from the recommended 1:250. This raises concerns about whether schools can adequately address students' mental health needs, especially in suicide prevention (Lacson et al., 2024). Therefore, this study examined the role of Filipino registered guidance counselors (RGCs) who have completed a master's degree in guidance and counseling. As mandated by the Professional Regulation Commission, they provide in-depth counseling services, apply formal techniques, and independently handle complex and sensitive student concerns within their professional scope.

Guidance Associates are individuals with a relevant bachelor's degree and a minimum number of units in guidance and counseling or psychology. They assist in delivering guidance services under the supervision of a licensed counselor. Since they are not yet licensed, their functions are more limited and generally exclude formal counseling or independent handling of sensitive mental health cases.

While this research does not directly address the counselor shortage, it aims to provide insights into making the most of existing resources and adapting techniques despite these limitations. This study sought to answer the following research questions:

1. What interventions and counseling techniques do Filipino school counselors use in handling cases of suicidal behavior among high school students?
2. What factors influence the selection and application of these interventions and techniques?
3. How do school counselors assess the effectiveness of their interventions in addressing suicidal behavior?

Conceptual Framework

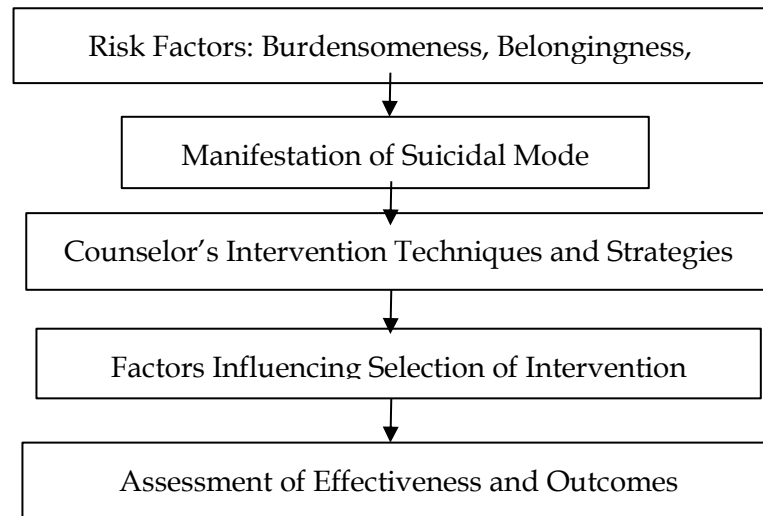


Figure 1. Conceptual Framework

The framework shows the progression from psychological risk factors to counselor intervention and assessment. Drawing on Joiner's Interpersonal-Psychological Theory of Suicide (IPTS), students' experiences of perceived burdensomeness, thwarted belongingness, and acquired capability for suicide contributed to the activation of Rudd's Suicidal Mode, characterized by cognitive, affective, behavioral, and physiological dysregulation.

School counselors address these manifestations through targeted interventions and counseling techniques. These strategies are selected and applied through institutional resources, cultural sensitivity, and collaboration with families and school personnel. Intervention effectiveness is assessed based on observed changes in students' behaviors and emotional well-being, informing the ongoing adaptation of suicide prevention efforts within the school context.

Theoretical Framework

Rudd's Suicidal Mode (2000) describes suicidality as a short-term state where thoughts, feelings, behaviors, and body responses become highly activated. In this state, suicidal beliefs take over, strong negative emotions are present, suicide-related actions like planning may occur, and physical arousal increases. This model fits with other ways of classifying suicidal experiences, from thoughts of suicide to attempts and suicide itself (Beck & Greenberg, 1971; Posner et al., 2014), and helps us understand and address acute risk. Joiner's (2005) Interpersonal-Psychological Theory of Suicidal Behavior adds that suicidal thoughts are most likely when people feel like a burden and disconnected from others, especially if they have become used to pain or distress through repeated difficult experiences (Joiner, 2005; Joiner Jr. et al., 2010). Short-term factors like intoxication or sudden distress can also increase this risk (Smith & Cukrowicz, 2016). Together, these models help explain how suicidal thoughts start and can turn into a crisis, pointing to important emotional, thinking, and behavioral areas for school-based intervention.

METHODS

Research Design

This study used a descriptive phenomenological research design to understand how school counselors manage suicidal crises based on their own experiences (Giorgi et al., 2017).

Participants and Procedure

With ethical approval from the university's Research Ethics Committee (REC; code 2025-100), participants were purposely recruited in accordance with ethical standards. A research permit from the Quezon City School's Division Office authorized visits to their districts, during which disclosure letters outlining the study's objectives were presented to principals and guidance offices.

Upon the principal's approval, data were collected through validated semi-structured interviews with open-ended questions. Interviews lasted 1 to 1.5 hours and were conducted in participants' preferred modality. Five school counselors from secondary schools participated in the study. Each had at least one year of professional experience and was chosen through purposive sampling to ensure a diverse range of experiences and insights.

Table 1. Participants

Participant	Position	District
P1	Guidance Counselor	2
P2	Guidance Associate	6
P3	Guidance Counselor	1
P4	Guidance Counselor	5
P5	Guidance Counselor	4

Note: Data were collected from one guidance associate and four guidance counselors in five districts in Quezon City, Philippines.

Data Analysis

The data were analyzed using Giorgi's descriptive phenomenological method. The interview transcripts were re-read to understand the counselors' experiences. Key parts of the transcripts were identified, reworded as psychological statements, and combined to describe the phenomenon's main structure.

FINDINGS AND DISCUSSION

Table 2. Themes and sub-themes on the interventions and counseling techniques used by Filipino school counselors in handling cases of suicidal behavior among high school students.

Themes	Subthemes
Integrative counseling methods in handling student suicidality	Creative, adaptive, and integrative use of counseling theories
	Student-centered questioning techniques
	Establishing Emotional Safety and Trust
	Initial Response and Safety Measures

Themes	Subthemes
Individualized interventions and support strategies	Ongoing Counseling and Monitoring
	Alternative Academic Arrangements as Support Mechanisms
Structured referral and collaborative action	Formal Referral Systems and Documentation
	Multi-Stakeholder Collaboration

Integrative counseling methods in handling student suicidality (T1)

Creative, adaptive, and integrative use of counseling theories involves participants utilizing cognitive behavioral therapy (CBT) and rational emotive behavioral therapy (REBT) for suicidal ideation and emotional regulation of students.

“, CBT is really good because you have to guide them on how to think positive things or how to divert their attention toward more productive things.” (P3, Guidance Counselor).

“...when it comes to their cases, it really starts with their thoughts. It’s also more focused on emotions, like R.E.B.T. Rational Emotive Behavior Therapy” (P4, Guidance Counselor).

These therapies are integrated with meditation and mindfulness as cathartic support.

“...I also use what we call meditation. I ask them to close their eyes and then recall good things that happened to them, or sometimes even the not-so-good ones. After a while, you’ll see them starting to cry.” (P1, Guidance Counselor).

Along with these techniques, the participants consider flexible integration of techniques based on student needs.

“...it’s a combination of all the theories... the Adlerian, Freudian, sometimes those are needed too. Like going back to the past, looking at your role as siblings, whether you’re the firstborn, middle child, or the eldest, there are issues. I often use that during interviews because it comes out that there are insecurities that parents don’t notice. So as counselors, we really need to anchor ourselves in that kind of knowledge.” (P3, Guidance Counselor).

Student-centered questioning techniques are utilized through free-flowing questioning to allow emotional disclosure. These questions are integrated with framing questions to explore students' inner thoughts and concerns:

“...free flowing, allowing the student to share their issues and concerns. We have questions prepared, and when you sense that they’re hiding something, you gently push a little. Your questions should be self-centered, focusing on them, what they feel, what they think, what they usually do, so that those kinds of thoughts will come out.” (P3, Guidance Counselor).

Establishing emotional safety and trust involves having peer-like or parent-like dynamics. The participants create an emotionally welcoming, non-threatening space. They also practice empathy and non-judgment to encourage openness.

“.. you really have to win the child’s trust. Just like earlier, the child said I’m their BFF, but that’s how I am with every child who comes here. We listen, and we don’t judge. We just keep listening to the child.” (P2, Guidance Associate).

Individualized interventions and support strategies (T2)

Initial responses and safety measures involve immediate intervention and ensuring student safety. Intake interviews are also crucial for responding to and supporting them.

"...the better way to address it is not to delay. You act immediately upon learning what you can do for the student because prevention is better than cure... Don't hesitate or delay, a little of your time could save lives." (P3, Guidance Counselor).

"I typically use now is HEADSSS, GAD-7, AND PHQ-9... that's where I see if there is a risk of suicidal behavior. So if it's beyond what I can handle, I refer the case... but if there's something I can do, I will do it to the best of my ability." (P5, Guidance Counselor).

Ongoing counseling and monitoring were provided to students through individual counseling, with a focus on those at risk. This is prioritized with continuous follow-up of continued support, and monitoring in the absence of medical clearance provided by doctors.

"...there really has to be a follow-up. You can't just leave it at doing your part. We need to keep checking in, even if it seems persistent. That should be part of our character, to keep following up consistently." (P3, Guidance Counselor).

To support the students' academic achievements, the participants provided alternative academic arrangements such as home study and flexible learning modules in the post-suicide attempt and coordination with families and medical professionals during recovery.

"...if the child has already attempted [suicide], the intervention is a home study. If it is recommended by the Developmental Pediatrician that the child cannot attend face-to-face classes, we recommend home study. So it's modular, and the student only comes here weekly to get the modules, or we send the modules through messenger..." (P2, Guidance Associate)

Structured Referral and Collaborative Action (T3)

Formal referral systems and documentation were used to refer patients to mental health professionals and agencies. The use of referral slips and documentation is ensured, in line with the school and the Department of Education's recommendations.

"The advisers just refer the cases to me... they already have a referral to the DSWD or a social worker. Then we take the student to the social worker, together with their guardian, who will help them, and me as well. But the student will stay there in the meantime while continuing their studies. I've done that before, a case referred by the principal... then the barangay referred the case to the social worker." (P1, Guidance Counselor).

Multi-stakeholder collaboration with the barangay, hospitals, and the Child Protection Committee. The cases are coordinated with parents and guardians for decision-making to facilitate smooth handoffs.

"...we have a Child Protection Committee that consists of the principal, assistant principal, department heads, and advisers. We are the ones observing. Then there's also a barangay representative, a PTA representative, and the SSG president. They all hold a conference, and during the conference, there is an investigation. All the students involved are questioned one by one. In the

end, it is the Child Protection Committee that will recommend what intervention should be done for the child.” (P1, Guidance Counselor).

Table 3. Themes and sub-themes on the factors that influence the selection and application of the interventions and techniques.

Themes	Subthemes
Risk Identification through behavioral, academic, and social indicators	Emotional, behavioral, and academic distress
	Peer observations and informal reports
	Use of intake interviews and assessments
	Identification of peer-influenced behaviors as emerging collective risk patterns
Parental and Familial contexts shaping intervention fit	Family and home environment as critical factors in student openness and vulnerability
	Bypassing standard parental involvement in cases where guardians are the source of harm
Judgment and Decision-Making Processes	Use of diagnostic criteria and assessment results
	Discretion in distinguishing counseling cases from those requiring referral or medical intervention
	Collaborative planning and continued adjustment of interventions with students and, when applicable, parents
Institutional Guidelines and Systemic Limitations	Structural limitations in public schools affecting implementation
	Compliance with institutional and DepEd policies

Risk Identification through behavioral, academic, and social indicators (T1)

Emotional and behavioral distress are the observable signs that the students manifested. It includes withdrawal, crying, or visible self-harm as immediate cues to intervene or investigate further. These behaviors often indicate emotional distress or crisis.

“It starts with how the adviser observes the student, for example, when the student seems blank, unfocused, and always alone. The adviser reports it here, often saying that the student appears blank, quiet, has no friends, and doesn’t talk...” (P1, Guidance Counselor).

Academic markers of distress, such as a decline in grades or chronic absenteeism, are viewed as red flags that may signal deeper emotional or psychological issues requiring attention.

“The advisers recommend students to me... I have a list of those who need to be followed up with because they are already conditional or failing their grades, and conditional on their attendance behavior. These are the students at risk of dropping out...” (P1, Guidance Counselor).

Peer observations and informal reports are also used in the absence of formal screening tools, especially given limited access to diagnostic tools. The participants depend heavily on information from classmates or friends who may notice changes in the student’s behavior first.

“...I only really find out if there has already been self-harm or if the student has told a friend. In cases of suicidal concerns, it’s often through self-harm and word of mouth. It’s things being said,

like 'this student did this', friends share it. They can open up to their friends, and those friends come here and tell the teachers. That's how we find out, through word of mouth. That's because we really don't have any tools for it." (P2, Guidance Associate).

The use of intake interviews and assessments is crucial to evaluate severity. Intake conversations allowed participants to explore students' backgrounds and presenting concerns, helping them decide on the level and type of support required.

"Even during the assessment, you can already see the severity [of the cases], whether the student needs counseling or should be referred to outside organizations. It depends on the results of the intake interview. For instance, there are cases of self-harm where the severity is not that critical." (P4, Guidance Counselor).

Peer-influenced behaviors are identified as emerging collective risk patterns, including students engaging in risky behaviors together, such as group cutting or mutual pacts. The participants adjust their approach to address both individual and collective factors.

"Media became a factor in giving children the idea of suicidal thoughts, because a child wouldn't naturally think of hurting themselves. Usually, children were afraid of getting hurt. But because they see it trending in the media, that's where the 'copycat' issue comes in... With self-harm, for example, sometimes a group of friends will agree to do it: 'Let's do this,' just to draw attention from people around them..." (P3, Guidance Counselor).

Parental and Familial contexts shaping intervention fit (T2)

Family and home environment as critical factors in student openness and vulnerability involve dysfunction, guardianship, and neglect. Students from unstable and unsupportive households are vulnerable and less likely to engage, which directly affects the selection of counseling techniques.

"The problem there is the external factors, those in their surroundings. First of all, it's at home, because almost all the students I counsel come from broken families. They've been left by their mother or father and live with their aunt, uncle, or grandparents... It's because they lack attention and love at home." (P1, Guidance Counselor).

Bypassing standard parental involvement in cases where guardians are the source of harm.

"Usually, when it's a family problem, the child doesn't want to talk. And it's something they can't do because sometimes, the parents themselves are the cause of the child's mental health decline. But if the child's case becomes serious, we are allowed to intervene... we can stand before the barangay as the guardian. Because if it's the guardian or parent who is causing the mental disability, we can step in and face the barangay on the child's behalf." (P2, Guidance Associate).

Judgment and Decision-Making Processes (T3)

Use of diagnostic criteria and assessment results typically refers to clinical tools such as the DSM-5 or school-administered assessments to understand students' condition and determine next steps.

"We have assessment tools that we use, like the HEADSSS. We also have one that comes from the memorandum on counseling and referral... based on the DSM-5. When you see the signs and symptoms, and the child is really at risk, then referral is truly necessary..." (P4, Guidance Counselor).

Discretion in distinguishing counseling cases from those requiring referral or medical intervention is based on professional judgments about whether it falls within their scope or should be disseminated to professionals.

"...on my part, if I know that it's beyond my expertise, I will refer to the case... when I know that medication is already needed. Because in counseling, we also have our limits, and we know when it is a counseling case and when it is not." (P3, Guidance Counselor).

Collaborative planning and continued adjustment of interventions with students and, when applicable, parents involve interventions that are shaped through shared decisions with the student and possibly their family, depending on their involvement.

"...it depends on where the student feels most comfortable. Those are the kinds of interventions you can consider – because it's important that both of you, the client and you, are in agreement. Plus, of course, the parents should be involved. That's how the intervention should be done. You also need to check if it is still applicable, or if it is okay for your clients." (P4, Guidance Counselor).

Institutional Guidelines and Systemic Limitations (T4)

Structural limitations in public schools, including resource gaps and caseloads, contribute to overburdening and often hinder the application of more intensive and individualized approaches. Compliance with institutional and DepEd policies involves documentation, medical clearances, and reporting protocols that shape how interventions are executed.

"There was a handbook being prepared by the previous guidance office, but it hasn't been approved yet. So while it's still not approved, we just follow the rules and regulations stated there. And as for the recommendations, DepEd already has guidelines for that." (P2, Guidance Associate).

Table 4. Themes and sub-themes on the assessment of the effectiveness of interventions in addressing suicidal behavior

Themes	Subthemes
Observable positive behavioral and emotional Changes	Return to normal behavior and emotional stability
	Confirmation of change by others
	Sustained functioning
Student Feedback and Expressions of Gratitude	Verbal affirmations of progress
	Spontaneous expressions of gratitude or follow-up visits to counselors
Feedback from Other Stakeholders	Parental affirmation of student improvement
	Reports from teachers or advisers validating progress
	Indirect updates via third parties confirming well-being

Themes	Subthemes
Absence of Recurrence	No reported repeated attempts
	No known completed suicides
	Counselors' belief that continued stability reflects intervention success
Counselor's Reflection and Intuition	Reflecting on what worked or what needs improvement.
	Feeling reassured by the outcomes observed.
	Recognizing when their support helped a student move forward.

Observable positive behavioral and emotional Changes (T1)

Return to normal behavior and emotional stability is when the students begin to engage more, display emotional openness, smile, or greet others—signs that indicate a shift from previous withdrawn or distressed behavior.

".. there has been a change in the student's behavior. They no longer stay up late. Because sometimes in my conversations with parents, one of the indicators is that their child always stays up late. So the change is when they stop doing those old habits." (P3, Guidance Counselor).

Sustained functioning is when students maintain improved behavior over time—such as completing an academic year without further crisis. The counselors take this as a strong indication of lasting change.

"As long as the student was able to cope, became okay, and was able to finish the school year well, that's probably the best way you can say it was effective." (P4, Guidance Counselor).

Student Feedback and Expressions of Gratitude (T2)

Verbal affirmations of progress consist of statements that counselors interpret as clear signs that the student is feeling emotionally better and no longer experiencing intense distress.

"... when the student comes back to you saying, 'Ma'am, I'm okay now. I don't do the things I used to do anymore. I no longer have suicidal thoughts, and I no longer self-harm. Some students tell you this themselves..." (P3, Guidance Counselor).

Spontaneous expressions of gratitude or follow-up visits to counselors involved returning of students to thank the counselor, even informally, or who seek them out to share life updates, are seen as demonstrating both emotional closure and trust in the counseling relationship.

"Even now, the student says, 'Ma'am, thank you so much. Now I have someone on my side'. When I came back after getting sick, the student said, 'Ma'am, it's good that you're back'." (P1, Guidance Counselor).

Feedback from Other Stakeholders (T3)

Parental affirmation of student improvement is when the parents notice and report positive behavioral or emotional changes at home. Counselors regard this as external validation of intervention success.

"They can see the changes. So it should be accurate. The student says it, and the parents also say that there has been a change." (P3, Guidance Counselor).

Reports from teachers or advisers validating progress are often provided by teachers, who often provide updates that reflect changes in class participation, attitude, or academic performance, offering a different perspective on the students' development.

"The adviser would say, 'Ma'am, the student is okay now. I've already spoken with their mother.' And I would say, 'Ah, thank you.'" (P1, Guidance Counselor).

Indirect updates via third parties confirming well-being are information about a student's well-being that reaches counselors through other channels, such as classmates or staff.

"The impact has been good. And that's what even the parents want, right? We are always for the best interest of the child. Even our principal is the same, pro-student, and prioritizes the students..." (P1, Guidance Counselor).

Absence of Recurrence (T4)

No reported repeated attempts are noted, nor is it noted whether the student has refrained from further suicidal behavior following the intervention. No known completed suicides are seen as a fundamental marker of intervention success, especially in high-risk cases.

"...There hasn't been any student who came back to me who has really attempted [suicide] after I talked to them... So far, thankfully, no one has come back to me who has actually committed suicide..." (P2, Guidance Associate).

Counselors' belief that continued stability reflects intervention success is when students remain stable and do not seek repeated crisis support.

"...consistency. Because what happens is that the number of learners with suicidal tendencies becomes noticeable only during certain times, but during ordinary times, it often goes unnoticed." (P3, Guidance Counselor).

Counselor's Own Reflection and Intuition (T5)

Reflecting on what worked and what needs improvement involves an internal evaluation of their strategies and overall approach after working with a student. This reflective practice allows them to determine which techniques were effective, what aspects could be improved, and how their future interventions might be adjusted to better support students in crisis.

"It's a matter of self-reflection, like, 'Wait, I handled this case, and it went well.' So there needs to be consistency on follow-up... The knowledge we had before also needs to be updated. What is the latest now? What is effective for this generation? That's something we need to keep undergoing." (P3, Guidance Counselor).

Feeling reassured by observed outcomes, counselors derive confidence and satisfaction when they witness positive changes in a student's behavior, emotional state, or academic performance. These reassuring outcomes affirm the value of their efforts and reinforce the perceived effectiveness of the chosen interventions. Recognizing when their support helped a student move forward involved assessing effectiveness by observing or intuitively sensing

when a student had emotionally progressed, become more self-sufficient, or re-engaged with life goals. This recognition may come from subtle cues or milestones in the student's journey and confirms that the counselor's role was meaningful and impactful.

"...it feels good to be appreciated like that. And you can see that the student is making progress. Even if they don't come back to you, you see it, or you hear about it from the teachers who referred the student, that the student is getting better. So that's enough." (P4, Guidance Counselor).

School mental health professionals are ideally positioned to lead school-based suicide prevention efforts. Their training in multi-tiered systems of support allows them to effectively address the diverse needs of students to prevent suicide within the school setting (Singer, Erbacher, & Rosen, 2019). This forms the foundation for understanding Filipino school counselors' approaches to managing suicidal behavior.

Interventions and Counseling Techniques

Counselors rely on several approaches to respond quickly and with care to students' needs through interviews, student-focused questions, and different counseling methods, as suicidal behavior often needs immediate attention.

Guidance Counselors and Guidance Associates often emphasize that students sometimes need someone to listen to them. Positive attitudes toward seeking help from school adults, belief in adults' responsiveness to suicide concerns, willingness to break peer secrecy, and coping support are all linked to higher student engagement and disclosure of suicidal ideation. These elements encourage students to open up about their struggles, highlighting the importance of a supportive and responsive school environment (Pisani et al., 2012). School counselors use flexible, student-focused methods, adjusting their techniques to fit each student's emotional and motivational needs. In particular, combining Motivational Interviewing with CBT helps validate students' experiences and guide them toward better coping strategies (Kang & Kim, 2024). Asking student-centered questions creates a safe space for students to reflect and process their feelings, focusing on individual needs that support a more personalized approach to counseling. They adapt through emotional support, immediate psychological first aid, or a listening ear, aligning with the idea that suicide prevention is tailored to students' individual needs, school resources, and community values (Singer, Erbacher, & Rosen, 2019). Emotional support is created through a space where students feel heard, validated, and safe to share their struggles, guiding them from despair to renewed hope and resilience (Efeyadu et al., 2023).

Implementing effective counseling services requires attentiveness to informal observations. Cues from peers, teachers, and subtle changes noticed by guidance personnel are essential in identifying at-risk students. These observations inform the support each student receives, thus the need for individualized intervention planning (Lo Moro et al., 2024). Helping students envision a future, set goals, and receive academic adjustments is also a must. However, when students require more specialized care, counselors recognize the limitations of their roles and the importance of structured referral systems. Given that RGCs and Guidance Associates are unable to provide clinical diagnoses or long-term psychological treatment, collaboration and external referrals are essential. Specifically, schools in Quezon

City often use referral slips or other formal systems to connect students with external mental health professionals, especially in high-risk cases.

There is a need for schools to establish suicide prevention task forces tailored to their local needs and resources. These groups promote collaboration among mental health professionals when assessing suicide risk. Such collaboration ensures responses are thorough, coordinated, and grounded in best practices (Brock et al., 2021).

Collaboration and effective referrals require well-prepared professionals. Ongoing professional development for school-based mental health professionals is essential, as suicide prevention, assessment, and intervention require continuous learning. Regular training keeps them up to date on current best practices, enabling timely, informed decisions when referring students to external professionals (Gallo & Watcher-Morris, 2022). Guidance personnel's recognition of observable indicators also informs the referral process. Early identification and referral help school counselors serve as critical bridges to mental health support, ensuring no student is left unsupported (Kwon, Hong, Kweon, 2020).

Factors Influencing the Intervention Selection

Identifying risk factors for suicidal behavior among students is a persistent concern, especially when recognizing subtle indicators. The selection of interventions in the guidance office is strongly influenced by the Department of Education's Learners' Health Assessment and Screening (LHAS). The schools are required to implement universal mental health and psychosocial screening using adopted tools such as the Children and Adolescents Risk Screener (CARS) and the Home, Education/Employment, Eating, Activities, Drugs, Sexuality and relationships, Self-harm and depression, and Safety (HEADSSS). These tools guide the early identification of learners who may be at risk for formal or behavioral concerns and serve as a basis for referral and intervention decisions. Particularly, CARS is a general mental health risk screener. At the same time, HEADSSS is a psychosocial triage tool for adolescents, enabling school personnel to identify risk indicators in home, environment, education, activities, substance use, emotional well-being, and safety.

Learners identified as at risk are referred to the RGCs or trained personnel for further psychosocial assessment using these tools, which are primarily used for counseling interventions and are shaped by DepEd-mandated procedures (Department of Education, 2025). Moreover, these tools are essential for conducting more systematic evaluations among adolescents, as they support early detection and clinical decision-making in school settings (Adrian et al., 2020). Participants emphasized the importance of observing mood changes, withdrawal from activities, and students dressing inappropriately for the weather, like wearing heavy clothing on warm days. They acknowledged that these signs can go unnoticed, especially when students hide their distress or their behavior is mistaken for typical adolescent behavior, making it difficult to distinguish between regular personality traits and real signs of suicidal thoughts. These signs align with those found in the literature, such as emotional fluctuations, self-harm, and verbal expressions related to death or suicide (Lee et al., 2023).

Social factors play a significant role in assessing suicidal risk. Lack of sleep indicates stress and emotional strain that can increase a student's vulnerability to suicidal thoughts

(Quintos, 2020). The number of friends reflects available social support, while social isolation is a major predictor of suicidal behavior, especially among Filipino adolescents. Both sleep deprivation and social isolation highlight the increased risk for students who feel disconnected or overwhelmed by emotional distress (Chiu & Vargo, 2022).

Parental involvement is a key factor when selecting interventions for students at risk of suicidality. Obtaining parental consent is integral for effective intervention. Participants noted that parents are often the first point of contact when concerns arise about a student's well-being, and their involvement is crucial in decision-making. When parents are informed about the counseling process, they become an important source of support. Parents often make critical decisions about continuing treatment, especially when external referrals are suggested (Vaishnavi & Kumar, 2018). This reinforces the significant role of family dynamics in shaping intervention decisions. When family conflicts or poor communication exist, the intervention process can become complicated, potentially limiting the student's access to needed support. Family stress and unresolved issues contribute to suicidal behavior (Chaniang, Klongdee, & Jompaeng, 2022; Efeyadu et al., 2023), underscoring why addressing familial factors is critical in intervention planning. Participants emphasized that tackling these stressors through a collaborative approach with the family was necessary to ensure interventions fit the student's broader support system.

The judgment and decision-making process of counselors also influences intervention selection. Because of limitations in formal assessments and time constraints, participants often rely on their own discretion and experience to determine the support needed. When students present with severe concerns beyond the scope of school-based counseling, referring them to external professionals becomes pivotal. This process usually involves collaboration with the student and parents, especially for minors, and is often case-by-case. The goal is for the intervention to match the severity and complexity of the student's needs.

Participants also stressed the importance of respecting the student's identity, consent, and context when deciding on interventions (Brown, Edwin, & Purgason, 2024). Institutional guidelines and systemic limitations shape the interventions that can realistically be provided. While the Department of Education and local divisions have existing protocols related to mental health and suicide prevention, these are not always sufficient to guide counselors in complex cases. Most participants emphasized that despite these policies, the lack of personnel, time, and access to external mental health services greatly limit their options. For instance, some schools have only one guidance counselor catering to hundreds or even thousands of students. It highlights how structural and systemic barriers hinder the full implementation of suicide prevention strategies in schools (Gijzen et al., 2022). Furthermore, the lack of enough licensed guidance counselors in the Philippines is a pressing concern, which further complicates the delivery of mental health support in public schools (Lacson et al., 2024).

Assessing the Effectiveness of Interventions

A key indicator of intervention effectiveness is observable positive behavioral and emotional changes in the student. Participants reported monitoring improvements in mood, social engagement, and a return to regular functioning. As students' social, emotional, and behavioral (SEB) skills improved through interventions, they showed better emotional

regulation and social interaction, reflecting meaningful progress essential for adolescents in overcoming life challenges (Napolitano et al., 2021). Participants particularly noted observable student emotions, such as persistence and pride during challenges, as signals of deeper emotional adjustment (Berhenke et al., 2012). When these changes were sustained over time and recognized by teachers, peers, or family members, participants had a strong sense that the interventions they provided were effective.

Participants valued student feedback and expressions of gratitude as key forms of assessment. Students often returned to thank them or shared that counseling helped them feel better. These moments reassured counselors and affirmed their efforts. Feedback should be part of the therapeutic relationship, informing and adjusting care. When students express appreciation, counselors can see which approaches resonate and tailor future support (Connors et al., 2024). Feedback can also improve outcomes and reduce unnecessary sessions, as direct student input guides ongoing interventions (Lambert et al., 2001). Feedback from parents and teachers was also valuable. Parents reported improvements at home, and teachers noted better classroom behavior. This showed that change was not just temporary, and agreement between parent and youth reports during treatment was tied to better outcomes (Becker-Haimes et al., 2019).

The absence of recurrence was another indication that there is a lack of repeat attempts or completed suicides among students they previously worked with, which suggests that the support provided was meaningful and sustained. Thus, well-implemented follow-ups and crisis plans can prevent repeat crises and act as protective factors (Villar, Blasco, & Castellano, 2018). School counselors also relied on reflection and professional intuition as informal assessments. After providing support, they evaluated intervention effectiveness based on their judgment and sense of whether the student was responding positively, emphasizing its importance in improving practice and guiding future interventions. Reflective evaluation is recognized as valuable in counseling, helping counselors show the value of their work and advocate for school-based mental health programs (Zyromski et al., 2018). Counselors with more training are more confident and better able to reflect effectively (Gallo, 2018), a finding echoed by participants who said their training supported their use of professional judgment in assessing interventions.

Limitations and Future Directions

The study highlights counselors' experiences in public secondary schools in Quezon City. Future research could differentiate public and private schools in suicide prevention strategies, resources, policies, and student backgrounds. It is a starting point for similar research in other regions, helping to build a better understanding of school-based suicide prevention across the Philippines. Studying different areas would provide a broader perspective and help shape more effective national policies. Future work could also include the views of other stakeholders, like students, parents, teachers, and local health workers, to get a fuller picture of suicide prevention in schools and communities, to improve interventions, and lead to more inclusive, effective strategies. Looking into other parts of adolescent mental health, such as depression, anxiety, and coping skills, would help support Filipino youth in both their well-being and academic success.

CONCLUSION

While there has been progress in student mental health and suicide prevention in Quezon City, some gaps still exist. The Department of Education and local divisions have protocols, but they are not always consistently applied. This inconsistency raises concerns about how other regions, especially those with less developed systems, are handling these issues. Participants emphasized the importance of clear school-level protocols for crisis intervention, follow-up, and postvention to ensure professional, consistent responses.

The overwhelming workload of guidance personnel often means one person handles counseling, administrative tasks, and documentation. To address this, the government should implement a multi-phase strategy for resource allocation and support. Resources should be allocated to hire additional guidance personnel to handle non-counseling duties so that counselors can focus on students' mental and emotional needs. Training peer supporters and students in basic mental health responses can strengthen early detection and immediate response, reducing isolation. Guidance personnel also noted they often lack evaluation tools and rely on intuition. Developing and distributing standardized documentation and monitoring systems can improve intervention quality, support internal reviews, and inform policy and resource decisions. These suggestions provide a clear path for policymakers to translate recommendations into actionable steps.

Sustaining suicide prevention requires long-term investment, as effectiveness depends on consistent implementation (Asarnow & Mehlum, 2019). Culturally responsive programs, including multimedia tailored to Filipino youth, must be prioritized (Javier, 2018). Schools can use digital tools such as anonymous reporting systems, educational content, and campaigns to promote safe online habits and well-being. It is also important to involve parents and communities through orientations, barangay partnerships, and stigma-reduction programs. Prevention cannot rely solely on school guidance personnel but demands shared responsibility, systems-level support, and national commitment. These findings support the need for sustained national attention, especially in advancing legislation such as Senate Bill No. 1669, the Youth Suicide Prevention Act of 2022. Strengthening school-based mental health systems, supporting professionals, and involving families and communities are steps toward more effective and compassionate care for Filipino youth.

Conflict of Interest Statement

The researchers declare no actual or potential conflicts of interest related to the conduct or reporting of this study.

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