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Recognition, Acceptance, and Implementation of School Etiquette (R.A.I.S.E): Basis of a University-Based Protocol

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Abstract

The post pandemic phase all the more heightened the mental health challenges faced by individuals. The surge on mental health related cases such as anxiety attacks, self-harm or suicide during this period underscores the need to safe guard an individual's well-being, this would include the students. As a response, this study was pursued with the aim of looking into the available resources which can be used to spur the creation of a mental health crisis protocol for the university. The study also looked into the possible barriers which can hinder the implementation of a mental health crisis. Through the descriptive qualitative study, responses from key stakeholders such as student leaders, a professional in the guidance and counseling field and the employees who were often exposed to mental health cases in the school campus, were gathered and analyzed. From the thematic analysis carried out, it was brought to light that the university initiatives that are related to mental health are mostly psychoeducation activities that are implemented by particular offices or trainings attended by particular employees. More so, it was found out that in the school context, mental health is seen as a taboo topic and that culture has fostered the formation of personal philosophies towards mental health. These aspects may inadvertently affect the efficient rolling out of the mental health crisis protocol. Hence, crafting a mental health crisis protocol (MHCP) calls for systematic planning where existing practices and the culture represented in the school community is taken into account. This way, the crafted MHCP does not only capture Sustainable Development Goal 3: good health and well-being in the school context, but would also communicate genuine care and compassion to the student population.

Keywords: mental health, mental health crisis, mental health crisis protocol, university stakeholders, mental health crisis framework

Introduction

The World Health Organization ([WHO], 2025) states that on a global scale 10 2019, there were 970 million people who were living with a mental disorder such as anxiety and depression. These individuals experienced difficulties in all aspects of their lives and were at high risk of suicide and experiencing human rights violations.

Then by 2022, the World Health Organization claimed that again on a global scale, an estimate of 703,000 individuals takes their life on an annual basis. On top of this are individuals who attempt suicide and those who suffer from intense suicidal thoughts. In as much as concerns on suicide happen in all regions of the world, 77 % is attributed to low to middle income countries ages below 50; most commonly between ages 15 to 29 years old (International Association for Suicide Prevention, 2022). Relative to these concerns, communities are implored to look into prevention and intervention strategies which would consequently align to the goal of the World Health Organization

(WHO) and the United Nations Sustainable Development Goals that by 2030, suicide mortality is reduced by one third (National Library of Medicine, 2022; Almanzar, 2024).

Across Asia, countries which have been concerned with the suicide rates in their country are South Korea, Japan and China; where South Korea is identified as one of the countries with the highest suicidal rates. Various underlying factors have been identified as the reasons for these deaths and so communities are encouraged to look into these various factors such as academic performance, life satisfaction and well-being (World Population Review, 2023). One of the strategies undertaken is the use of a capacity-building training for gatekeepers who give their time and effort to raise mental health awareness and prevent mental health crisis, such as suicide, from the community level. The trained individuals serve as the first responders to individuals who are psychologically distressed (Borah et al., 2023).

Coming up with public health interventions such as looking into how environmental threats can be decreased and how support in the society can be increased has been one of the thrusts in various communities (A. May, personal communication, August 7,2022). Relative to this, schools or the school community is one of the identified settings where human development is deemed crucial and where support fosters resilience among students. With this in consideration, it is important that mental health risk management, such as the use of protocols be implemented in workplaces and the academe. (Cairn Guidance, n.d.).

From the theoretical perspective, a mental health crisis protocol may anchor on the multitiered system of support (MTSS); described as a "conceptual framework for organizing the delivery of services to students and ensures that the resources are effectively aligned to the needs of the students (States et al., 2017). Tier 1 would be comprised of programs that are directed to the universal population or the whole school community such as trainings for employees or students; Tier 2 would involve heightened support and would target students who were exposed to particular high-risk behavior and which may foster their own suicidal ideation. Tier 3 requires intensive support and target high risk students or students who identify themselves or are identified by others as high risk due to the presence of suicidal thoughts, plans and behavior (Breux & Boccio, 2019).

Byrne et al. (2022) on the other hand suggests the Multimodal approach to preventing mental health related cases in schools such as suicide (MAPSS). The approach integrates the universal, selective and indicated approaches to suicide. For the universal population, a psychoeducation (safeTALK) activity is to be facilitated; whereas for the selective population, an internet-, based Cognitive Behavioral therapy (Reframe IT) can be facilitated. Further, pharmacology and psychotherapy would be the activities proposed for the indicated approaches.

For the World Health Organization Western Pacific Region (2010), the public health approach is advocated. Under this approach, four processes can be observed: 1) surveillance, where the problem is identified; 2) Risk factor identification, where factors leading to suicide and factors that can reduce suicide incidents are identified; 3) prevention, where efforts are to be classified into three different levels: universal, selective and indicated; and 4) evaluation, where the working components of the program are evaluated as regards what works and which ones do not.

In the Philippines, having a system for mental health crisis prevention and postvention has barely been looked into. An analysis of information would show that what the government has so far promoted is the crafting of in-depth public health programs (Cervantes, 2022; Pamantasan ng Lungsod ng Maynila, 2017). The seeming lack of emphasis on the development of mental health risk management may be attributed to the generalized nature of the country's' mental health law. The cited inclusion of mental health in educational institutions and organizations do not really specify

efforts to craft strategies to address mental health related cases among students (The LawPhil Project, n.d., University of the Philippines Baguio, 2021) and what is oftentimes promoted as part of the preventive and intervention endeavors is the upskilling of teachers or school personnel as gatekeepers for mental health related cases, such as suicide (Philippine Mental Health Association-Cordillera Chapter, 2023).

Apart from the lack of emphasis on the importance of crafting a system for mental health risk management, the workplaces and schools are also faced with the stigma towards mental health in general. For instance, there is misinformation surrounding suicide which usually leads to common misunderstandings. Such misunderstandings could have been avoided if the society has been educated well enough (A. May, personal communication, August 7,2022). Along with wrong information on mental health related concerns, is the stigma which basically represents all the negative or unfair beliefs that a society has towards mental health or towards any mental health concern (The Britannica Dictionary, 2023).

Among Filipinos, having a stigmatized attitude or perception towards individuals with mental health concerns is widespread. The study of Rivera and Antonio (2017) has shown that Filipinos exhibit discriminating behavior in various settings such as at home, in the workplace or schools; thus, heightening the need for policies or systems which will guide the public in responding to individuals with mental-health related concerns. Also, raising the awareness about the influence of stigma, prejudice or discrimination to mental health such as suicidal behavior could help the Filipino society to have a better response towards individuals with mental health concerns (Reyes et al., 2017).

In the University of Baguio, referred mental-health related cases show a handful of students with clinical depression, anxiety, panic disorder, bipolar personality or suicide ideation, among others (Center for Counseling and Student Development Counseling Office, 2025). Worse, there are occasions when these students would experience breakdown in the classroom and pose a threat to their personal safety and that of others. In these instances, the university responds in varied ways. There are occasions when the Center for Counseling and Student Development (CCSD) office is called, at times the university clinic, the security office, the Deans' office or the principals' office; depending on the familiarity of the teachers or the personnel with the services of the university. As a consequence, the needed urgent and appropriate response is delayed.

On the basis of this information, it can be deduced that looking into the current practices of the university in handling mental-health related cases would be an insightful endeavor in initiating the crafting of a system which resonates the need to appropriately address instances when student's breakdown due to a mental health-related concern. Identifying what resources are available, the stigma and what possible threats will be anticipated in implementing an etiquette or protocol can prove to be profitable as well. It is further suggested that the etiquette to be crafted will reflect promotional activities that are educational or informative by nature so as to address the stigma towards mental health (Illinois State Board of Education, n.d.).

Materials and methods

The qualitative descriptive research design was used in the study. Through the chosen research design, the experiences, perception and thoughts of the target respondents relative to mental health-related concerns was looked into. More specifically, the research design provided an ideal avenue to capture the insights of the participants, making the collected data practical, contextual and based on genuine experiences.

To gather the necessary data, purposive sampling was carried out to ensure that the participants were able to provide the needed in-depth and detailed/elaborate information (Complete Dissertation, 2023). Two personnel from selected university offices took part as the participants of the study such as the office in charge of risk management in the university. To further enrich the data, the president of the Student Supreme Council was interviewed and 21 student leaders were asked to answer an open-ended survey; whereas, a professional from the field of guidance counseling was interviewed regarding her thoughts about implementing a mental health crisis protocol in school. The offices were chosen due to their identified roles in ensuring or promoting the safety of the stakeholders; while the student participants were student leaders who were exposed to the various concerns of the student population. For the professional who was part of the participants, she was interviewed due to her role in crafting the psychosocial crisis protocol of the University of the Philippines-Baguio.

University offices whose roles do not relate with the health and safety of the University of Baguio stakeholders; and the students who were not student leaders at the time of the conduct of the study were excluded from the study.

Further, the research tool utilized was crafted based on specific items from the Illinois youth suicide prevention toolkit (Illinois State Board of Education, n.d.) and the toolkit for Oregon Schools (Cairn Guidance, n.d.). The interview guide for the employees reflected specific questions about the university resources relative to mental health crisis prevention; and observed stigma towards mental health. The open-ended questionnaire used for the survey among the student leaders on the other hand had general questions about their thoughts and observations related to mental health-related programs such as suicide prevention of the university; while the interview guide for the guidance counselor focused on her experiences relative to the psychosocial crisis protocol of the University of the Philippines-Baguio. Tool validity was established through the assistance of the Research Innovation Extension and Community Outreach (RIECO) by subjecting the tool to the tool validation process of the university.

Once validated, assistance from RIECO was sought in reaching out to the intended participants. Once the request was approved, the researcher coordinated with the offices concerned to set the interview schedule with the office personnel identified by the participating head of office as the office representative. For the student leaders, the open-ended survey questionnaire was floated during their training in psychological first aid; while the guidance counselor shared her expertise as a response to the request of the researcher.

Throughout the conduct of the interviews and floating of questionnaires, the ethics on confidentiality and policy on data privacy was kept in mind. Also, the researcher ensured that at the onset of the interview or floating of questionnaires, the participants had a full understanding of what the study was about, that they were well informed of their rights as participants and that their responses and identity will be protected. Permission to record the interview was sought for the interview sessions and the respondents were assured that they will not in any way spend as willing participants of the research endeavor. Debriefing and the option to discontinue the interview or answering the questionnaire was also relayed to the respondents in case that there is a point in the interview or the questionnaire when they would become uncomfortable in answering a particular question.

More so, in as much as the research involved personnel from the CCSD office where the researcher belongs to, keeping a researchers' mindset was kept in mind.

To analyze the data gathered from the interview for objectives number one and two, the inductive thematic analysis was carried out. Specifically, the six steps identified by Creswell (2005, as

cited in Soiferman, 2010) was carried out for the data collected via the interviews. Primarily, the researcher paid careful listening to the recordings. The audio recordings were then contrasted with the notes taken, prior to the eventual use of transcriptions. Familiarization was carried out thereafter through the repetitive reading of the transcribed data where the respondents were assigned their respective codes: first letter of their category and a number (N1 for nurse 1, etc.). After which, terms or words relevant to the cited objectives was identified, organized and defined, From the organized data, the repeated ideas were highlighted and clustered into themes. Finally, the themes were described and interpreted relative to presented research objectives (Bhangu et al., 2023).

To establish the reliability of the derived themes for both objectives number one (1) and two (2), the google sheet reflecting the encoded responses was shared to two (2) professionals who are familiar with mental health programs. They were separately asked to identify the themes from the shared responses. More so, the principles of dependability and confirmability were emphasized in the forwarded request. From the provided feedback of the independent coders, the researcher compared the generated themes. Similar themes were retained and captured using blanket terms, whereas outliers were disregarded. To further validate the derived themes, the encoded responses per objective were uploaded in the AI powered engine Perplexity. The derived themes were also placed side-by-side with the suggestions from the answer engine. The same process of retention and elimination of themes was carried out. When new themes or codes can no longer be collected from the identified themes, it was deduced that the collected information was already appropriately explored.

For objective number three, the derived themes served as a basis in crafting a framework for the University of Baguio mental health crisis etiquette/protocol. Harvey (2024) suggests several guidelines which will be helpful in crafting the aforementioned protocol.

Further, throughout the conduct of research, the researcher ensured that the compliance to the Data Privacy Policy of the university was visible. At the onset of the data gathering process, the respondents were informed of the contents of the consent form such as: voluntary participation, the right to withdraw, the assurance of anonymity, that personal resources are not required for the participation and how they can get a copy of the research findings. Only when the respondents agreed to the cited terms was the interview or the floating of the open-ended questionnaire commenced.

During the interview session or the floating of the open-ended questionnaire, the researcher safeguarded the respondents from possible risks such as discomfort or anxiety as brought about by close encounters with suicide incidents. More so, debriefing was kept at hand.

To strengthen the compliance to the data privacy policy of the university and the ethics on confidentiality, the notes, recordings and transcriptions were stored in the researcher's data storage which is only accessed by the researcher herself. As for the research findings, these will be duly disseminated through paper presentation and/or publication.

Results

This section presents the themes and sub-themes derived from the analyzed responses of the participants for objectives number one and two; as well as the proposed framework in crafting a university mental health crisis protocol.

Table 1 presents the on-hand resources that can be used as the initial strategies reflected in the mental health crisis protocol. As can be observed, most of the resources pertain to training endeavors, mostly for the university personnel concerned. Apart from trainings, various dissemination strategies are also employed to make the school community more mindful of mental health related concerns.

Table 1. Themes and sub-themes on the available resources of the university

Themes	Sub-themes
Trainings	Individually driven training; preventive (topic)
	Professional Development-Constrained, preventive (topics)
	infrequent training
	Professional Development, preventive (topics)
Different dissemination knowledge dissemination, awareness campaigns	awareness strategies- existing initiatives

Table 2. Themes and sub-themes on the stigma experienced in the community

Themes	Sub-themes
MH is taboo	Sensitive topic
	Cultural taboo
	Shame-based
Personal Philosophies	Shameful, humiliating; Disgrace; Sign of weakness; Negative beliefs;

Table 2 presents the themes and sub-themes of the stigma experienced or observed by the respondents and has the likelihood to become a barrier in the implementation of the mental health crisis that will be crafted. As can be seen, mental health in general is seen as a taboo topic in the Filipino community. Its' taboo nature is drawn from several aspects, such as the topic being sensitive, the cultural mindset and the shame associated with it. Apart from this, the individualized attitude towards mental health in general is also a likely barrier.

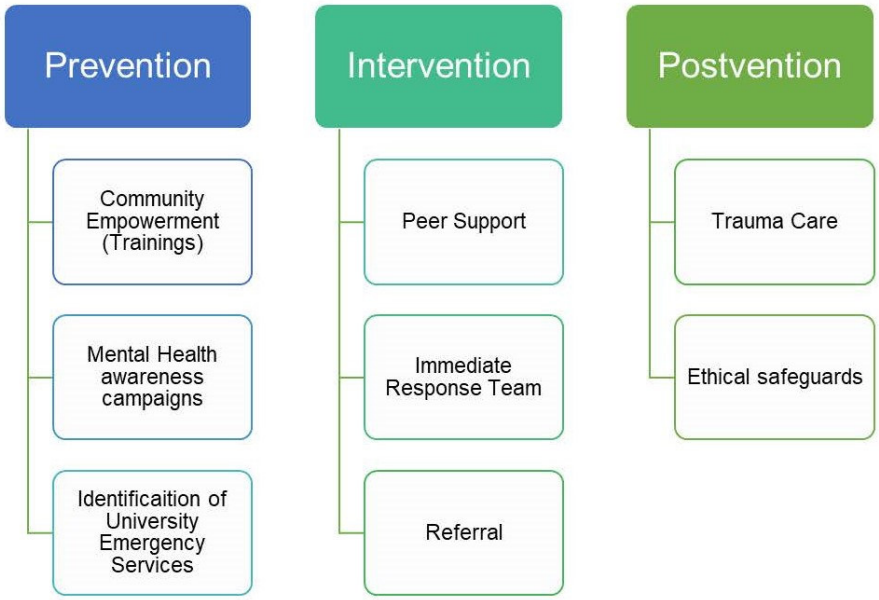


Figure 1. Proposed framework for crafting the university mental health crisis protocol

The proposed framework captures the research findings and the suggestions derived from the responses of the participants. As can be observed, the framework reflects three phases: prevention, intervention and postvention. More so, the reflected strategies in each phase promote a communal approach, ensuring the involvement of the top management, key offices, employees and the student leaders. Taken altogether, the proposed framework can serve as the kick-off for the preliminary phase of coming up with a mental health crisis protocol.

Discussion

Available resources of the university

Prevention trainings

Prevention training will fall under the 1st tier of the multi-tiered system of support (MTSS) framework (States et al., 2017), where training for both employees and students are said to be as important as any aspect of a mental health crisis policy. For Ballard et al. (2025), the provision of training on mental health not only informs stakeholders, but it also encourages them to be champions of mental health advocacies in the workplace. From the analyzed data, one personnel shared, *"I remember attending the webinars provided by the Human Resource Management"*, while a personnel from another support office mentioned, *"there were many trainings, but were mostly online."* For the student leaders on the other hand, several of them shared, *"a training that we underwent was psychological first aid", "I remember that we underwent psychological first aid during the early part of the school year".* One student leader also added, "*the training provided a sense of belongingness*."

From this research finding, it can be observed that in as much as training is provided for the employees and students, the exposure is minimal and at times individually driven. For the employees, the participation is mostly based on the forwarded invitations from external organizers and not because training is seen as a priority for the employees; whereas for the students, the training is usually offered to student leaders. The current status of training in the university contradicts the emphasis of the multimodal approach (Byrne at al., 2022) where psychoeducation starts from the universal level or the general population of the students and employees in an institution prior to moving towards a selected population. The World Health Organization ([WHO], 2021) suggests that schools provide great opportunities for students experiencing emotional difficulties to feel supported. Thus, teachers and staff who have been trained to manage these types of students foster student protective factors, which in the long run promotes their well-being.

Existing Awareness initiatives

Nohrstedt et al. (2022) describes awareness campaigns as strategies that seek to foster knowledge and understanding among the general population, through the use of various communication initiatives. From the analyzed data, the awareness initiatives were made evident through the use of existing multi-channel university platforms and or strategies where mental health awareness is advocated. An employee participant expressed, *"The activities I remember are those conducted by the CCSD"*; while another mentioned that "we *are very active in organizing activities, especially for September, October and February".* Coming from the perspective of the student leaders, 6 of them expressed, *"having awareness activities like on suicide can make them feel safer in school*". Relative to the research finding, the guidance counselor shared, *"prevention or intervention activities need to be collaborative; each one should know that they have a role to play".* Based on the cited responses, it can then be inferred that the efforts on making the school community be aware of mental health already commenced, and strengthening it is an aspect which the university may opt to con-

sider. In fact, the utilization of the existing awareness initiatives as part of the mental health crisis protocol aligns with the Tier 1 of the multi-tiered system of support (MTSS) framework (States et al., 2017). Through awareness campaigns, the general population is informed with the relevant information on mental health. Similarly, the endeavor addresses the third aspect of the approach suggested by WHO (2021) where prevention efforts are carried out from the universal, down to the more indicated level. More so, the undertaking captures one aspect emphasized in risk reduction: disaster preparedness by strengthening public awareness (Nohrstedt et al., 2022)

While the first objective aimed to look into the available resources of the university, the analyzed responses showed a theme that highlighted what the university lacks at present. This theme would be the **coordination gaps** which reflected the lack of coordination between offices when handling mental health related concerns. The theme was made apparent in the responses of the respondents towards the strategies carried out when handling mental-health related reports such as suicide attempts or breaking down. An employee participant mentioned, "We don't know which office to call when a student has a breakdown."*;* another added, "When someone calls the office because a student is crying, they still ask if we are the right people to call". From these excerpts, it can be presumed that the existing efforts of the university tends to be perceived as fragmented rather than unified in its attempt to appropriately address mental health related cases. According to WHO (2021), since the students spend a significant amount of their time in school, it is important that the prevention and intervention measures for mental health are accessible and consistent. The emphasis was also observed from the guidance counselor respondent who mentioned, *"it is important to collaborate and coordinate; especially when implementing protocols"*, when she was pertaining to how mental health related cases are to be handled. This way, the students are made to feel that the mental health risk management in the school environment is dependable. More so, school policies which present itself as dependable also fosters the help-seeking behavior of students (Alibudbud, 2023).

As shown in the derived themes, the University of Baguio has notable endeavors which may be used to initiate the crafting of its own mental health risk protocol. In as much as these endeavors tend to be perceived as fragmented, given the right framework and planning; the loose ends can be unified and reflect a policy which aligns with the university vision to be a fun-learning school environment.

Stigma faced in the school community which may hinder the acceptance and eventual implementation of the mental health crisis protocol

Stigma is described in various ways. For one it is seen as "a socially discrediting attribute or behavior that causes an individual to be regarded as undesirable by the general public". It is further described as the display of biased feelings, and in the context of this study, the bias will be towards individuals who possess attributes that are brushed aside such as mental illness (Subu et al., 2024). From the data gathered, the themes *mental health is a taboo topic for many* and *culture-related philosophies* were derived.

Mental health is a taboo topic

Mental health as a taboo topic has always been identified as a key player in the discussions on the different factors that lead to different discriminatory acts towards individuals who have mental health-related problems (Smith & Applegate, 2018). In fact, even with the advances on mental health psychoeducation, families and individuals continue to hold a disapproving mindset towards discussions around mental health such that there is an avoidance in talking about the topic (Volkow et al., 2021). An employee participant has mentioned' *I've noticed that whenever the topic shifts toward mental health, it gets steered in a different direction;* she added, *"it is a taboo topic".*

Another also mentioned that "*it is not simply talked about, especially at home"*; whereas coming from the students, one mentioned, *"There are some students who aren't ready to talk about mental health.";* while another mentioned, *"there are traditional people and they do not take mental health seriously*." These expressed experiences attest the continuing aversive attitude towards mental health, not only at home but also in schools and workplaces (Rivera & Antonio, 2017).

With this, the efforts to come up with a University of Baguio mental health crisis protocol would have to consider how the community generally perceive mental health and the topics related to it. This research finding is essential particularly since increased psycho educational efforts that are highlighted in Tier 1 are the same activities that lead to increased help-seeking behavior (Schroeder et al., 2020; Breux & Boccio, 2019).

Personal philosophies

Personal philosophies are guiding principles or a collection of beliefs that are shaped by experiences, spiritual beliefs and culture itself. These principles guide a person as to what is bad or good for him (Indeed Editorial Team, 2025). Relative to this, the participants identified specific philosophies which were followed either in their family, clan or community. One participant mentioned, *"we do not talk about any topic related to mental health because it is a sign of weakness*"; another employee participant shared that, "*mental health problems lead to disgrace, and so it is not talked about)*". From the student leaders, one shared, *"there are close-minded people and they might end up saying insensitive words";* while another expressed, "*some students might receive the information on mental health differently."*

As can be observed, the shared personal philosophies tend to view mental health negatively. Relative to this, Javed et al. (2021) suggests that there are several reasons why there is a negative attitude towards mental health. Some of these would be misinformation or ignorance of what mental health really is or because of existing discriminatory social structures in the community. The study of Misra et al. (2021) provided similar results: lack of knowledge and specific cultural beliefs influence the perception of people towards mental health. Considering the findings on personal philosophies, promotional activities on mental health awareness would be a challenge. Hence, the contextual/ cultural aspect of mental health would have to be kept in mind.

More so, the analysis of the collected data showed that for the student leaders, stigma as a barrier is not as profound as the unreadiness of the school community to advocate mental health. Ten (10) of the students expressed thoughts which highlighted that they themselves are not really keen on participating in mental health awareness activities due to various reasons. One students' reason is *"fear of being judged*", while another said that *"there are students who are disinterested towards mental health*"; and another mentioned that' *"there are students who experience feelings of discomfort when talking about mental health*". The sentiment of the majority of the student leaders was confirmed by the statement of the interviewed guidance counselor. According to her, "*the primary considerations in crafting a protocol would be the attitude, mindset and level of awareness of the people"*. For her, a lot of people do not see mental health "*as a serious condition which requires psychological intervention."* These excerpts reflect the suggestions of Javed (2021) that mental health policies and programs need to be comprehensive and culturally adaptive. Orth et al. (2022) adds that community empowerment and psycho-education are crucial in mental health programs, particularly since they have been observed as the most effective ways to promote health and human development. Therefore, how ready the stakeholders are in the implementation of a mental health crisis protocol has to be considered as well.

Considering the research findings, it is made evident that the University of Baguio has resources which can be used to birth the succeeding sections of a mental health crisis protocol. More so, similar to the experience of the University of the Philippines-Baguio, the culture and its influence to the attitude of the people towards mental health in general has to be considered at the onset of developing the protocol. This way, the crafted mental health crisis protocol captures the cultural context of the UBian community.

Proposed framework for crafting the University of Baguio mental health crisis protocol based on the research findings

The World Health Organization (2017, as cited in Herbert, 2022) has stated that in the last decade, the concern on mental health related cases has increased and that various factors have contributed to the emergence of these illnesses. Considering this, WHO has aggressively been promoting the use of prevention and intervention strategies in schools and in the workplace.

The proposed framework for crafting the mental health crisis protocol of the university illustrates that there are components which have been identified through the conducted research as available resources in the university, and there are suggested components that are based on the protocols of local or international schools.

Prevention and intervention are the commonly identified phases of a protocol and these are perceived as a framework that captures how the school community will work together in looking after the safety and well-being of the students (Samaritans, n.d.; Appalachian State University, n.d.). For the proposed framework, an intervention phase is included.

As can be observed, the **prevention phase** of the proposed framework is composed of community empowerment, awareness campaigns and identification of university emergency services. According to Cuijpers et al. (2005, as cited in Singh et al., 2022), the prevention phase highlights the use of a strength-based approach in promoting the importance of looking into mental health, both at a selective and universal level. In the University of Baguio, these aspects have been identified by the respondents as existent. What has to be improved would be the scope of implementation and the construction of policies. For example, community empowerment or training is carried out by the Center for Counseling and Student Development (CCSD) office, but is only upon the request for the other offices. Carbone (2020) suggests that providing mental health literacy programs and skills-building programs have been identified as ways of reducing mental health-related risks.

Further, mental health awareness campaigns are initiated by the same office (CCSD), but ideally, it has to be implemented at an institutional or universal level. Then when it comes to the emergency services, the university has the Risk and Management office (RMO) and the University Clinic, and yet when it comes to identifying the office to contact whenever a student melts down or encounters a mental-health related crisis in the school campus, the teachers or students do not know who to contact; consequently, leading to a delay in the response. This instance highlights the call to polish the prevention phase of the university. Doing so will clearly benefit the school community, consequently capturing the suggestion of Insel and Scolnick (2006, as cited in Singh et al., 2022) that preventive measures in schools are duly coordinated and cost-effective ways of protecting the vulnerable student population; and reducing the stigma related to mental health problems.

The **intervention phase** of a mental health crisis protocol on the other hand captures the aspects that are mobilized in the school campus when a mental health related case; such as a student caught slashing his wrists in the bathroom, a student melting down through excessive crying or shouting, or a student who has expressed the intention to end his life; occur. In some schools, the multi-tiered approach is utilized in identifying the different aspects of the intervention phase: gener-

al student population, students who are at risk and students who have mental health problems (Breux & Boccio, 2019). For the University of Baguio, the proposed framework will have components addressing each tier: peer support for the general student population, referral for the students who are at risk and the formation of an immediate response team for the students with mental health problems (Qu et al., 2024).

Peer support is one of the interventions used in schools where students are tapped to lend support to their fellow students. Oftentimes they are not trained but are able to ensure the emotional safety and well-being of their peers. Peer support is considered as effective in reaching out to students who are not as confident in approaching adults regarding the concerns they encounter in school or in life (Simmons et al., 2022). For the University of Baguio, peer support is displayed through the Peer Facilitators Program and the initiatives of the Student Supreme Council.

When it comes to referral, it shows the process of efficiently handling students who have been identified as high risk in the school community. For example, a teacher will know what office he is to direct a student who discloses his intentions to end his life or a student who has not been attending school regularly. Through this mechanism, the university is clearly guided as to when the parents or the family are to be involved in the process (Cairn Guidance, n.d.). In as much as a referral system is carried out by the offices usually tapped to handle mental health-related cases, it is yet to be strengthened to make the referral flow uniform and consistent.

Last in the intervention phase is the formation of a response team which is usually a team composed of individuals who have been trained in psychological first aid or mental health first aid (World Health Organization [WHO], 2025). Having the team on hand is beneficial for the school community in the sense that there is an identified point team who will immediately respond to cases related to mental health. This way, the response is made more efficient. More so, including the team in the framework displays coordinated efforts in protecting the safety and well-being of the students (Appalachian State University, n.d.).

Postvention in a mental health crisis protocol anchors from the postvention carried out in the context of suicide prevention. This phase looks into alleviating the negative effects of being exposed to a mental health crisis incident, and fostering healing from the incident. Through postvention, the implemented protocol is seen as a comprehensive approach in addressing mental health-related cases. Hence, the preparedness of a school community is manifested not only at the onset of the mental health crisis, but even at the windup of the case (Suicide Prevention Resource Center, 2024; Alliance of Hope, 2025).

For the University of Baguio, trauma care and ethical safeguards can be the initial components of the postvention phase. Trauma care entails the use of psychological first aid or mental health first aid in addressing the trauma experienced by the bystanders during the incident. Trauma awareness can also be extended to responding employees or to the family of the student concerned. Considering the skills needed, considerable training has to be provided to the personnel who will be identified as the trauma care providers (United States Department of Health and Human Services, 2009; National Library of Medicine, 2014).

Ethical safeguards on the other hand are the component which will ensure that the privacy and identity of the students under mental health crisis is protected. The dignity and rights of the student concerned are secured even after the closure of the mental health crisis incident. More so, it is important that in this phase, the school community does not lose sight that the crisis may fuel discrimination towards individuals who have mental health illness or concerns (United States Department of Health and Human Services, 2009; National Privacy Commission, n.d.).

Given the different considerations in coming up with a mental health crisis protocol and the derived research findings, the University of Baguio can capitalize on the available resources and eventually work out the details to make the protocol comprehensive and attuned to the school community and its culture. Doing so will allow the university to be responsive to the challenge given by the Department of Health-Cordillera Administrative Region (DOLE-CAR) to schools and workplaces to have mental health crisis protocols in place.

Conclusion

Preventive measures relative to mental health are recently heightened due to the observed spike in cases. Hence, looking into how the University of Baguio community recognizes and accepts the importance of having a mental health crisis protocol is timely. Analyzed data showed that there are university initiatives which can be capitalized on and polished to efficiently handle incidents related to mental health crises. What has to be kept in mind however is that the implementation phase will have barriers to contend with. More so, the school-based protocol would have to be congruent with the culture represented in the school community. Further, a framework based on the research findings and existing guidelines is proposed to kick-off the preliminary phase of coming up with a mental health crisis protocol.

References

Alibudbud, R. (2023). Suicide among the youth and school-based suicide prevention: Exemplar and reflections from the Philippines. *Asian Journal of Psychiatry, 83*. https://doi.org/10.1016/j.ajp.2023.103538.

Alliance of Hope. (2025). *What is suicide postvention?* https://allianceofhope.org/for-professionals/what-is-suicide-postvention/

Almanzar S. (2024). Advancing Global Health Through Primary Care Physician Education on Suicide Prevention. *Annals of Global Health*, *90*(1), 32. https://doi.org/10.5334/aogh.4410

Appalachian State University. (n.d.). *Suicide prevention protocols*. https://preventsuicide.appstate.edu/suicide-prevention-protocols

Ballard D.W., Lodge, G.C. & Pike, K.M. (2025). Mental health at work: a practical framework for employers. *Front. Public Health* 13:1552981. doi: 10.3389/fpubh.2025.1552981

Bhangu, Shagufta & Provost, Fabien & Caduff, Carlo. (2023*).* Introduction to qualitative research methods – Part I. *Perspectives in Clinical Research, 14. 39*. DOI: 10.4103/picr.picr_253_22

Borah, K., Jose, T. T., Mysore Nagaraj, A. K., & Moxham, L. (2023). Suicide prevention program (SPP) in South Asian Countries: A protocol for systematic review. *F1000Research*, *12*, 425. https://doi.org/10.12688/f1000research.132215.2

Breux, P. & Boccio, D.E. (2019). Improving Schools' Readiness for Involvement in Suicide Prevention: An Evaluation of the Creating Suicide Safety in Schools (CSSS) Workshop. *International Journal of Environmental Research and Public Health, 16*(12), 2165. https://doi.org/10.3390/ijerph16122165

Byrne, S.J., Bailey, E., Lamblin, M., McKay, S., Pirkis, J., Mihalopoulos, C., … Robinson, J. (2022). Study protocol for the Multimodal Approach to Preventing Suicide in Schools (MAPSS) project: a regionally based randomised trial of an integrated response to suicide risk among secondary school students. *Trials, 23*(1):186. DOI: 10.1186/s13063-022-06072-8

Cairn Guidance. (n.d.). *Developing comprehensive suicide prevention, intervention and postvention protocols: A toolkit for Oregon schools.* Author.

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/Oregon-School-Suicide-Protocol-Toolkit.pdf

Carbone, S. (2020). Flattening the curve of mental ill-health: the importance of primary prevention in managing the mental health impacts of COVID-19, *Mental Health & Prevention*, *19,* 200185, ISSN 2212-6570, https://doi.org/10.1016/j.mhp.2020.200185. (https://www.sciencedirect.com/science/article/pii/S2212657020300921)

Center for Counseling and Student Development Office. (2025). Counseling logbook.

Cervantes, F. M. (2022, October 25). Creation of task force amid rising student suicide pushed. *Philippine News Agency*. https://www.pna.gov.ph/articles/1187022

Complete Dissertation. (2023). *Qualitative sampling techniques*. https://www.statisticssolutions.com/qualitative-sampling-techniques/

Grant, H. (2024). *How to write a protocol: A step by step guide [The Neuron]*. https://www.theneuron.ai/write/work-documents/protocol/

Herbert, C. (2022). Enhancing mental health, well-being and active lifestyles of university students by means of physical activity and exercise research programs. *Frontiers in public health*, *10*, 849093. DOI: 10.3389/fpubh.2022.849093

Illinois State Board of Education. (n.d.). *Illinois youth suicide prevention toolkit.* https://www.isbe.net/Documents/Suicide-Prevention-Procedures.pdf

Indeed Editorial Team. (2025). *Personal philosophies: Understanding, development, and examples*. https://sg.indeed.com/career-advice/career-development/personal-philosophies

International Association for Suicide Prevention. (2022). *Global suicide statistics*. https://www.iasp.info/references/

Javed, A., Lee, C., Zakaria, H., Buenaventura, R. D., Cetkovich-Bakmas, M., Duailibi, K., ... & Azeem, M. W. (2021). Reducing the stigma of mental health disorders with a focus on low- and middle-income countries. *Asian journal of psychiatry*, *58*. DOI: 10.1016/j.ajp.2021.102601

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the United States: Implications for interventions. *American Journal of Community Psychology*, *68*(3-4), 486-512. DOI: 10.1002/ajcp.12516

National Library of Medicine. (2014). *Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US)*. (Treatment Improvement Protocol (TIP) Series, No. 57.) Section 1, A Review of the Literature. Available from: https://www.ncbi.nlm.nih.gov/books/NBK207192/

National Library of Medicine. (2022). *Worldwide mortality trends (2000-2019): A joinpoint regression analysis.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9476842/ doi: 10.5498/wjp.v12.i8.1044

National Privacy Commission. (n.d.). Republic Act 10173: Data Privacy Act of 2012. https://privacy.gov.ph/data-privacy-act/

Nohrstedt, D., Parker. C., Von Uexkull, N., Mård, J., Albrecht, F., Petrova, Nyberg, L., . . . Di Baldassarre, G. (2022). Disaster risk reduction and the limits of truisms: Improving the knowledge and practice interface. *International Journal of Disaster Risk Reduction, 67*. https://doi.org/10.1016/j.ijdrr.2021.102661.

Orth, Z., & Van Wyk, B. (2022). Rethinking mental wellness among adolescents: an integrative review protocol of mental health components. *Systematic Reviews, 11(1),* 83. DOI: 10.1186/s13643-022-01961-0

Pamantasan ng Lungsod ng Maynila (2017). *Suicide prevention and postvention protocol: A guide for the school community*. https://web13.plm.edu.ph/media/downloads/manuals/PLM_Suicide_Protocol.pdf

Philippine Mental Health Association-Cordillera Chapter. (2023). Suicide prevention program. Author. https://www.pmhacci.com/suicide-prevention-program/

Qu, D., Wen, W., Cheng, X., Zhu, A., Wu, Z., Che, L., & Chen, R. (2024). School mental health prevention and intervention strategies in China: a scoping review. *The Lancet Regional Health - Western Pacific (53),* https://doi.org/10.1016/j.lanwpc.2024.101243.
(https://www.sciencedirect.com/science/article/pii/S2666606524002372)

Reyes, M. E. S., Davis, R. D., David, A. J. A., Del Rosario, C. J. C., Dizon, A. P. S., Fernandez, J. L. M., & Viquiera, M. A. (2017). Stigma burden as a predictor of suicidal behavior among lesbians and gays in the Philippines. *Suicidology Online, 8*, 1-10. https://www.researchgate.net/publication/333080982_Stigma_Burden_as_a_Predictor_of_Suicidal_Behavior_among_Lesbians_and_Gays_in_the_Philippines

Rivera, A.K. & Antonio, C.A. (2017). *Mental health stigma among Filipinos: Time for a paradigm shift.* https://www.researchgate.net/publication/326412761_Mental_Health_Stigma_Among_Filipinos_Time_For_A_Paradigm_Shift

Samaritans (n.d). *Help when we needed it most*. https://supportaftersuicide.org.uk/resource/samaritans-step-by-step-help-when-we-needed-it-most/

Schroeder, S, Tan, CM, Urlacher, B, Heitkamp, T. (2020).The Role of Rural and Urban Geography and Gender in Community Stigma Around Mental Illness. *Health Education & Behavior, 48*(1), 63-73. doi:10.1177/1090198120974963

Simmons, M.B., Cartner, S., MacDonald, R. *et al.* (2023). The effectiveness of peer support from a person with lived experience of mental health challenges for young people with anxiety and depression: a systematic review. *BMC Psychiatry, 23,* 194. https://doi.org/10.1186/s12888-023-04578-2

Singh, V., Kumar, A., & Gupta, S. (2022). Mental Health Prevention and Promotion-A Narrative Review. *Frontiers in psychiatry, 13*, 898009. https://doi.org/10.3389/fpsyt.2022.898009

Smith, R. A., & Applegate, A. (2018). Mental health stigma and communication and their intersections with education. *Communication Education*, *67*(3), 382–393. https://doi.org/10.1080/03634523.2018.1465988

Soiferman, L.K. (2010). Compare and contrast inductive and deductive research approaches [Department of Education]. University of Manitoba. https://files.eric.ed.gov/fulltext/ED542066.pdf

States, J. Detrich, R. & Keyworth R. (2017). *Overview of multitiered system of support* [The Wing Institute]. https://www.winginstitute.org/school-programs-multi-tiered-systems

Subu, M. A., Dias, J. M., Mottershead, R., Ahmed, F. R., Narulita, S., Maryuni, M., … Al-Yateem, N. (2024). Exploring mental health stigma among Indonesian healthcare students towards individuals with mental illnesses: a qualitative study. *International Journal of Qualitative Studies on Health and Well-Being*, *19*(1). https://doi.org/10.1080/17482631.2024.2327103

Suicide prevention Resource Center. (2024). *Provide for immediate and long-term postvention*. https://sprc.org/effective-prevention/a-comprehensive-approach-to-suicide-prevention/provide-for-immediate-and-long-term-postven-tion/#:~:text=%5BPostvention%20is%5D%20an%20organized%20response,effects%20of%20exposure%20to%20suicide

The Britannica Dictionary. (2023). *Encyclopedia Britannica*. https://www.britannica.com/dictionary/stigma#:~:text=Britannica%20Dictionary%20definition%20of%20STIGMA,poor%20%3D%20the%20stigma%20of%20poverty

The LawPhil Project. (n.d.). *Republic Act Number 11036.* https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html

United States Department of Health and Human Services. (2009). *Practice Guidelines: Core Elements for Responding to Mental Health Crises*. HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2009. https://qprinstitute.com/pdfs/Mental_health_crisis_CrisRespCoreElements.pdf

University of the Philippines Baguio. (2021). UP Baguio psychosocial crisis management protocol.

Volkow, N.D., Gordon, J.A. & Koob, G.F. (2021). Choosing appropriate language to reduce the stigma around mental illness and substance use disorders. *Neuropsychopharmacol, 46*, 2230–2232. https://doi.org/10.1038/s41386-021-01069-4

World Health Organization. (2021). Mental health in schools: A manual. file:///C:/Users/CCSD/Downloads/9789290225652-eng.pdf

World Health Organization. (2022). *Creating hope through action*. Author.https://www.who.int/campaigns/world-suicide-prevention-day/2022#:~:text=An%20estimated%20703%2C000%20people%20a,profoundly%20impacted%20by%20suicidal%20behaviours

World Health Organization. (2025). *Mental health*. https://www.who.int/health-topics/mental-health#tab=tab_2

World Health Organization. (2025). *Mental health in emergencies.* https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies

World Health Organization Western Pacific Region. (2010). T*owards evidence-based suicide prevention programmes.* https://apps.who.int/iris/bitstream/handle/10665/207049/9789290614623_eng.pdf

World Population Review. (2023). *Suicide rate by country 2024*. https://worldpopulationreview.com/country-rankings/suicide-rate-by-country