



## Suicidal risks and coping strategies of student personnel assistants in a southern Philippine college

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### ABSTRACT

In addition to their formal education, many students often work to supplement their income, gain valuable experience, and keep themselves motivated. However, behind the forces to become working students and the benefits they can acquire from being such, drawbacks like burnout that may lead to suicidal ideation inevitably confront them. This study was aimed at determining the suicidal risks and coping strategies, both negative and positive, of the student personnel assistants (SPAs) in one tertiary institution in the Philippines. This study employed a descriptive-correlational methodology, in which the researchers utilized complete enumeration to cover twenty-nine (29) SPAs as respondents of the study. An adopted survey questionnaire was used as an instrument and was distributed to the respondents through Google forms. After gathering the data, the results revealed that SPAs have a mild suicidal risk. They apply positive coping strategies more than negative ones. Further, family monthly income was the primary predictor of suicidal risks among SPAs. Lastly, results show that there is a significant relationship between suicidal risks and positive and negative coping strategies, which implies that the lower the suicidal risks, the higher the positive coping strategies, and vice versa. Based on the results of the study, the researchers recommend that SPAs should apply positive coping strategies more to prevent severe suicidal risks, teachers must be aware of the mental health status of students and reinforce them positively during the teaching-learning process, parents of SPAs must find ways to holistically support their children to prevent them from having mental health issues that could lead to suicidal risks, guidance counselors must intensify their mental health programs and services to prevent suicidal risks, school administrators should continue supporting SPAs, and future researchers should explore more aspects of suicidal concerns that affect students in the next normal.

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## INTRODUCTION

Due to the weight of duties that must be carried out and endured, juggling a job and studies may seem unattainable for many students, but the scenario is different for working students. Employing full-time work alongside academic pursuits is a common practice for a diverse variety of students because employment provides an extra source of knowledge and skills, in addition to acting as a platform for new experiences for them. In addition, it allows them to develop greater independence, and the ability to budget and schedule, including soft skills such as communication and problem-solving skills (Yanbarisova, 2015). In contrast, the rising cost of education, the shrinking availability of financial aid, and the financial strain on many families are the main reasons why so many students choose to work part-time while they pursue education. (Tumin et al., 2020). In other words, they work while attending school in order to meet their financial responsibilities and fundamental needs for themselves and their families (Balacuit & Lopio, 2022; Jewell, 2014). Nevertheless, behind the façade of motivating forces to become working students and benefits, drawbacks inevitably confront them.

Getting enough time to sleep, study, and maintain a healthy diet may be difficult for working students. According to Gorgulho et al. (2012), one of the primary concerns that working students have is that they do not have enough time to properly consume meals. In addition, they might be working under a lot of pressure and live away from their support networks, which then affects their daily moods (McClelland et al., 2020; Schimelpfening, 2022). Also, some may be prone to a higher chance of school dropping out, a lower graduation rate, and a loss in academic performance (Hovdhaugen, 2015). Consequently, it is difficult to balance a social life, time with family, time on homework, and time at a job while working full-time and going to school. Additionally, students who are also working need to be able to efficiently manage their time. This explains why graduate rates are lower for students who work full-time as opposed to part-time or who do not work at all while pursuing their academic goals. (Hovdhaugen, 2015). They may also be stressed because of the mental exhaustion and lack of rest and sleep brought on by their hectic schedules juggling schoolwork and employment commitments. For this reason, Coral et al. (2020) argued that working as a student is stressful because of the challenges of learning to manage one's time effectively and maintained that working students may feel overwhelmed by their responsibilities. Even if they do not participate in any extracurricular activities, students may still find it challenging to keep up with the requirements of a full academic load.

Consequently, these individuals are more likely to experience burnout syndrome, a condition that is all too typical among overworked university students. Alarming, studies show that burnout raises the risk of suicidal thoughts and behaviors (Dyrbye, 2008; Ishikawa, 2022; Menon et al., 2020). Research shows that suicidal thoughts and feelings are frequently experienced before an actual suicide attempt is made, and that suicide is a common occurrence that results in costly medical care (Klonsky et al., 2016; Nock, et al., 2016). In addition, the lifetime prevalence rates of suicidal ideation (SI) increase steadily beginning in late adolescence and reaching their highest levels throughout early adulthood (Ding & Kennedy, 2021; Nock et al., 2016; Raffagnato et al., 2022). Hence, it is deemed crucial to understand and anticipate the rise of SI among youths including working college students.

In the Philippines, high suicide rates among teens and young adults are a serious problem. According to the results of the Global School-based Student Health Survey (GSHS), 11.6% of 13- to 17-year-old Filipinos had given suicide significant thought within the previous 12 months, and 16.8% had attempted suicide at least once within the previous 12 months (Campisi et al., 2020; Estrada et al., 2019; Lagman et al., 2021); however, according to Santos et al. (2020), even though many people have suicidal thoughts as a result of a wide variety of causes and elements, the vast majority of the time, they are only looking for help and do not intend to take their own lives in any way, shape, or form. As further stated by Estrada et al. (2019), multiple elements come together to cause suicidal thoughts and actions. These suicidal thoughts and actions are influenced by a number of factors, some of which have been studied in depth as they relate to the human mind (Cohut, 2020; Franklin et al., 2017; Liu & Spirito, 2019; Too et al., 2019). Suicide attempts are often indicated by the presence of stress, which can be brought on by any traumatic experience, such as the loss of a loved one, a breakup, poor academic performance, or financial brokenness (Knipe et al., 2019; Liu & Spirito, 2019; Raschke et al., 2022, Zapata, 2021). Meanwhile, many

previous research that looked at the connection between psychiatric disorders and suicide attempts concluded that the risk of both mental disease and suicide was equal. (Bradvik, 2018; Yeh et al, 2019). Furthermore, studies also delineated the connection between suicide and various factors like gender (Jeong, 2020), family type (Alvarez-Subiela et al., 2022; Matthew et al., 2021), and family income (Liang et al, 2022).

In response, it has been proven that establishing a healthy sense of self-worth and employing constructive coping mechanisms in the face of adversity is crucial for young people in reducing their risk of suicide (Stanley et al., 2021). Likewise, cognitive behavioral therapy, mindfulness training as a means of coping with stress, and monthly counseling screenings are some examples of the kind of suicide prevention programs and services that could be provided to young people. (Van Orden et al., 2021). Additionally, a number of avoidance-related coping mechanisms, such as venting, use of humor, behavioral disassociation, and self-distraction, are positively linked with suicide ideation, which confirms findings from some earlier research, and are therefore more likely to be used by suicidal students (Domínguez-García & Fernández-Berrocal, 2018; Garg et al., 2022; Gračanin et al., 2014; Liang et al., 2020). A framework introduced by Rathod et al. (2011) dichotomized coping mechanisms for suicide into positive and negative acts. The positive mechanisms include going for a walk, staying active or doing regular physical exercise, practicing mindfulness relaxation and meditation, snacking on healthy foods allowing oneself a reasonable amount of downtime, making an effort to hang out and spend time with friends and family, reaching out and talking about worries to a friend or family member (Chen & Kuo, 2020; Misra & Srivastava, 2021). Meanwhile, other suicidal coping tactics include regularly drinking or using drugs (Amigó, 2021; Amigó & Ferrandez., 2015), acting aggressively or irritably, eating unhealthy foods (Baek et al., 2018), engaging in risky behaviors like gambling or excessive spending, or harming oneself in other ways, such as through console gaming, dependency on cigarettes and faking one's emotions (Black, 2020; Wasserman et al., 2008). This explains that crisis-level suicide ideation and conduct, which may culminate in actual self-harm, may be precipitated by a number of circumstances, including but not limited to stressful events, demanding living situations, physical and emotional issues, and others (Foroughipour et al. 2013; Liang et al., 2020; Okechukwo et al, 2022; Safa et al., 2014; Xiao et al, 2022).

While a handful of research conducted in the past have focused on how factors (e.g., burnout, stress, and depression) may provoke suicidal ideation among college students (Bittár et al., 2019; Lew et al., 2019), no study has zeroed in on working students who are proven to be vulnerable to these factors due to the nature of their situation as both students and workers. To address the gap, this study is conducted with the aim to determine the suicidal risks and coping strategies among working college students in one tertiary institution in the Philippines, which calls working students 'student personnel assistants' (SPAs). This study may benefit teachers because it raises awareness of the current situation of working students, which may motivate them to provide additional considerations. In the same way, parents may benefit because results may encourage them to gain a deeper understanding of parenting's effects in order to better equip their children to deal with life's challenges. Guidance counselors may be led to a higher level of awareness of the current suicidal status of the working students, which may prompt them to make immediate interventions to bring a solution to the problem.

## **RESEARCH QUESTIONS**

1. What is the extent of suicidal risks among student personnel assistants (SPAs)?
2. How do SPAs positively and negatively cope with suicidal risks?
3. Which among the predictors (gender, family type, and family income) can predict suicidal risks?
4. Is there a significant relationship between the SPAs' suicidal risks and their positive and negative coping strategies?

## **MATERIALS AND METHODS**

### **Research Design**

This study used a descriptive-correlational research design, which aimed to gather quantifiable information from the study population.

### **Respondents and Locale of the Study**

The respondents of this study were the twenty-nine (29) student personnel assistants (SPAs) at one private tertiary institution in the southern part of Mindanao, the Philippines. This institution, offering education at the basic and tertiary levels, supports deserving and hardworking students by hiring SPAs who are assigned to various departments of the school for certain office tasks and responsibilities in exchange for their free college education in terms of tuition and miscellaneous fees. These 29 SPAs were chosen using the consensus or total enumeration method. Further details on the demographic profile of the respondents are presented in the tables below:

Table 1a. Demographic Profile of the Respondents in Terms of Sex

| Sex    | Frequency | Percentage |
|--------|-----------|------------|
| Male   | 14        | 48.3       |
| Female | 15        | 51.7       |
| Total  | 29        | 100        |

Table 1a shows the demographic profile of the respondents in terms of gender, totaling 29 respondents, of whom 14 were male, making up 48.3 percent of the total population, and 15 were female, making up 51.7 percent of the total population. This implies that there were more female respondents than males.

Table 1b. Demographic Profile of the Respondents in Terms of Family Type

| Family Type            | Frequency | Percentage |
|------------------------|-----------|------------|
| Complete Family        | 18        | 62.1       |
| Broken Family          | 3         | 10.03      |
| Deceased Parent/s      | 6         | 20.7       |
| Living with guardian/s | 2         | 6.9        |
| Total                  | 29        | 100        |

Table 1b reveals that 18 of the respondents are complete families, accounting for 62.1 percent of the total population. Only 6 (20.7 %) of respondents had deceased parent/s, 3 (10.3 percent) have broken families, and only 2 (6.9 percent) live with guardian/s. This means that the vast majority of respondents live in complete families.

Table 1c. Demographic Profile of the Respondents in Terms of Family Income

| Family Income     | Frequency | Percentage |
|-------------------|-----------|------------|
| Below P5,000      | 23        | 79.3       |
| P6,000 - P10,000  | 5         | 17.2       |
| P11,000 - P15,000 | 1         | 3.4        |
| Total             | 29        | 100        |

Table 1c entails that 23 of the respondents have a family monthly income of below P5,000, which makes up 79.3 percent of the total population. There are only 5 respondents whose family income ranges from P,6000 – P10, 000, with a total percentage of 17.2%. Only 1 respondent has a family monthly income ranging from P11,000 -15,000 which makes up only 3.4 percent of the total population. This means that most of them are living below the poverty line.

**Research Instrument**

The researchers adopted with modifications a survey questionnaire from the study of Kessler et al. (201). The survey questionnaire was composed of a part about the suicidal risks, which contains 13 items, and a part about the respondents’ positive and negative coping strategies, with 10 items each. Each response has a corresponding description as 4-Strongly Agree, 3-Agree, 3-Disagree, and 2-Strongly Disagree.

**Data Gathering Procedures**

The office of the principal was notified through a letter requesting permission to undertake the research. In a similar vein, a letter of request was written to the SPA moderator requesting permission for the SPAs to participate in the study as respondents. As soon as they got approval, the researchers gave out the surveys and made sure everyone filled them out thoroughly. For the purpose of ensuring the accuracy and validity of the results, the collected questionnaires were counted, coded, and analyzed using the proper statistical software.

**Data Analysis**

After collecting the questionnaires, the data were tabulated and computed using the Statistical Package for the Social Sciences (SPSS). On the respondent's socio-demographic profile, frequency and percentage distributions were utilized. On the amount of respondents' suicide risks and their coping mechanisms, the mean and standard deviation were employed. On the suicidal risk predictor, simple linear regression was utilized. Using Pearson Product Moment Correlation, the relationship between suicidal risks and coping techniques of SPAs was established.

The data on the profile of the respondents were analyzed by highlighting the highest and lowest frequency and percentage of the profile; and the two highest and 1 lowest means and standard deviation of the items on suicidal risks and coping strategies. To analyze the extent of the respondents’ suicidal risks, the following scale and the corresponding range, descriptions, and interpretation were used:

| <b>Scale</b> | <b>Range</b> | <b>Description</b> | <b>Interpretation</b> |
|--------------|--------------|--------------------|-----------------------|
| 4            | 3.26 - 4.00  | Strongly Agree     | Severe                |
| 3            | 2.51 - 3.25  | Agree              | Moderate              |
| 2            | 1.76 – 2.50  | Disagree           | Mild                  |
| 1            | 1.00 - 1.75  | Strongly Disagree  | Low                   |

To analyze the primary predictor of suicidal risks and coping strategies, the highest Beta on the standardized coefficients was utilized. To analyze the positive coping strategies of the respondents, the following scale and the corresponding range, descriptions, and interpretation were used:

| <b>Scale</b> | <b>Range</b> | <b>Description</b> | <b>Interpretation</b> |
|--------------|--------------|--------------------|-----------------------|
| 4            | 3.26 - 4.00  | Strongly Agree     | Always                |
| 3            | 2.51 - 3.25  | Moderately Agree   | Sometimes             |
| 2            | 1.76 – 2.50  | Agree              | Rarely                |
| 1            | 1.00 - 1.75  | Not at all         | Never                 |

The interpretation of the value of Pearson Product Moment Correlation coefficient (r), the following table of categorization was used:

| <b>r</b>         | <b>Descriptive Level</b>      |
|------------------|-------------------------------|
| ± 1.00           | Very Strong Correlation       |
| ± 0.75 to ± 0.99 | Strong Correlation            |
| ± 0.51 to ± 0.74 | Moderately Strong Correlation |
| ± 0.31 to ± 0.50 | Moderately Weak Correlation   |
| ± 0.01 to ± 0.30 | Weak Correlation              |
| 0.0              | No Correlation                |

**Ethical Consideration**

Before beginning the actual research, the researchers discussed various aspects of the subject matter with the guidance counselor of the school where the participants were enrolled. This was done in order to guarantee that the level of sensitivity of the subject matter would correspond to that of the researchers. In a similar manner, the external debriefers provided their comments on the topic's timeliness and significance, and their suggestions and recommendations were adhered to and used in the appropriate context. In addition, the researchers made it a point to clarify the aim of the survey, assure respondents that their comments would be kept private and confidential, and inform them of the rights they had as survey participants. In this study, complete assurance was given that each respondent's involvement was fully voluntary. Should they want to withdraw from participating, they were allowed to do so. Further, the researchers did not apply any form of coercion, aggressive force, bullying, or intimidation to the respondents in any way. All responses were treated as confidential and used just for this particular investigation. The data that were collected were all presented in an anonymous form.

**RESULTS AND DISCUSSION**

Research Question 1: What is the extent of suicidal risks among student personnel assistants (SPAs)?

The first research question focuses on the extent of suicidal risks of the SPAs. Table 2 presents the results.

Table 2: Suicidal Risks of the Student Personnel Assistants (SPAs)

|     | Statements                                                                     | Mean | SD  | Interpretation |
|-----|--------------------------------------------------------------------------------|------|-----|----------------|
| 1.  | My life isn't worth living.                                                    | 1.93 | .99 | Mild           |
| 2.  | My family would be better off without me.                                      | 1.75 | .78 | Low            |
| 3.  | I just can't deal with everything – life's too hard.                           | 2.20 | .77 | Mild           |
| 4.  | Nobody understands me – nobody feels the way I do.                             | 2.34 | .76 | Mild           |
| 5.  | There's nothing I can do to make my life better.                               | 1.72 | .84 | Low            |
| 6.  | I'd be better off dead.                                                        | 1.62 | .62 | Low            |
| 7.  | I feel like there is no way out from all the problems.                         | 1.93 | .70 | Mild           |
| 8.  | I've thought of killing myself several times because of so much problems.      | 1.79 | .77 | Mild           |
| 9.  | I'm always feeling hopeless and/or trapped.                                    | 2.03 | .73 | Mild           |
| 10. | I withdraw myself from other social situations and I always wants to be alone. | 2.24 | .78 | Mild           |
| 11. | I feel like I'm a burden to others.                                            | 2.10 | .72 | Mild           |

|                                                         |      |     |      |
|---------------------------------------------------------|------|-----|------|
| 12. I am having extreme mood swings.                    | 2.41 | .77 | Mild |
| 13. My financial struggle triggers my will to just die. | 2.03 | .68 | Mild |
| Overall                                                 | 2.10 | .53 | Mild |

Table 2 reveals that item no. 12, *I am having extreme mood swings*, got the highest mean of 2.41 (SD =.77) among the suicidal risks of the respondents, which has been interpreted as *mild*. This implies that SPAs might be experiencing stress and exhaustion in juggling work and studies, considering that these SPAs in the study's locale have to arrive at school at 4 a.m. and leave its premises at 7 p.m. Schimelpfening (2022) suggests that the trigger for a negative mood swing, like a stressful work incident, may be easy to pinpoint, as these mood swings are not uncommon for people who are struggling with mental health caused by too much work and pressure.

Item no. 10, *I withdraw myself from other social situations and always want to be alone*, got the second highest mean of 2.24 (SD=.78), interpreted as *mild*. This implies that SPAs may want to be isolated from the realities of their lives and rather enjoy the company of their own selves. They could have felt that being alone is therapeutic and freeing for them as there are no opinions to be formed or suggestions to be criticized. McClelland et al. (2020) found that feelings of isolation can lead to suicidal thoughts. In such a study, most of the young people he questioned claimed that self-isolation contributed significantly to their suicide ideation, particularly when they began to isolate themselves from others.

Furthermore, item no. 6, *I'd be better off dead*, had the lowest mean of 1.62 (SD=.62), interpreted as *low*. This implied that SPAs do not resort to thinking of annihilating themselves and believing that the world could be a better place without their very existence. Moreover, this may also imply that their exhaustion and stress from being both students and SPAs have the least to do with suicide ideation. Santos et al. (2020) argue that although many people experience suicidal ideation due to a multitude of reasons and factors, they are usually merely seeking assistance and do not want to end their lives for real.

Moreover, the overall mean of suicidal risks of SPA is 2.10 (SD=.53), interpreted as *mild*. It suggests that some of the student personnel assistants have only a mild risk of suicide. As SPAs who are having trouble balancing work and school, they could have found inspiration in each other, but at least they can take comfort in the fact that they can keep studying for free, which helps their families a lot. However, it must be noted that the importance of always considering the dangers of suicide must be taken seriously and, whenever there is any uncertainty, treating it with an abundance of caution no matter how severe or mild it may be. A mild risk of suicide is still very alarming because "mild" suggests that there is a possibility that a person could still commit suicide (Harmer, 2022; Valk, 2013). Thus, people who have this diagnosis must be given immediate action and intervention to prevent severe risks.

#### Research Question 2: How do SPAs positively and negatively cope with suicidal risks?

The second research question focuses on the coping strategies of the SPAs. Table 3a presents the positive coping strategies and Table 3b presents the negative coping strategies. The dichotomy of these strategies was formulated via a review of related studies and literature, as validated by experts in the field of psychology.

Table 3a: Positive Coping Strategies of the Student Personnel Assistants (SPAs)

| Statements                                                                                  | Mean | SD  | Interpretation |
|---------------------------------------------------------------------------------------------|------|-----|----------------|
| 1. I work to build and maintain strong bonds with my family/unit members and the community. | 3.37 | .56 | Always         |
| 2. I keep a list of people who can offer support or distraction in times of crisis.         | 3.20 | .55 | Sometimes      |
| 3. I reach out to some people regarding my suicidal thoughts                                | 2.89 | .48 | Sometimes      |

|                                                                                         |      |     |           |
|-----------------------------------------------------------------------------------------|------|-----|-----------|
| and I don't isolate myself from others.                                                 |      |     |           |
| 4. I identify the sources of my strength.                                               | 3.24 | .63 | Sometimes |
| 5. I keep a positive attitude toward seeking help when needed.                          | 3.27 | .64 | Always    |
| 6. I learn to improve impulse control, problem-solving, coping and conflict resolution. | 3.27 | .64 | Always    |
| 7. I use leisure time constructively. Make time for the activities that I enjoy.        | 3.17 | .60 | Sometimes |
| 8. I make an effort to participate in therapy or treatment.                             | 2.89 | .61 | Sometimes |
| 9. I maintain my general health and wellness.                                           | 3.13 | .63 | Sometimes |
| 10. I just cry to make myself feel better.                                              | 3.31 | .66 | Always    |
| Overall                                                                                 | 3.17 | .46 | Sometimes |

Table 3a reveals that item no. 1, *I work to build and maintain strong bonds with my family/unit members and the community*, got the highest mean of 3.37 (SD = .56) interpreted as *always*. This suggests that with a positive relationship between SPAs and the people around them, they are able to refresh their thoughts and remotivate themselves. It could also imply that SPAs may think that having supportive relationships with others is an important protective factor that can help ward off suicidal ideation and actions. Chen and Kuo (2020) asserted that strong family ties and positive social relationships are one of the most effective coping strategies to fight suicidal risks. To put it another way, when people are more connected to one another, they are more likely to spend time with others, experience less loneliness, and form more positive bonds with others.

On one hand, item no. 10, *I just cry to make myself feel better*, got the second-highest mean of 3.31 (SD=.66), interpreted as *always*. This implies that SPAs cry to cheer themselves up as one of their positive coping strategies. For them, crying could be like being at peace with themselves for the sake of their emotional well-being. Hence, crying is considered adequate among emotional-based coping strategies which improve the person's feelings (Gračanin et al., 2014).

On the other hand, item no. 3, *I reach out to some people regarding my suicidal thoughts, and I don't isolate myself from others*, had the lowest mean of 2.89 (SD= .48), interpreted as *sometimes*. This finding suggests that some SPAs prefer to keep to themselves rather than seek help from others when they are having suicidal thoughts. According to Domínguez-García and Fernández-Berrocal (2018), people who are contemplating suicide tend to keep their problems and emotions to themselves. Moreover, one of the most prominent signs of suicidal ideation, especially in today's young people, is an increased tendency toward isolation (Misra & Srivastava, 2021). Hence, reaching out for assistance remains to be an effective strategy for reducing the risk of suicide (Van Orden et al., 2021).

In general, the overall mean of the positive coping strategy is 3.17 (SD=.46), interpreted as *sometimes*. This indicates that SPAs apply positive coping strategies sometimes, which means, that at other times, they may also resort to employing negative coping strategies. However, it must be noted that the result shows that positive coping strategies are more commonly practiced than the negative ones (as shown in the results in the proceeding table) among SPAs. According to Stanley et al. (2022), it is vital for young people to build a good self-appraisal and use positive coping methods to handle difficulties when they are confronted with stressful events. This may help to lessen the likelihood that young people would commit suicide. Hence, when someone is having suicidal thoughts, it is essential to encourage them to look for guidance from their loved ones and trusted neighbors (Santos et al., 2020; Van Orden et al., 2021).



Table 3b: Negative Coping Strategies of the Student Personnel Assistants

| Statements                                                    | Mean | SD  | Interpretation |
|---------------------------------------------------------------|------|-----|----------------|
| 1. I drink too much alcohol.                                  | 1.96 | .77 | Rarely         |
| 2. I use prohibited drugs.                                    | 1.51 | .87 | Never          |
| 3. I become aggressive and bent out my anger to other people. | 1.89 | .81 | Rarely         |
| 4. I tend to stress eat.                                      | 2.37 | .77 | Rarely         |
| 5. I self-harm.                                               | 1.96 | .82 | Rarely         |
| 6. I don't talk to people.                                    | 1.82 | .84 | Rarely         |
| 7. I act as if nothing is happening to me.                    | 2.41 | .68 | Rarely         |
| 8. I stay up all night and overthink.                         | 2.27 | .88 | Rarely         |
| 9. I am denying everything about my situation.                | 2.13 | .78 | Rarely         |
| 10. I excessively play video games.                           | 2.24 | .91 | Rarely         |
| Overall                                                       | 2.06 | .59 | Rarely         |

As shown in Table 3b, item no. 7, *I act as if nothing is happening to me*, got the highest mean of 2.41 (SD=.68), interpreted as *rarely*. This implies that some respondents may rarely show a strong façade to hide their suicidal thoughts as their primary negative coping strategy. This could be because they wanted to appear strong and fine in front of people they love and support, like their families, but deep inside, they are worn out. In the research that Wasserman et al. (2008) conducted, they asserted that persons with suicidal tendencies hide behind a grin in order to give the impression to others that they are content. Because most people expect a suicidal person to be someone who seems depressed or who sheds a lot of tears, this form of unhealthy coping mechanism frequently goes unnoticed. As a result, it is difficult to diagnose (Black, 2020).

Similarly, item no. 4, *I tend to stress eat*, got the second-highest mean of 2.37 (SD=.77), interpreted as *rarely*. This suggests that SPAs may on some occasions consider overeating as one of their negative coping strategies for suicidal risks. Stress eating is deemed to be unhealthy and significantly linked to people with suicidal threats. People may overeat to ease their suicidal thoughts and make themselves feel better, but it could lead to other health issues (Baek et al., 2018).

Furthermore, item no. 2, *I use prohibited drugs*, got the lowest mean of 1.51 (SD=.87), interpreted as *never*. This means that SPAs never used prohibited drugs as their negative coping strategy for suicidal risks. While Amigó (2021) indicates that drugs and alcohol can provide a temporary escape from reality and daily life, as well as increase pleasure and decrease inhibitions, suicidal tendencies, and anxiety, the use of it is still regarded by many as the least effective coping strategy. Most individuals are aware of the repercussions of consuming illegal drugs. Therefore, they never consider it as a treatment for their suicidal ideas (Didarloo & Pourali, 2016; Liang et al., 2020).

Moreover, the overall mean of the SPAs' negative coping strategy is 2.06 (SD.59), interpreted as *rarely*. This entails that SPAs more rarely use negative coping strategies to cope with their suicidal risks compared to positive coping strategies. This result reveals that SPAs know how to manage their suicidal risks by not adhering to negative coping strategies, hence lowering the chances of suicide ideation. The study by Xiao et al. (2022) showed that negative coping could trigger the chances of people committing suicide because it directly affects their mindset as well negatively. In the same way, people often do not cope with suicide negatively because they believe that negative coping strategies could worsen their risks of suicide and would never help them (Safa et al., 2014).

Research Question 3: Which among the predictors (gender, family type, and family income) can predict suicidal risks?

The third research question deals with the predictor of suicidal risks. Table 4 presents the results.

Table 4  
Predictor of Suicidal Risks

| Predictors            | Unstandardized Coefficients |            | Standardized Coefficients |
|-----------------------|-----------------------------|------------|---------------------------|
|                       | B                           | Std. Error | Beta                      |
| Gender                | .039                        | .213       | .037                      |
| Family Type           | .109                        | .100       | .209                      |
| Family Monthly Income | -.231                       | .214       | -.218                     |

Table 4 illustrates that family monthly income is the primary predictor of suicidal risk for SPAs, with a Standardized Coefficient Beta Value of  $-.218$ . This suggests that SPAs' financial problems could trigger their suicidal risks as this has been a never-ending problem faced by the SPAs over the years. Financially stressed people, according to Cohut (2020), can be 20 times more likely to take their own lives than individuals who have never been in a difficult situation. Furthermore, people who are experiencing a significant amount of stress due to their financial situation are at an increased risk of committing suicide, such as those who have the responsibility of supporting others financially or those who believe they cannot afford to further their education (Zapata, 2021). Furthermore, Knipe et al. (2019) state that there is substantial evidence supporting the hypothesis that economic hardship significantly increases the risk of suicide behaviour. There is a correlation between poverty and suicide; the more impoverished a person is, the higher their risk of attempting suicide. 35 research looked at the link between socioeconomic status and suicidal ideation, 16 of which focused on suicide attempts and 10 on suicide deaths, as reported by Raschke et al. (2022). In other words, suicidal behaviours can be linked to low wages, joblessness, and monetary stress.

Research Question 4: Is there a significant relationship between the SPAs' suicidal risks and their positive and negative coping strategies?

The fourth research question focuses on the significant relationship between the SPAs' suicidal risks and their positive and negative coping strategies. Table 5 presents the results.

Table 5  
Significant Relationship Between the SPAs Suicidal Risks and their Positive and Negative Coping Strategies

|                            |                     | Positive Coping | Negative Coping |
|----------------------------|---------------------|-----------------|-----------------|
| Overall Mean Suicidal Risk | Pearson Correlation | $-.579^{**}$    | $.500^{**}$     |
|                            | Sig. (2-tailed)     | .001            | .006            |
|                            | N                   | 29              | 29              |

$^{**}$ . Correlation is significant at the 0.01 level (2-tailed).

Table 5 shows a significant relationship, with a p-value =  $.001$ , between the SPAs' suicidal risks and their positive and negative coping strategies. It also proves a statistically weak correlation ( $r = -.579$  and  $.500$ , respectively) between the two variables. This implies that the lower the suicidal risks of the SPAs, the higher their positive coping strategies, and vice versa. This relationship further reveals that a weak correlation between the two

variables has been affected by the respondents' mild suicidal risks and low levels of coping strategies. According to Liang et al. (2020), both negative and positive coping have been found to manage suicidality. People who have suicidal risks are often not aware of their coping strategies regarding their goodness or harmfulness. What matters to them is that their coping strategies mitigate what they feel. The study by Xiao et al. (2022) revealed that positive coping could mitigate the risks of suicide, while negative coping can trigger high risks of suicide. The findings of this study, in general, provide support for the conclusions reached by Foroughipour et al (2013) that because the researchers were able to demonstrate in their study that there is a connection between suicidal conduct and coping methods, they arrived at the conclusion that engaging in psychoanalytic psychotherapy is crucial in mitigating the impact of depression symptoms.

## CONCLUSION AND RECOMMENDATION

The results of this investigation showed that SPAs have a mild suicidal risk. They occasionally use positive coping mechanisms and almost never resort to negative ones. In terms of positive coping, SPAs always maintain healthy relationships with their family and the people around them, while rarely acting as if everything is fine, which is their primary negative coping strategy. Further, financial concerns remain the primary factor for them in suicidal risks. Moreover, the study revealed that suicidal risks have a significant relationship with both negative and positive coping strategies, proven by the results that the lower the suicidal risks of the SPAs, the higher their positive coping strategies, and vice versa. This relationship further reveals that a weak correlation between the two variables has been affected by the respondents' mild suicidal risks and low levels of coping strategies. Therefore, based on the results, it can be concluded and recommended that SPAs should apply positive coping strategies to prevent them from experiencing severe suicidal risks; teachers must be aware of the mental health struggles of their students, not just of the SPAs, and reinforce them positively during the teaching-learning process; parents of working students must find ways to morally, emotionally, and financially support their children to avert mental health issues that could lead to suicidal risks; guidance counselors must intensify their mental health programs and services to broaden students' awareness of the different positive coping strategies to battle against mental health issues and to strictly identify and monitor students at risk of suicide; school administrators should continue to intensify their support for the student personnel assistants; and future researchers should explore more variables relating to suicide, such as the parenting styles of parents whose children committed suicide and the lived experiences of students who attempted suicide, which can be done through qualitative inquiries.

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