

# Teen Suicide in One Province in Cordillera

<sup>1</sup>Charesma Grace Lud-Ayen, <sup>2</sup>Marcel B. Atianzar & <sup>3</sup>Evarista B. Gano

## Abstract

As the teenage suicide was increasingly happening during the peak of the COVID-19 pandemic, this study was conducted purposely to determine the profile of victims of suicide as to age, sex, and educational background and identify the causes of teen suicide in one province in Cordillera. The qualitative design and snowball sampling method were used with the study. There were eight key informants composed of Philippine National Police (PNP) officers, teachers, and DSWD personnel. The study revealed that teens who committed suicide were between 1-21 years old and 22-41 years old. The majority of the suicide victims are males, senior high school, and college students. The causes of teenage suicide are the unseen image of suicide, depression, stress, personal problems, and promises not fulfilled due to poverty and hanging. This study finds that teen suicide can be prevented by giving importance to and acting upon family members' unseen images of suicide. In the light of the findings, this study proposes an intervention program dubbed as "Psychosocial Intervention Program for Teen Suicide." In the prevention of such acts, the family, along with government authorities such as the PNP and the DSWD, work hand in hand in helping individuals who are at the brink of their mental states to consider designing a psychosocial intervention geared toward this goal to incorporate activities that promotes prosocial behaviors and rekindling essential information on the unseen image of suicide.

**Keywords:** *Teenage, suicide, province, Cordillera*

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## About the authors:

<sup>1</sup>Corresponding author. Ph.D. in Criminology and Ph.D. in Developmental Education. Dean, University of Baguio, Philippines.

<sup>2</sup>Ph.D. Crim student at the University of Baguio and a teacher at Isabela State University, Main Campus, Philippines.

<sup>3</sup>Ph.D. Crim student at the University of Baguio and a teacher at Ifugao State University –Lamut Campus, Philippines.

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## 1. Introduction

Suicide is a phenomenon that is present in every society or culture. It is considered as one of the problems and challenges of modern society of the individual and the family as a functional unit (Gripshi, 2022). It is a growing concern worldwide and impacts family, friends and community (Bilsen, 2018). According to the World Health Organization (2021), 703,000 people commit suicide each year, and more are attempting suicide. Teen suicide, for instance, is a terrible and painful phenomenon. There is a sharp increase in teen suicides from time to time, which is becoming an epidemic (Chekster et al., 2017). This made teen suicide the second leading cause of death among younger people aged 10 to 24 (Philip, 2022). Suicide among young people is one concern that needs to be prevented. Hence, it is important to gain as much insight as possible into the risk factors contributing to suicidal behavior in youth (Bilsen, 2018). All suicides are a tragedy that affects families, communities, and the country, with lasting effects on those left behind.

Suicide is the second leading cause of death among adolescents between the ages of 10 and 19 in the United States. The incidence has been steadily rising, and 5.1% of male and 9.3% of female high school students are involved in these cases (Hink et al., 2022). Similarly, a nationwide survey by the Centers for Disease Control and Prevention (2007) and the Suicide Prevention Center (2004) cited suicide as the third largest cause of death for youths between the ages of 15 and 24, behind unintentional injury and homicide. In India, students die from suicide every hour, with 28 deaths occurring daily. In the Philippines, the estimated number of suicides in 2012 was 2,558 (550 females, 2009 males) (WHO, 2015). In the latest statistics from the Philippine Statistics Authority (PSA), there was 25.7 % increase in suicide cases in 2020, making it the 27th leading cause of death in 2020 compared to 21st in 2019. As predicted by the World Health Organization (2012), by 2020, 1.53 million people will commit suicide for various reasons.

Due to the restrictions on social and economic activities imposed by governments through lockdowns around the world in response to COVID-19, including the closure of schools, have had a detrimental impact on children's mental health and well-being (MacLachlan et al., 2022). Staying home during lockdown is a stressful and difficult situation for some children. Pandemics are significant psychology that leads to developing or exacerbating anxiety, stress, anxiety, depression, and other mental disorders (Philip, 2021). As such, schoolchildren suicidal

tendencies have increased significantly. Reports from other countries show a significant increase in suicide-related deaths in children during the blockade compared to the pre-blockade period. In addition, this is a serious psychosocial and preventable problem, often underreported and ignored by others, even though it must be addressed promptly (Philip, 2021).

Before committing suicide, suicidal ideation, a suicidal thought of wishing to be dead, in teens occurs, ranging from a detailed plan to a fleeting consideration but does not include the final act of killing oneself (Joiner et al., 2003). Suicidal ideation refers to the belief that life is not worth living and the thought of intentionally ending life due to several reasons. These thoughts arose as a final solution to life's problems (Pederson, 2018). The American College Health Association-National College Health Assessment Survey (ACHA-NCHA) in 2000 found that 20% reported having suicidal ideation. In addition, The National Institute of Mental Health (2008) estimated 100-200 attempts for every completed suicide among youth. However, the majority of people who experience suicidal ideation do not carry it through. Some may, however, make suicide attempts. Suicidal ideations can be meticulously prepared to fail or be discovered in some instances, while others can be carefully planned to succeed. Suicidal thoughts are not commonplace in people who are stressed or depressed.

The concept of suicidal ideation is gaining more attention among researchers. Interestingly, suicidal ideation evolved during and after the major lockdowns around the world in which teens or children, including adults, started to form this behavior. The mounting rate of suicidal behaviors among children is a very serious psychosocial issue that requires a pressing concern in its prevention during and after the COVID-19 era. It calls for the collective efforts of all societal stakeholders to intervene effectively at the individual, family, and community levels to address suicidal behaviors among children (Philip, 2021).

Documented literature (i.e. Jayervand et al., 2013; Moran cited by Ganaprakasam, 2018) shows that psychological well-being includes self-acceptance, quality relationships with others, autonomy, and the purpose of life. In complex situations, coping is an important factor in predicting suicidal ideation. Currently, the causes of suicide are poorly understood, partly because very few studies have investigated the acute suicidal crisis. Although some biomarkers for predicting risk have been developed, none have been sufficiently validated (Nugent et al., 2019). Randall et al. (2010) discovered that a lack of parental permission contributed to suicidal thoughts and behaviors. Geographic characteristics are also crucial to the incidence of suicidal ideation, primarily resulting in suicide attempts.

Suicide is a highly complex issue, and the impact of preventive factors can be difficult to measure. However, looking purely at the ever-rising suicide rates, one could easily argue that the strategies in place today are missing the mark (Swan, 2022). With this number of suicide cases, from having suicidal thoughts or suicidal ideation to completing suicide, intervention, and assistance for suicidal teens seems to be lacking. Hence, looking into the behavioral aspect of what triggers teen suicide is essential and be able to lessen (at least) the prevalence of such acts through devising an intervention program in cooperation with the academe and other non-government institutions to hear adolescents in their silent cries for help.

The current study's core is discovering the factors attributed to adolescents' suicidal ideation. Specifically, describe their profile (age, gender, and educational level), the manner of suicidal attempts, and the factors contributing to suicide.

## **2. Literature Review**

### ***2.1. Demographic Pattern of Suicide***

#### ***2.1.1 Age***

A World Health Organization (WHO) report in 2015 indicated suicide as the second leading cause of death among people aged 15–29. In the USA, suicide is the main cause of death among people aged 24–44 years, and every year, more than 30,000 people die by suicide. In Indonesia, suicide is the second leading cause of death in the productive age of 15–29 years, the incidence of suicides increased during adolescence, and the adolescent suicide rate has tripled in the past 2 decades (Nurtanti et al., 2020). Adolescence refers to children between 13 and 19, but the term is used interchangeably with "teenager." This period is associated with increased behavioral and emotional responsiveness at risk in the context of developmental changes affected by external and internal factors that produce and enhance behavior (Salle et al., 2022).

Several studies found suicide victims in students and teens. For instance, the study of Manzar et al. (2021) revealed that 23 victims were students, of which 14 were school students. One of the disturbing trends was that one-third of suicides were in school-going teens. Similarly, Oregon Suicide Prevention (n.d.) recorded more than 500 young people between the ages of 10 and 24 hospitalized yearly for self-harm, including suicide attempts. In 2017 alone, more than 750 teens were hospitalized, and 107 committed suicide (Salle et al., 2022).

The subject of suicides in teens during a pandemic is less understood and continuously developing. Apart from the problems of age at which children cannot fully recognize the

outcome of their actions, there are frequently domestic issues involved in suicides in this age group. Suicide statistics among people between the ages of 15-24 are particularly alarming; they rank 2-3 among the causes of death in developing countries (Natalia & Julie, 2021). Recently, it has been a great concern to examine suicide trends among teenagers. They are emotional and cannot tolerate difficult situations (Sadek et al., 2019). In addition, during the overall developmental stage of adolescence, youth must adjust to their physical and sexually maturing bodies and feelings; define their sense of identity and, adopt a personal value system; renegotiate their relationships with parents (Salle et al., 2022).

### *2.1.2 Sex*

Suicide is more prevalent among men, whereas nonfatal suicidal behaviors are more prevalent among women and persons who are young, are unmarried or have a psychiatric disorder. In Indonesia, the Wonogiri Regency Police Completion Report (2016) showed 21 suicide cases: 14 cases (66%) occurred among males, and seven cases (34%) occurred among women (Nurtanti et al., 2020). The study of Lim et al. (2014) proved that males use more lethal methods of suicide (90% of adolescent males used hanging) compared to females (60% of females used overdose), making completion more likely to occur with less opportunity for last minute intervention. Meanwhile, women as a group more frequently attempted suicide rather than committing it, whereas men were more likely to complete suicides and choose more violent suicide methods; thus, women are the “attempters” and “survivors” of suicide attempts (Tsirigotis et al., 2011).

The most significant risk factors were being male, having a previous personal and family suicide attempt, mental health problems, substance abuse, previous physical and sexual abuse, low socioeconomic level, belonging to a single-parent family, underachievement, family dysfunction and violent environment (Cuesta et al., 2021). However, the multiple regression modeling of Galligan et al. (2010) revealed a complex relationship: competition and motivation for success in males were protective against suicidality while associating emotional disclosure with anxiety or negativity served as a risk factor. For this, Jung et al. (2019) suggested a gender difference in suicide. In general, suicide ideation and attempts are more common among females than males, but the suicide mortality rate is higher among males. This feature is referred to as the "gender paradox" in suicide. The most common explanation for the gender paradox is that males are more likely to choose lethal suicide methods than females. The gender difference in suicide also appears to vary among countries and cultures, even within a single country.

### ***2.1.3 Educational background***

While teen suicide can be prevented through school-based intervention programs (Cooper et al., 2011), the analysis indicates that tertiary education attainment has mostly higher rates of suicide (Sharma, 2022). According to the findings of Hallfors et al. (2006), 17% of high school students in the United States seriously considered suicide attempts that year, and nearly 9% had at least one suicide attempt in the last 12 months whereas students in 9th (10%) and 10th (9%) grades were more likely than those in 11th (7%) and 12th (6%) grades to have attempted suicide in the past year.

In response to the problem of suicide, many schools acknowledge that suicide issues are often unavoidable, and school professionals are increasingly accepting the role of "gatekeeper" in dealing with suicidal students. As students disclose information about themselves in their daily interactions through conversations with peers, their writing, and general behavior towards school staff, they provide a gateway for teachers to detect warning signs of suicidal behavior and to offer support or refer them for professional help (Shilubane et al., 2015).

### ***2.2. Depression and Suicidal Ideation***

As suicides are considered secondary deaths due to their nature (Wanyoike, 2014), depression has been identified as a significant contributing factor. As per the Philippine Statistics Authority (PSA), an increase of 25.7 % showed that suicide incidents rose 25.7% in 2020, making it the 27th leading cause of death in 2020 from the 21st in 2019. As the Philippines' economy struggled to reopen amid a failed pandemic response, the number of deaths attributable to self-harm soared. In addition, the US Centers for Disease Control and Prevention (CDC) recorded one out of every four people aged 18 to 24 seriously considered suicide. Series of reports highlighted increased anxiety, depression, and suicidal ideation since the COVID-19 pandemic began.

Literature shows an essential link between depression and suicidal ideation. Depressive symptoms were found to have the most significant predictive impact on suicide thoughts in college students compared to hopelessness and unpleasant life events (Guitierrez, 2005). The same finding was discovered in Asian adolescents and adults (Chen & Fan, 2004) and African American and European American college students. Even though suicide studies have various objectives and emphasis, researchers believe several elements frequently trigger suicidal ideation. Depression, hopelessness, low self-esteem, loneliness, student stress, academic problems, relationship, and family issues, financial concerns, adjustment to college, adverse life

events, and substance abuse are among the most identified and empirically supported risk factors contributing to suicide ideation among adolescents (Gutierrez, 2005). Although some suicides are not deliberate, suicidal ideation can be an essential associated factor in depressed individuals and one of the most urgent to address for individuals' safety.

### **3. Methodology**

#### ***3.1. Study Design***

The study is qualitative, and a case study since it deals with an intensive systematic investigation conducted individually on the teachers, DSWD personnel, and PNP officers related to teen suicide. The study used qualitative research method because the topic suggests multiple realities that could not be reduced to simple variables but require open-ended questions that allow depth of expression. The qualitative investigation method is suitable for investigation as it requires the investigation of questions related to the involvement of police officers in the investigation of teenage suicide and leads to an overall and detailed understanding of the phenomenon. This study used qualitative research, particularly narrative design. It is the preferred method considering that the study conducted an in-depth exploration of a phenomenon within its context using various data sources. Further, using qualitative narrative design ensures that the topic underwent investigation and exploration thoroughly and deeply.

#### ***3.2. The Population of the Study***

The key informants were the individuals who were able to deal with the victims and cases like the teachers who have a direct connection to their students in their performance at school, DSWD personnel in charge of assisting the family of the victims, and PNP officers who handle the investigation on teen suicide cases and can give detailed information about the causes. Snowball sampling was used to select the participants. The researchers generated a pool of participants based on the referrals from PNP who knows the causes of teen suicide. The study was conducted in Ifugao Province.

#### ***3.3. Data Gathering Tools***

The primary tool to gather the data was interview guide questions prepared by the researchers converted through Google forms. The study also used secondary data to answer the objectives of the study. Documentary analysis was used to analyze the age, gender, educational

background, and causes of suicide based on the records of PNP. The profile of the respondents was ascertained from the said records, as well as the narrative of the suicidal attempts/ideation. Recorded data regarding suicidal ideation were used as a data gathering procedure.

### ***3.4. Data Gathering Procedures***

The researchers asked permission from the Provincial Director to gather data at the Provincial Police Office through the Investigation Section. The Non-Uniformed Personnel (NUP) under the investigation section prepared the requested data and released through the Police Community Relation Section (PCR). The assigned PCR staff gave the names and contact details of the Police officers on-case for the conduct the interview. The researchers then called police personnel who conducted the investigation on suicide cases and explained the research objectives. While waiting for the requested data from the PNP, the researchers visited the Provincial Social Welfare and Development Office to personally hand in the letter for approval and explain to them the nature of the study. After visiting the DSWD, the researchers identified the schools with suicide cases through the referral of the PNP Officers and send the letter personally to explain a little background of the study being conducted.

After informing all the respondents about the ongoing study, researchers sent the survey with a consent form converted through Google form. Aside from the informed consent, the researchers ensured the confidentiality and anonymity agreement to protect the identity of the key informants that in no way their identity be disclosed or published in any part of the study unless they approved. All respondents' answers were recorded and collected from the Google forms.

The researchers did Documentary Analysis after collecting the requested data on the Age, Gender, Educational Attainment, and causes of suicide. The researchers transcribed the interview from the Google forms and collated all the data from the result of the documentary analysis together with the result of the interview.

### ***3.5. Treatment of Data***

The grouped data were mapped to arrive at codes for easier organization. The codes were then analyzed using Thematic Analysis (TA). The study used the method established by Braun and Clarke in doing TA. The six steps are as follows:

1. The researchers familiarized themselves with the data. This step required the researchers to be fully immersed and actively engaged in the data by transcribing the interactions,

reading (and re-reading) the transcripts, and listening to the recordings. Initial ideas were noted down. The researchers comprehensively understand the interaction's content and have familiarized themselves with all aspects of the data. This step provided the foundation for the subsequent analysis.

2. The researchers generated the first code. As researchers became familiar with the data, they identified tentative code, a feature of the data that looked interesting and meaningful. These codes are more specific than topics but provide context for the conversation.
3. The third step in the process is the start of an interpretive analysis by the researchers of the collected code. Relevant data extracts are sorted (joined or split) by parent topic.
4. The researchers reviewed the subject. A more detailed review of the identified theme follows. Here, researchers combined, refined, and separated the first themes. Researchers have created thematic maps to identify new problems.
5. Researchers have defined and named the topic. Inductive and semantic analysis was used to discuss the identified issues. A unified history of data has emerged from the theme
6. The researcher has created the report. Researchers turned the analysis into interpretable text using descriptive and compelling excerpts related to topics, research questions, and literature. The report communicated the results of the analysis in a way that convinced the reader of the value and validity of the analysis.

In addition, inductive analysis was used by researchers. The main purpose of the inductive approach was to derive research results from common, dominant, or important themes that are unique to raw data.

### ***3.6. Ethical Considerations***

The study ensured that the key informants were well-informed about the study and its purpose. Before the interview, the researchers explained to the teachers, DSWD Personnel, and PNP Officers that their participation in the study was voluntary. They were not forced to answer information that may cause them discomfort. The researchers, before the interview, showed the list of questions to be asked through the link in the Google form. Further, the researchers maintained the confidentiality of the names of the people involved, and they were not named unless with their consent. The use of codes was also established to protect the identity of the

respondents. Moreover, it was explained to the teachers, DSWD personnel, and PNP officers that they can withdraw from the study at any time with no adverse repercussions.

The study result will be disseminated by giving copies of the finalized paper to the schools with suicide cases in Ifugao, the Provincial Social Welfare and Development Office, and Ifugao Police Provincial Office as a basis for the lessening and prevention of suicide cases in Ifugao.

## 4. Results and Discussion

### 4.1. Demographic Profile of the Suicide Victims

Obtained profile of the victims on the age, gender, and educational background was derived from the requested data from the Ifugao Police Provincial Office. Using the interview guide questions converted to Google forms, the researchers were able to get the causes of suicide as per record of the PNP and DSWD. Each respondent was allowed to answer questions in the Google form through the shared link. The eight (8) respondents came from PNP, DSWD, and Teachers. They were given pseudonyms with their code names as follows: KI1- PNP; KI2-PNP; KI3-Teacher; KI4-Teacher; KI5-Teacher; KI6-Teacher; KI7-Teacher; KI8 – PNP. The names of the informants were not disclosed to protect their identity.

**Table 1**

*Demographic characteristics of the suicide victims*

Characteristics	F
<b>Age Range</b>	
1-21	7
22-41	2
<b>Gender</b>	
Male	8
Female	1
<b>Educational background</b>	
Senior High School	7
College Student	2

As shown in table 1, based on the data provided by the Ifugao Police Provincial Office, the age bracket of teens who committed suicide is between the ages of 1-21 and 22-41 years. This particular age group is an important part of tracing the age who are prone to suicide. Most teens who commit suicide are from the ages of 1-21. For youth between the ages of 10 and 24,

suicide is the third leading cause of death and loss each year (Singh et al., 2021). The prevalence of suicide among adolescents increases markedly with age. Due to their age, they are emotional and can't tolerate the difficult situation. They think it is a permanent problem, so suicide is the only solution (Sadek et al., 2019).

The result further shows that most teens who commit suicide are males compared to females. Out of 8 teen suicide cases, 8 were males, and 1 was a female teen. It shows that males mostly commit suicide due to their nature that men are not expressive of what they feel. Many of these men did not know how to talk about these feelings or felt embarrassed to do so (McKenzie et al., 2018). They tend to keep their problems and cannot express them openly to others compared to a female who has more alternatives to expressing their problems. Identification of gender in suicide cases showed who is mostly to commit suicide, male or female. Manzar et al. (2021) found that more male suicides were reported. It was also revealed by O'Connor et al. (2021) that adolescent males are at significant risk for suicidality, and there is a need to assess and treat this life-threatening behavior. On the other hand, some men with depression wanted to talk to family or friends about their difficulties but had few or no people in their social networks with whom they trusted to share their feelings (Liang & George, 2012, as cited in McKenzie et al., 2018). Seeking advice from the victims to other people is impossible if they do not trust the person to share their problems. Victims keep themselves their problems if they cannot trust the person.

While these studies draw attention to the significant difficulties some men experience in seeking social support during times of distress, the authors are unable to theorize why men, in particular, might struggle to talk to other men or women about their struggles or how the gendered nature of men's social relationships may hinder their social connectedness (McKenzie et al., 2018). Further, suicidal men feel the need to be self-reliant and that they cannot find another way out of the relationship or socioeconomic issues. Suicide prevention is of crucial importance worldwide. The much higher rate of suicide in men engenders action. Men may not realize a change in their thinking and behaviors, which makes it more difficult to seek and get help, thereby interrupting a "downward spiral" (Balcombe & De Leo, 2022).

Most teens who commit suicide are senior high school students and college students. Usually, schools have suicide cases catering to teens studying in their school but did not continue due to this factor. Most suicide victims were senior high school students, followed by college students. It shows that most senior high school students are not adept at becoming independent to

handle their problems since this grade requires independence from parents. These adolescents are inherently vulnerable to mental health problems, especially during adolescence. This period of life is characterized by movements, changes, and transitions from one state to another in several areas. They also have to face new challenges regarding identity formation, self-esteem development, increased independence and responsibility, and building new intimate relationships (Bilsen, 2018).

## ***4.2. Causes of Suicide***

### ***4.2.1. Unseen image of suicide: depression and stress***

The unseen image of suicide characterizes the silent cries of individuals (particularly teen suicides) for help. The psychology of suicide posited that the causes of suicidal behavior are not fully understood; suicide happens due to the complex interaction of many factors. These factors may include personality and individual differences, cognitive factors, social aspects, and negative life events (O'Connor & Nock, 2014). It is a common perspective that behind every suicide attempt is a person at the edge of his state of mind to remain in homeostasis, but this goes beyond what is not conveyed. There have been myths and facts that revolve around how society views suicide; for example, adolescents or adults who talk about suicide will never commit the act, but the fact of the matter is talking about suicide can be a plea for help as the suicide attempt progresses. Another myth about suicide is that suicide happens without warning. The survivors of suicide often say that the intention was hidden, or it is better to say that the intention was just not recognized. The data gathered on the behaviors of those who committed and attempted suicide such as *"had a drinking spree with friends; singing gospel songs; asking for parents where they are"; "healthy"; "doing his routine activity"; "normal"; "the victim was acting the way he was"; "accordingly, they said that he was a bit quiet, wake up early than usual. He cooked breakfast than he usually does"; "she wants to be alone"; "self-conscious and romantic"* seem to be manifestations of suicide that are not recognized.

The Nevada Office of Suicide prevention (2021) stated some information surrounding suicide that conforms to the data gathered for the study. Depression and self-destructive behaviors are rare in young people, but both forms of behavior are common in adolescents. However, varies in ways of manifestations from person to person. The respondents of the study at hand revealed in their transcripts of an interview that depression had been mostly the cause of suicide. Beirao et al. (2020) conformed to this and stated depression is a common mental health

disease, especially in mid to late adolescence. Another myth is that all young people with suicidal thoughts or attempts are depressed, but this may not be true. While depression is a contributory factor in most suicides, it need not be present for a person to attempt or die by suicide. In other words, there have to be various intermingling reasons for committing suicide, as mentioned by the responses of the respondents revealed that the survivors "did not submit school require"; "needed a touch screen cellphone for her online module, but her parents cannot afford to buy"; "stressed"; "preoccupied"; "the victim was previously suffering from an unknown disease." This implies that several elements frequently trigger suicidal ideation. Each suicide results from a complex dynamic and unique interplay between numerous contributing factors such as previous attempts, specific personality characteristics, and family processes combined with triggering psychosocial stressors (Bilsen, 2018). Aria et al. (2009) further agree with this claim that depression, hopelessness, low self-esteem, loneliness, student stress, academic problems, relationship, and family issues, financial concerns, adjustment to college, adverse life events, and substance abuse are among the most identified and empirically supported risk factors contributing to suicide ideation among college students.

Even though suicide studies have various and dissimilar objectives, researchers believe several elements frequently trigger suicidal ideation. Depression, hopelessness, low self-esteem, loneliness, student stress, academic problems, relationship, and family issues, financial concerns, adjustment to college, adverse life events, and substance abuse are among the most identified and empirically supported risk factors contributing to suicide ideation among college students (e.g., Arria et al., 2009; Konick & Gutierrez, 2005; Paladino & Minton, 2008).

Suicidal ideation occurs when a person is depressed and thinks about death, how to commit suicide, the consequences of suicide, and any other possibilities related to suicide or death. One out of every ten college students has had suicidal thoughts or attempted suicide during their time there (Emory University, 2015). Suicidal ideation can be a significantly associated factor in depressed individuals and one of the most urgent to address for individuals' safety. Although some suicides are not deliberate, suicidal ideation can be an essential associated factor in depressed individuals and one of the most urgent to address for individuals' safety. Feelings of hopelessness, suicidal thoughts, and being physically harmed by the physical features of depression and suicidal ideation concern an individual's capacity to attain their full potential and live a satisfying life (Comer, 2014).

#### ***4.4.2. Contained personal problems***

Online education emerged as an effective stopgap for continuing education during COVID-19- induced school closures. However, the transition to online learning might have been challenging for some students for varying reasons (Kadse et al., 2022). Students go through a transitional phase as they have to the different pressures of distance learning, followed by traditional or face-to-face learning once they are back in school (Neal, 2020 as cited in Windarwati et al., 2022).

Although online education has helped millions of children continue learning during the COVID-19 pandemic, it underscores the important challenges experienced by students frequently reported associated with student suicides, the inability to access online education, which indicated unequal learning opportunities. As presented by Khadse et al. (2022), a recent National Council of Educational Research and Training (NCERT) survey reported that students lack smartphones and laptops to study online. The lack of smartphones to study online is one of the factors that hamper students from complying with their online activities and attending their classes. The respondents proved this in their statements.

*“She told one of her friends that she needed a touch screen cellphone for her online module, but her parents cannot afford to buy it.”*

Another statement of the respondents below shows a contained problem encountered by some students before the suicide.

*“Didn't submit some important requirements of the subjects I handled.”*

It proves that some students could not submit their academic requirements due to the lack of smartphones used in submitting their activities and attending online classes. Further, the opportunity of students to learn was deprived. Their failure to perform the requirements given by their teachers cannot be achieved on the specific time and date, causing them to be pressured and feel wrong about themselves, which leads them to the idea of committing suicide. Affirmed in the study of Khadse et al. (2022) that the second most frequent reason underlying student suicide was an inability to cope with online education. Also, the issues related to connectivity and unavailability of smartphones, televisions, and other gadgets add to students' mental imbalance and well-being (Bisht et al., 2020).

Suicide occurs when individuals have some problems that they cannot solve because of a lack of family support. The causal factors related to one another caused the suicidal behavior.

One of the most effective suicide prevention strategies is educating the community on how to identify suicidal signs and increase social support (Nurtanti et al., 2020).

#### ***4.2.3. Promised but not fulfilled due to poverty***

Socioeconomically weaker sections of society, especially in rural areas, have lesser utilization of digital technology, which might also be reflected in online education (Khadse et al., 2022). Students are very hard to purchase smartphones for their studies due to the poor economic situation of their parents. In one of the COVID-19 suicide cases, it was reported that financial problems caused by the national lockdown are the most prominent risk factor, followed by fear of COVID-19 infection (Bhuiyan et al. 2020; Mamun and Griffiths 2020, as cited in Mamun et al., 2020).

Results showed that some parents of victims of suicide could not afford to buy new cellphones because of financial constraints due to poverty. They advised their teens to buy it later, but it has not happened. This creates pressure on the victim's part to commit suicide due to failure or non-compliance with school requirements. The inability of the parents to produce such gadgets as smartphones cause the victim to end his life.

*"Her mother promised to buy her a touch screen cellphone; however, time passed and never fulfilled due to poverty."*

Suicide is a personal way to end one's life. Some risk factors for suicide include instability of socioeconomic conditions, poverty, unemployment, and orientations of individualism and collectivism. Moreover, poverty, high unemployment rates, and low health status are risk factors that can lead to suicide cases. The characteristics contributing to suicide attempts were male gender, age (adolescence and old age), lack of religious activities, introverted nature, low economic status, chronic diseases, unemployment, and a history of family members with suicide attempts (Nurtanti et al., 2020).

#### ***4.3. Common Form of Suicide***

Hanging was the most common suicide method accounting for suicide cases (Manzar et al., 2021). It is one of the most commonly used methods for suicide in both sexes worldwide. Hanging was adopted or contemplated for two main reasons: the anticipated nature of death from hanging; and accessibility.

Results revealed that hanging is the most common method used by victims who committed suicide due to its availability and easiest method to perform through strangulation.

Victims easily hung themselves and were strangulated with rope and electrical cord. Out of 8 respondents, 6 answered that victims of suicide used hanging in committing suicide.

*“Hanging by using an extension cord.”*

*“Strangulation by hanging herself.”*

Those favoring hanging anticipated a certain, rapid, and painless death with little awareness of dying. They believed it was a 'clean' method that would not damage the body or leave harrowing images for others. The victims easily accessed hanging materials, and respondents considered it 'simple' to perform without planning or technical knowledge. Hanging was thus seen as the 'quickest' and 'easiest' method with few barriers to completion and sometimes adopted despite not being a first choice (Biddle et al., 2010).

The accessibility in their homes and its easy use aids them in committing suicide quickly without attracting the attention of their family members during the commission of suicide. Previous studies support that some authors indicated that males more frequently use highly lethal methods of suicide, such as hanging or firearms, than females (Ilic & Ilic, 2022).

## **5. Conclusion**

Teen suicide can be prevented by giving importance to and acting upon family members' unseen images of suicide. Maintaining closer relationships and knowing the problems of their teens are the role of parents and family members to perform. The provision of school needs of teens to continue their studies must be fulfilled by parents. Their teens should understand its provision that it must be given based on financial capacity at a specific time. Lastly, saving the lives of teens attempting suicide and its prevention is the role not only given to families but also to the whole community.

In the light of the findings and conclusions of this study, the study recommends the following to address the causes of teen suicide in one province in Cordillera:

- Parents with teens must be oriented to be aware of the warning signs of suicide in the form of symposiums or seminars in the community, including their role in the provision of their children's school needs.
- Parents and family members should inquire about the situation and problems of their teens to help them address them.
- Parents should be responsible enough to provide for the school needs of their teens.

- Teens must attend a symposium or seminar on mental health to help them become resilient to the challenges in their studies.
- Schools must organize a program on mental health for teens through their guidance counsellor to activate its implementation.

In the light of the findings, this study proposes an intervention program dubbed as “Psychosocial Intervention Program for Teen Suicide.” In the prevention of such acts, the family, along with government authorities such as the PNP and the DSWD, work hand in hand in helping individuals who are at the brink of their mental states to consider designing a psychosocial intervention geared toward this goal to incorporate activities that promotes prosocial behaviors and rekindling essential information on the unseen image of suicide.

Objectives	Activities	Persons Involved	Duration	Learning Outcome
To inform the community of the prevalence and the psychology of suicide	Information Drive utilizes flyers, lectures on the topic	PNP DSWD	It can be done once a month	An informed community will immerse themselves, making a community a safe place.
To inculcate prosocial behaviors and cohesiveness within the family	Family day is a form of socialization in the barangay  Sensitivity activity on "roots and wings of my personhood."	DSWD/Social workers Barangay Council The Family	It can be done after every 2 months.	Revitalizing the basic unit of society can be beneficial in deviating suicidal ideations.
To recognize one's strengths and weaknesses.	Seminar/Workshop on Personality Enhancement/Personality Assessment/Reorientation of values	DSWD/Social workers/Psychologist; The family	Can be conducted twice a year	Knowing oneself makes a high probability of understanding and coping with pent-up emotions.  Distinguishing one's moral values is a springboard to understanding the essence of life.
Follow-up	Follow-up	DSWD The Family	It can be conducted once every 2 months	Follow-ups are important to evaluate the program's effectiveness and learn better ways of sustaining the helping program.

Psychosocial intervention refers to an individual's psychological development and interaction with his social environment, including case counseling, seminars, and motivational enhancement. Non-pharmacological interventions include psychological and educational

components such as relaxation training, cognitive and behavioral coping strategies, information sessions, and group social support (National Cancer Institute, nd). The intervention selection is guided by the nature of the problem, the orientation of the lecturer/speaker/social worker/therapist, the setting, and the willingness and ability of the client to undergo coping strategies/treatment (Juan & Bollecer, 2019). Thus, psychosocial intervention is designed to reduce psychological distress and maladaptive behavior and to increase adaptive behavior, typically through counseling, support, interaction, or instruction.

The Psychosocial intervention is based on the result of the transcribed responses of the respondents with emerging and core themes derived as "*nakatagong emosyon*" (*hidden emotions*) to describe the unseen image of suicide, specifically the overt and covert manifestations of suicide, also is "*pagtulong*" (Helping) illustrating a psychosocial intervention as an important component for helping both the family and the community to understand their role in preventing suicide fully.

It was mentioned in the gathered data that those who committed suicide show a healthy disposition, which appears to be normal since everyday routine is evident; however, there are unspoken silent cries for help that these adolescents cannot talk about; hence they become anxious, depressed, stressed but still show some ways of coping by singing gospel songs and drinking spree with friends. A family's biggest gift is to spend time together despite a busy schedule. Sharing quality time not only strengthens and builds family ties but also brings a sense of belonging and a sense of security to the whole family. Enjoying activities together benefits children by learning important social skills and fostering higher self-esteem. Strong family ties also encourage better behavior for children, improve academic performance and enhance parent-child communication (Witmer, 2020).

As part of the psychosocial intervention program are information drives regarding suicide: team building, re-orientating values, and personality enhancement are believed to promote prosocial behaviors. These are included in the program, for it is well known that most young people will not actively seek help from professionals, parents, teachers, and often not even from their peers (Howard, 2006 cited by Wasserman et al., 2012). This notion is based on a pilot study conducted by the World Psychiatric Association (WPA) in 2002 to raise knowledge and awareness about mental health in young people. The assumption was that useful information would enable communication concerning mental health without raising unrealistic expectations about generally unavailable professional help. The results showed that it was possible to change

attitudes, including those about suicide, by influencing the behavioral responses of the pupils and parents (Hoven, 2009).

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