

Predictors of Suicide Attempt among Young Filipino Suicide Ideators

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Mark Anthony Mujer Quintos
Far Eastern University, Manila, Philippines
mmquintos@up.edu.ph

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Abstract - The prominence of mental health advocacies in mainstream media and public discourse in recent years brings to fore the social problem of suicide in the Philippines, necessitating an attempt to bring a greater understanding of suicide to the discussion. This study made use of a nationally-representative sample of Filipino youth with ages ranging from 15 to 27 to determine the individual- and community-level factors that predict the risk of engaging in a suicide attempt among Filipino young suicide ideators. Data were analyzed using binary logistic regression as the main statistical instrument, and a composite theoretical framework borne from Hirschi's Social Bonds Theory of Deviance and Agnew's Social Strain theory of Deviance served as the theoretical framework that guided the study. The study found ten different variables to be significantly predictive of suicide attempt among suicide ideators at 95% level of confidence. Most notable of these ten predictors are (1) relationship with one's father, (2) exposure to other suicidal individuals, and (3) counselling. The implications of these findings to the current Philippine response to the social problem of suicide are discussed in the study.

Keywords: Suicide, Filipino, Youth, Suicide Ideation, Suicide Attempt, Self-harm

INTRODUCTION

The importance of mental health as an issue for Philippine public discourse has recently become salient because of the passage of Republic Act 11036 or the National Mental Health Act. The aforesaid law is expected to secure the rights and welfare of persons with mental health needs and mental health professionals; provide mental health services down to the barangays; integrate psychiatric, psychosocial, and neurologic services in regional, provincial, and tertiary hospitals; improve mental healthcare facilities; and promote mental health education in schools and workplaces [1]. A bill more particular to suicide rather than mental health in general was filed during in 2016 Senate Bill No. 1163: Youth Suicide Prevention Act and is currently pending in the legislature [2]. The recent years have also borne witness to efforts of various groups to emphasize the importance of mental health for the holistic welfare of individuals. This includes the Philippine Psychiatric Association's National Suicide Prevention Week (NSPW) 2015, the online campaign #MentalHealthPH, and the Philippine Health Week every second week of October pursuant to Presidential Decree No. 1563 signed in 1994 [3].

One of the specific social problems under the umbrella of mental health issues is suicide. Suicide, or deliberate self-harm, is a problem both on the global and national scale. In the global scenario, it was estimated that 800,000 deaths worldwide were due to suicide every year [4] a conservative estimate that has yet to count deaths which are not reported to be due to suicide either because of the stigma behind the act or due to unreliable death registration processes of countries [5]. To accentuate the gravity of suicide as a social problem, it was reported that a suicide is committed every 40 seconds globally [6]. By 2015, the World Health Organization [7] reported that suicide has become the 17th leading cause of death worldwide, and the 2nd leading cause of death among the 15-29 years old subpopulation. In terms of spatial distribution, it was also reported that 78% of suicides occurred in low- and middle-income countries. Though suicide is often regarded as a Western phenomenon, perhaps owing to the typical appreciation of suicide as primarily situated in individualist societies, it has been found that Asia accounts for 60% of the global incidences of suicide [8]. In the Philippines, the cause-specific death rate for suicide has experienced an increase. In 2000, 2.6 Filipinos per 100,000 members of the population died

of suicide. This increased to 2.9 in 2005, 3.8 in 2010, and 3.4 in 2015 [9]. The Department of Health (DOH) also reported that suicide is the 9th leading cause of death among 20-24 years old Filipinos, and accounted for 34% of all deaths among the 10-24 years old subpopulation during 2003 [10].

Suicidology in the Philippines

There are very few studies on suicide made in, and for, the Philippines, though recent years have borne witness to the growing consciousness of people towards the need for more suicide research [11]. Perhaps the most famous empirical venture into the social issue is that of Redaniel, Lebanan-Dalida, and Gunnell [12]. A 23 time-trend analysis of suicide rates in the Philippines from 1974-2005. Using data from the Philippine Health Statistics, the study was able to look into the increase in suicide rates over time. According to the study, male suicide rate has increased from 0.23 per 100,000 members of the population in 1984 to 3.59 in 2005. Similarly, female suicide rate has increased from 0.12 to 1.09. The two sexes reportedly differ in terms of peak prevalence of suicide, with suicide being most prevalent between ages 15-24 among females, and equally prevalent among all age groups among males. These suicides were most often effected through shooting and ingestion of dangerous substances.

Asid [13] and Manalastas [14] contributed two different studies on suicide. His first research on the social issue dwelled on how homosexuality is associated with higher suicide risk among the Filipino youth [13]. The second study, which focused on young Filipinas, also found a significant connection between sexual minority and suicide risk [14]. Reyes et al. [15] also dabbled with suicide risk among homosexuals. They found that those who perceive that the majority of society hold a negative opinion of themselves because of their homosexuality, and those who have a negative opinion of themselves because of their homosexuality have higher risks of suicide. Sta. Maria et al. [16] conducted a study involving 2,450 university students and found that 25% of their sample were suicide ideators. Furthermore, they found that these suicide ideators are often those who are distant from their family relationship and those who are not close to their parents and peers. In their own study of Filipino youth adults, Francisco and Cuason [17] were able to observe the importance of family mealtimes as a significant deterrent against suicide. Finally, Lie and Liou [18] observed the greater prevalence of suicide ideation

among Filipino high school students compared to their Indonesian counterparts, though more of Indonesian suicide ideators eventually translate their suicidal thoughts into plans for suicide. Furthermore, the authors were able to show the importance of psychosocial factors in deterring suicide.

This study serves as one of the efforts to put mental health in the spotlight and understand its intricacies better. In previous studies conducted by the author on the topic, it was found that roughly one in every ten Filipino youth aged 15 to 27 have thought of ending their life through suicide. However, only around one in every twenty pushes through with an actual suicide attempt. Among those who attempt to commit suicide, the most frequent reason attributed to were problems in the family. These suicide attempters most often utilize a violent method of suicide in the form of slashing of wrist(s) or the non-violent method of ingesting poisonous substances. However, overall, the use of violent methods is more prevalent [19]. In addition to that, it was found that loss or change in religion, family- and peer-mediated religious involvement, and specific religious beliefs, rather than having a religion in itself, are significant correlates of suicide risk, with the first variable being positively related to suicide, and the second and third variable being negatively related to suicide [20]. It was also found that youth suicide in the Philippines should give significant attention to the following issues: (1) the value of strong family relationships especially between parents and child, (2) the danger of deviant and risky lifestyles, (3) the danger of access to guidance counselors, and (4) the danger of having suicidal peers [21]. The aforesaid factors are the protective and risk factors among Filipinos who consider ending their life, or what are called suicide ideators. In this study, the author endeavored to contribute more to the understanding of suicide in the country by trying to determine what pushes these suicide ideators into taking the next step and attempting to actually commit suicide.

Theoretical Framework

The composite theoretical framework originally proposed by the author [22] guided the process of appreciation of facts in this study. This framework is a synthetic theory born from the ideas of Travis Hirschi's Social Bonds theory [23] and Robert Agnew's Strain Theory [24] fashioned as a push-pull type of

theoretical model. Though both of the aforesaid theories were not originally designed to tackle the issue of suicide but rather of criminal behavior, the author saw the merits of both in engaging with the similarly deviant behavior of self-harm.

The elements of social bond (i.e. attachment to other members of society, belief in normative values, commitment to traditional actions and goals, and involvement in traditional activities) generally serve as the factors that pull people away from suicide. Meanwhile, the elements of strain (i.e. failure to achieve positively-valued goals, removal of positively-valued stimuli, confrontation with negative stimuli) as well as an additional factor of the psychological element of depression which is an oft-associated factor to suicide generally serve as the factors that push people into suicide. All the while, this push and pull interaction of factors in the life of a person in their environment which can either bring about or exacerbate the push factors or reinforce the pull factors. The general idea of this synthetic push-pull theory is that when the push factors become strong enough to overcome the pull factors, or when the pull factors themselves are too weak, then a person will experience bouts of suicide ideation.

Should the push factors become even stronger for the pull factors to keep in check or the pull factors become too weak to pose any challenge for the push factors, then the suicide ideation progresses into actual suicide attempts. A graphical illustration of this synthetic theory is presented in Figure 1.

MATERIALS AND METHOD

Statistical analyses in the form of bivariate correlational tests and multivariate analyses were conducted on two datasets utilized in the study. These datasets are the following:

First, the individual-level data from the Young Adult Fertility and Sexuality Study 3 (YAFS 3) requested from the Demographic Research and Development Foundation (DRDF) and the University of the Philippines Population Institute (UPPI). This dataset features a nationally-representative sample of Filipino respondents with ages ranging from 15 to 27 years old. In total, the dataset boasts of a sample size of 19,728 respondents. The second dataset is the community-level data obtained from a total of 894 randomly selected barangays from the 16 political regions of the country. These community-level data were obtained through survey interviews with the barangay chairpersons of the randomly-chosen barangays or their representative. It was the hope of this research that by getting information from both the personal lives of the youth respondents and the social milieu wherewith they live, the search for the predictors of engagement with suicidal behavior would be more holistic in approach.

Though the YAFS dataset focused more on sexuality, it also dabbled with deviant behaviors of the Filipino youth, including suicide. The variable of Suicide Attempt was obtained from a question in the individual-level dataset on whether or not the respondent has attempted committing suicide before. Similar to the design of the previous study [21], the information on family and peer characteristics and relationships, experiences and attitudes toward education and work, engagement in deviant lifestyles, depression symptoms, and self-esteem were utilized as the independent variables in the study.

Initially, the plan for the analysis was to make use of all 19,728 cases in the data analysis to determine the factors that lead to suicide attempt among the Filipino youth (whereas the aforesaid study [21] focused on the factors that lead to suicide ideation among the Filipino youth). However, it became apparent in the initial analysis of the data that no case who reported positively

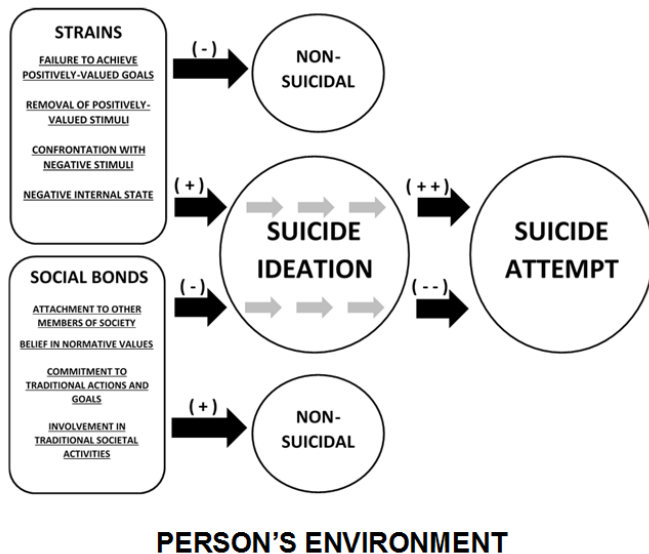


Fig. 1. Theoretical framework produced from the push-pull theory of suicide [22].

to attempting suicide has reported negatively to thinking about attempting suicide. In other words, the initial analysis has found that all suicide attempters are suicide ideators, though not all suicide ideators are suicide attempters. Hence, the author decided to focus the inquiry of the analysis into determining what factors lead Filipino youth suicide ideators to commit an actual suicide attempt. This reduced the number of cases from 19,728 to the 2671 suicide ideators in the dataset.

Given the sheer number of individual- and community-level independent variables, the study first went through bivariate analyses to filter out those variables which are not significantly correlated with suicide attempts. Only those which were flagged as significant at 95% level of confidence were considered for inclusion in the subsequent multivariate analysis. The multivariate analysis utilized for the study was Binary logistic regression. Similar to the previous study, Binary logistic regression was repeatedly run. In each series of binary logistic regression, variables which are found to have no significant relationship with tvjdjef!jefbupolbu 6&x fs!sf n pwfe!Cjbsz!rphjtujd regressions were run until a final model where all wbsjbc rft! sfubjofe! u f js! t jho jgdbodf! bu 6& x bt! obtained.

RESULTS AND DISCUSSION

The first thing that was found in the study is that all suicide attempters also reported contemplating about committing suicide. The logical assumption here is that these respondents first thought about committing suicide then eventually tried to end their life through self-harm. The pertinent question on this stage of the

study, then, is what are the factors involved in increasing or decreasing the chances that suicide ideators will put their suicidal thoughts into actual suicide attempts? Table 1 shows the individual- and community-level variables that proved to be significant predictors (95% level of confidence) of a suicide jefbups t!fobhfn foujo!bo!bdw bnt tvjdjef! buf n qubgf! three runs of Binary logistic regression.

The results posit several implications about the Gjnq jop! zpvu! tvjdjef! jefbupst ! uoefodz! up! qspdf fe! with actual attempts at suicide. Among the factors that jdsf btf! tvjdjef! jefbups t! di bodf! pg tvjdjef! buf n qu! there is a very curious finding that was obtained. According to the regression results, having these counselors in school to confide family problems with increases the chances of actual suicide attempt amongst suicide ideators by 2.250 times. This is followed by affiliation with fraternities, sororities, or gangs. Being a member of these oftentimes-deviant group increases the chances of suicide ideators actually committing suicide by 1.866 times higher than those suicide ideators are not affiliated with such a group. The predictive capability of having an experience in being physically injured by someone during a fight comes after by a very close margin. Suicide ideators who have experienced such violent experience are 1.838 times more likely to make an actual suicide attempt than suicide ideators who have never been physically injured in a fight.

True to most lay and scientific assumptions about suicide, suicide ideators who self-reported to have sometimes felt depressed about life in general are 1.433 times more likely to make actual suicide attempts than those who have never felt depression.

Table 1. Results of Binary Logistic Regression for Suicide Attempt.

VARIABLE NAME	B	S.E.	Wald	Sig.	Exp(B)
Having a college/university in the community	-.373	.115	10.541	.001**	.688
Having a market in the community	.351	.104	11.342	.001**	1.420
Dpna!sf rhu jpoti j!x ju !pof t!gbi fs	.505	.212	6.240	.012**	1.657
Availability of a guidance counselor in school, especially for qspc rfn t!qfsubjoh!up!u f!zpvu t!gn jn	.811	.297	7.445	.006**	2.250
Cigarette consumption	.051	.011	22.515	.001**	1.052
Exposure to friends/acquaintance who attempted to commit suicide	.294	.097	9.169	.002**	1.342
Has experienced being physically injured by someone during a fight	.609	.112	29.768	.001**	1.838
Depression symptom: Depressed about life in general ("Never")	-.244	.104	5.516	.019**	.784
Depression symptom: Depressed about life in general ("Sometimes")	.360	.142	6.406	.011**	1.433
Membership in a fraternity, sorority, or gang	.624	.149	17.429	.001**	1.866

** significant at the 0.05 level

Nevertheless, it appears that social factors such as being a student, being a member of a religious group, and being a member of a community are bit stronger as a predictor, with suicide ideators who reported that their father is cold to them being 1.657 times more likely to commit suicide than those who have a warm relationship with their father. In fact, spatial or community level variables such as having a market contribute almost the same degree of threat as depression, with suicide ideators who live in communities with at least one market being 1.420 times more likely to commit suicide than those residing in communities with no market of their own. In addition to the aforementioned variables, it appears that being exposed to friends or acquaintances who have committed suicide before is dangerous for suicide ideators because it increases their chances of suicide attempt by 1.342 times as compared to those who have no such friends or acquaintances. Finally, though the influence is very minimal, there is a significant association between regular suicidal ideator smokers and actual suicide attempts, with an increase suicide attempt chances of 1.052 times higher than those who do not smoke regularly. Among the factors that have been found to be associated with lower chances of suicide attempt for

suicide ideators, on the other hand, the regression results show that suicide ideators who live in a community with a college or a university are 0.312 times less likely to commit suicide than those who live in communities with no such feature, just as suicide ideators who have never been depressed before are 0.216 times less likely to commit suicide than those who have been depressed before.

In the framework used in the study, it is assumed that the suicide attempts among the Filipino youth occurs as a progression from mere suicide ideation when the strains become stronger while the social bonds become weaker. In order to determine if this is indeed the case, it is prudent to make a cross-comparison of the significant covariates of suicide ideation and suicide attempts. A tabular summary of these significant covariates is provided in Table 2. The variables in Table 2 are arranged in the manner by which this study assumes the variables are related. Some variables in the list of significant covariates of suicide ideation will have a corresponding related variable in the list of significant covariates of suicide attempt. Those variables with no related variable are left blank on the side of the suicide attempt column.

Table 2. List of significant covariates of suicide ideation and suicide attempt compared.

SUICIDE IDEATION [21]	SUICIDE ATTEMPT
!Gsr vfou!pddvssfodf!pgobwbsbndbrbn jujf t	
!Fyqfsjfodf!pgcfjoh!jo!bsfi bc jnj!bujpo!qsphsbn !evf!up! problems of prohibited drug use	
!Qfsdfqjpo!u!bdqspi jc ju!e!esvht!jt!i bsn gv!up!i fbmi	
!Fyqfsjfodf!pgcfjoh!u!sfbufofe!cz!tpn fpof	!Fyqfsjfodf!pgcfjoh!qi zt jdbm! jkvsfe!cz!tpn fpof! during a fight.
!Fyqfsjfodf!pgi bwjoh!bgjfoe!ps!bo!bdr vbjoubodf!x i pl! bt! attempted to commit suicide at least once	!Fyqfsjfodf!pgi bwjoh!bgjfoe!ps!bo!bdr vbjoubodf!x i pl! has attempted suicide before
!B!i jhi!ovn cfs!pgspn bouj!sf rhujpoti jqt!u!f!qfstpoli bt! ever had	
!Nfn cfsti jq!jo!bebodf!u!fbufs!ps!t johjoh!hspvq	!Nfn cfsti jq!jo!bgbsojuz!sorority, or gang
!Qfsn jtt jwof!tt!pgqbsfou	
!Fyqfsjfodf!pgi bwjoh!fwfs!tn pl fe	!Bwfsbhf!ovn cfs!pgdjhsfuf!t!dpotvn fe
!Tvc tds jqujpo!up!opsn bujw!cf njf g!bc pvlu f!wbmf!pg njf	
!Qbsfoubt!vqpsu!fyqfsjfodf!pgi bwjoh!fopvhi !tdi ppth allowance as a student	!Dprn!sf rhujpoti jq!x ju!pof t!gbu fs
!Bwbjrhc jnjuz!pg!bhv je bodf!dpvotf rps!jo!tdi pprn!ftqf djbm! gps!qspc rfn !t!qfsubjo joh!up!u!f!zpvu !t!gn jrn	!Bwbjrhc jnjuz!pg!bhv je bodf!dpvotf rps!jo!tdi pprn! ftqf djbm!gps!qspc rfn !t!qfsubjo joh!up!u!f!zpvu !t!family
!Mfohu!pgujn fl!u!btu f!zpvu !i bt!njwfe!jo!u!f!dprn n vojuz	
!Bctfodf!pgtzn qupn !t!pgefqsftt jpo	!Qsftfodf!ps!bc tfodf!pgefqsftt jpo!tzn qupn t
!Cf joh!n brfi	
!Esjol t!cfdbvtf!pgqspc rfn t	
!Mjwjuh!jo!bdpn n vojuz!x i fsf!u!f!n bkps!fdpo pn jdl bdujwuz! is trade	!Mjwjuh!jo!bdpn n vojuz!x ju !jt!px o!n bsl fu
	!Mjwjuh!jo!bdpn n vojuz!x ju !bdprfihf!ps!vo jwfst juz

It was found in the regression model for suicide ideation that an experience of having ever smoked despite not being a regular smoker is significant enough. It appears that at the suicide attempt level, what is necessary is to increase the odds of the youth attempting suicide is being a regular smoker, with an increase in the average number of cigarettes consumed increasing the odds of suicide attempt in the youth. It is unclear why this is the case. In a meta-analysis of previous studies between smoking and suicide that involved a total of 8062 references inclusive of 63 studies with 8,063,634 participants, Poorolajal and Darvishi [25] reported that scholarly investigations on the matter generally point to a significant relationship between the two variables. The meta-analysis, however, was unable to provide a definite theoretical rationale to explain the significant relationship. Their review, as well as that of Hughes [26], posit different theories to make sense of the smoking and suicide connection:

First, it is possible that smoking is non-causal marker. In other words, smoking in itself has no relationship with suicide but is, instead, correlated with factors such as lower income, lower education, unemployment, lack of marital relationship, and irreligiosity. Another explanation posited in the literature that suggests a non-causal smoking-suicide connection is that suicide and smoking are both related to psychological disorders and high-risk behaviors such as depression, sexual and physical abuse as well as substance and alcohol abuse. That physical abuse and depression were also found to be significantly associated with suicide in this study may lend support to this line of thinking. Another explanation found in Suicidology literature is founded on the biological effects of smoking. In particular, it has been suggested that the smoking-suicide connection is due to the resultant decrease in serotonin and monoamine oxidase levels brought about by smoking towards suicidal thought and behavior. Finally, it has been considered that smoking can cause painful and debilitating conditions that might lead to suicide. From the need to smoke regularly is, in itself, indicative of a deeper problem. The youth might be using smoking, and its drugs, as a coping mechanism to cope with other stressors in their life.

Compared to how being a member of a dance, theater, or singing group can increase the odds of

suicide ideation as found in the preceding study, it was found that being a member of a fraternity, sorority, or gang can increase the odds of suicide attempt among the Filipino youth. It must be noted, however, that unlike the unexpected finding regarding the dance, theater, or singing groups for suicide ideation, the impact of being a member of a fraternity, sorority, or gang on suicide attempt is within the expected frequent status as deviant groups. Previous studies on association with deviant groups has a significant relationship with suicide. In fact, given these deviant groups similar nature, it is possible that this is where the youth gets the actual physical injury which was earlier found to be contributory to their odds of attempting suicide. This brings to mind one of the ideas of the Interpersonal Theory of Suicide [28] capability to engage in suicidal behavior. This aforesaid capability is supposedly produced by repeated exposure to physically painful or fear-inducing experiences. Hence, those who are members of such deviant groups, where physical injuries become part of the norm, could be more capable of suicide because they have less aversion to pain than the average person, and pain is often part and parcel of the suicide process. Previous empirical studies support this connection between violence and injury (where the person is either the perpetrator, the victim, or both) and suicide risk [29]-[31].

The danger of being associated with deviant peers is further pronounced by the fact that the experience of having a friend or an acquaintance who has attempted suicide before remains a significant predictor even at the suicide attempt level—a finding also supported by previous empirical studies [32]-[35]. This makes a stronger case for the argument that this exposure to suicide is not only a mere stressor for the youth but also a source of idea, or a model, for what they can opt to do with their own lives.

In an earlier study by the author [19] involving the same set of respondents, it was found that problems with the family is the most prevalent reason given. The results of the regression analysis for suicide attempts give reason to assume that these reported relationships or cold, relationship with his or her father. Out of all the family variables tested in the study, it is the relationship with the father that proved significant. This

might be fitting given the patriarchal culture of the Q. In fact, the previous finding in the regression results for suicide ideation: having enough school allowance, was interpreted earlier as a possible This may be given more credence now, given that the father as the oft breadwinner of the family must be the source of the school allowance. Looking back at the existing related literature would show that this finding is in agreement with Campos et al. [36], Pina-Watson et al. [37], and Baiocco et al. [38]. Furthermore, the salience of the father-child relationship is in support of other findings that stressed the important of a healthy relationship with the father such as Harper [39], Carlson [40], Jensen [41], Ellis et al. [42], Bronte-Tinkew and Moore [43], and Cooksey and Fondell [44].

A very interesting and surprising part of the regression results for suicide attempt is the change in direction of the contribution of having a guidance counselor with whom the youth can confide problems with in school, especially those which involves issues regarding the family. At the suicide ideation level, this variable was found to be a significant factor that makes suicide ideation less likely. However, at the suicide attempt level, it has shifted direction and has now become one of the sources of strain for the youth. What could be the explanation behind this turn? It is possible that this suggests that Filipino youth who have problems with their families, perhaps to the point of suicide ideation, initially try to consult guidance counselors at school to seek help, perhaps seeing guidance counselors as substitute parental figures. The family problem, as it turns out, is probably related to However, the impact of this consultation is not always leaning towards the desired outcome. In some cases, the youth is dissatisfied with the results of their conversation and his or her stress increases due to the feeling that not even the guidance counselor at school can help them. Now at a loss for a figure of authority that can help them cope with their problems at home, the strain felt by the youth increases even further which leads to even greater propensity for suicide. This is not to say that the presence of guidance counselors is, in itself, aversive.

A review of related literature would suggest that this surprising problem could be explained in three, non-mutually exclusive ways:

It has been widely accepted that counselling is an effective factor against suicide. While there is a wealth of articles which would suggest and provide evidence that counselling is indeed effective in helping those who are experiencing psychological distress which may eventually lead to suicide, it was also observed that the form of counselling is necessary to look into when establishing the counselling-suicide connection. Opposite to the expected outcome of lower chances suicide among people who have undergone counselling, it was found that when the form of counselling is influenced by religious dogma, the effect is not always positive against suicide. In particular, when religious forms of counselling as applied to members of the LGBT, counselling becomes counterproductive. Instead of acting as a deterrent against suicide, it has been found that the said form of counselling is influenced by religious dogma, the effect is not always positive against suicide. In particular, when religious forms of counselling as applied to members of the LGBT, counselling becomes counterproductive. Instead of acting as a deterrent against suicide, it has been found that the said form of counselling were significantly more likely to commit suicide. This paints a grim possibility for the Philippines where people often tend to exhibit the embeddedness of religious beliefs even in their professional lives without sanction, especially when counselors are often hired by sectarian educational institutions or public schools that are lenient towards attending training for student counselling for a non-sectarian school, the author observed that the use of religious teachings was being utilized in the examples of how to counsel the students. Furthermore, when the author decided to share the results of this study to his students, several of the students shared their own experiences of undergoing counselling, and how this has become counterproductive for them. These experiences include being told by a counsellor that the reason why the student is having problems and feeling depressed is because the student does not go to church, and other similar responses from counsellors that suggest religious morality as the end-all solution for problems faced by their clients. According to the students who shared their unfortunate experiences with these counselors, the experience has discouraged them, and students they know who are suffering from similar problems, from seeking further professional help.

On the other hand, it could also be because the counsellors during the time of the survey used for this

study did not have adequate training for suicidal cases despite being competent in dealing with problematic students in general. According to Dr. Granello, a professor of counselling education and member of the American Counselling Association, counselors are not always properly trained to tackle an issue as serious as suicide. According to her, a typical amount of counselor education training for suicide prevention and intervention amounts to only an hour or less [46]. This time is not adequate to properly prepare counsellors to intervene in students who are distressed enough to the point of suicide. Dr. Christine Moutier, the chief medical officer at the American Foundation for Suicide Prevention, described counselor training on suicide as "where no one has yet to take the lead in tackling in the most strategic way" [47]. In fact, suicide prevention and intervention is always a required element in counselor education, making matters worse. In a study conducted by King et al. [48], they found out that out of all the figures of authority in a school, students are most comfortable opening up about their problems to school counselors. However, only two out of every three counselors are adequately knowledgeable in identifying warning signs of suicide, only one in two have training in dealing with suicidal cases, and only one in every five work in schools who have a suicide prevention and intervention program [49].

In the Philippine setting, the roots of counselling owe its roots to several influences, including the United States. While schools may have counsellors, it was only in 2004 that the practice of guidance and counselling was professionalized with Republic Act 9258 entitled, "The Practice of Guidance and Counseling and Creating for this purpose a professional regulatory board of guidance and counseling." This may imply that though some schools prior to 2004 may have guidance counselors, the competencies of these counselors have only been standardized only recently. Furthermore, it was only in 2013 that House Bill 3186, "The Requirement for Schools to Employ at least one licensed psychologist in every school," was passed.

Finally, another cause of concern is the possibility that counsellors are not adequately equipped and empowered to combat a problem as serious as suicide. There is a huge disparity in the student-counsellor ratio

that counsellors, despite their best efforts, are unable to keep up with the huge demand of students and effectiveness is sacrificed in the process. While the following information are not based in the Philippines, the following observations may potentially hold true for the country given its tendency to use Western policies as models for its own. In the case of Chicago Public Schools, it was observed that while suicide is on the rise among its students, the guidance counselors available in the school do not have enough time to attend to all students without sacrificing their effectiveness given the overwhelming ratio of one counselor to around 500 in some schools, or even one counselor to over a thousand students in others [49]. This problem is exacerbated by the fact that students who have problems are wary to reveal even to counselors that they are considering suicide because of the fear that they will consequently be hospitalized as abnormal and stigmatized.

Further studies need to be done regarding the connection of counselling and suicide in the Philippines in order to truly ascertain why these statistical results were obtained, though the insights of the aforesaid related literature should already be kept in mind when developing contingency measures against suicide in the country.

Similar to the case in suicide ideation, the absence of symptoms of depression in the youth lessens their odds for suicide attempts while the presence of symptoms of depression increase their chances for suicide attempts. It was also found in the regression analysis for suicide ideation that living in a community with trade as the major economic activity lessens the odds of suicide. However, when it comes to the regression results of suicide attempt, it was found that living in a community with its own market increases the odds of suicide attempts. It is unclear why this is the case and further studies on Filipino suicide would be prudent to look into this particular relationship.

Finally, it was found in this study that living in a community which has its own college or university lessens the odds of suicide attempt among the youth. It is unclear why this is the case, though previous studies in tolerance often describe university belts as the areas with the most positive, tolerant, and welcoming climate in a community. It was found that even in countries or geographical locations that are highly intolerant, the university belts retain a relatively high level of positivity. The deterring powers of this variable may be because of this welcoming climate, or it could be the fact that colleges and universities are full of fellow

youth with whom the suicidal ideator can mingle with and seek support from by forming new social bonds as

CONCLUSION AND RECOMMENDATION

Similar to the conclusion raised in one of the previous studies on suicide [21], the theoretical framework utilized in this study may benefit from further revisions. Following the framework, it was found that suicide ideation and suicide attempts are a by-product of the interplay between the strength of the stressors or strains that beset the youth and the strength of the social bonds that protect the youth from suicide ideation and attempts. What makes the youth proceed from mere suicide ideation to actual suicide attempts is the severity of the strains that increases their tendency towards suicidal behavior and the inability of the social bonds they possess to keep the threat of suicide in check. However, there are also some patterns which were salient in the results of the study that the proposed framework was unable to account for. In particular, the element of attachment to other members of society. As raised in the previous study, the original framework failed to account for the possibility that the significant others are also deviants. Those whose attachments are with other norm-conforming members of society may have a lower chance of suicide as compared to those whose attachments are with family and peers who, by these are attachments formed with deviant peers in fraternities, sororities, and/or gangs as well as attachments with other people who have committed suicide before. Nevertheless, the general appreciation of the theoretical framework that suicide is a result of an interplay akin to a tug-o-war between social bonds preventing suicide and social strains pushing a person into suicide is still supported by the findings of the study.

Of greater necessity to discuss, however, are three points which became salient in the study. These are the (a) family relationship and suicide, (b) training and empowerment of counselors, and (c) potential disadvantage of untrained suicide support groups.

A. *Fatherhood and suicide*

The importance of family-related variables in predicting suicide has been a recurring finding in the previous studies [19]-[21]. The findings in this study, however, pointed out that when it comes to actual engagement in suicide attempts, the important family variable is

with his or her father. What could be the implications of this finding? One way to interpret this is that the participation of fathers in the family activities, be it in mundane bonding activities or in the whole process of child-rearing, is essential for the upbringing of well-adjusted children. This is an interesting point to explore further in future studies especially in light of prevailing discourse in the United States on the impact of fatherlessness as a predisposing factor to school shootings. This is connected to the discourse on suicide as well because, historically-speaking, suicide and homicide cases such as school shootings are considered in some sociological theories of suicide as two sides of the same coin: aggression, with suicide being its inward manifestation and homicide being its outward counterpart.

Another thing to take note of when it comes to the previous studies [19] that the biggest group of suicide ideators and suicide attempters among the Filipino youth are those who are members of the LGBT. Their non-socializing agent of heteronormativity, could be the reason both of their weakened social bonds with each other and their suicide attempt. The fact that the aforementioned study also highlighted the fact that the most common reason for suicide attempts is due to family reasons lends greater credence to this line of thinking. Future studies are advised to look into this hypothesis.

B. *Training, secularization, and empowerment of counselors*

Perhaps the most surprising finding in this study is the connection found between counselling and suicide attempts is the deviation from the widely accepted assumption that counselling would be a preventive factor against suicide. While the quantitative design of this study renders it ill-equipped to ascertain why the counselling was found to be predisposing to suicide observations during the time he was tasked in his former university as a faculty-student relations officer essentially a faculty tasked to serve as counselor for college students to help the actual guidance counselors lessen the workload (the ratio of guidance counselors roughly 5:15000 in 2014) by dealing with the students with less serious problems and the experiences shared

to him by his students, as well as the extant literature on the matter may offer some valuable insights.

As suggested in the literature and based on the *bvui ps t! pctfswbujpot! jo! i jt! gpsn fs! vojwstjuz! u! f!* gargantuan disparity between the number of available counselors and the number of people in need of their assistance. According to a report [50], the country only has 450 psychiatrists even though the number of depressed Filipinos is estimated by WHO to amount to 4.5 million, and the DOH estimates that the incidence of self-harm among Filipinos was already 1.8 per 100,000 members of the Philippine population in 2000. By 2016, the number of psychiatrists and psychiatric nurses in the country has increased to 700 and 1000 respectively, but the number of Filipinos in need of aid in mental health has ballooned to 20% of the population [51]-[52]. The end result of this disparity is the deprivation of Filipinos in need of professional help of quality counselling, be it either by total unavailability of counselling or delivery of ill-trained counselling. This disparity is very much felt in Philippine schools. In one report on the number of guidance counselors in Philippine basic education institutions as of 2017, there is a need for 46,959 guidance counselors. However, there are only 3220 registered guidance counselors in the Philippines as of 2017, leaving a need for 43,739 more [53]. As a consequence, the beleaguered person is short-changed and left unaided, leading to a greater sense of hopelessness that may eventually lead to a suicide attempt.

It is also worth noting that in recent years, the Department of Health has engaged the cooperation of a non-government organization to function as a hotline service for those with problems like depression and suicide ideation [54]-[55]. This is in line with the recent prioritization of DOH for mental health [56]. This hotline service is reportedly manned by personnel who were trained by psychiatrists and psychologists. The goal of this hotline is to serve as an accessible portal for Filipinos who are suffering from depression or suicide ideation and who are in need of counselling. However, the performance of this hotline has been met with criticism [57]. Among the complaints alleged against the hotline are that (1) it is inaccessible during non-business hours or often met with a busy tone, and that (2) the hotline operators sound apathetic or irritated when speaking with help-seekers who phone in on the hotline.

Alerted about this potential shortcoming, the author and one of his Sociology thesis advisees decided to conduct an exploratory study into the suicide hotline

in 2017 [58]. According to participants of the study who were predominantly members of the youth sector, there has been at least one incident where one of the hotline operators dropped a call on someone for crying too much while the call was ongoing. In another incident, one of the friends of the participants killed herself after the hotline did not answer her calls. Given that the sector involved were the youth who are often regarded as digital natives, the incident quickly made rounds on social media. Soon thereafter, other claims of similar experiences with the hotline sprang up in social media such as allegations of rude hotline operators, failure to answer calls, and perceived ill-trained hotline operators. The experiences resulted in the participants and many members of the youth sector like them to lose trust in the hotline and forego utilizing it.

Aside from training, it is also necessary that the embeddedness of religious dogma in counselling be avoided. Extant literature previously mentioned in this study suggests that LGBT suicide ideators become even more suicidal after undergoing counselling that is riddled with religious dogma; perhaps because the last thing that a suicidal LGBT person needs is a counselor who keeps on telling him or her that he or she is constantly living an unnatural life of sin and must therefore change his or her ways and repent. Even if the person in need of aid is not an LGBT, the use of religious dogma can be alienating for people of dissimilar belief systems. This was the case among the students who self-reported to be suffering from depression who confided their experiences to the author. *Ui f js! sftqfdujwf! dpvotf tps! dpn n fout! evsjoh! dpotvnbujpo! tvdi! bt! L bz tl! b! bhl bl bhbozbo! bz! e bi jh hindi ka nagsisimba. '!)Ui f! sftpo! x i z! u jt! jt! happening to you is because you epo uhp! up! di vsdi *, x i jdi! jt! tpn fujn ft! dpvqrfe! x ju! -! Brhn! n p! 'zboh! problema mo ay nasasa-jzp! 'zbo! obt bl vubl! n pl rboh! 'zbo',)Zpvs! qspc rfn! jt! jo! zpv! ju t! brtkvtu jo! zpvs! n joe*! ps! Boh! hboeb-ganda ng buhay mo kumpara sa iba, kaya hindi ka dapat naluluohl puzbo'!)Zpvs! life is better compared to the lives of other people, so you should have no reason to be sad) is a testament to the poor training and religious bias of counselors that serve to invalidate and alienate the sentiments of the depressed students, resulting in their aversion to seeking further help. The secularization of counselling, however, may be easier said than done when one considers that most counselors are trained, or employed, by sectarian schools wherein the training and social climate are religious in orientation.*

Finally, there is the issue of empowering counselors. One hypothesis generated from the findings of the study is that the reason why counselling was found to have a positive relationship with suicide attempts is that the suicide ideators who seek the help of counselors often arrive at the grim realization that the counselors whom they are seeking help from have little to no power to solve their problems, especially as observed in the previous study [19], their problems are usually concerning problems within the family unit. Fundamental to this lack of power of counselors could be the lack of appreciation in the Philippines of mental health and the importance of counselling [59]-[60]. As observed by the World Health Organization, "only one out of three Filipinos suffering from depression will seek the help of a specialist. The second will opt not to see a doctor and the third will go on living unaware of his/her condition" [50]. This state of mental health appreciation in the country was made more salient in a recent scandal involving Philippine noontime show host and long-time actress Gawa-Gawa lang ng mga tao iyan. Gawa nila sa sarili nila [61]. (Depression, it's just something made up. People make it up for themselves). It seems clear that there is still much to be achieved in bringing mental health issues to the appreciation of the mainstream society. Alongside an increase in the appreciation of mental health would be the empowerment of counselors to effect positive change in the lives of their stakeholders, similar to how doctors and lawyers are treated with high respect in Philippine society, hence their words are often treated with respect and followed by the people, oftentimes to the point that their opinions exert authority even in matters outside of their expertise. An increase in the recognition of counselors as the primary go-to professional for mental health in general and suicide in particular is very important especially when other groups of people are currently being regarded as equal or superior expert systems. Examples of these are various inspirational leaders of questionable credibility when it comes to mental health and suicide, and religious leaders whose appreciation of the social issue could be too dogmatic and detrimental rather than useful.

C. *Potential disadvantage of untrained suicide support groups*

The aforementioned problems with the institutional support and/or counselling has led to certain groups of people to develop their own steps to prevent the

prevalence of suicide. One notable response of the Filipino youth is to establish their own support group. One of these support groups was explored by the author and his aforesaid thesis advisee [58]. Often regarded as a collective of IT-literate youth operating through various social networking sites (SNS) with Twitter.com as their primary medium collaborated on coming up with a list of account users who volunteer to help those who are depressed and suicidal. Their formation was inspired by the death of two friends by suicide, where one tried to reach out to the hotline for help in vain. The membership of the group grew as more SNS users with similar advocacies learned of their existence.

The main idea of the TSG is that anyone who is experiencing bouts of depression and/or suicide can browse their list of volunteers who freely gave out their contact information and contact these volunteers. The volunteers, in return, will help them by being someone to talk with over the phone, or chat with online. These volunteers are often motivated by their own experiences of suicide ideation, their having friends who have thought and/or committed suicide, their friends who have died by suicide, and theirs and their own. According to the participants, when someone calls them, they make use of their own experiences dealing with suicidal ideation, the lessons they learned in school that could be useful to the issue at hand, and if they cannot handle the situation, they advise the caller to seek professional help.

Although the intention of the TSG and groups similar to it is undeniably noble in nature, the author cannot help but express concern over the ramifications of suicidal persons turning to untrained, non-professional suicide support group volunteers for help, not only for the possible consequences for the suicidal person but to the volunteers themselves. For the suicidal persons, the delicate nature of suicide intervention requires different ways to approach the problem which might be lacking, through no fault of their own, in many of the volunteers whose responses to suicide are only grounded on their own limited experiences dealing with their own suicidal tendencies or those of their friends. Their lack of training might inadvertently put the suicidal person in a more disadvantageous position, rather than being able to lend a helping hand as they intended. For the volunteers themselves who, as previously noted, are often those who have dealt or are still dealing with their own bouts of suicide ideation and suicide attempts or have friends

who are suffering, or have died, from similar circumstances, the exposure to fellow suicidal persons might be dangerous to them. Misery loves company, as the old saying goes, and as per the results of this study, suicide-related misery can be contagious. The volunteers might find that their efforts to help suicidal persons could be increasing their own predisposition to suicide.

The aforesaid insight into suicide intervention volunteer groups should not be taken as attack on such groups. It is not an implied suggestion that these kinds of groups must be prohibited or discouraged. Rather, what should be done is to tap into these groups to help in suicide intervention, but filter them first of their more suicide-predisposed members, and equip them with the necessary training to fulfill their mission more safely and effectively. Such a step would also reduce the manpower needs of institutional hotlines, reducing their needed resources primarily into just those which would be needed to give volunteers adequate training. With the expertise and resources of the state, and the passion and numbers of the concerned collective, suicide could be a time bomb effectively defused in the Philippines.

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A salute is also in order for our Congressmen and Senators who make rally behind the passage of suicide prevention laws for the country.

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