

The Reality of the Suicide Case Among Filipino Adolescents: Vital Actions for Handling Suicide as Christian Leaders and Faith Community

Mamre Buelis-Bating

Introduction

A Christian teenager left her house and began walking down the road, sadly on her way to school. While walking, she kept on thinking, asking, and battling about the worth and purpose of her life until she reached the highway. Seeing the bus coming, she wondered if it was a good time to end her life by crossing the road while the bus was approaching. At that time, she felt so overwhelmed that she could not find any reason to live. So, she decided to move her feet forward, but suddenly felt convicted. It was like she heard a voice that said, “Suicide is wrong. Do you want to go to hell? You are a child of God.” It was like a whisper that became a light to her path in the darkest moment of her life. She realized again that it was wrong to end her life that way and felt sorry to God. Moreover, as we observe what is happening in our world today, not all those who struggled and attempted to commit suicide were rescued like that Christian teenager. Suicide cases are rising. It is happening everywhere, not just outside the church but also in Christian families.

Currently, there are reports of an increase in the suicide rate of our youth in our country, and this Christian teenager is just one of them. Here in the Philippines, the suicide rate has alarmingly increased in 2019. According to the Department of Health (DOH), the suicide rate was 2.5 per 100,000 population (DOH 2022), and “close to one in five Filipino youth aged 15-24 have ever considered ending their life” (UP Population Institute 2022). Likewise, the National Alliance on Mental Illness wrote that suicide is the second leading cause of death among youth (National Alliance on Mental Illness 2023). Here in our country, we know the famous line from

our National Hero, Jose Rizal, who said, “Ang kabataan ay pag-asa ng bayan,” which in English means, “Youth is the hope of the nation.” Yet in contradiction to this, many people say negative things towards adolescents, and sometimes it is like cursing, with the result that the generation today is getting worse, hardheaded, weak, and self-centered. Thus, if the people around our youth are full of negativity, judgment, and underestimate them, how can they become hopeful when they cannot find support or hope from those around them? So, this issue must be taken seriously.

In view of these, this paper will discuss what Christian leaders and the faith community can do to prevent the suicide rate from rising. This topic will be divided into three sections: first, an overview of adolescence; second, the reality of suicide: its descriptions and causes; finally, vital actions for handling suicide as Christian leaders and the faith community. Yet, this will not include an in-depth study of different forms of suicide but focus only on what Christian leaders can do to prevent the suicide cases from rising, specifically in the lives of adolescents.

Overview of Adolescence

The United Nations Children’s Fund (UNICEF) defines “adolescent” as those aged 10-19. There are 1.2 billion adolescents worldwide today. This makes up 16 percent of the world’s population. Most adolescents are protected under the Convention on the Rights of the Child as children up to the age of 18. However, their defenselessness and needs often remain unaddressed (UNICEF Data 2019). Jack Balswick, Pamela King, and Kevin Reimer said,

Adolescence has long been viewed as a difficult stage in life.... The outward-appearing independent behavior is part of the journey toward interdependence. Because this journey is not without perils, young people need company on the way to assist and guide them as they explore the terrain of life.... With the right support and encouragement, young people will emerge as more fully capable reciprocating selves (Balswick, King, and Reimer 2005, 184).

The lifespan model of Erik Erikson has been one of the most prominent models to identify the developmental tasks of adolescence and other life

stages (Erikson 1968). In addition, Lawrence Kohlberg emphasized that during adolescence, teenagers reach a point of “moral development” characterized by respect for others rather than personal aspirations (Kohlberg 1969). UNICEF said, “Adolescence is a defining time in the development of a child that is characterized by rapid physical growth and neurological sculpting, the onset of puberty and sexual maturity. It is a critical period for individual identity development when young people are figuring out who they want to be in the world; an opportunity for growth, exploration, and creativity” (UNICEF 2018, 6). Likewise, Jean Piaget describes adolescents as entering a period of “formal operations” (Piaget 1969). Parrott said, “Physical, sexual, social, religious, and moral changes all contribute to adolescent struggle for identity and may contribute to potential complications and possible problems” (Parrott 1993, 21).

Moreover, in UNICEF research, more than half of the world’s adolescents live in Asia. Figure 1 shows the adolescent population aged 10-19 years by region.

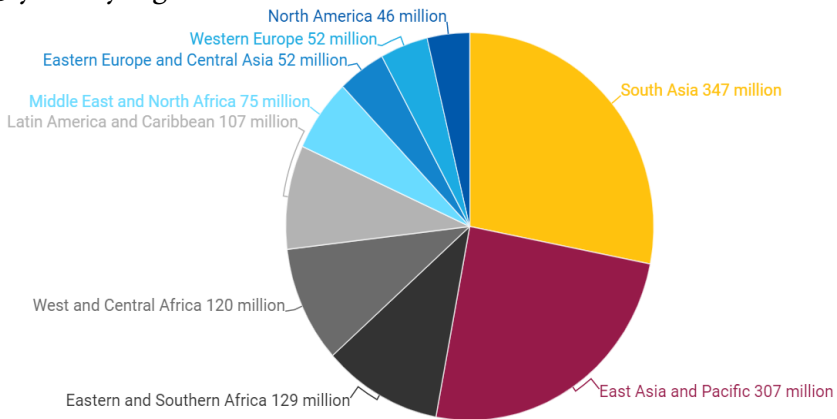


Figure 1. World Population Prospects 2019. Online Edition. Rev. 1. (UNICEF Data 2019).

UNICEF shared that,

Some 1.2 billion adolescents aged 10-19 years today make up 16 percent of the world’s population. The proportion of adolescents in the global population peaked around 1980 and is now declining almost

everywhere, a trend expected to continue through 2050. The absolute number of adolescents, however, is expected to rise during that same period. More than half of all adolescents globally live in Asia. In absolute numbers, South Asia is home to more adolescents – nearly 350 million – than any other region. East Asia and the Pacific follow with over 300 million. The adolescent population of either of these regions dwarfs that of any other region in the world. Despite this, sub-Saharan Africa is the region where adolescents make up the greatest proportion of the population, with fully 23 percent of the region’s population aged 10–19.... Neither young children nor adolescents lack the services that respond to their distinctive needs. Interventions for children often focus on younger ages; adolescents “age out” of pediatric care, for example, and are often unreached by programs for adults (UNICEF Data 2019).

According to this report, there are many adolescents worldwide, and there is a need for intervention. There is too much violence and so many struggles that adolescents experience during this stage. So, to give them a safe space to grow is vital. Parrott said that attaining a “sense of identity is the major developmental task” of youth (Parrott 1993, 15). Parrott expressed that adolescence is a phase of “stress and turmoil” for many youths (Parrott 1993, 19). Also, Jack Balswick, Pamela King, and Kevin Reimer wrote that many theorists have planned efficient ways of thinking about the developmental challenges, opportunities, and risks of adolescence (Balswick, King, and Reimer 2005, 169). During adolescence, young people need support.

The Reality of Suicide: Its Descriptions and Causes

John White said that suicide has been “described as murder, murder of the self” (White 1982, 146). For Durkheim (1979), suicide pertained to “any death which is the direct or indirect result of a positive or negative act accomplished by the victim himself” or herself (Durkheim 1979, 42). In short, it is killing oneself. Fleischmann and De Leo (2014) expressed that suicide is a “severe public health threat that claims nearly a million deaths per year worldwide, and it is also the second leading cause of death in young people who are aged between 15 and 29 years” (Fleischmann and De Leo

2014). Also, Fishman said that “since the 1950s the number of suicides among youth has tripled” (Fishman 1988).

Karl Menninger (1938) wrote that previously, suicide was barely mentioned and even researchers avoided it as a topic for research (Menninger 1938, 13). Also, White (1982) affirmed that he heard thousands of sermons, but never one on suicide. White can recall occasionally a critical remark listing suicide as one of “the evils of the society that surrounds us” (White 1982, 142). White (1982) said, “Scripture speaks little about suicide. First, King Saul, defeated in battle and fearful of the mockery and torture of his enemies, fell on the point of his own sword. Second, King Saul’s armorbearer followed suit and died beside his master (1 Samuel 31:4-6). Third, Ahithophel, David’s counselor who abandoned David only to have his counsel rejected by Absalom, went home, set his house in order, and hanged himself (2 Samuel 17:23). Fourth, Judas Iscariot, after flinging the thirty pieces of silver back on the pavement before the chief priests and elders, also hanged himself (Matthew 27:3-5). The fifth case is Samson. It is disputed as to whether it qualifies as suicide. He died when he caused the collapse of the temple the Philistines were feasting in, killing three thousand men and women along with himself” (White 1982, 142). However, “The number both of attempted and successful suicides increases year by year. It is a problem Christians have largely ignored, but one in which we should be eager to offer help” (White 1982, 148).

In addition, White (1982) wrote nine reasons for suicide and suicide attempts based on psychological literature. Among the many reasons are: (1) an attempt to atone for wrongdoing; (2) escape from an intolerable situation; (3) a vindictive wish to hurt others; (4) masochism- torture ending death, inflicted for the sexual ecstasy experienced at the point of death; (5) the wish to find peace or a better life; (6) desire to rejoin a love one; (7) an attempt to communicate to others the suicide’s feeling of depression; (8) a last-ditch attempt to manipulate or control a situation; (9) the “fun” of gambling (White 1982, 161).

Schneidman (1975) contrasts a series of “fables and facts” in his section on suicide in the *Comprehensive Textbook of Psychiatry*, shown in Table 1

below.

Table 1. Fables and Facts of Suicide (Schneidman 1975, 1774-85)

Fable	Fact
People who talk about suicide did not commit suicide	Of every 10 persons who kill themselves, 8 have given definite warning of their intentions.
Suicide happens without warning.	Studies reveal that the suicidal person gives many clues and warnings regarding his suicidal intentions.
Suicidal people are fully intent on dying.	Most suicidal people are undecided about living or dying, and they gamble with death, leaving it to others to save them. Almost no one commits suicide without letting others know how he is feeling.
Once a person is suicidal, he is suicidal forever.	Persons who wish to kill themselves are suicidal only for a limited period of time.
Improvement after a suicidal crisis means that the suicidal risk is over.	Most suicides occur about 3 months after the beginning of improvement, when the person has the energy to put his thoughts and feelings into effect.
Suicide strikes much more among the rich, or conversely almost exclusively among the poor.	Suicide is represented proportionately among all levels of society.
Suicide is inherited or runs in the family.	It is an individual pattern.

All suicidal patients are mentally ill.	Studies of hundreds of suicides notes indicate that, although the suicidal person is extremely unhappy and always perturbed, he is not necessarily ill.
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Moreover, the strong contributing factors for youth suicide and depression are the following: depression, mental disorder, high family conflict, low cohesion, spirituality, and ineffective parenting (Asarnow et al. 2009; Birmaher et al. 2000; Brent et al. 2009; Feeny et al. 2009; Ketterman 1993, 51-52; Tacey 2004, 3; Zhang and Li 2013, 790). Likewise, the suicide stigma was found to be correlated with low help-seeking intentions and behaviors, increased psychological distress, and higher suicide risk. This also contributes to under-reporting of suicide deaths, as well as reducing people's willingness to participate in suicide prevention programs (Wu et al. 2021, 1). Ketterman (1993) said, "Extremely severe depression is a vicious cycle. The individual's helplessness makes her give up" (Ketterman 1993, 214).

Furthermore, Ketterman (1993) wrote that depression in adolescence has numerous primary grounds, though its expression is similar for all of them. The "expression differs mainly according to each adolescent's temperament and the response of the adults involved with the individual" (Ketterman 1993, 54). David Tacey said that "Spirituality is a major social issue and requires immediate attention if we are to creatively respond to the spiraling outbreaks of depression, suicide, addiction, and psychological suffering" (Tacey 2004, 3). Scholars shared some specific driving forces that often force teenagers to end their lives, which are to escape, be punished, punish others, manipulate others, gain attention, be reunited with a deceased loved one, express love, and avoid being a burden (Parrott 1993, 309-311; Blackburn 1982; Olson 1984). Knowing these and making appropriate interventions are very helpful in addressing the issues and needs of young people. It is important to understand adolescents to reach out to them effectively, especially considering their vulnerabilities.

Vital Actions for Handling Suicide as a Christian Leaders and Faith Community

Christian leaders and the faith community are called to minister to worried souls, especially those who have become desperate and feel they have nowhere to go. We are the people who are transformed by God and called to reach out to more people (Matthew 28:19-20), especially those in the adolescent stage who need Christ, the author of life and the source of peace and hope. It is proven that one of the causes of those people who want or actually commit suicide is that they find no hope aside from difficulties and violence. John 8:12 says, "When Jesus spoke again to the people, he said, 'I am the light of the world. Whoever follows me will never walk in darkness, but will have the light of life'" (John 8:12, NIV). Also, in John 10:11, he says, "I am the good shepherd. The good shepherd lays down his life for the sheep" (John 10:11, NIV). The faith community will need to work hand in hand to at least decrease the rate of suicide here in our country, or even in our circles or community. Ketterman said, "Instead of fighting against the mental health profession, then, the church would do well to embrace it, offer time-proven values and wisdom, and learn how to more effectively minister to the broken lives" (Ketterman 1993, 168). So, the church needs to be knowledgeable and equipped to help our adolescents.

Les Parrott III (1993) said that adolescents who consider suicide frequently make desperate attempts to find help with what they identify as unbearable challenges. Mostly, they have been battling with difficulties and have not found any solution (Parrott 1993, 311). Balswick, King, and Reimer (2005) said it is important to have scaffolding support, "The scaffold must continue to provide guidance, values, beliefs, boundaries, and expectations. However, the scaffold at this stage needs to begin to come down, enabling the adolescent freedom to explore and experiment in order to differentiate and develop their own sense of self" (Balswick, King, and Reimer 2005, 183-184). Also, Maina, Bukusi, Njuguna, and Kumar said, "Suicide is a global epidemic which is preventable if people under distress are assessed, diagnosed, and managed in good time" (Maina et al. 2019, 87).

White shared the following approaches in coping with suicide (White 1982, 171-183): first, assessing suicidal people; second, dealing with suicidal people; third, preventing suicide. He concluded, “Christians should combat the tendency to large, impersonal churches, or at least encourage small groups capable of providing the intimate support suicidal patients need. Moreover, we Christians must stop closing our eyes to suicide” (White 1982, 183).

Conduct a Thorough Assessment for Suicide Cases

It is important to conduct a thorough assessment for suicidal cases. We cannot provide a proper solution when we do not know the root cause of the problem. White (1982) said, “However difficult it may be to predict suicide accurately, some rough attempt must be made to assess in whom the risk is gravest” (White 1982, 172). He also added that the most trustworthy sign of suicide is “what people say and how they say it” (White 1982, 173). Likewise, if we want to solve or at least lessen the rise of suicidal cases, we need to have accurate and reliable knowledge about suicide. Durkheim stated, “Once the existence of the evil is proved, its nature and its source, and we consequently know the general features of the remedy and its point of application, the important thing is not to draw up in advance a plan anticipating everything, but rather to set resolutely to work” (Durkheim 1979, 391-392). So, the church leaders and faith community need to have awareness and proper training about the reality of suicide, its cause and effect, and the preventive measures we can take as a church. We may not be experts, but at least we are knowledgeable and can offer even a little help to those who might face the same issue.

Moreover, Balswick, King, and Reimer (2005) shared that information-processing skills (topic-specific thinking and problem solving), cognitive learning strategies (conscious strategies used to learn information), and metacognitive skills (the conscious monitoring of one’s own learning and problem-solving activities) change over the period between the beginning of puberty and adulthood require intentional training for their growth (Balswick, King, and Reimer 2005, 172-173). Besides, theorists expressed that the adolescent developmental tasks are essential to be understood as

taking place in a multifaceted web of social, cultural, and historical backgrounds (Bronfenbrenner 1979; Ford and Lerner 1992; Lerner 2002).

The need for an intentional and developmental ministry with youth is great. This is in terms of physical health, educational needs, and spiritual and socio-emotional needs. During these days, it is important to offer a holistic ministry and to be intentional in activities or programs that build adolescent self-confidence, relationships, and resilience. This is to assess and address their spiritual, physical, intellectual, and socio-emotional needs.

Therefore, the following are helpful factors to prevent the increase of suicidal case: (1) conduct a monthly monitoring and counseling; (2) spend quality time with the adolescent where each one can express freely what is going on in their lives and enjoy life; (3) provide healthy atmosphere, care, and food; (4) offer help in their studies like tutorial or give assistance, especially the changes that our world is facing right now; and finally, (5) nurture one's spirituality. Like praying for and with adolescents, encouraging them to spend time reading and studying their Bible, practicing meditation, and attending church gatherings, either face-to-face or through an online platform, will build their confidence and their relationships with God and others. Struggling youth need our care and love. It is helpful when they see us alongside them, supporting them, cheering them up, encouraging them, and guiding them in reaching their dreams of running the race well in this life (Deuteronomy 6:6-7; Proverbs 22:6; Isaiah 54:13; Philippians 2:4; Ephesians 4:32; 6:4).

Properly Deal with Suicidal People

It is vital that church leaders and the faith community are knowledgeable about how to handle suicidal people, at least to prevent the suicide rate from rising. White (1982) said, "The treatment of suicidal persons will depend on the nature and severity of their difficulties" (White 1982, 176). White also said that "tact, understanding, frankness and courtesy can mean much to suicidal people. It is better to be frank about the issues involved and show some degree of trust" (White 1982, 175). The Holy Spirit is the one who

guides people as they seek him. We need to be dependent on God's Spirit and let him make us sensitive and obedient to his command.

Moreover, Ketterman wrote how a church should respond as a ministry to suicidal or struggling members. Ketterman suggested the following (Ketterman 1993, 170): first, teach God's unconditional love; second, extend compassion; and third, reparent the members (Ketterman 1993, 170).

First, teach God's unconditional love. The church needs to teach God's unconditional love instead of demanding human perfection to please him (Ketterman 1993, 170). One of the reasons why adolescents attempt or commit suicide is because of a longing to be loved by the people who surround them. John 3:16 says, "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life" (John 3:16, NIV). Likewise, the Apostle Paul wrote to the Christians of Ephesians,

I pray that out of his glorious riches he may strengthen you with power through his Spirit in your inner being, so that Christ may dwell in your hearts through faith. And I pray that you, being rooted and established in love, may have power, together with all the Lord's holy people, to grasp how wide and long and high and deep is the love of Christ, and to know this love that surpasses knowledge—that you may be filled to the measure of all the fullness of God (Ephesians 3:16-19).

Also, Psalm 36:7 (NIV) says, "How priceless is your unfailing love, O God! People take refuge in the shadow of your wings." Romans 5:8 (NIV) says, "But God demonstrates his own love for us in this: While we were still sinners, Christ died for us." Also, Romans 5:8 (NIV) says, "And hope does not put us to shame, because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us." John 13:34 (NIV) says, "A new command I give you: Love one another. As I have loved you, so you must love one another." So, if the church will live out the love of God in their lives and show love to struggling youth rather than judgment, it will help the youth feel loved and understand the value of living.

Second, extend compassion. Churches need to extend compassion for

pain, forgiveness for sins, and support for the needs of suffering individuals instead of loading condemnation and guilt on depressed people for failing to trust God and being always happy (Ketterman 1993, 170). Psalm 103:13 (NIV) says, “As a father has compassion on his children, so the Lord has compassion on those who fear him.” Also, Matthew 9:36 (NIV) says, “When he saw the crowds, he had compassion on them, because they were harassed and helpless, like sheep without a shepherd.” Also, Colossians 3:12 (NIV) says, “Therefore, as God’s chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience.” Leclerc and Maddix (2011) said, “Compassion is not about fixing problems or eliminating suffering. Rather, compassion is about being present to suffering. It is about inhabiting places of pain, so that Christ’s love might be experienced in new and transformative ways” (Leclerc and Maddix 2011, 182). God calls us to be compassionate, so we need to extend our compassion to teenagers who are lost and in despair, trying to see the light in their darkest hour. So, let us be compassionate to them when we have the opportunity.

Third, reparent church members. The churches need to reparent their members instead of just being born again (Ketterman 1993, 170). It is important to guide members to grow in their faith and deepen their relationships, like parents who look out for their children and guide them along the journey. The faith journey does not end in baptism; accepting Jesus Christ is just the beginning. So, training and guidance, like parents, are very significant in someone’s life. 1 Peter 2:2-3 (NIV) says, “Like newborn babies, crave pure spiritual milk, so that by it you may grow up in your salvation, 3 now that you have tasted that the Lord is good.” Also, Proverbs 27:23-24 (NIV) says, “Be sure you know the condition of your flocks, give careful attention to your herds; 24 for riches do not endure forever, and a crown is not secure for all generations.” Psalm 82:3 (NIV) says as well, “Defend the weak and the fatherless; uphold the cause of the poor and the oppressed.” As children follow their parents and other adults, their relationship to God will grow, and at an early age, they will know and experience God personally and be guided in their spiritual life. Ketterman added,

Those who have lived without a trusted dad need to learn about a totally trustworthy heavenly Father. Those who have grown up in permissive homes, without consistent training and discipline, need the benefit of loving correction from the church. They must be taught the age-old wisdom of the Judeo-Christian world's handbook, the Bible (Ketterman 1993, 170).

Karen Marie Yust (2004, 25) said to “Create an everyday spiritual world” in which people can sense the presence of God. Let us create a community or environment that helps children experience God daily.

Furthermore, Michelle Anthony and Megan Marshman stated that God “is always at work, and we simply come alongside what he is doing. But we need to see his eyes to see it” (Anthony and Marshman 2015, 24-25). We can walk alongside adolescents, supporting them, cheering them on, encouraging them, and helping them know what the right things are for them to do to succeed in reaching their dreams or in running the race well in this life. Being present in their lives will give us an opportunity to protect them from harm. The more time we are with them, the more we can ensure that their lives are secure. We can take the time to witness who they are with, and especially, we can be at peace knowing they are under our care.

Therefore, it is important to deal with suicidal people or struggling adolescents properly and show God’s unconditional love and compassion. It will help them, as they know there are people they can look up to who will guide, strengthen, and support them. So, we need to be observant and careful to ensure their safety.

Implement Suicide Prevention and Intervention Programs

Church leaders and the faith community need to have exemplary strategies and implementation of prevention programs to lessen the rise of suicide cases. White said that in the suicide research, there is no specific proof that one strategy can solve the increasing rate of suicide, but emergency personnel “would like to feel that the fall results from more efficient rescue operation” (White 1982, 181). White also said,

Certainly, no harm will be done by operating suicide and crisis intervention centers, which are already springing up in North America and Europe. Many people contemplating suicide are lonely and desperate. A telephone conversation can mean the difference between life and death, at least for the time being. A friend who can offer companionship, a willing ear, and suggestions of professional help may be the means of turning someone from death to life. Who should be more willing to reach out to the lonely and desperate than the church of Christ? (White 1982, 182).

According to Lily Johns, Chuwen Zhong, and Briana Mezuk (2023), “Preventing suicide requires a nuanced understanding of the nature of suicide risk, both acutely during periods of crisis and broader variation over the lifespan” (Johns, Zhong, and Mezuk 2023, 1).

Suk-Ki Kim said to do the following as Christians: (1) we need to teach the dignity of life which God gave us; (2) we need to have a counseling ministry; (3) we need to establish a “supporting and nurturing system,” especially for those who are suffering (Kim 2011, 117). Likewise, UNICEF said, “When adolescents, including the most disadvantaged, are supported by caring families and adults, as well as policies and services attentive to their needs, they can develop to their full potential” (UNICEF 2018, 6). As we study biblical perspectives, understandings from faith traditions, insights from the human sciences, and practices of the faith community, we will continue to develop a plan that leads families and the faith community to participate in the spiritual nurture, equipping, and supportive faith community.

Family Awareness and Equipping

The positive aspects of the family, such as sticking together, warmth, emotion coaching, and parental monitoring, are protective factors in preventing teen suicide and depression (Ketterman 1993, 52; Wagner, Silverman, and Martin 2003). Jessen said, “Customs that have offered stability and direction for families and individuals since the inception of human society may offer clues of how life can be managed in the present”

(Jessen 2016, 43). Also, Durkheim stated, “Just as the family is a powerful safeguard against suicide, so the more strongly it is constituted the greater its protection” (Durkheim 1979, 202). Ketterman (1993) said, “An affirming attitude from the family is always important, but to the adolescents, it is absolutely necessary” (Ketterman 1993, 55). Likewise, Shin (2009) said that students who are highly connected to their parents showed a “high level of awareness of God’s presence in their lives and a positive self-image in religious lives” than those students who are not (Shin 2009). Also, Anthony and Marshman (2015) said that the “strategy that would allow us to intentionally create a new kind of attitude that would help guide parents even when they were underdeveloped or overwhelmed” (Anthony and Marshman 2015, 40-41).

Moreover, Stone shared four major goals that need to be accomplished in dealing with suicidal individuals (Stone 1972, 14-19). First, rapidly develop a relationship with the individual. Second, focus on the problems. Third, assess the lethality of the suicide’s impulses and their personal resources (Stone 1972, 15; Parrott 1993, 313). Fourth, develop a plan of action (Stone 1972, 19). In this case, it is important that more people, including the community, strengthen the adolescent’s interpersonal relationships with God and with other children, friends, family, and community members. Also, Dean and Hearlson emphasized that “teenagers need such communities in order to bloom into who they already are in Christ, and we must make space for such communities to grow” (Dean and Hearlson 2016, 67). In the adolescence stage, it is important to have activities or programs that build a closer relationship between adolescents and others and build up their trust, care, and expression of themselves for who they are. Some young people need to build up their self-confidence, especially when they come from a broken home, experience poverty, and live in a chaotic community.

Collaboration of Faith Community and Health Professionals

The cooperation of a religious community or faith community is imperative. Parrott said that when we are working with suicidal youth, we do not work alone. God is with us (Parrott 1993, 314). James Estep, M. Roger White,

and Karen Estep (2012) said, “God not only provided the Scriptures to his people for guidance; he gave a community, the church, to instruct further and nurture their faith” (Estep, White, and Estep 2012, 60). Also, Dykstra stated that,

If a religious community cares at all about helping the young people establish a sense of identity that is coherent, meaningful, workable, and satisfying, then it must help young people to learn its language and see how it affects the life experiences they have. Unless a religious community’s language of faith is actually used with adolescents and taught to them, and unless they can be helped to find a way to make it their own more or less natural language for describing and understanding their life experiences, there is no way young people can participate more fully in the community of faith, and no way they can establish a sense of identity that provides the resources for the way of life available through it (Dykstra 2005, 123).

So, it takes a whole community to address adolescents’ development well, like the Trinity commune with one another—the Father, the Son, and the Holy Spirit. Though we do not know the exact situation of our children and adolescents every day, I hope everyone will be compassionate toward them.

Ketterman expressed the value of the collaboration between churches and therapists. Ketterman said, “The teamwork that could be established between the church and sound mental health professionals could accomplish more than anyone dreams. The work of good therapists would be enhanced if their patients belonged to a loving, guiding, steady support group—the church” (Ketterman 1993, 170).

Moreover, the World Health Organization (WHO) stated that suicides are preventable (World Health Organization 2014). Also, scholars and Ketterman (1993) shared prevention and recovery actions: first, to have healthy self-esteem; second, to reassess oneself on our personal worth, achievements, and goals for ourselves; and third, consult a good therapist or seek professional treatment (Ketterman 1993, 191-230; World Health Organization 2012; Maina et al. 2019, 91-93).

I believe that it is important to have a person or leader who can serve as an exemplar and a good steward to adolescents. Howard Stone said, “In times of emotional stress, people turn to the minister more than to any other professional person” (Stone 1972, 5). Glenn Whitlock identifies the carrying out of this function as preventative pastoral care that focuses on the following: “(1) reducing the incidence of pastoral care problems, (2) reducing the duration of such problems, (3) reducing the residual impairment that may result from these problems” (Whitlock 1970, 9-13). Whitlock added, “A pastor trained in the understanding of the psychodynamics of human behavior will be sensitive to the ‘danger signals’ and the psychological ‘tilts’ which may be observed in individuals and families in varying degrees of emotional stress” (Whitlock 1970, 12). Carandang and Sison (2004) wrote, “We are called to serve the world in which we live. Such serving is not simply a matter of techniques. It is also a matter of personal encounter. It is a matter of drawing close. It is a matter of care” (Carandang and Sison 2004, 109). Leaders and faith communities that aspire to compassion, express love and encouragement, and build supportive communities help adolescents maintain a positive outlook in their lives despite the struggles or difficulties they are experiencing.

Therefore, as Christian leaders and the faith community, we need to be intentional in doing actions and implementation that will at least decrease the rate of suicide. Interventions are very needed. It is important to spend time in sharing, mentoring, equipping, listening, playing, caring, and leading adolescents to know and accept Christ personally and intimately. This is an opportunity to let young people experience the love of God and guide them into a deeper understanding of what it means to live a life under his saving grace and Lordship.

Conclusion

Let me end this paper with a confession: the Christian youth from my introduction is me. Now I survive and live a grateful life. Maybe people will question how I allowed myself to think about suicide, yet that experience was real. Maybe before, the difficulties just blinded me, and I was not aware of how to cope. I did feel like no one cared. At first, I was confused. Was

this kind of situation just because of the result of life difficulties, or was it just part of the developmental stage where we struggle with our worth and sense of purpose? Yet, upon studying thoroughly, I realized the connection. I am grateful to God for his saving grace and mercy in my life. The foundational years, when I came to know him through his Word and personally experience him, helped me survive. Likewise, the faith community helped me a lot. Their presence, prayers, and encouragement made me realize that there is more to life despite the challenges. Above all, the God who created me and knows me very well (Genesis 1:26-27; Psalm 139) is with me all throughout my life, especially in that moment when I was so hopeless and discouraged. Parrott said that once young people are “able to solve their problems with reasonable success and feel increasingly confident in their abilities to cope, periods of struggle gradually become less frequent and less intense. Only then will fulfillment begin to outweigh struggle” (Parrott 1993, 24). Here I am now thankful and free. So, I am writing this paper to promote awareness, hoping to reach more people and encourage them to take part and become agents of transformation for this cause, by the grace and help of God.

Truly, the adolescent stage is crucial. This is the point in life where you struggle with emotions, identity, and purpose. Yet, remembering that we are created in the image of God is a great assurance and comfort. Estep said that “God’s image within humanity is what we are and, in turn, is reflected in the components of our existence, relational capacity with one another and God, in our function to fulfill God’s expressed purpose for humanity, and even in the eschatological reality that awaits” (Estep and Kim 2010, 19). Despite the challenges and the cruciality of this phase, adolescents will bloom and become responsible people once they are cared for, nurtured, and equipped. Adolescents need committed persons, teachers, or ministers who will walk alongside them and invest their lives to understand, model, love, and care for the people God entrusted to them. Likewise, adolescents can help and minister once their identity is defined, and their purpose becomes clear in their lives.

Indeed, it is essential to address adolescents' physical safety, emotional development, social skills, and spiritual development. Likewise, on this

journey, continually building a community that affirms everyone's potential and uniqueness, especially in the lives of young people, is needed. This is to value enlightenment and encouragement. Also, it is important to allow young people to demonstrate curiosity, provide age-appropriate self-help and social skills, active self-confidence, and awareness of the environment. It is significant to provide an environment that allows the youth to grow holistically. I hope we will have a home and faith community willing to partner together to help and nurture adolescents, especially those who are struggling. Therefore, awareness and prevention programs are vital to at least decrease the rate of suicide cases.

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