Research Article

Spiritual Well-being and Social Support in Predicting Suicidal Ideation among Adolescents' in Peshawar, Khyber Pakhtunkhwa Pakistan

Tabassum Faiz Solehria [1] (iD)   Nageena Qamar [2]   Uzma Dayan [3]

Check for updates

Abstract: *The current study was conducted to identify the impact of the role of social support and spiritual well-being in predicting suicidal ideation among adolescents in Peshawar, Pakistan. The sample size consisted of 300 Adolescents from different colleges in Peshawar (N = 300). Their ages ranged from 16 to 19 years old. Statistical analysis revealed that among 300 participants, those who scored lower on the spirituality scale and social support scale were found with a high intensity of suicidal ideation. The results of the study supported the proposed hypotheses and confirmed the role of social support and spiritual well-being in predicting suicidal ideation among adolescents. It discusses the complex interactions between biological, psychological, and social factors contributing to suicidal ideation. The influence of social isolation, lack of social support, and existential distress on adolescents' vulnerability to suicidal thoughts is highlighted. Additionally, the impact of early attachments on emotional and social development is explored, emphasizing how secure attachments in childhood can lead to better self-esteem, emotional regulation, and social skills, which in turn can positively impact spiritual well-being and act as protective factors against suicidal ideation.*

Key Words: Suicide, Suicidal Ideation, Social Support, Spiritual Well-being, Adolescents

Introduction

One study conducted in 2023 reported that an important etiology of sudden death among the population aged 10 to 24 in the United States is due to suicide and homicide, which are also known as violent deaths. The age-adjusted suicide rate witnessed a 36.7% rise between 2000 and 2018. Importantly, in the 10 to 24-year-old age group, suicide remained the second leading cause of death. While the suicide rate in this demographic group was static from 2001 to 2007, an upward trend was observed through 2021 (Curtin & Garnett, 2023)

A core mental health issue of suicidal ideation is marked by tendencies to inflict harm to oneself or end the life of one's life. If this trend is not stopped, then there will be serious concerns for society and, importantly, for the youth. Suicidal ideation means thinking about various plans to end one's life or formulating plans for suicide (Han et al., 2016).

According to one of the studies, suicide is the number one cause of death in adolescents and young adults worldwide. Depression and past suicide attempts are closely related risk factors. People experiencing suicidal thoughts may make up a distinct neurobiological group of people with depression. The study hypothesized that adolescents with suicidal thoughts would exhibit a unique immune signature (Roske et al., 2024). A study conducted by Bertuccio et al. (2024) stated that suicide is not only a serious issue but,

[1] Assistant Professor, Department of Education, Qurtuba University Peshawar, Khyber Pakhtunkhwa, Pakistan.
✉ tabassumfaiz@qurtuba.edu.pk
[2] M.Phil. Scholar, Department of Psychology, Islamia College Peshawar, Khyber Pakhtunkhwa, Pakistan.
✉ naginaqamar11@yahoo.com
[3] Lecturer, Institute of Education and Research, University of Peshawar, Khyber Pakhtunkhwa, Pakistan.
✉ uzmadayan@uop.edu.pk

on the other hand, it is also a preventable public health issue at the global level, but with relevant geographical differences.

By Social support, we mean the network of relationships that provide emotional, instrumental and informational help to individuals. Many studies have emphasized the role of social support as a buffer against suicidal ideation among adolescents. In one of the cross-sectional studies conducted in China, it was reported that with a large sample of Chinese adolescents, higher levels of perceived social support and levels of suicidal ideation were inversely proportionate (Chan et al., 2018). Likewise, a longitudinal study by Beautrais et al. (2020) proved that strong social support networks prevented the development of suicidal thoughts over time. Social support can help with problem-solving and coping strategies, helping adolescents manage stressors and challenges in an effective way (Kawohl et al., 2020).

On the basis of existing studies on social support and spiritual well-being, there may be interventions at the school level and also in communities to target the families who are at risk and to reduce the risk of suicidal ideation among adolescents.

Cotton et al. (2022) conducted a study on spiritual well-being, and it was found in the study that spiritual well-being is at high levels and was also positively related to the lower levels of Suicidal ideation (SI) among adolescents at the American school level. Another study was conducted that was longitudinal in nature and was reported by Smith et al. (2018). In that study, they stated that those adolescents who have higher levels of spiritual well-being were reported to show less level of experiences of suicidal ideation over time.
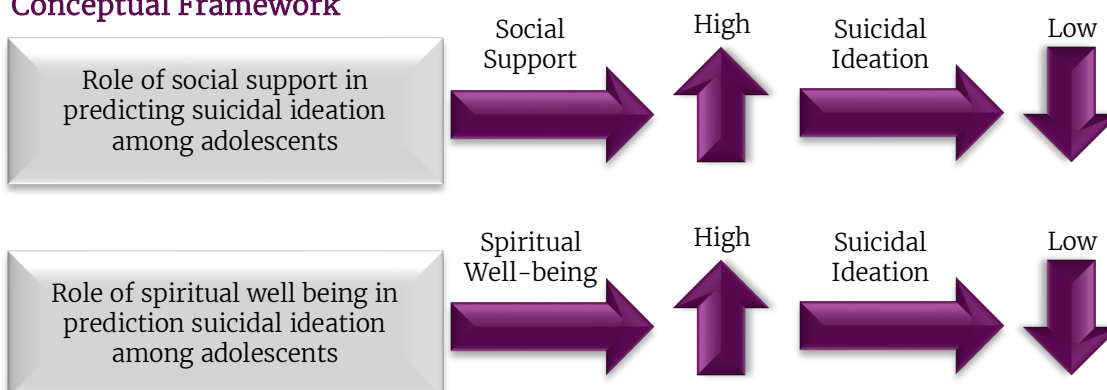
Wong et al. (2023) reported on a study conducted on adolescents in Hong Kong. The findings of the study made it clear that high social support and spiritual well-being were associated with the lowest levels of suicidal ideation. The findings also supported the fact that these two factors collectively may impact the suicidal thoughts of adolescents and have a combined effect.

Hatcher et al. (2024) stated that it is very important to recognize the interplay of social support and spiritual well-being among adolescents and to understand their relationship use of integrative methodologies is very fruitful in reducing the risk of suicidal ideation and promotion of well-being among adolescents.

Ahmad et al. (2014) and Khan et al. (2018), in separate studies, reported the relationship between suicidal ideation and social support, and they reported that adolescents who have better and wonderful social support from family and friends show lower levels of suicidal ideation. Both studies supported the fact that quality social support is key to reducing the risk of suicidal ideation among Pakistani adolescents.

In one of the Pakistani study conducted by Tanzeel and Malik (2017), they reported that those adolescents who have higher spiritual well-being showed decreased levels of suicidal ideation. Yasmin et al. (2022) stated in a study that was linked to religious practices and suicidal ideation among the youth of Pakistan. The findings made it clear that the religious beliefs of youth were linked with a lesser level of threats about suicidal feelings among Pakistani youth. Shu et al. (2020) reported in a study that adolescents with high social support and strong spiritual well-being showed lesser levels of suicidal ideation.

Conceptual Framework

Role of social support in predicting suicidal ideation among adolescents	Social Support →	High ↑	Suicidal Ideation →	Low ↓
Role of spiritual well being in prediction suicidal ideation among adolescents	Spiritual Well-being →	High ↑	Suicidal Ideation →	Low ↓

Objectives of the Study

The following are the objectives of the study:

1. To investigate the relationship between social support and suicidal ideation among adolescents.
2. To examine the relationship between suicidal ideation and spiritual well-being among adolescents.
3. To investigate the combined impact of social support and spiritual well-being on suicidal ideation.
4. To identify potential gender in the relationships between these variables.

Hypotheses

H₁: There is a significant negative association between social support and suicidal ideation among adolescents.

H₂: There is a significant negative correlation between spiritual well-being and suicidal ideation among adolescents.

H₃: The relationship between social support and suicidal ideation is moderated by gender, such that the strength of the association may differ between male and female adolescents.

Significance of the study

Suicidal ideation is a serious problem which is impacting youth worldwide, and now this is also emerging in Pakistani youth. The current study may help to identify the factors that can enhance well-being among adolescents. The study may also help to minimize the tendencies of suicidal ideation among youth and to help them find better options for staying mentally healthy and opting for spirituality in the true sense. Another significant aspect of this study is to highlight the importance of supportive families, helping teachers and an overall altruistic community because they all can collectively contribute and promote well-being among youth and also minimize the risk of suicidal ideation among youth. The study can also help parents, policymakers in education setups, and school administration develop tailored interventions for adolescents to develop strong support systems.

Methodology

Research Method and Design

The research method for the current study was quantitative in nature, and a correlation research design was used.

Population

The study population was comprised of all adolescents studying in private-sector schools in Peshawar, KP, Pakistan.

Sample

The sample for this study consists of 300 adolescents from selected private schools of Peshawar city with ages ranging from 16 to 19 years. The participants were selected using a simple random sampling technique. The sample includes both male and female adolescents.

Demographic information sheet

A personal demographic information sheet was used to gather information on participants, including their age, gender, and education.

Research Instruments

The multidimensional scale of perceived social support (MSPSS) was developed by Zimet et al. (1988). This scale measures perceived social support from Family, Friends, and a significant other. The Cronbach's alpha with 0.81 demonstrated internal consistency.

Spirituality Scale by Parsian & Dunning (2009)

The spirituality scale consists of 29 items and the difficulty in defining spirituality is partly because it is complex, highly subjective, and difficult to measure. Currently, most validated spirituality tools concentrate on religion or higher beings and may only apply to religious people or those whose spirituality encompasses religion (Tuck, 2004; McCain & Elswick, 2008).

Beck Scale for Suicidal Ideation (1988)

The original BSS was developed in 1988 and was modelled after a successful interviewer-rated version, the Scale for Suicide Ideation. The BSS contains 19 items that measure the severity of actual suicidal wishes and plans.

Data Collection Procedure

The sample was adolescent male and female. After establishing rapport and getting informed consent from the participants, they were briefed about the purpose of the study, and confidentiality was assured. After filling out the consent and demographic information from the Multidimensional scale of perceived social support (Zimet et al., 1988), the Spirituality scale by Parsian and Dunning (2009), and the Beck Scale for suicidal ideation was administered. It took 15-20 minutes to fill out the questionnaire. The participants were then thanked for giving their time.

Data Analysis

Data is analyzed through the latest version of statistical packages of social sciences. In data analysis, Simple t-test, Independent Sample t-test, and Pearson Correlation were found in female and male students.

Results

The current study sought to explore the Role of Social Support and Spiritual Well-Being in Predicting Suicidal Ideation among Adolescents. The following are the findings:

The following statistics and frequencies are shared for Gender, education, and Age.

Demographics of Participants concerning age

Table 1

Age of Participant

	Frequency	Percent	Valid Percent	Cumulative Percent
16	38	12.7	12.7	12.7
17	66	22.0	22.0	34.7
18	94	31.3	31.3	66.0
19	95	31.7	31.7	97.7
20	5	1.7	1.7	99.3
26	2	.7	.7	
Total	300	100.0	100.0	100.0

Demographics of Participants Concerning Gender

Table 2

Gender of Participant

	Frequency	Percent	Valid Percent	Cumulative Percent
1	62	20.7	20.7	20.7
2	238	79.3	79.3	
Total	300	100.0	100.0	100.0

Demographics of Participants Concerning Education

Table 3

Education of Participant

	Frequency	Percent	Valid Percent	Cumulative Percent
7	2	.7	.7	.7
10	56	18.7	18.7	19.3
11	16	5.3	5.3	24.7
12	175	58.3	58.3	83.0
13	3	1.0	1.0	84.0
14	42	14.0	14.0	98.0
16	4	1.3	1.3	99.3
19	2	.7	.7	
Total	300	100.0	100.0	100.0

Table 4
The Score for the Spirituality Scale

	Frequency	Percent	Valid Percent	Cumulative Percent
41-99 (Moderate Spiritual Well-being)	252	84.0	84.0	84.0
100-120 (High Spiritual Well-being)	48	16.0	16.0	16.0
Total	**300**	**100.0**	**100.0**	**100.0**

Table 5
The Score for the Beck Scale for Suicidal Ideation

	Frequency	Percent	Valid Percent	Cumulative Percent
0-10 (Low Suicidal Ideation)	215	71.7	71.7	71.7
11-19 (Moderate Suicidal Ideation)	36	12.0	12.0	83.7
20-38 (High Suicidal Ideation)	49	16.3	16.3	100.0

Table 6
The Score for the Multidimensional Perceived Social Support Scale

	Frequency	Percent	Valid Percent	Cumulative Percent
1-2.9 (Low Social Support)	19	6.3	6.3	6.3
3-5 (Moderate Social Support)	182	60.7	60.7	67.0
5.1-7 (High Social Support)	99	33.0	33.0	100.0

Table 7
Independent Sample t-Test

t-test for Equality of Means		
	Sig. (2-tailed)	Mean Difference
The score for the Spirituality Scale	.	1.000
The score for the Multidimensional Perceived Social Support Scale	.	1.000
The score for the Beck Scale for Suicidal Ideation	.	1.000

Table 8
One-Sample Test Result

	T	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Number of Respondent	30.050	299	.000	150.500	140.64	160.36
The score for the Spirituality Scale	101.880	299	.000	2.160	2.12	2.20
The score for the Multidimensional Perceived Social Support Scale	69.047	299	.000	2.267	2.20	2.33
The score for the Beck Scale for Suicidal Ideation	33.023	299	.000	1.447	1.36	1.53

Table 9
Correlations Result

		The score for the Spirituality Scale	The score for the Multidimensional Perceived Social Support Scale	The score for the Beck Scale for Suicidal Ideation
The score for the Spirituality Scale	Pearson Correlation	1	.195[**]	−.185[**]
	Sig. (2-tailed)		.001	.001
	N	300	300	300
The score for the Multidimensional Perceived Social Support Scale	Pearson Correlation	.195[**]	1	−.502[**]
	Sig. (2-tailed)	.001		.000
	N	300	300	300
The score for the Beck Scale for Suicidal Ideation	Pearson Correlation	−.185[**]	−.502[**]	1
	Sig. (2-tailed)	.001	.000	
	N	300	300	300

Discussion

The current study was carried out to determine the Role of Social Support and Spiritual Well-Being in Predicting Suicidal Ideation among Adolescents. The sample for this study consists of 300 adolescents from schools in Peshawar using a simple random sampling technique with ages ranging from 16 to 19 years. Both male and female adolescents were included in the selected sample. The phase of adolescence is characterized by heightened vulnerability and emotional turmoil, making it imperative to comprehend the contributing factors to suicidal ideation this particular age group faces. The study clearly establishes that individuals with limited social support networks and lower levels of spiritual well-being are inherently predisposed to experiencing profound contemplations of self-harm or suicide. On the basis of the findings of the study, it is strongly stressed that adolescents must have strong social support, which includes families' teachers, friends and close relatives. Thus, all the agents of the socialization process play a role in adolescents' lives to provide them with better well-being and to minimize the risk of suicidal ideation in relation to strong spiritual well-being.

Adolescence is a critical and delicate phase of human development, as it encompasses both physical growth and the formation of one's identity. The study findings reported that when faced with adversities and challenges, adolescents with elevated levels of spiritual well-being can rely on their deeply rooted beliefs and values, enabling them to find profound hope and resilience to overcome difficult emotions and navigate through challenging situations. This in-depth connection to their spiritual well-being empowers them in the face of hardships and strengthens their ability to maintain a positive outlook. The profound sense of purpose and meaning acquired through spiritual practices supports their overall well-being and contributes to a greater sense of fulfilment and contentment in life. Spiritual well-being can offer a protective effect by providing adolescents with a source of hope and resilience during difficult times (Miller, 2013; Kelley, 2007). It may serve as a coping resource, helping adolescents find meaning and purpose in their lives, thereby reducing the appeal of suicide as an escape from distress (Dyson & Renk, 2006). Interventions that foster spiritual exploration and growth while respecting diverse belief systems could potentially enhance adolescents' overall well-being and reduce their susceptibility to suicidal thoughts.

To effectively combat the alarming rate of suicides and minimize their occurrence, it is essential to enhance awareness surrounding this critical issue. The provision of psycho-educational resources to parents plays a pivotal role in fostering strong and nurturing bonds with their children, ensuring prompt sharing of any potential problems. Research has indicated that employing various strategies significantly reduces suicidal ideation. On the other hand, mindfulness-oriented strategies, including calming oneself, seeking perspective, and accepting emotions, did not elicit the same reduction in suicidal thoughts. These findings shed light on the varying responses of individuals to suicidal ideation and have significant implications for interventions resembling mindfulness-based approaches. Although previous research supports the effectiveness of mindfulness-based interventions in targeting suicidal thoughts, it is plausible that the successful implementation of meditative strategies depends on adequate training and technique. Thus, moderation is recommended when encouraging mindfulness coping skills in untrained individuals. However, it is important to note that training in mindfulness has been deemed acceptable and feasible for individuals at high risk of suicide.

Suicide can be an impulsive and devastating act. It is crucial to take necessary precautions to prevent a momentary suicidal impulse from resulting in a tragic outcome. Safeguarding dangerous items such as firearms, ammunition, medications, and household poisons or entrusting them to a responsible family member will go a long way in ensuring safety and Building up Your Inner Sources of Strength. Some of the certain personal qualities and resources play a crucial role in shielding you from suicidal thoughts, feelings, and actions.

These invaluable "protective factors" empower you to enhance your resilience, ignite a drive for personal growth, stability, and overall well-being, enhance your coping mechanisms, and reduce the likelihood of engaging in suicidal behavior. Warning signs act as significant indicators that an individual may be at an increased risk of engaging in suicidal behavior in the immediate future. The most critical

warning signs are the presence of suicidal thoughts and actions. These signs require immediate attention and intervention.

Striving for zero tolerance towards suicidal ideation is imperative, Other warning signs that should raise concern include Escalation in substance use (alcohol, drugs, cigarettes), Feeling an overwhelming sense of hopelessness, as if all avenues for improvement are closed, experiencing a lack of purpose and reason for living, Uncontrolled anger, intense rage, or a desire for revenge, Engaging in reckless or risky behavior, Feeling trapped or hopeless in a dire situation without any perceived way out, Isolating oneself from loved ones and support systems, experiencing heightened anxiety or irritability, Experiencing sudden and drastic mood swings, losing interest in previously enjoyed activities, Disturbed sleep patterns (either insomnia or excessive sleep), Feeling guilt or shame.

Replace ineffective coping mechanisms with more efficient ones for a direct and substantial impact on your relationships with loved ones. These adaptive skills can be acquired and strengthened both independently and with professional guidance. By embracing better coping strategies, you will be better equipped to face life's challenges, enhance your overall quality of life, and significantly reduce the risk of suicide. Some of the coping strategies are included as fruitful to reduce suicidal ideation among youth, and they are Anger management, Conflict resolution, Stress and anxiety management, Financial Planning, Self-care practices, Effective communication, Mindfulness techniques, Assertiveness training, Building and nurturing meaningful relationships, as well as relaxation techniques.

Recommendations

The following are the recommendations of the study:

- On the basis of the findings, further in-depth studies are warranted to explore additional factors that may potentially contribute to suicidal ideation among adolescents.
- It is recommended to take samples from different cultures because it will help in gaining a more comprehensive understanding of the underlying causes and risk factors associated with suicidal ideation in various demographics.
- Tailoring interventions to specific cultural and contextual factors is essential in effectively addressing the issue of suicidal ideation among adolescents.

References

Ahmad, N., Cheong, S. M., Ibrahim, N., & Rosman, A. (2014). Suicidal ideation among Malaysian adolescents. *Asia-Pacific Journal of Public Health*, *26*(5 Suppl), 63S-9S. https://doi.org/10.1177/1010539514540746

Bertuccio, P., Amerio, A., Grande, E., La Vecchia, C., Costanza, A., Aguglia, A., Berardelli, I., Serafini, G., Amore, M., Pompili, M., & Odone, A. (2024). Global trends in youth suicide from 1990 to 2020: an analysis of data from the WHO mortality database. *EClinicalMedicine*, *70*(102506), 102506. https://doi.org/10.1016/j.eclinm.2024.102506

Beautrais, A. (2020). Stress and suicide in medical students and physicians. *New Zealand Medical Student Journal*, *0*(30). https://doi.org/10.57129/eqam7870

Beck, A. T., Steer, R. A., & Ranieri, W. F. (1988). Scale for Suicide Ideation: Psychometric properties of a self-report version. *Journal of Clinical Psychology*, *44*(4), 499–505. https://doi.org/10.1002/1097-4679(198807)44:4<499::aid-jclp2270440404>3.0.co;2-6

Chan, S. K. W., Chan, S. W. Y., Pang, H. H., Yan, K. K., Hui, C. L. M., Chang, W. C., Lee, E. H. M., & Chen, E. Y. H. (2018). Association of an early intervention service for psychosis with suicide rate among patients with first-episode schizophrenia-spectrum disorders. *JAMA Psychiatry (Chicago, Ill.)*, *75*(5), 458–464. https://doi.org/10.1001/jamapsychiatry.2018.0185

Cotton, S. M., Hamilton, M. P., Filia, K., Menssink, J. M., Engel, L., Mihalopoulos, C., Rickwood, D., Hetrick, S. E., Parker, A. G., Herrman, H., Telford, N., Hickie, I., McGorry, P. D., & Gao, C. X. (2022). Heterogeneity of quality of life in young people attending primary mental health services. *Epidemiology and Psychiatric Sciences*, *31*(e55). https://doi.org/10.1017/s2045796022000427

Curtin, S. C., & Anderson, R. N. (2023). *Declines in cancer death rates among children and adolescents less than 20 years of age in the United States, 2001 to 2021*. National Center for Health Statistics (U.S.). https://dx.doi.org/10.15620/cdc:134499

Dyson, R., & Renk, K. (2006). Freshmen adaptation to university life: depressive symptoms, stress, and coping. *Journal of Clinical Psychology*, *62*(10), 1231–1244. https://doi.org/10.1002/jclp.20295

Han, B., Kott, P. S., Hughes, A., McKeon, R., Blanco, C., & Compton, W. M. (2016). Estimating the rates of deaths by suicide among adults who attempt suicide in the United States. *Journal of Psychiatric Research*, 77, 125–133. https://doi.org/10.1016/j.jpsychires.2016.03.002

Hatcher, S., Sinyor, M., Edgar, N. E., Schaffer, A., MacLean, S. E., Carleton, R. N., Colman, I., Jayakumar, N., Ward, B., & Zaheer, R. (2024). A comparison of suicides in public safety personnel with suicides in the general population in Ontario, 2014 to 2018. *Crisis*, *45*(5), 355–363. https://doi.org/10.1027/0227-5910/a000953

Khan, A., Fahl Mar, K., Gokul, S., & Brown, W. A. (2018). Decreased suicide rates in recent antidepressant clinical trials. *Psychopharmacology*, *235*(5), 1455–1462. https://doi.org/10.1007/s00213-018-4856-1

Kelly, T. A. (2007). The role of religion, spirituality, and faith-based community in coping with acts of terrorism. In B. Bongar, L. M. Brown, L. E. Beutler, J. N. Breckenridge, & P. G. Zimbardo (Eds.), *Psychology of terrorism* (pp. 137–152). Oxford University Press.

Kawohl, W., & Nordt, C. (2020). COVID-19, unemployment, and suicide. *The Lancet. Psychiatry*, 7(5), 389–390. https://doi.org/10.1016/S2215-0366(20)30141-3

Miller, L. J. (Ed.). (2013). *The Oxford handbook of psychology and spirituality.* Oxford University Press.

McCain, N. L., Gray, D. P., Elswick, R. K., Robins, J. W., Tuck, I., Walter, J. M., Rausch, S. M., & Ketchum, J. M. (2008). A randomized clinical trial of alternative stress management interventions in persons with HIV infection. *Journal of Consulting and Clinical Psychology*, *76*(3), 431–441. https://doi.org/10.1037/0022-006X.76.3.431

Parsian, N., & Am, T. D. (2009). Developing and validating a questionnaire to measure spirituality: A psychometric process. *Global Journal of Health Science*, *1*(1). https://doi.org/10.5539/gjhs.v1n1p2

Roske, C., Nguyen, T. N. B., Schwartz, J. J., Erulker, A., Nie, K., Xie, H., Kim-Schulze, S., Ely, B. A., Tobe, R. H., Mowrey, W., & Gabbay, V. (2024). Immunological correlates of suicidality among adolescents with internalizing symptoms. *Brain, Behavior, & Immunity - Health*, *41*(100866), 100866. https://doi.org/10.1016/j.bbih.2024.100866

Smith, M. M., Sherry, S. B., Chen, S., Saklofske, D. H., Mushquash, C., Flett, G. L., & Hewitt, P. L. (2018). The perniciousness of perfectionism: A meta-analytic review of the perfectionism–suicide relationship. *Journal of Personality*, *86*(3), 522–542. https://doi.org/10.1111/jopy.12333

Shu, F., Ahmed, S. F., Pickett, M. L., Ayman, R., & McAbee, S. T. (2020). Social support perceptions, network characteristics, and international student adjustment. *International Journal of Intercultural Relations: IJIR*, *74*, 136–148. https://doi.org/10.1016/j.ijintrel.2019.11.002

Tanzeel, S., & Malik, N. I. (2017). Spirituality and psychological well-being among Muslims and Christians adolescents and young adults. *Al-Idah*, *35*(2), 53-61. https://www.al-idah.pk/index.php/al-idah/article/view/57

Tuck, I. (2004). Development of a spirituality intervention to promote healing. *Journal of Theory Construction & Testing*, *8*(2).

World Health Organization. (2019). *Suicide in the world: global health estimates* (No. WHO/MSD/MER/19.3). World Health Organization.

Wong, S. M. Y., Ip, C. H., Hui, C. L. M., Suen, Y. N., Wong, C. S. M., Chang, W. C., Chan, S. K. W., Lee, E. H. M., Lui, S. S. Y., Chan, K. T., Wong, M. T. H., & Chen, E. Y. H. (2023). Prevalence and correlates of suicidal behaviours in a representative epidemiological youth sample in Hong Kong: the significance of suicide-related rumination, family functioning, and ongoing population-level stressors. *Psychological Medicine*, *53*(10), 4603–4613. https://doi.org/10.1017/S0033291722001519

Yasmin, F., Jatoi, H. N., Abbasi, M. S., Asghar, M. S., Siddiqui, S. A., Nauman, H., Khattak, A. K., & Alam, M. T. (2022). Psychological distress, anxiety, family violence, suicidality, and wellbeing in Pakistan during the COVID-19 lockdown: A cross-sectional study. *Frontiers in Psychology*, *13*, 830935. https://doi.org/10.3389/fpsyg.2022.830935

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, *52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2