Diversity and Cultural Challenges in Suicide Prevention

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Objectives for Workshop

- To understand culture and diversity in suicide prevention programs and evaluation.
- To discuss how to adequately assess population characteristics including ethnicity, geography, religion and socioeconomic factors.
- To determine best practices relevant to diverse populations and resources available to grantees.

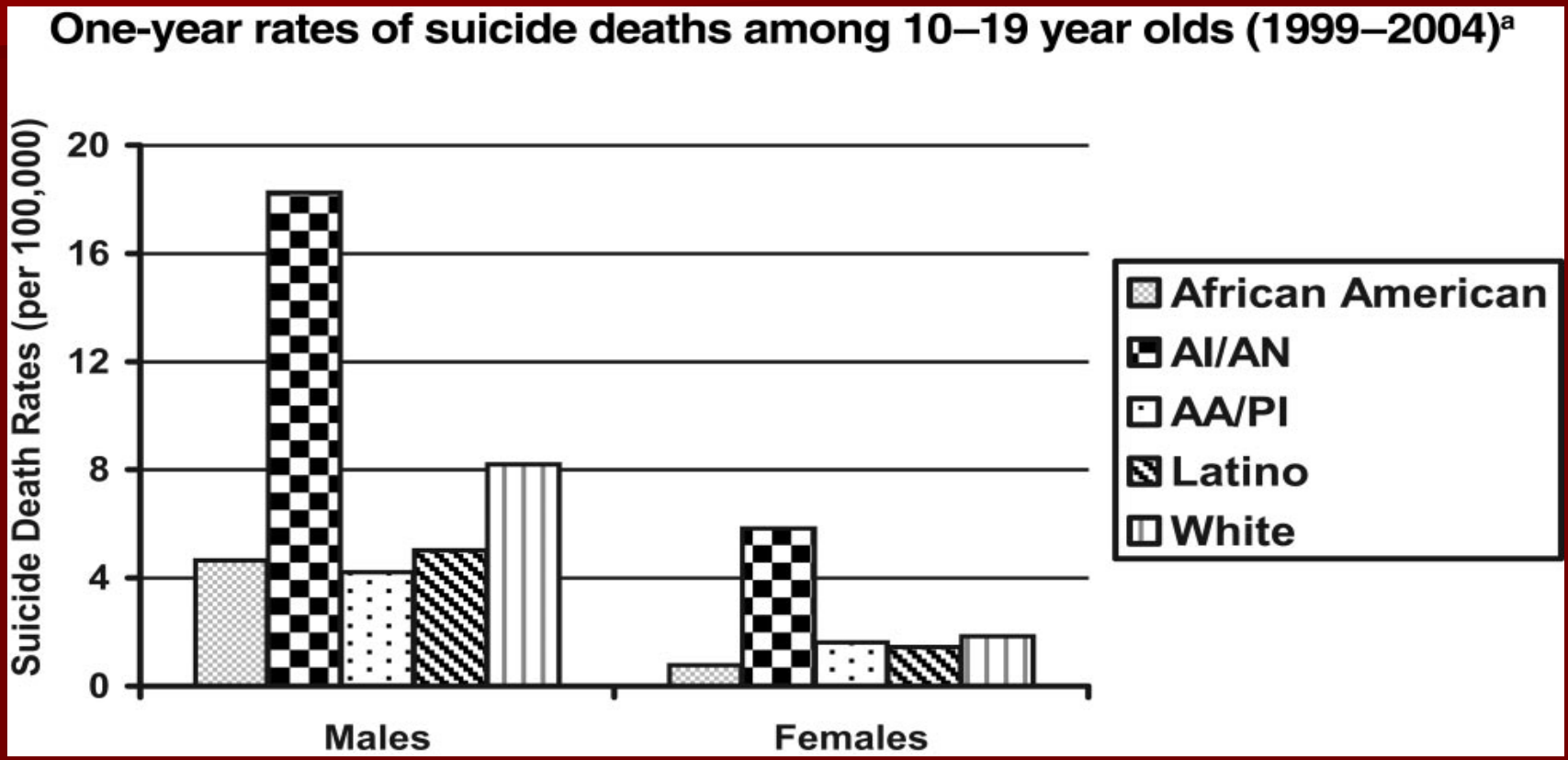
What is Diversity?

- Culture – the shared learned behavior and belief systems and value orientations that influence customs, norms, practices, and social institutions.
- Race – physical characteristics of a person (i.e., skin color, facial features, hair texture, eye color, etc.)
- Ethnicity – clusters of people who have common culture traits distinguishable from other people[1].

Historical Considerations of Culture & Suicidal Behaviors

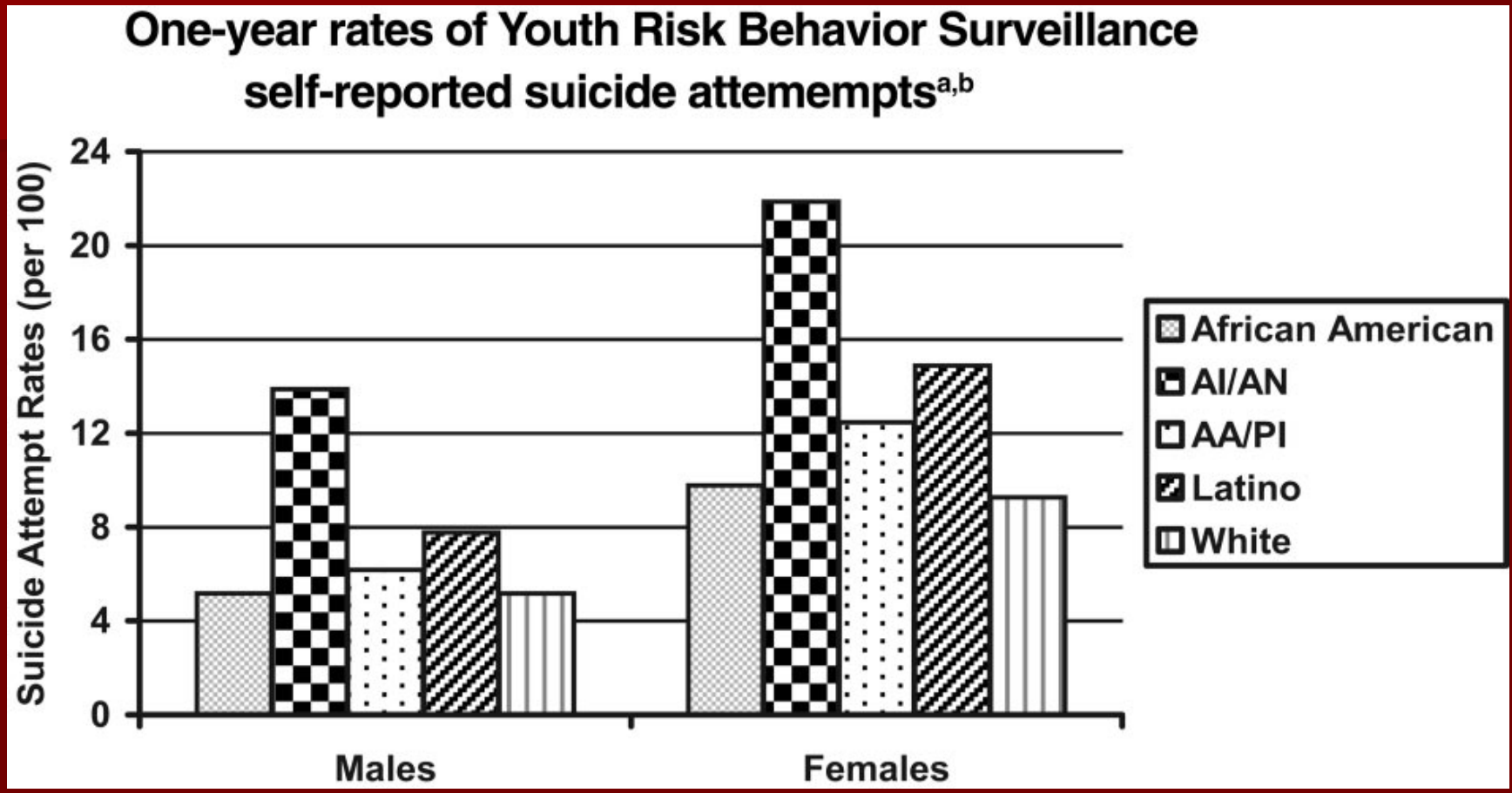
- Rates of suicidal behaviors, and beliefs and attitudes toward suicidal behaviors have varied widely across cultures[1].
- Few reports of effective culturally sensitive interventions for suicidal adolescents.
- Need for appreciation and understanding of cultural context in which suicidal behavior occurs[2].
  - Can improve access to resources
  - Remove barriers
  - Address needs for culturally competent intervention and prevention strategies
  - Improve quality of care[3]

Suicide Deaths Among Youths as a Function of Gender and Ethnicity



Note. AI/AN American Indian/Alaska Native; AA/PI Asian American/ Pacific Islander. a Source: Centers for Disease Control and Prevention (2006a).

Suicide Attempts Among Youths as a Function of Gender and Ethnicity



Note. AI/AN American Indian/Alaska Native; AA/PI Asian American/Pacific Islander. a Sources: Centers for Disease Control and Prevention (2006b), Crosby (2004), Grunbaum, Lowry, Kann, and Bateman (2000). b Themost recent data available for White, African American, and Latino adolescents are from the 2005 administration of the Youth Risk Behavior Survey. Data for AI/AN adolescents are available from youths attending Bureau of Indian Affairs schools in 2003. Data from AA/PI adolescents are reported for the years 1991 through 1997 (because of the relatively smaller number of youths in this category; Grunbaum, Lowry, Kann, & Bateman, 2000).

Understanding Diversity in Suicide Prevention

- Oklahoma's unique cultural identity
  - Racial and Ethnic makeup
  - SES
  - Rural, Urban, Suburban
  - Religion
- How might diversity provide unique challenges to suicide prevention
  - Considerations
    - Style
    - Content
    - Trainer/trainee interaction
- Multi-cultural sensitivity and awareness

Latino American Communities

- Suicide is the 3rd leading cause of death ages 10-24
  - More prevalent in males than females
- Perceptions of suicide
  - Gender differences
    - Women may have more freedom to discuss feelings
    - Men may have difficulty expressing feelings; more accepted are feelings that considered aggressive (*machismo*)
  - Foreign-born Mexican Americans are at significantly lower risk of suicide and depression that those born in the U.S.

Latino American Communities (Continued)

- Honoring and celebrating life
  - Culturally sensitive perspective of memorializing
  - Family support group
- Barriers
  - Language
  - Limited resources for healthcare
  - Limited research

American Indian Communities

- Statistics
  - Suicide rate is almost twice as high as the general population[1].
  - Suicide is the 2nd leading cause of death among young adults ages 15 to 34[2].
  - Highly comorbid with substance abuse and depression[3].
  - Unique risk factors include loss of ethnic/native identity and lack of religious or spiritual identification[4].
- Perceptions
  - Each tribe has varying belief systems/use caution in extrapolating knowledge to of one tribe to another
  - Generally
    - Conceptualize time and life as cyclic rather than linear.
    - Focus more on this life rather than after life.

American Indian Communities (Continued)

- Prevention
  - AI's with higher levels of cultural spiritual orientations have a reduced prevalence of suicide compared to AI's who have lower levels[4].
  - Choose Suicide Prevention Models with flexibility.
  - Learn about and incorporate the cultural/spiritual strengths unique to the AI community you are working with.

African American Communities

- Suicide is the 3rd leading cause of death between ages of 15-24[1].
- Compared to White and Hispanic counterparts, black high school students report lowest rates for suicidal ideation[2].
- Emotional climate post-civil rights movement.
- Risk factors
  - Under 35
  - Living in southern and northeastern states
  - Substance use
  - Violence in the home
  - Firearm in home
  - Threatening others with violence[3]
  - Racism and/or discrimination-induced (and perceived) stress, anxiety, or anger

African American Communities (Continued)

- Protective Factors
  - Religious beliefs, specifically belonging (or perceived belonging) to a spiritual community (i.e., the Black Church)
  - Family and social support
  - Self-esteem
- Appear to be no published studies of effective suicide prevention programs specifically tailored for African American youths.
- Other prevention programs developed for AA youths have included a focus on increasing ethnic identity in conjunction with teaching problem-solving skills.

SES & Rural, Urban, and Suburban Populations

- Higher proportional rate of suicide in rural areas
- Speculation on reason for higher proportion often points to number of mental health professionals
  - Studies refute this presumption but suggest accessibility and quality of care as possibilities (Fiske, Gatz, & Hannell, 2005)
- Studies show suicide to be negatively correlated to SES in males
  - (Taylor, Page, Morrell, Harrison, and Carter, 2005; Rezaeian, Dunn, St Leger, & Appelby, 2005)
- SES positively correlated to depression; Depression positively correlated to higher rates of suicide (Falconnier, 2009)

Religion

- Differing rates among various religions could be attributed to many factors
  - Stigma associated with suicide (i.e., familial shame) affecting reporting
  - Religions' stance regarding suicide (i.e., afterlife effects)
- Overall, religion seems to serve as a protective factor against suicide. Why?
  - community involvement
  - religious prohibitions

(Gearing & Lizardi, 2009; Calucci & Martin, 2008)

Religion
(Continued)

- Traditional conflict between organized religion and seeking mental health services highlights importance of partnering with religious leaders to reduce stigma
- Questions to be considered when engaging a person displaying suicide warning sign.
- Study on college students found that higher involvement in religious services was correlated to lower reported levels of suicidal ideation, but main predictor was “existential well-being”

(Taliaferro, Rienzo, Pigg, Miller, & Dodd, 2009)

Considerations for Prevention Strategies

- Culture may affect help-seeking behaviors that lead to utilization of mental health services for prevention or treatment of suicidal behaviors[1].
  - Stigma or concerns that mental health is contrary to cultural values
- Culture may influence the *type* of services.
  - Traditional healers, faith community, family community rather than mental health services.
- Culture may also be associated with different precipitating factors
  - Different vulnerability & protective factors
  - Different reactions to & interpretations of behavior
  - Different resources & options for help

Assessing Population Characteristics

- Needs assessment
  - Consider your target population
    - What are some unique aspects to that population?
    - In what ways are you similar? And different?
    - What are the risk and protective factors?
    - What primary issues seem to be effecting their well-being?
    - How might you assess these?
- What we've tried to do in Oklahoma:
  - Incorporate attitudinal components that address people's comfort and confidence in working with individuals who may be both similar to and different from themselves.
  - Assess attitudes toward suicide in general.
  - Do attitudes differ across cultures in regards to suicide?

Best Practices for Diverse Populations

- Things to consider:
  - Acculturation and Enculturation
  - Role of the family
  - Collectivism and Individualism
  - Religion and Spirituality
  - Different Manifestations and Interpretations of Distress
  - Cultural mistrust, stigma, and help-seeking

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Questions

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