

자살, 우리가 예방할 수 있습니다

만약 친구나 가족이 평상시와 다른 다음과 같은 행동을 보인다면 즉시 다가가서 도움을 제공해 주십시오.

- 죽고 싶다고 하거나 자살에 대해 언급
- 자해나 자살 도구를 마련함
- 사랑하는 이에게 '더 잘해 주고 싶었는데 그렇게 하지 못해 미안하다'는 말을 함
- 삶의 목표 상실
- 주변 사람들에게 계속 실망을 안겨 준다고 생각함
- 절망감, 자포자기, 관해 있는 느낌
- 자기 소지품을 남에게 주는 행위
- 사람들과 관계를 멀리함
- 주변정리를 하는 듯한 행동
- 위험을 감수하는 행동
- 분노
- 약물이나 알콜 사용 증가
- 불안증이나 심한 흥분
- 불면증이나 과도한 수면
- 기분의 갑작스런 변화

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KNOW THE SIGNS

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Pain Isn't Always Obvious

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Cultural Adaptations for Suicide Prevention Materials for the Korean Community in California

WORKGROUP REPORT FINAL

Know the Signs >> Find the Words >> Reach Out



WELLNESS · RECOVERY · RESILIENCE

I. Introduction

The Know the Signs suicide prevention social marketing campaign prepares Californian's to prevent suicide by encouraging them to **know the signs, find the words** to offer support to someone they are concerned about and reach out to **local resources**. Campaign materials range from print ads, TV and radio spots, to outreach materials available in several languages. All campaign materials refer individuals to the campaign websites:

- www.suicideispreventable.org
- www.elsuicidiodoesprevenible.org

All campaign materials can be viewed, customized and downloaded from the Resource Center on Your Voice Counts (www.yourvoicecounts.org). This is an online suicide prevention forum designed to facilitate a dialog about suicide prevention in California and to engage stakeholders in the development and distribution of the Know the Signs campaign materials. The Know the Signs campaign is part of statewide efforts funded by counties through the Mental Health Services Act, formerly known as Prop 63.

Based on 2010 Census data there are an estimated **451,892** Korean community members in California.

Source: California Department of Finance. Demographic Research Unit. State Census Data Center. 2010

Korean is recognized as a **threshold language** in **Los Angeles County**.

DHCS. Research and Analytic Studies Branch 2012: Medical Statistical Brief. Frequency of threshold language speakers in the Medi-cal population by county for October 2011.

Counties in California with significant population numbers of Korean community members:

- **Los Angeles County:** 216,501
- **Orange County:** 87,697
- **Santa Clara County:** 27,946
- **San Diego County:** 20,738
- **Alameda County:** 17,464
- **San Bernardino County:** 13,720
- **Riverside County:** 12,189
- **San Francisco County:** 9,670
- **Contra Costa County:** 8,216
- **Sacramento County:** 6,049

Source: California Department of Finance. Demographic Research Unit. State Census Data Center. 2010

II. Background

“Koreans usually do not openly share their personal and family matters, but instead deal with conflicts and emotional distress internally by suppressing their feelings.”

Source: Mo-Kyung, S., Jordan, P., & Park, J. (2011). Perceptions of Depression in Korean American Immigrants. *Issues in Mental Health Nursing, 32*, 177-183.

“It has been found that Korean Americans with emotional problems are likely to turn to mental health services as a last resort, preferring to first seek assistance from family and friends, informal social networks, and community-based organizations including traditional healers or folk medicine.”

Source: Akutsu, P. D., Castillo, E. D., & Snowden, L. R. (2007). Differential referral patterns to ethnic-specific and mainstream mental health programs for four Asian American groups. *American Journal of Orthopsychiatry, 77*, 95-103. In *NAMI Korean American Community Mental Health Fact Sheet* (n.d.)

“Koreans experience a far greater prevalence of psychological distress and anxiety than other groups, but fewer Koreans recognize the need for help with emotional or mental problems, and fewer still seek professional help...Koreans are reluctant to seek help for behavioral health issues (mental health, alcohol abuse, and family problems) due to stigma and shame. For those who are willing to seek help, there are very limited resources available.”

Source: Profiles of the Korean American Community in Orange County (2008). California State University, Fullerton, Children and Families Commission of Orange County, and Korean Community Services.

III. Workgroup Members and Discussion

Members for the Materials in Korean workgroup guided the development of a poster and brochure through their collaboration and participation in a webinar (September 30th) as well as periodic discussion posts on the Your Voice Counts website and phone calls. A total of 5 members participated in the Materials in Korean workgroup representing the counties of **Los Angeles** and **Alameda** from agencies such as the L.A. Department of Mental Health, the Asian Community Mental Health Services and the Korean American Family Services (see Appendix C Workgroup Member Roster).

Members were recruited in several ways. Ethnic service managers, CalMHSA program partners and county liaisons were asked to refer community members representing this community or engaged in outreach to the Korean community. In addition, organizations serving this population were contacted directly and provided with a workgroup recruitment flyer (see Appendix C).

Discussions on Your Voice Counts included the following topics:

- How is suicide discussed or not discussed in the Korean community?
- How might a person who is having suicidal thoughts express this to someone else?
- How would someone who is concerned about another person start a conversation about suicide? And who is most likely to start a conversation about suicide with someone they are concerned about?
- What are the best strategies to reach Korean community members?

The workgroup discussions suggested that, like other Asian cultures, suicide is definitely still perceived as a taboo subject and is seen as an indication of weakness or cowardly demeanor. However, when someone dies by suicide, it is regarded as a tragedy. Suicide is not discussed directly, but rather indirectly – it may be addressed through discussions of mental health issues which may be framed in a negative light "that person is crazy"; "something is wrong with her". A lot of people still do not know where they can get help or find local resources.

“The high rate of suicide in South Korea and subsequent mass media coverage on suicide has a large influence on how suicide is perceived among Koreans in the U.S. -- generally, the South Korean press on suicide is negative and dramatized, and revolves around suicides among Korean celebrities. The coverage and dramatization of suicide in the news & Korean dramas also make suicides seem less "serious" -- the phrase "I want to die" is commonly used in Korean dramas so much so that when someone actually says it, it may not be taken seriously.” (Workgroup Member)

“The Korean American church community plays an important role in accepting one's self both in a positive and negative light.” (Workgroup Member)

Workgroup discussions revealed three at-risk groups and their potential helpers:

1) At-risk community: Middle-aged men; Helpers: Other middle-aged men, spouses

Middle-aged men are at higher risk for suicide because in Korean culture the men are the primary breadwinners and there is a sense of loss when they feel they can't fulfill that role. Koreans are oftentimes small business owners so there is added stress to that role. When men are feeling depressed, they feel like they can't reach out for help because they are supposed to be strong and not show signs of weakness. Spouses or other middle-aged men are likely to be good helpers – both groups play a supportive role for the at-risk individuals. However, men can often connect with other men about common male issues, and beer (or soju) can open up that conversation

2) At-risk community: Elderly men; Helpers: their children, community gatekeepers like churches

Elderly men experience the passing of their friends and relatives and can become depressed as a result. In addition, thoughts of suicide are seen as a "normal part of aging", especially if they are feeling like a burden to others. Their children are likely to be good gatekeepers, but due to a cultural formality not in a position to broach these topics with their elders. Instead they might reach out to another elder or community or church leader to reach out to the person at risk.

3) At-risk community: Youth; Helpers: Peers, community gatekeepers like churches, teachers

Korean youth experience the "model minority" pressure of excelling in academics and other personal endeavors. They are more likely to be highly critical of themselves if they do not reach a high standard set by themselves or someone else. In addition, Korean youth who are "too Americanized" may feel alienated by the Korean community. Churches and school teachers are good helpers – one workgroup participant said that probably over 50% of the Korean community attends some kind of Christian church and some churches already do health-based outreach to their congregation (discussion about mental health and suicide is still taboo in church culture, but if the message is sensitive enough and if suicide is seen as a growing issue, churches may be more receptive). Teachers are also good gatekeepers because they see the youth every day, especially those who attend "cram schools".

"I think there are two likely characters that would express serious concern. Both a close family figure (sibling, cousin) and close friend might notice slight behavioral changes and sense the factors contributing to a rising stress level. In addition, I think there are limitations on who can speak to whom on these issues comfortably. For example, I don't think it would be acceptable for me to question an elder (parent, aunts, any adult significantly older than I.) Nor would it be comfortable for both parties. However, I would feel comfortable/acceptable speaking with someone in my general age range or with younger children. This is a cultural issue where formality and respect matter immensely -- especially in first generation/immigrants/older population. Again, I don't think Koreans automatically connect the dots realizing the seriousness is at a suicidal level -- so a direct conversation about suicide may never actualize." (Workgroup Member)

IV. Language Adaptation

The Know the Signs campaign team contracted with Kwang Ho Kim, Director of Korean Community Service Programs at Korean Community Services, Orange County, who provided the language adaptation of the brochure and poster. The language was further focus group tested and refined in collaboration by Kwang Ho Kim and workgroup member Jae Kim and his colleague Su Jung Kim from the Los Angeles Department of Mental Health.

One of the workgroup discussions had asked individuals the following: “What kind of language would a helper use to “pierce” through the wall that people put up to get to what might be really bothering them?” Suggestions included that the helper needs to be able to communicate to the concerned person their genuine concern and interest to help. It may also help for the helper to disclose their own problems to validate the feelings of the concerned person. It was suggested to utilize “we” statements to offer help, such as “let us support each other” or “during such difficult times we need to be available for each other, I want to be available for you.”

Discussions regarding warning signs suggested the following ways in which they might manifest in a Korean community member:

- they are remorseful that they cannot provide more for their loved ones; might say they wish their kids were born to parents who could offer more for them
- feelings of constantly disappointing others, especially loved ones
- feelings of loneliness, isolation, outcast from community, not feeling needed
- feeling like they can't keep up with others/not progressing

“I believe conversation is difficult to start as many Koreans internalize their problems. It is difficult to fully express sorrows and worries with friends and family as one wouldn't want to be too burdensome or tarnish their externalized image of “having it all together”.”
(Workgroup Member)

“My thought is an approach that gives a message that they are not alone in feeling this way may reduce stigma and help Korean American individuals feel comfortable to talk to you honestly: ‘Under such a tough situation like you have, sometimes people are so depressed and hopeless, they think about ending it all and even think about suicide. I wonder whether you have ever had a thought like that.’” (Workgroup Member)

“Recently, I had a conversation with a friend (first generation Korean) who recently lost her son in an accident. She was grieving due to her son's death and she posted something on her Facebook account which made me concerned. When I called her and wanted to check up on her, she stated that she is doing ok and told me that she did not want to worry anyone. However, when I validated her feelings and was persistent in helping her, she disclosed about her struggles dealing with the loss of her son and also surrounding stressors. She really needed to speak to someone, however did not want to be a burden to anyone. If I had not persistently offered help, most likely she would have not disclosed her struggles.”
(Workgroup Member)

V. Development of Materials

The first drafts of the materials were guided by specific research into the colors, fonts and visual preferences of Korean community members. Workgroup members provided sample websites, pictures and materials to provide the design team with a feeling for the Korean culture. A focus group was held in Los Angeles County at the offices of the Korean American Family Services (KFAM) on June 11th and was facilitated by Misook Nierodzik, M.A., LMFT, (KFAM). A total of 14 participants between the ages of 19 and 69 representing men and women participated in the two hour discussion session. Members were presented with 5 posters (4 in Korean and 1 in English) and a bilingual brochure. Members were asked to comment on the context and the design of all the items (see Appendix E Focus Group Protocol).

Focus Group and Key Discussion Findings

Focus group participants were first engaged in a series of discussion questions about suicide prevention and the type of information a community member would need to offer help to a person at risk. Overall, the discussion mirrored recommendations made during the initial workgroup conversations (see Appendix A Your Voice Counts discussion posts).

It was suggested that “helpers” need information on the warning signs, where to call to locate available resources, and they need to know how to communicate appropriately and how to approach the topic of suicide. Participants all agreed that a peer or friend would be the most likely person to notice something is wrong or to offer support. Older adults in the group believed individuals who share the same faith or attend the same church would be the ones they would go to for support. Participants felt that two cultural barriers keeping individuals from talking about mental health are guilt and shame. Using the word suicide may seem offensive to some community members when approached by others so starting the conversation talking about feelings and as the conversation progresses it may be appropriate to ask if the person has a desire to die. Participants also feel that since religion has a strong presence in the community, it would be a good idea to share information in churches and with faith leaders so they also know where to direct a person who reaches out to them for help.

Participants also shared that some characteristics of the Korean culture may keep family from knowing how to recognize the signs of suicide due to:

- Lack of family communication
- A disconnect children often feel with their fathers
- Work ethic often keeps parents too busy and away from home
- Outward expressions of affection are not common

Feedback on Materials

Participants were presented with four poster options in Korean and one in English. All participants agreed that the information on the posters and brochure was talking to the helpers and asking them to be alert for warning signs for suicide. Participants did not like the color scheme and colors for options 1 and 2 and thought the design was too busy. They also did not like the design of the warning signs listed on the stones. Participants expressed that the layout should be as simple as possible with plain backgrounds. Participants liked the color scheme of the campaign, but suggested using vibrant colors such as lime green to capture community members' attention. Overall they preferred to have images of individuals with distressed or unhappy facial expression. Participants were equally split in liking option 3 and option 4 for their favorite choice.

Suggestions for improvement to **option 3** included that the two women look like they are having a counseling session (which is appropriate), but it looks as if the younger woman is giving advice to the older women, which is not culturally appropriate. They further noted that the person in the role of the counselor should not be wearing nail polish. Additional suggestions included to remove the orange lines in the background and to replace the teal background color with something more vibrant such as lime green. Finally participants also felt that there was too much text and suggested keeping only the title and first sentence. Suggestions for improvements to **option 4** included to remove the flowers in the background and to darken the eye color of the woman in the forefront. Participants liked the facial expression of the women in the front, but didn't feel the other people depicted looked Korean. Most importantly participants suggested the need to replace the existing font type which they felt was outdated. Participants suggested Nanoom Barun Gothic as a replacement font type.

Image selection, as well as revised poster and brochure drafts, were reviewed by a smaller workgroup consisting of Jae Kim and Su Yung Kim from the Los Angeles County Department of Mental Health, Ahlim Kim, Outreach Coordinator for Korean American Family Services (KFAM), and Misook Nierodzic, LMFT (KFAM). Based on focus group and the workgroup's feedback, three revised designs were created. The final design chosen was option 1a (shown on the next page).

VI. Needs Assessment and Dissemination Plan

Los Angeles County was selected for the pilot implementation for the culturally adapted suicide prevention outreach materials in Korean due to the following factors: its large number of Korean community members, it is the only county where Korean is a threshold language and leadership on the workgroup from the Los Angeles County Behavioral Health Agency. The Know the Signs campaign team contracted with Jae Kim and his colleague Su Jung Kim to conduct a needs assessment for suicide prevention outreach materials in Los Angeles County and to coordinate the dissemination of the materials. Jae Kim, LCSW and Su Jung Kim, LCSW are both training coordinators for the Los Angeles County's workforce education and training division. Su Jung Kim previously worked with Korean Americans with high risk of suicide and mental illness. She has provided them intensive mental health treatments including crisis interventions through community-based mental health services. Jae Kim previously worked as a suicide prevention specialist at Partners in Suicide Prevention Program of Los Angeles County Department of Mental Health. One of his research topics was high incidence of suicide behaviors among Korean Americans. He has provided numerous trainings and workshops for Korean Americans to increase awareness of mental illness and suicide prevention since 2010.

In April Jae Kim and Su Jung Kim conducted needs assessment interviews with a total of eleven organizations in the Los Angeles County area. Of these, three were religious organizations and eight were community-based organizations. Interviewees were asked to provide feedback on who they believe was at risk in the Korean community, who the likely helpers would be, what type of materials would be most effective and in which language they should be, Korean, English or bilingual. The majority of organizations believed the materials should reach all age groups. Nine of the eleven organizations identified older adults at-risk, followed by youth. Women (30s to 50s) were identified as the most likely "helper". A poster and bilingual brochure were suggested as the most appropriate outreach materials. Additional outreach items noted included a small pocket-size card, a magnet or a bookmark (see Appendix D Needs Assessment Interviews).

From the assessment interviews Jae Kim and Su Kim contacted 12 organizations in Los Angeles County to promote the availability of the materials and distributed the materials to these organizations for a total of 245 posters reaching helpers of older adults, 245 posters reaching parents of youth and 22,100 brochures.

Following the pilot implementation in Los Angeles County, a statewide distribution plan will be developed and implemented.

In addition, a print media buy was implemented in Los Angeles and San Francisco counties in August 2014 in two widely read Korean publications suggested by workgroup members: The Korean Daily and The Korea Times.

Appendix A: Poster, Brochure and Print Ad

**자살,
우리가 예방할 수 있습니다**

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- 죽고 싶다고 하거나 자살에 대해 언급
- 자해나 자살 도구를 마련함
- 사랑하는 이에게 '더 잘해 주고 싶었는데 그렇게 하지 못해 미안하다'는 말을 함
- 삶의 목표 상실
- 주변 사람들에게 계속 실망을 안겨 준다고 생각함
- 절망감, 좌절감, 감춰 있는 느낌
- 자기 소지품을 남에게 주는 행위
- 사람들과 관계를 멀리함
- 주변정리를 하는 듯한 행동
- 위험을 감수하는 행동
- 분노
- 약물이나 알콜 사용 증가
- 불안증세나 심한 흥분
- 불면증이나 과도한 수면
- 기분의 갑작스런 변화

미국 자살예방 생명의 전화
1.800.273.8255

주 7일, 매일 24시간
상담서비스가 제공됩니다.

KNOW THE SIGNS
suicideispreventable.org

Approximate Translation from Korean to English

Suicide, we can prevent (it).

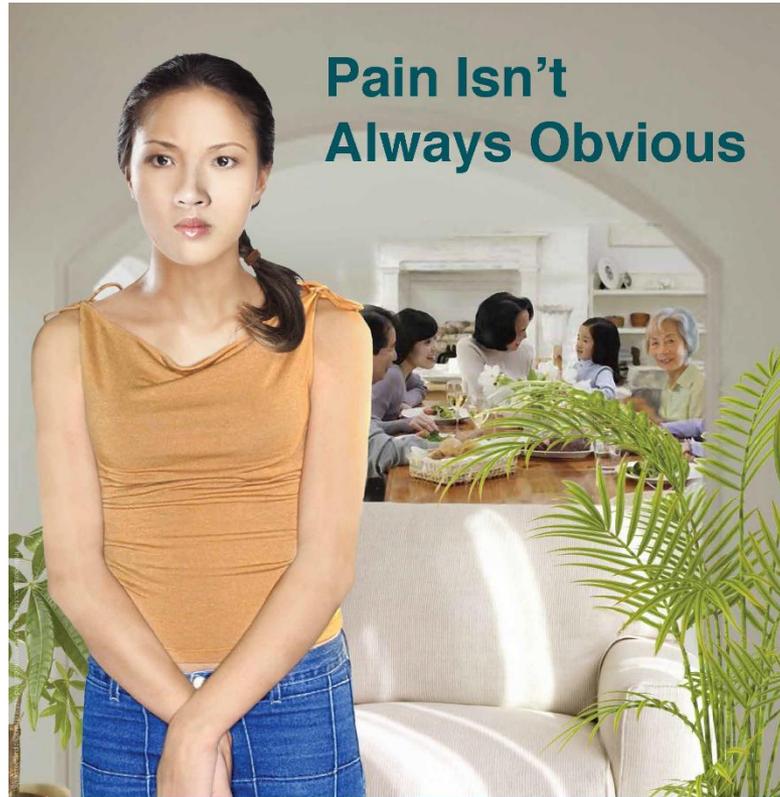
If a friend or family member shows the following behaviors that are not typical for him/her, reach out and provide help immediate.

- Saying that I want to die or mentioning about suicide
- Seeking methods for self-harm or suicide
- Telling a loved one “I’m sorry that I couldn’t treat you better as I wished”
- Loss of purpose in life
- Thinking that they have kept disappointing others
- Feeling of hopelessness, despair or being trapped
- Giving personal possessions to others
- Being distant from others in relationships
- Organizing things in order around self
- Risk-taking behaviors
- Anger
- Increased use of substance or alcohol
- Being anxious or agitated
- Insomnia or sleeping too much
- Sudden changes in mood

National Suicide Prevention Lifeline 1.800.273.8255.
Counselors are available seven days a week and 24 hours a day.

Know the Signs >> Find the Words >> Reach Out

Pain Isn't Always Obvious



There are people in our community who experience intense sadness every day. They believe that their life has no meaning and there is no hope. And because they are ashamed of what they are going through and they find it difficult to understand their experiences, they hide their pain. The warning signs are there, but not always obvious. If you observe even just one of these signs, reach out to provide help in time.

- Talking about wanting to die or suicide
- Seeking methods for self-harm or suicide
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

National Suicide
Prevention Lifeline:

1.800.273.8255

suicideispreventable.org



**KNOW
THE SIGNS**



Know the Signs >> Find the Words >> Reach Out

Brochure

KNOW THE SIGNS

People at risk of taking their own life often feel very isolated and alone.

They may feel that no one can help them and they don't want to burden others with their problems.

When they think there is no other way to deal with such pain, they may regard suicide as the only option.

If a friend or family member shows any of the following, especially if they are acting in ways that are not typical, reach out to provide help in time.

- Talking about wanting to die or suicide
- Seeking methods for self-harm or suicide
- Making comments indicating they wish they could provide more for their loved ones
- No sense of purpose
- Expressing feelings of constantly disappointing others, especially loved ones
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Withdrawal
- Putting affairs in order
- Reckless behavior
- Anger
- Increased drug or alcohol use
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes

Pain Isn't Always Obvious

KNOW THE SIGNS

Suicide Is Preventable

TAKE THE FIRST STEP AND OPEN UP

자살의 위험 신호들

자살을 생각하는 사람들은 심한 절망감을 느낍니다.

아무도 자신을 도울 수 없다는 생각과 다른 사람에게 짐이 되지 않고 싶은 마음에 자살을 고통의 유일한 해결책으로 여기는 상황이 발생할 수 있습니다.

만약 친구나 가족이 평소와 다른 다음과 같은 행동을 보인다면 즉시 다가가서 도움을 제공해 주십시오.

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- 실의 표피 상실
- 주변 사람들에게 계속 상황을 안겨 준다고 생각함
- 결망감, 자포자기, 갈피 없는 느낌
- 자기 소지품을 남에게 주는 행위
- 사람들과 관계를 멀리함
- 주변정리를 하는 듯한 행동
- 위험을 감수하는 행동
- 분노
- 약물이나 알콜 사용 증가
- 불안증세나 심한 흥분
- 플랜중이나 과도한 수면

고통은 나누면 반이 됩니다

어떻게 도울 수 있을까요?

“66경만 걱정이 되어서 문는데, 혹시 목숨을 끊고 싶다는 생각을 하고 계신가요?”

내가 아끼는 사람이 살을 끝내고 싶어한다는 사실을 수용하는 것은 쉬운 일이 아니지만, 우리가 그들을 돕기 위해서는 이를 받아주는 마음이 중요합니다.

대화하십시오:	자살에 대해 질문하십시오:	경청하십시오:
내가 보기에 위험하므로 보여 주는 것들이 얼마나 행동에 대해 대화하십시오.	가끔 정신적일 때 무 힘든 상태를 겪는 사람은 종에는 경각심을 보니 살을 끝내고픈 생각을 하기도 합니다. 혹시 당신도 그렇게 생각하시나요? 걱정을 생각하시나요?”	나의 행위를 표현하고, 안심을 시켜 주며, 어떤 도움이 필요한지 물어보십시오.

이렇게 도와줄 수 있습니다:

- 고통을 함께 나누고, 영려하며, 가까이 도와줄 마음이 있다는 것을 알려주십시오.
- 도움을 요청하는 것이 수치스러운 것이 아니라며 안심을 시켜주십시오.
- 정신 건강 상담사나 의사, 지역 사회 리더 또는 다른 가족 구성원에게 끌리고 도움을 줄 수 있는 다음 단계에 대해 서로 상의하십시오.

도움을 요청하십시오

Call: **1.800.273.8255**

주 7일, 매일 24시간 상담서비스가 제공됩니다.

인터넷 홈페이지(영문으로 되어있음): www.suicidepreventable.org

"Reach Out" 버튼을 누르면 거주하고 계신 각 카운티의 유용한 정보를 찾으실 수 있습니다.

Visit: www.suicidepreventable.org for more information and local resources.

REACH OUT

Call: **1.800.273.8255**

Trained counselors are available 24/7 to offer support at the National Suicide Prevention Lifeline.

Visit: www.suicidepreventable.org for more information and local resources.

FIND THE WORDS

“66 I have to ask this question because I care about you. Are you thinking about ending your life?”

It is difficult to accept that someone we care about wants to end their life. However, acceptance is important for us to be able to help. If you are worried about someone, don't hesitate to start the conversation.

START THE CONVERSATION	ASK ABOUT REASON	LISTEN
Mention the warning signs that you noticed in their actions and words:	"When people go through a tough situation like you are right now, sometimes they are so hopeless they think about ending their life. I wonder if you are having such a thought. Are you thinking about suicide?"	Express concern, reassure and ask to help them.

Here are the ways you can offer support:

- Stay to comfort them and let them know that you care and are willing to help them.
- Reassure them that there is no shame in getting help.
- Talk to and discuss next steps with a mental health clinician or doctor, a community leader or family members.

---Brochure---	
Approximate Back translation	Korean
To share a burden makes the burden in half.	고통은 나누면 반이 됩니다.
Warning Signs of Suicide People who think about suicide have severe feeling of hopelessness.	자살의 위험 신호들 자살을 생각하는 사람들은 심한 절망감을 느낍니다.
When you feel no one can help and you don't want to be a burden to others, it may happen that you think suicide is the only solution for your pain.	아무도 자신을 도울 수 없다는 생각과 다른 사람에게 절이 되지 않고 싶은 마음에 자살을 고통의 유일한 해결책으로 여기는 상황이 발생할 수 있습니다.
If a friend or family member show the following behaviors that are not typical for him/her, reach out and provide help immediately.	만약 친구나 가족이 평소와 다른 다음과 같은 행동을 보인다면 즉시 다가가서 도움을 제공해 주십시오.
1. Saying that I want to die or mentioning about suicide.	1. 죽고 싶다고 하거나 자살에 대해 언급
2. Seeking methods for self-harm or suicide.	2. 자해나 자살 도구를 마련함
3. Telling a loved one "I'm sorry that I couldn't treat you better as I wished"	3. 사랑하는 이에게 '더 잘해 주고 싶었는데 그렇게 하지 못해 미안하다' 는 말을 함
4. Loss of purpose in life.	4. 삶의 목표 상실
5. Thinking that I have kept disappointing others.	5. 주변 사람들에게 계속 실망을 안겨 준다고 생각함
6. Feeling of hopelessness, despair and being trapped.	6. 절망감, 자포자기, 갇혀 있는 느낌
7. Giving personal possessions to others.	7. 자기 소지품을 남에게 주는 행위
8. Being distant from others in relationship.	8. 사람들과 관계를 멀리함
9. Organizing things in order around self.	9. 주변정리를 하는 듯한 행동
10. Risk-taking behaviors.	10. 위험을 감수하는 행동
11. Anger.	11. 분노
12. Increased use of substance or alcohol.	12. 약물이나 알콜 사용 증가
13. Being anxious and agitated.	13. 불안증세나 심한 흥분
14. Insomnia or sleeping too much.	14. 불면증이나 과도한 수면
15. Sudden changes in mood.	15. 기분의 갑작스런 변화

How can we help?	어떻게 도울 수 있을까요?
"I am really concerned about you and so I am asking whether you are thinking about ending your life?"	"정말 걱정이 되어서 묻는데, 혹시 목숨을 끊고 싶다는 생각을 하고 계신가요?"
It is not easy to accept that someone we care about wants to end his/her life, but it is important that you accept it in your heart, in order to help him/her	내가 아끼는 사람이 삶을 끝내고 싶어한다는 사실을 수용하는 것은 쉬운 일이 아니지만, 우리가 그들을 돕기 위해서는 이를 받아주는 마음이 중요합니다.
Talk: Talk to them about their statements or behaviors that you see as warning sings.	대화하십시오: 내가 보기에 위험신호로 보여지는 그들의 말이나 행동에 대해 대화하십시오.
Ask about Suicide: "When people go through very tough situations like you are right now, sometimes they are so hopeless that they think about ending their lives. Do you have such a thought? Are you thinking about suicide?"	자살에 대해 질문하십시오: "지금 당신처럼 매우 힘든 상황을 겪는 사람들 중에는 절망스럽다 보니 삶을 끝내고픈 생각을 하기도 합니다. 혹시 당신도 그렇게 생각하시는지요? 자살을 생각하시나요?"
Listen: Express concerns, comfort them, and ask them what kind of help they need.	경청하십시오: 나의 염려를 표현하고, 안심을 시켜주며, 어떤 도움이 필요한지 물어보십시오.
You can help in these ways. <ul style="list-style-type: none"> • Share the suffering, show your concerns and let him/her know that you are willing to help. • Tell him/her that seeking help is not shameful, and comfort them. • Inform a mental health professional, a doctor, a community leader or other family members, and discuss what can be the next step to help. 	이렇게 도와줄 수 있습니다: <ul style="list-style-type: none"> • 고통을 함께 나누고, 염려하며, 기꺼이 도와줄 마음이 있다는 것을 알려주십시오. • 도움을 요청하는 것이 수치스러운 것이 아니라며 안심을 시켜주십시오. • 정신 건강 상담사나 의사, 지역 사회 리더 또는 다른 가족 구성원에게 알리고 도움을 줄 수 있는 다음 단계에 대해 서로 상의하십시오.
Ask for help	도움을 요청하십시오.
Telephone: 1.800.273.8255 Counseling services are provided seven days a week, 24 hours a day. Internet Homepage: www.suicideispreventable.org We provide detailed information and community resources for you.	전화: 1.800.273.8255 주 7 일, 매일 24 시간 상담서비스가 제공됩니다. 인터넷 홈페이지(영문으로 되어있음): www.suicideispreventable.org "Reach Out" 버튼을 누르시면 거주하고 계신 각 카운티의 유용한 정보를 찾으실 수 있습니다.

Print ads

자살, 우리가 예방할 수 있습니다

만약 단 한가지의 위험신호라도 보게 된다면, 더 늦기 전에 다가가서 도움을 제공해 주십시오.

- 죽고 싶다고 하거나 자살에 대해 언급
- 사랑하는 이에게 더 잘해 주고 싶었는데 그렇게 하지 못해 미안하다는 말을 함
- 남에게 특히, 사랑하는 이에게 계속 실망을 안겨준다고 생각함
- 절망감, 자포자기, 감히 있는 느낌
- 자기 소지품을 남에게 주는 행위
- 사람들과 관계를 멀리함
- 주변정리를 하는 듯한 행동
- 위험을 감수하는 행동
- 신체적 통증이나 정신적 고통 호소
- 불면증이나 과도한 수면
- 분노
- 약물이나 알콜 사용 증가
- 불안증세나 심한 흥분
- 기분의 갑작스런 변화
- 삶의 목표 상실

미국 자살예방 생명의 전화
1.800.273.8255
주 7일, 매일 24시간 상담서비스가 제공됩니다.

suicideispreventable.org

KNOW THE SIGNS

Print Ad option 1

자살, 우리가 예방할 수 있습니다

만약 단 한가지의 위험신호라도 보게 된다면, 더 늦기 전에 다가가서 도움을 제공해 주십시오.

- 죽고 싶다고 하거나 자살에 대해 언급
- 사랑하는 이에게 더 잘해 주고 싶었는데 그렇게 하지 못해 미안하다는 말을 함
- 남에게 특히, 사랑하는 이에게 계속 실망을 안겨준다고 생각함
- 절망감, 자포자기, 감히 있는 느낌
- 자기 소지품을 남에게 주는 행위
- 사람들과 관계를 멀리함
- 주변정리를 하는 듯한 행동
- 위험을 감수하는 행동
- 신체적 통증이나 정신적 고통 호소
- 불면증이나 과도한 수면
- 분노
- 약물이나 알콜 사용 증가
- 불안증세나 심한 흥분
- 기분의 갑작스런 변화
- 삶의 목표 상실

Suicide Prevention Crisis Line
1.877.727.4747
Korean Service Hours: Tuesday - Sunday 4:30 pm - 12:30 am
Monday 6:00 pm - 12:30 am

suicideispreventable.org

KNOW THE SIGNS

Print Ad option 2

Customized Materials for Los Angeles Department of Mental Health (LADMH)

자살, 우리가 예방할 수

면약 친구나 가족이 평상시와 다른 다음과 같은 행동을 보인다면 즉시 다가가서 도움을 제공해 주십시오.

- 죽고 싶다고 하거나 자살에 대해 언급
- 자해나 자살 도구를 마련함
- 사랑하는 이에게 '더 잘해 주고 싶었는데 그렇게 하지 못해 미안하다'는 말을 함
- 삶의 목표 상실
- 주변 사람들이 계속 실망을 안겨 준다고 생각함
- 절망감, 자포자기, 감히 있는 느낌
- 자기 조지움을 남에게 주는 행위
- 사람들과 관계를 잘라냄
- 주변정리를 하는 듯한 행동
- 위험을 감수하는 행동
- 분노
- 약물이나 알콜 사용 증가
- 불안증이나 심한 흥분
- 불면증이나 과도한 수면
- 기분의 갑작스런 변화

KNOW THE SIGNS
suicideispreventable.org

Pain Isn't Always Obvious

There are people in our community who experience intense sadness every day. They believe that their life has no meaning and there is no hope. And because they are ashamed of what they are going through and they find it difficult to understand their experiences, they hide their pain. The warning signs are there, but not always obvious. If you observe even just one of these signs, reach out to provide help in time.

- Talking about wanting to die or suicide
- Seeking methods for self-harm or suicide
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

Suicide Prevention Crisis Line:
1.877.727.4747
24 hours a day, 7 days a week

Los Angeles County Department of Mental Health ACCESS Hotline:
1.800.854.7771
24 hours a day, 7 days a week

suicideispreventable.org

영하십시오.

공제이자: suicideispreventable.org
연사회 자원에 관해입니다.

영 상담전화: 1.727.4747
6:30 pm - 12:30 am
4:30 pm - 12:30 am

REACH OUT

Visit: www.suicideispreventable.org
for more information and local resources.

Suicide Prevention Crisis Line:
1.877.727.4747
Korean Service Hours: Monday 8:00 pm - 12:30 am
Tuesday - Sunday 4:30 pm - 12:30 am

Teen Line:
1.310.855.HOPE (4673)
1.800.852.TEEN (8336)
6 pm to 10 pm

LA Warmline:
1.855.952.WARM (9276)
10 pm to 6 am

Los Angeles County Department of Mental Health ACCESS Hotline:
1.800.854.7771 *press 6 for Korean
24 hours a day, 7 days a week

FIND THE WORDS

60% have to ask this question because I care about you. Are you thinking about ending your life?

It is difficult to accept that someone we care about wants to end their life. However, acceptance is important for us to be able to help. If you are worried about someone, don't hesitate to start the conversation.

START THE CONVERSATION	ASK ABOUT SUICIDE	LISTEN
Mention the warning signs that you noticed in their actions and words.	"When people go through a tough situation like you are right now, sometimes they are so hopeless they think about ending their life. I wonder if you are having such a thought. Are you thinking about suicide?"	Express concern, reassure and ask to help them.

- Here are the ways you can offer support:**
- Stay to comfort them and let them know that you care and are willing to help them.
 - Reassure them that there is no shame in getting help.
 - Talk to and discuss next steps with a mental health clinician or doctor, a community leader or family members.

Appendix B: Your Voice Counts Discussions

Welcome! Please respond to this post.



WORKGROUP DISCUSSION

Welcome! Please respond to this post.



[Jana YourSocialMa...](#)

Welcome! Please respond to this post and introduce yourself to the group!

PRIVATE FEEDBACK (9)

7 comments

POST COMMENT
(#COMMENT-FORM)



Jisub Song

November 7, 2013 - 2:38pm

Let's make a better world.

Jisub Song.



MariaLee

September 12, 2013 - 9:28am

Hello all,

Excited to do great work on this campaign together!

Thanks,

Maria



ahlimkim

September 11, 2013 - 10:26pm

Hi All!

Glad to be a part of this team. Look forward to working with you all.



sakim

September 11, 2013 - 2:33pm

Hello,

My name is Sarah Kim. Looking forward to brainstorm together to work on this wonderful initiative :)



Jae Kim

September 4, 2013 - 6:50am

Hi all,

I'm glad to participate in this workgroup. Thanks.

Jae



suehankwak

September 3, 2013 - 12:37pm

Hi Theresa, I think I am now registered and logged in as a member. Thanks, Sue.



Theresa Ly

August 29, 2013 - 4:03pm

Hello everyone! Thank you for being a part of this workgroup, and I look forward to having some interesting conversations with you all.

- Theresa Ly

POST NEW COMMENT

YOUR NAME:
em



Preparing for our orientation webinar.



WORKGROUP DISCUSSION

Preparing for our orientation webinar



Theresa Ly
Hi everyone!

I'm looking forward to chatting with you all on Monday, September 30th to get you oriented to the Know the Signs Campaign Korean Workgroup to create suicide prevention outreach materials for the Korean speaking community. Thanks again for your time in providing your valuable feedback to this project.

Here are a few housekeeping items to share in preparation for next week:

Technology

After you registered for the webinar, you should have received an email with webinar access information from Go2Webinar, which included a weblink and a conference number to call into. *If you do not have this webinar access information, please email me (tly@edc.org), so I can give you your unique access information.*

At the time of the webinar, please make sure you are at a computer with an internet connection, as you will need to follow the presentation that I will be sharing on the screen. Click on the provided weblink and that will install and open the Go2Webinar screen and the Go2Webinar Control Panel.

If you have a computer mic & speakers, please make sure you use a headset in order to reduce background noise.

If you would rather speak via the phone, please go to the Go2Webinar Control Panel, under "Audio", and choose "Telephone". Make sure to type in the Audio Pin provided in the Go2Webinar Control Panel.

Questions for discussion

Here is a pretty comprehensive list of discussion starters that we will talk about either during the webinar, or afterwards as we continue the conversation here on the Your Voice Counts Korean Workgroup. Please take a few moments to consider these questions before the orientation webinar.

Discussion Question One:

- How is suicide perceived among the Korean-speaking community?
- How is suicide discussed, or not discussed among the Korean-speaking community?
- What are barriers for helpers in the Korean community to help others?

Discussion Question Two:

- What existing suicide prevention materials aimed at helpers (not those in crisis) exist to reach this group?
- What types of materials would resonate or work most effectively for the helper?
- What resources should be listed? What mental health-related resources are accepted by the Korean community locally, statewide or nationally?
- Throughout the state of California, what organizations should receive these materials?

Discussion Question Three:

- What kind of image/setting would be most appropriate?
 - Photo or Illustration
 - Who should be portrayed as "the helper" and who should be portrayed as the "person who needs help"?
- What is an appropriate headline?

I have also attached the PowerPoint presentation we will use during the orientation webinar (see below). If you have any questions, please don't hesitate to call me at 916.494.9616 or email me at tly@edc.org.

Thanks, and talk to you next week!

Theresa

PRIVATE FEEDBACK (6)

Attachment:

[Korean Orientation 9-30-13.pdf \(http://www.yourvoicecounts.org/sites/default/files/topics/Korean_Orientation_9-30-13_0.pdf\)](http://www.yourvoicecounts.org/sites/default/files/topics/Korean_Orientation_9-30-13_0.pdf)

0 comments [POST COMMENT](#)
(COMMENT FORM)

POST NEW COMMENT

YOUR NAME:

em



How is suicide discussed, or not discussed in the Korean community?



WORKGROUP DISCUSSION

How is suicide discussed, or not discussed in the Korean community?



Theresa Ly

The workgroup discussions suggested that, like other Asian cultures, suicide is definitely still perceived as a taboo subject and is seen as an indication of weakness, or a cowardly demeanor. However, when someone dies by suicide, it is seen as a tragedy. Suicide is not discussed directly - it may be addressed via discussions of mental health issues which may be framed in a negative light "that person is crazy"; "something is wrong with her") A lot of people still don't know where they can get help or resources.

The high rate of suicide in South Korea and subsequent mass media coverage on suicide has a large influence on how suicide is perceived among Koreans in the U.S. - generally, the South Korean press on suicide is negative and dramatized, and revolves around suicides among Korean celebrities. The coverage and dramatization of suicide in the news & Korean dramas also make suicides seem less "serious" - the phrase "I want to die" is commonly used in Korean dramas, so much so that when someone actually says it, it may not be taken seriously.

Please offer additional thoughts and also consider these questions:

- How would someone who is concerned about another person start a conversation about suicide? And who is most likely to start a conversation about suicide with someone they are concerned about?
- How might a person who is having suicidal thoughts express this to someone else?

PRIVATE FEEDBACK (9)

14 comments POST COMMENT
(#COMMENT FORM)



Theresa Ly

November 1, 2013 - 2:43pm

Hi all,

Sorry for being a little absent on these workgroups this past week - I just got back from vacation and was so happy to see all of this rich conversation happening while I was away!

I like how we all seem to agree on approaching someone in a more holistic manner, offering help instead of directly asking whether they are feeling suicidal and I think that "normalization" language is something that we'll definitely take into account when we create the materials.

We can wrap up this discussion thread now, and look out for the second discussion post that will go up shortly - we'll be talking about how who the helpers are, and where to reach them. Looking forward to your thoughts there!

Theresa



ahlimkim

October 22, 2013 - 8:41pm

In addition to previous comments regarding Theresa's second question, I think it is also important to make the primary helpers to try hard to reduce the stigma on mental health and raise more awareness for self-care. In general, in Asian culture, mental health topics were often considered shameful to talk. Also, self-care seemed to be a kind of Western concept from

the context where I grew up and I am assuming most Koreans were not that familiar with this self-care, especially when it comes to mental, not physical.

One of my favorite authors, C.S. Lewis mentioned in his book, *The Problem of Pain*, he depicts that "Mental pain is less dramatic than physical pain, but it is more common and also more to bear. The frequent attempt to conceal mental pain increase the burden: it is easier to say "My tooth is aching" than to say "My heart is broken." I thought this is a very powerful statement not only to simplify our view on mental health issues as a normal thing to share but also to seek for professional helps, for the unmet needs of self-care. When you are feeling very ill and when you cannot stand it anymore, you look for a medical professional to either soothe the pain and heal or to find reasons why you are sick. Same as mental health, I think bringing up this concept; *treating mental health as on equal to physical health*, it may create a positive transformational process, empowering inner strength that individuals can find in themselves or seeking helps from others willingly.



Jana_YourSocialMa...

October 30, 2013 - 4:42pm

Hi,

I have enjoyed reading all of the comments, but was especially moved by the C.S. Lewis quote. Thanks for sharing!



sakim

October 21, 2013 - 2:31pm

what kind of language would a helper use to "pierce" through the wall that people put up to get to what might be really bothering them?

The helper needs to be able to communicate to the concerned person, their genuine concern and interest to help.

It may also help for the helper to disclose about their own problems to validate the feelings of the concerned person.

Utilize "we" statements to offer help, such as "let us support eachother" "during such difficult times we need to be available for eachother, I want to be available for you"

How does a helper broach the topic of mental health issues with someone else who might be trying to make it seem like everything is okay?

As Jae mentioned, normalize mental health issues. Explain that as we need physical screening, so do we need to obtain mental health screening.

I noted that once the helper also becomes open to share about their own struggles, the more likely the other person will reveal their own struggles.



sakim

October 21, 2013 - 2:16pm

- How would someone who is concerned about another person start a conversation about suicide? And who is most likely to start a conversation about suicide with someone they are concerned about?

Most likely, the concerned person may start a conversation about suicide. Many times the person who may be going through a difficult time, may not want to express it to the concerned person since the person may not want to be a burden to the concerned person. Recently, I had a conversation with a friend (first generation korean) who recently lost her son in an accident. She was grieving due to her son's death and she posted something on her facebook account which made me concerned. When I called her and wanted to check upon her, she stated that she is doing ok and told me that she did not want to worry anyone. However, when I validated her feelings and was persistent in helping her, she disclosed about her struggles dealing with the loss of her son and also surrounding stressors. She really needed to speak to someone, however did not

want to be a burden to anyone. She stated that people around her, including her family and church members are getting tired supporting her. She was feeling alone and felt like that everyone had turned their backs on her. If I had not persistently offered help, most likely she would have not disclosed her struggles.

I believe that it is imperative to persistently offer help and also first initiate conversation about suicide.

- How might a person who is having suicidal thoughts express this to someone else?

As mentioned above, some people, especially youths may express their feelings of sadness on facebook or other media. I noted that a lot of immigrants turn to social media, since it is more difficult to meet people, living in California. There is a Korean website for moms living in the U.S.: www.missysusa.com – many moms turn to social media to obtain an answer or also share their feelings.



Jae Kim
October 16, 2013 - 3:17am

I saw all the great points and comments from the members regarding Theresa's first questions. I agree with you all, especially I liked some comments about youth, and Maria's examples of warning signs that Korean Americans may express to others.

For Theresa's second posted question, my thought is normalization would be a great tool to help a Korean individual speak about their issue. "Under such a tough situation like you have, it's pretty common that people feel so overwhelmed that they get anxious and depressed. I wonder whether you feel that way at this time." "Sometimes people are so depressed and hopeless, they think about ending it all and even think about suicide. I wonder whether you have ever had a thought like that."

Giving a message, "It is one of common conditions/reactions we can have", "You are not only person who feels that way or think that way" may reduce stigma and help Korean American individuals feel comfortable to talk to you honestly.



Theresa Ly
October 17, 2013 - 10:42am

Great comments so far - thanks!

Let's talk a little bit more about this societal expectation to make it seem like "everything is okay" - what kind of language would a helper use to "pierce" through the wall that people put up to get to what might be really bothering them? How does a helper broach the topic of mental health issues with someone else who might be trying to make it seem like everything is okay?



sakim
October 17, 2013 - 8:18am

I agree that Korean American youth face significant barriers communicating to their parents due to language barriers as well as maybe both parents working and not being available. Due to the taboo subject of suicide and also stigma around mental health, it takes a lot of in depth psycho-education for parents to recognize and understand their children's emotional status. I have experience working with Korean children who are chronically mentally ill. Unfortunately they started to obtain counseling when their symptoms became severe. For instance, one teenager's mother finally sought out help after the teen attempted suicide. I definitely feel that psycho-education is crucial to decrease stigma around suicide and mental illness. I also agree with the previous posts indicating that even among friends, there is a tendency to try to appear put together, however I believe that if someone has a close relationship with someone, the person is most likely going to display some signs to seek help.

ahlimkim
October 16, 2013 - 5:11pm



In addition to what discussed in the previous comments which I strongly agree with, I would like to add an immigration context. People who began verbally expressing their feelings of desperation and suicide come from seeking out for help from others or wanting to get attentions. Sometimes close friends can be the

primary contacts to share the negative feelings especially for youth. I got to work with many Korean youth at churches several years in the past and what I saw among teens, they tend to speak about their issues to their peers rather than parents due to their language barriers - Korean speaking parents and English speaking children. Cases that I observed for mental or behavioral issues, many first generation immigrants parents are too busy working that they cannot spend quality time with their children and their family dynamics cannot stay healthy as supposed to. It was just my observation so I cannot generalize this tendency but I still wanted to mention about it.



suehankwak
October 16, 2013 - 3:40pm

I cannot agree more with both of you. I think our society is very sympathetic towards physical ailment or pain but when it comes to mental health issues just like what Maria said, "having it all together" really is pushed in our face. Another aspect of depression and suicide that Korean community lacking in information is about the clinical part of depression; it is not always cause by some life events or misfortune but it can be a disorder just like other problems. "It must be someone's fault" often times is the idea. The stigmatization of depression, thoughts of suicide and mental disorder really keeps people to talk about it and keeps the family to silence the issue.



MariaLee
October 16, 2013 - 11:47am

- How would someone who is concerned about another person start a conversation about suicide? And who is most likely to start a conversation about suicide with someone they are concerned about?
 - I believe conversation is difficult to start as many Koreans internalize their problems. It is difficult to fully express sorrows and worries with friends and family as one wouldn't want to be too burdensome or tarnish their externalized image of "having it all together." Furthermore, because of this issue, it can be difficult to detect that anything is wrong to spark discussion about suicide. This is not to say Koreans don't care about their loved one's feelings. In my experience, I have only seen one instance of suicide being discussed outright with a friend in distress. Instead, I have seen more conversations about what their specific sorrows might root from or possible solutions to the root of the problem are discussed instead of seeking help or therapy for the related depression and/or other behavioral health issues. Typically, I hear phrases such as "be strong," "just try your best/work harder," "things will get better," "don't think that way/lose focus" used as resolves in these types of conversation. I feel that if I were to ask a Korean friend or family member if they were considering suicide as an option, they would vehemently deny it - downplaying their issues (burdensome, appearances.) In the one instance where I have heard suicide somewhat outrightly discussed, the phrasing was set up to discourage a yes response, "It's not to the point where you're giving up, right?/It's not so bad that you want to die, right?/ I agree with the previous poster that the gateway conversation is likely to be indirect. I think there are two likely characters that would express serious concern. Both a close family figure (sibling, cousin) and close friend might notice slight behavioral changes and sense the factors contributing to a rising stress level. In addition, I think there are limitations on who can speak to whom on these issues comfortably. For example, I don't think it would be acceptable for me to question an elder (parent, aunts, any adult significantly older than I.) Nor would it be comfortable for both parties. However, I would feel comfortable/acceptable speaking with someone in my general age range or with younger children. This is a cultural issue where formality and respect matter immensely -- especially in first generation/immigrants/older population. Again, I don't think Koreans automatically connect the dots realizing the seriousness is at a suicidal level - so a direct conversation about suicide may never actualize.

- How might a person who is having suicidal thoughts express this to someone else?
 - This person might mention key indicators in conversation. Some examples:
 - they are remorseful that they cannot provide more for their loved ones; might say they wish their kids were born to parents who could offer more for them
 - feelings of constantly disappointing others, especially loved ones
 - feelings of loneliness, isolation, outcast from community, not feeling needed
 - feeling like they can't keep up with others/not progressing



Jana_YourSocialMa...
October 16, 2013 - 2:14pm

Thank you so much for your indepth thoughts- they are very helpful!



sakim
October 15, 2013 - 7:13pm

Most likely if someone is concerned about someone who may be contemplating suicide, the person may indirectly ask, such as: Are you ok? What is wrong? It is quite rare to see someone asking another person if they are suicidal in a direct manner. The concerned person may express their concern and may offer support. A person who may be contemplating suicide may be displaying significant sadness and hopelessness. A person verbally expressing their feelings of hopelessness may be an indirect cry for help. The person may disclose such feelings to a close friend, however may not be directly stating that they wish to die by suicide.



Jana_YourSocialMa...
October 16, 2013 - 2:15pm

Thank you for your thoughts!

POST NEW COMMENT

YOUR NAME:
em



Given possible “helpers” within the Korean community, how do we reach them?



YOUR VOICE COUNTS

WORKGROUP DISCUSSION

Given possible “helpers” within the Korean community, how do we reach them?



Theresa Ly

According to our our conversations, there seemed to be three "at-risk" populations within the Korean community:

1) At-risk community: Middle-aged men; Helpers: Other middle-aged men, spouses

Middle-aged men are at higher risk for suicide because in Korean culture, the men are the primary breadwinner and there is a sense of loss when they feel they can't fulfill that role. Koreans are oftentimes small business owners, so there is added stress to that job. When men are feeling depressed, they feel like they can't reach out for help because they are supposed to be strong and not show signs of weakness.

Spouses or other middle-aged men are likely to be good helpers – both groups play a supportive role for the at-risk individuals. However, men can often connect with other men about common male issues, and beer (or soju) can open up that conversation.

2) At-risk community: Elderly men; Helpers: their children

Elderly men experience the passing of their friends and relatives and can become depressed as a result. In addition, thoughts of suicide is seen as a "normal part of aging", especially if they are feeling like a burden to others.

Their children are more likely to be good gatekeepers; however, if there is an existing emotional disconnect between parent and child, those bonds need to be rebuilt in order for the children to ask about mental health/suicidal thoughts and to offer help.

3) At-risk community: Youth; Helpers: Community gatekeepers like churches, school teachers

Korean youth experience the "model minority" pressure of excelling in academics and other personal endeavors – they are more likely to be highly critical of themselves if they do not reach a high standard set by themselves or someone else. In addition, Korean youth who are "too Americanized" may feel alienated by the Korean community.

Churches and school teachers are good helpers – one workgroup participant said that probably over 60% of the Korean community goes to some kind of Christian church, and some churches already do health-based outreach to their congregation (discussion about mental health and suicide is still taboo in church culture, but if the message is sensitive enough and if suicide is seen as a growing issues, churches may be more receptive). Teachers are also good gatekeepers because they see the youth everyday, especially those who attend "cram schools".

Please offer additional thoughts and also consider these questions:

- Are there other individuals who we have not yet addressed who also be in a position to notice warning signs of suicide in someone else and offer their support to someone who may be at risk for suicide?
- What are the best avenues to reach these helpers? Are there organizations, business, or common gathering places where these helpers can be reached using the marketing materials that we create? Do you have existing partnerships with these potential materials distribution and outreach centers?

PRIVATE FEEDBACK (6)

spouses

- Korean American Association of LA: <http://kacla.org> (also has a mentorship program that may be considered helpers for youth as well)
- Korean-American Churches: <http://www.kamr.org>
- More local places: Coffee Shops, Korean Restaurants, Bakeries & Shopping Centers, Day Spas/Saunas (might reach helpers and those needing help)

2) At-risk community: Elderly men; Helpers: their children

- One thing to note: I believe both genders are at risk in the elderly population.
- Churches and Temples
- Though I am less familiar, I believe there are some Korean American family organizations that might fit this category well. I'm hoping others will know more specifically.
- Local places: Korean Grocery Stores, bus stops.

3) At-risk community: Youth; Helpers: Community gatekeepers like churches, school teachers

- Church Youth Groups (Leadership): <http://www.kamr.org>
- Korean Language Schools (teachers?)
 - Korean Language School Association (lists contact names/phone numbers of local schools in Korean, and organization contact): http://www.kosaa.org/local_korean_schools/?lan=ko
- High School Academic Advisors/Counselors
- Local places: boba/other cafes



Jana_YourSocialMa...
November 14, 2013 - 6:37pm

Thank you for all of these details. We are in the process of reviewing all of the links.



suehankwak
November 4, 2013 - 10:56am

Postpartum depression in Korean American women definitely needs more awareness. Yes, either they are isolated and feel left alone and feel helpless OR they can become overcrowded by family members. In both situations there are not enough time and space to ask the woman what and how she would like it to be. Korean families tend to forget that it is important to listen to the mother. Instead everyone will give their little pitch about how things should be done. The new mother can be overwhelmed and lonely.



sakim
November 4, 2013 - 9:15am

I think postpartum depression also needs more awareness in the Korean community. Many mothers after birth may have suicidal ideation due to lack of support. Especially, mothers who don't have their maternal family present for support. Helpers could be again church members, korean OBGYN doctors. Most of korean mothers usually try to be seen by a korean OBGYN.



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- What are the best avenues to reach these helpers? Are there organizations, business, or common gathering places where these helpers can be reached using the marketing materials that we create? Do you have existing partnerships with these potential materials distribution and outreach centers?

My agency offers a series of mental health/ mental wellness community workshops for all ages every year. We have annual Healthy Youth Program seminar and 2-3 times of Older Adults seminar mainly focusing on mental health discussing depression, stress and dementia. I can help distributing marketing materials once it is created at our various community events. We also plan to do our second "Korean Mental Health Screening Day" next Spring aiming to have about 100 Korean people to join for a depression screening and for them to receive free 1:1 professional consultation.

Other places that I can recommend are:

- 1) Koretown Youth Community Center also provides a comprehensive mental health services for children/youth
- 2) Young Nak Presbyterian Church of LA is one of the biggest Korean American Church, the church has a great program offers to community members, hundreds of Korean seniors, during week days called "Evergreen College", a comprise of interesting class sessions for wellness of senior population
- 3) YNOT Foundation provides also mental health services to Koreans
- 4) Senior housing apartments/centers in LA area
- 5) Other non-korean organizations but serve many Korean seniors like Little Tokyo Service Center and Special Service Group



ahlimkim
November 15, 2013 - 11:45am

- What are the best avenues to reach these helpers? Are there organizations, business, or common gathering places where these helpers can be reached using the marketing materials that we create? Do you have existing partnerships with these potential materials distribution and outreach centers?

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MariaLee
November 4, 2013 - 1:09pm

- What are the best avenues to reach these helpers? Are there organizations, business, or common gathering places where these helpers can be reached using the marketing materials that we create? Do you have existing partnerships with these potential materials distribution and outreach centers?
 - 1) **At-risk community: Middle-aged men; Helpers: Other middle-aged men,**

providers (providers who mainly focus on providing treatment to API).

The potential materials will be definitely utilized by Partners in Suicide Prevention team, which I am a part of. I can also provide the materials to our DMH outreach and engagement team, who also have various connections to the community, such as clergy meetings, schools. I am part of the children's administration and I can also provide the potential materials to our LAC school-based mental health coordinators, coordinators with the Full Service Partnership Program.



sakim
November 25, 2013 - 10:33am

Do you have **existing partnerships** with these potential materials distribution and outreach centers?

Partners in Suicide Prevention team at LACDMH reaches out to the korean community, such as attending korean fairs, outreach to local churches, providing resources to DCFSS and also DMH providers (providers who mainly focus on providing treatment to API).

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Jae Kim
November 16, 2013 - 1:31pm

□What are the best avenues to reach these helpers? Are there organizations, business, or common gathering places where these helpers can be reached using the marketing materials that we create? Do you have existing partnerships with these potential materials distribution and outreach centers?

- 1) Periodicals: KoreAm magazine (very popular magazine for 1.5 and 2nd generation Korean Americans)
- 2) Billboards that are located at Wilshire/Vermont, Olympic/Vermont and Olympic/Western in LA Koreatown area.
- 3) Market places: Madang Mall (6th/Manhattan Pl), Galleria Markets at Olympic/Western and 5th/Vermont
- 4) Churches: In addition to Yong Nak Presbyterian Church, I want to mention Oriental Mission Church, All Nations Church (ANC Onnuri Church) and Church Everyday.
- 5) Newspapers: The Korea Daily and The Korea Times - This might be the best way to reach out to Korean middle age men and elderly.
- 6) TV Channel: Channel 18
- 7) World Mission University (6th/Shatto PL) and Fuller Seminary in Pasadena - They have a lot of Korean speaking students
- 8) Senior places: I know many senior housings where a lot of Korean seniors reside, and day health care centers for Korean senior participants. I can create a list of them.

ahlimkim
November 15, 2013 - 11:45am



suehankwak
January 6, 2014 - 10:42am

Working in an agency that serves Asian population with mental illness and developmental disabilities I do see certain features of Korean clients that are distinct in family stigma and self blame. Although these two characteristics are pretty common and universal, the Korean American church community plays important role in accepting one's self both in positive and negative light. I would like to bring attention to mental health issue of mothers and parents of children with developmental disabilities and mental illness. I see the parents or the caretakers of children or adult with mental disabilities are very exhausted physically and mentally from 1) taking care of them, 2) sometimes/most of the times responsible for the financial burden, 3) isolation and social stigma, 4) take care of other siblings who are also in need of parenting for just typically developing but with social stigma of having family members with disability and so on. Because Korean society in Korea with history of extreme rapid growth in economy since post Korean war, every aspect of institutions have been places essentially for high achievers. Sadly, the financial development of the country has not translated into taking care of human aspect of the society. Fortunately, the recent trend in social services in Korea has been catching up in Korea, there are more systems in place for elderly, disabled and children/family with needs. There is growth in social welfare majors among college students and increased awareness that taking care of people in special need is not something the society can ignore anymore. But the immigrant Korean society where the value system somewhat dominated by the church institutions are still fixated on high achieving mobility to success, whatever that is they define; mainly being able to earn more money so they can contribute to building more beautiful church building may be(?) These faith based organization weave the ideas of success into where they stand with God which makes it even harder for the disable population. I apologize for this long explanation but but going back to the issues of Korean American parents with children with physical and mental disabilities, they can suffer from social isolation and depression from lack of support in general when they are the people who needs it. Thanks, Sue.



sakim
November 25, 2013 - 9:52pm

I came across this website www.counsel24.com (<http://www.counsel24.com>). It is a suicide prevention website which was developed in Korea. When you enter the website, a very famous Korean celebrity talks about a story of a woman who has suicidal ideation and how contacting a suicide prevention hotline listed in Korea but I thought this website could be a great resource which can be listed also in the know the signs brochure. What do you think?



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Appendix C: Member Roster

Name	Organization	County	Qualifications
Jae Kim	LA Department of Mental Health	Los Angeles	Working as a suicide prevention specialist in partnership with the suicide prevention program in the department. I have been reaching out to Korean Americans and I'm highly interested in developing culturally competent suicide prevention materials.
Sue Han	Asian Community Mental Health Services	Alameda	I was referred to this workgroup by my job but personally I am very interested in suicide prevention work in Korean American/Asian American communities.
Ahlim Kim	Korean American Family Services	Los Angeles	I'd like to help Korean youth at risk with my current professional career in mental health and community education. I've been working with Korean Youth for almost 10 years through community organizations and churches in Korean American community in LA, as well as I have 5 years of experience in non-profit marketing, community outreach and education. I also did numerous English-Korean translations in publications which include press releases, media campaigns, financial education materials, marriage education materials, mental health outreach materials with professional communications and strategies and plans.
Maria Lee	College student	Los Angeles	As a young Korean-American, I am able to relate first-hand to the many pressures this youth population may encounter. Furthermore, I was raised in both a rural Korean-American community, and a city/suburban community – where each has its unique characteristics. Educationally, I hold a B.S. in Behavioral Sciences from the University of La Verne. It is my greatest aspiration to give back to the community that has helped raise me, and I hope that my educational background and personal experiences combined will help me be an asset to the Know the Signs workgroup.
Sarah Kim	LA Department of Mental Health	Los Angeles	I am a psychiatric social worker for the Partners of Suicide Prevention program at DMH. I have personal and professional interest in increasing the awareness of suicide prevention in the Asian American community. I am a licensed clinical social worker and I have experience working in the field this population for more than six years. I am fluent in speaking writing and reading in Korean.

Appendix E: Focus Group Protocol

Focus Group Protocol

Introduction/Welcome

Introduction statement for the group: (Thank everyone for being present):

*We want to welcome you to today's focus group. The purpose of today's meeting is to learn how we can reach the Hmong community with information about suicide prevention. We will review media scripts (TV and radio) as well as outreach materials (tent card and magnet) in Hmong to reach the **helpers**, meaning someone who is in a position to recognize warning signs and offer support, **NOT** the person at-risk.*

Please emphasize to participants that their input and feedback are invaluable in ensuring we produce materials that are user friendly and effective.

Remind participants that we have provided food and beverages for their enjoyment and to please feel comfortable to get up and get something to drink or eat if they haven't already.

Background

Campaign background: The materials that will be created for the *Know the Signs* campaign are part of statewide efforts to prevent suicide and are funded by counties through the Mental Health Services Act.

SECTION 1: Discussion about Suicide Prevention

- 1) If you were concerned that a friend or family member is having thoughts of suicide what information do you need to help you support a friend you are concerned about?
- 2) If you were having thoughts of suicide, who do you think would notice warning signs and reach out to you? A family member? A close friend?
- 3) What is the best way to reach the Korean community members with this type of information? (For example, posters in a local store, brochures at church, community workshop or other.)

SECTION 2: Poster Feedback

The materials we are about to review were developed with input from a workgroup comprised of Korean community members across the state. The language on the materials was created by Kwang Ho Kim, Director of Korean Community Service Programs at Korean Community Services, Orange County, and then further reviewed by Jae Kim and Su Jung Kim from Los Angeles County Department of Mental Health.

1. Poster

Please take a few minutes to review the poster and the content.

- In 10 words or less, what is this poster about?
- Who is this poster trying to speak to? Who is it relevant for?
- What is this poster asking you to do?
- Are the images appropriate for the Korean community?
- All of the information is in Korean. Is this appropriate?

SECTION 3: Review Brochure

Hand-out copies of the brochure and give participants a few minutes to read the brochure. Point out that on the reach out panel an organization can customize the materials with their contact information.

- Earlier we asked you what information you would need to help you support a friend or family member you are concerned about. Is this information helpful?

Thank everyone for participating and hand out gift cards

Appendix F: Recruitment Flyer



Workgroup Participants Needed

Contact: Jana Sczersputowski – jana@yoursocialmarketer.com – 858 740 4381.

The Know the Signs suicide prevention social marketing campaign is looking for workgroup participants to assist in the development of culturally and linguistically competent materials. Please recommend yourself, a colleague or community member. Responsibilities include:

- ✓ An estimated time commitment of 10-15 hours between July 1, 2013 and September 30, 2013.
- ✓ Participation in one-on-one phone calls with campaign team members.
- ✓ Participation in conference calls as needed.
- ✓ Provide input and review creative materials.
- ✓ Assist with the development of a distribution plan

We are looking for approximately 5-8 participants in each workgroup. Participants who are selected will be compensated for their time with a \$300 stipend.

First and Last Name:	
Organization (if applicable):	Title (if applicable):
Email:	Phone:
Briefly describe your qualifications for this workgroup and why you are interested in participating.	

We are looking for individuals with experience working with or conducting outreach to these different groups. **Please mark which of these 11 workgroup(s) you are interested in**

- African American
- API Youth
- LGBTQ Youth
- Low literacy Spanish-speaking individuals.

Workgroups for the development of materials reaching individuals who speak these languages:

- Vietnamese
- Tagalog
- Cantonese/Mandarin
- Hmong
- Khmer
- Korean
- Lao

The Know the Signs campaign is part of statewide efforts to prevent suicide, eliminate stigma about mental illness and improve student mental health. The Know the Signs suicide prevention social marketing campaign prepares Californian's to prevent suicide by encouraging them to **know the signs, find the words** to offer support to someone they are concerned about and reach out to **local resources**.



Know the Signs >> Find the Words >> Reach Out
suicideispreventable.org