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

WORKGROUP REPORT FINAL
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](http://www.suicideispreventable.org)
- [www.elsuicidioesprevenible.org](http://www.elsuicidioesprevenible.org)

All campaign materials can be viewed, customized and downloaded from the Resource Center on Your Voice Counts ([www.yourvoicecounts.org](http://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 Medical 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.”


“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.”


“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.”

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)

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

Know the Signs >> Find the Words >> Reach Out
Know the Signs >> Find the Words >> Reach Out
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 Nierodzik, 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).
한국 버전
자살, 우리가 예방할 수 있습니다

교토 신문에 실린 긴급 전화번호: 1-800-273-8255
주 7일, 매일 24시간 상담서비스가 제공됩니다.

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

Option 1 (a)  Option 1 (b)  Option 2
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.
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.
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
- Anxiety
- Mood swings
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- Loss of sense of purpose

National Suicide Prevention Lifeline:
1.800.273.8255

suicideispreventable.org

Know the Signs >> Find the Words >> Reach Out
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 about taking their life, 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 being suicide
• Setting methods for self-harm or suicide
• Making unrealistic or illogical plans that they think will benefit someone else
• No sense of purpose
• Expressing feelings of unworthiness, disgusting oneself, especially loved ones
• Feelings hopeless, despair, trapped

Do you know the signs of suicide?

Gone are the days when, if you wanted to kill yourself, you just did it. Today, people are more aware of the signs of suicide and are more likely to seek help.

If you or someone you know is at risk of suicide, please call 1-800-273-8255.

Reach Out

Call 1-800-273-8255 for immediate support from the National Suicide Prevention Lifeline.

www.suicideprevention.org

Get help 24/7/365 through the National Suicide Prevention Lifeline.

Do you recognize any of these signs of suicide?

• Talking or writing about suicide
• Giving away possessions
• Withdrawing
• Putting affairs in order
• Changes in behavior
• Increased use of alcohol or drugs
• Expressing hopelessness
• Changes in sleep
• Sulking mood changes

Find the Words

It is difficult to accept that someone we care about wants to end their life. However, openness and acceptance of us to be able to help if you are worried about someone, don’t hesitate to start the conversation.

Know the Signs >> Find the Words >> Reach Out
**Warning Signs of Suicide**

People who think about suicide have severe feelings of hopelessness.

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.

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

| 1. Saying that I want to die or mentioning about suicide. |
| 2. Seeking methods for self-harm or suicide. |
| 3. Telling a loved one “I’m sorry that I couldn’t treat you better as I wished.” |
| 4. Loss of purpose in life. |
| 5. Thinking that I have kept disappointing others. |
| 7. Giving personal possessions to others. |
| 8. Being distant from others in relationship. |
| 9. Organizing things in order around self. |
| 11. Anger. |
| 12. Increased use of substance or alcohol. |
| 14. Insomnia or sleeping too much. |
| 15. Sudden changes in mood. |

| 1. 제고 싶다고 하거나 자살에 대해 언급. |
| 2. 자해나 자살 도구를 마련함. |
| 3. 사랑하는 이에게 ‘더 잘해 주고 싶었는데 그렇게 하지 못해 미안하다’는 말을 함. |
| 4. 살의 목표 상실. |
| 5. 주변 사람들에게 제노 사망을 안겨 준다고 생각함. |
| 6. 불안감, 자포자기, 급하게 있는 느낌. |
| 7. 자기 소중함을 놓게 한 행위. |
| 8. 사람들과 관계를 멀리함. |
| 9. 주변경리를 하는 듯한 행동. |
| 10. 위험을 감수하는 행동. |
| 11. 분노. |
| 12. 약물이나 알코올 사용 증가. |
| 13. 불안증 또는 심한 홍분. |
| 14. 불안증이나 파도한 수면. |
| 15. 기본의 갑작스런 변화. |

---Brochure---

**How can we help?**

If I am really concerned about you and so I am asking whether you are thinking about ending your life?

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.

Talk:
Talk to them about their statements or behaviors that you see as warning signs.

Ask about Suicide:
“Who 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?”

Listen:
Express concerns, comfort them, and ask them what kind of help they need.

You can help in these ways.

- 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.

**Ask for help**

- **Telephone:** 1.800.273.8255
  Counseling services are provided seven days a week, 24 hours a day.
- **Internet Homepage:** www.suicideprevention.org
  We provide detailed information and community resources for you.

**도표증 시호요.**

- **전화:** 1.800.273.8255
  주 7일, 매일 24시간 상담서비스가 제공됩니다.
- **인터넷 홈페이지:** www.suicideprevention.org
  “Reach Out” 버튼을 누르시면 가까운 상담 전문가로 연락이 가능합니다.
- **홍보문구:** Know the Signs >> Find the Words >> Reach Out

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

Know the Signs >> Find the Words >> Reach Out
Customized Materials for Los Angeles Department of Mental Health (LADMH)

Know the Signs >> Find the Words >> Reach Out
Appendix B: Your Voice Counts Discussions

Welcome! Please respond to this post.

YOUR VOICE COUNTS

WORKGROUP DISCUSSION

Welcome! Please respond to this post.

Jinh Song
November 7, 2013 1:04pm
Let's make a better world.

Michele
September 12, 2013 9:26am
Hello all,
Excited to do great work on this campaign together!
Thanks,
Michele

Almira
September 11, 2013 10:25am
Hi all,
Glad to be a part of this team. Looking forward to working with you all.

Jin Hye
September 9, 2013 4:46pm
Hi all,
I'm glad to participate in this workgroup. Thanks.
Jin Hye

Sahand
September 5, 2013 12:31pm
Hi there, I think I am now registered and logged in as a member. Thanks, Joe.

Theresa Ly
August 29, 2013 4:39pm
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

NICKNAME

COMMENTS

SUBMIT
Preparing for our orientation webinar.

WORKGROUP DISCUSSION

Preparing for our orientation webinar

Thomas L
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 ensure suicide prevention outreach materials for the Korean-speaking community. Thank you 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 register for the webinar, you should have received an email with webinar access information from GoToWebinar, which includes a webinar and a conference number to call into. If you do not have this webinar access information, please email me (th@eds.org), so that I can forward on your unique access information.

At the start 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 web link and that will install and open the GoToWebinar screen and the GoToWebinar Control Panel.

If you have a computer microphone, please make sure you are in a headset in order to reduce background noise.

If you would rather speak via phone, please go to the GoToWebinar Control Panel, under "Audio", and choose "Telephone". Make sure to sign in to the audio file provided in the dial-in number provided.

- 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 Know Your Voice Counts 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 help in the Korean community to help others?

Discussion Question Two:
- What missing suicide prevention materials aimed at helpers (not those who are at risk) exist to reach this group?
- What types of materials would resonate or work most effectively for the helpers?
- 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?
- Photos or illustrations
- What should be portrayed as “the helper” and who should be portrayed as the “person who needs help”?
- What is an appropriate headline?
How is suicide discussed, or not discussed in the Korean community?

Theresa Lee
The group discussions suggested that, like other Asian cultures, suicide is definitely still perceived as a taboo subject and is seen as a reflection of weakness, or a cowardly decision. However, when someone does commit suicide, it is seen as a tragedy. Treating suicide directly - it must be addressed via discussions of mental health issues which may be framed in a positive light that person is not weak, everything is wrong with the rest of people still don't know where they can get help or resources.

The high rate of suicide in 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 North Korean press on suicide is negative and sensational, and revolves around suicide among Korean celebrities. The coverage and discussion of suicide in the news & Korean dramas also make suicides seem less “normal” - the phrase “I want to die” is commonly used in Korean dramas, so much so that sometimes when someone actually says it, it may not be taken seriously.

We also offer additional thoughts and also consider these questions:

- How would you view someone concerned about another person's struggle to talk 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?

Emma, October 1 2012, 12:04am

Hi all,

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

I want to ask everyone on approaching concerns in a more intimate manner. Offering help instead of directly asking whether they are feeling suicidal and thinking “suicidal” language is something that will definitely take into account when we engage in the conversation.

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

Theresa

skimm, October 21, 2012, 9:08am

What kind of language would you help people “see” through the veil that people put up to get what might be really bothering them?

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

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

I think “I want to help” statements to offer help, such as “I’m here to support you” “I have much difficulty I need to be available for you.”

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

As it is mentioned, mental health issues. Expressions that are used physical screening, so do we need to obtain mental health screening.

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

skimm, October 21, 2012, 9:25am

- How would you see someone concerned about another person's struggle to talk 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. Once the person who may be going through a difficult time, may not want to express it to the concerned person about 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 hurt her son is an accident. She was vaguely due to later develop and discussed posting in her Facebook account which made me concerned. When I called her and wanted to check upon her, she described the struggle feeling of her and her son and also overwhelming pressure, like really needed to speak to someone, however did not
Know the Signs >> Find the Words >> Reach Out

want to be a burden to anyone. She stated that people around her, including her family and
church members, are sometimes scared of her, like she was saying mean things and feeling
like she was putting them on edge. She felt isolated, afraid, and uncertain.

I believe it is important to periodically offer help and also to initiates conversation about

• How might a person who is having suicidal thoughts express that to someone else?

At mentioned above, some people, especially youth, may express their feelings of sadness on
social media. I noticed 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 newcomers in the U.S.
www.mirexus.com — many men turn to social media to obtain an answer or also share their
feelings.

Joe Kim
October 12, 2013 - 3:17pm

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
example 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 express their concerns. "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 very at the time. "Sometimes people are so depressed and hopeless, they
don't think about ending it all and even think about suicide. I wonder whether you have ever had
a thought like this."

Giving a message, "It is one common condition/reaction 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 12, 2013 - 10:44am

Great comments for - thank you!

Let's talk a little bit more about this social expectation to make it seem like "everything is okay" —
what kind of language would you see in "peer" through the wall that people put up to get to
what might be really bothering them? How do we adopt the topic of mental health issues
with someone else who might be trying to make it seem like everything is okay?

sharon
October 12, 2013 - 9:10am

I agree that immigrant youth face significant barriers communicating to their
parents due to language barriers as well as the fact that parents working and not being available.
Due to the topic of suicide and also stigma around mental health, it takes a lot of depth
psychological education for parents to recognize and understand their children's emotional status.
I have experience working with Korean children who are chronically emotionally IL and unfortunately
they started to think they would be much better off in that environment than in any other.

I agree with the previous point indicating that even among friends, there is a tendency to try to appear
put together, however, I believe that this issue has a close relationship with the
person is most likely going to display some signs to seek help.

sharon
October 12, 2013 - 8:19am

In addition to what discussed in the previous column which I strongly agree
with, I would like to add an immigration context. People who began verbally
expressing their feelings of despair and suicide come from seeking out for help from
someone or wanting to get attention. Sometimes close friends can be the
primary contacts to share the negative feelings, especially for youth. I got to work with many
Korean youth who share their stories even years later about who I was always trying to
speak about their issues to their parents 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 immigrant parents are too busy keeping that they cannot spend
quality time with their children and their family they cannot practice healthy approaches to it.

Theresa Ly
October 13, 2013 - 12:44pm

I cannot agree more with both of you. I think our society is very sympathetic
towards psychological or mental illness but when it comes to mental health issues just like what Maria
said, "Having is all together" really is a problem in society. Another aspect of depression and suicide
that Korean community lacking in information is about the clinical part of depression is not
always causes by some specific events or hormones but it can be a disorder just like other problems.

It must be conscious life" often means 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 issues.

Theresa Ly
October 13, 2013 - 11:45am

• 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 when someone has expressed their problems. It is
difficult to fully express concerns and worries with friends and family as one
wouldn't want to be viewed as being tramalized or that your mental health image is "all
it together." Furthermore, because of this stigma, it can be difficult to select anything in
erupting as an issue that suicide. "This is not to say that Koreas don't care a lot
their loved one's feelings. In my experience, I have seen some instances of suicide been
discussed overtly with a friend for discussion. Usually, I have seen more conversations about
what their specific worries might stem from or possible solutions to their issue 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 "the strong", "just
try your best/work harder", "things will get better", "Don't think that way," "keep
yourself in this type of conversation. I feel that I want to be a Korean friend or
family member if they are considering suicide as an option, you should vulnerability
depicts — downplaying their issues (broad-minded, appearance) in the one instance
where I have heard suicide somewhat openly discussed, the planning was set up to
discourage the young person, "it's not the point when you're giving up, right? It's not
so bad that you want to die, right?" Agree with the previous post that the gateway
conversation is likely to be indirect.

I think there are two likely characteristics that would encourage concern. Both a
close family figure (siblings, cousins) and close friends might notice small behavioral changes
and sense the factor contributing to a rising stress level. In addition, I think there are
limitations on who can approach whom on these issues comfortably. For example, I don't
think I would be acceptable to mect another to talk about suicide on the parent, aunt or uncle
significantly older than I. Nor would it be comfortable for both parties. However, I would
feel comfortable talking to someone in my age range. I think there is no clear answer to these
questions — especially in first generation/immigrant/other population. Again, I don't
think Korean automatically connect the dots realizing the seriousness of a suicidal
level - so a direct conversation about suicide may never accrue.
Given possible “helpers” within the Korean community, how do we reach them?

WORKGROUP DISCUSSION

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

Thea (2)

According to 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 fear when they feel they can’t fulfill that role. Koreans are obsessed with 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 individual. However, men can often connect with other men about common male issues, and less (or may) can open up that information.

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, thought of suicide is seen as a normal part of aging, especially if they are feeling like a burden to others.

Their children are usually likely to be good gatekeepers; however, if there is an existing emotional distance between parent and child, those needs to be rebuilt in order for the children to ask about mental health/mindful 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 American” may be looked down upon by the Korean community.

Churches and school teachers are good helpers – one workshop participant said that probably over 80% of the Korean community goes to some kind of Christian church, and some churches already do health-based outreach to their congregation (discussions about mental health and suicide are still taboo in church culture, but if the message is strong enough and if suicide is seen as a growing issue, church may be more receptive). Teachers are also good gatekeepers because they see the youth everyday, especially those who attend “remedial classes”.

Please offer additional thoughts and also consider these questions:

- Are there other individuals who are 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, bystander, or common gathering places where these helpers can be reached out to and reach out to the materials that we create? Do you have existing partnerships with these potential materials distribution and outreach centers?

Please submit your feedback.

Know the Signs >> Find the Words >> Reach Out
Korean American Women's Association (KAWA) [http://kawa.org](http://kawa.org) also has a membership program that may be considered helpful for youth as well.
Korean American Church [http://www.kacz.org](http://www.kacz.org)

- **At-risk community: Elderly men; Helpers: their children**
  - One thing to note: I believe both genders are at risk in the elderly population.
  - Church and Temple:
    - 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 have more specificity.
    - Local places: Korean Grocery Stores, but stops.

- **At-risk community: Youth; Helpers: Community gatekeepers like churches, school teachers**
  - Church Youth Groups (Leadership): [http://www.knn.org](http://www.knn.org)
    - Korean Language School (teachers):
      - Korean Language School Association: gets contact names/phone numbers of local schools in Korean, and organizations
        [http://www.kosna.org/local_korean_schools.html](http://www.kosna.org/local_korean_schools.html)
  - High School Academic Advisors/Counselors:
  - Local places: boke/other cafe

**luna_YourSocialMa...**
November 14, 2013 - 8:23pm

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

**reunik1979**
November 4, 2013 - 10:56am

Postpartum depression in Korean American women definitely needs more awareness. Very often, they are isolated and feel left alone and feeling helpless. OK, they can become overwhelmed by family members. In both situations, there are not enough time and space to ask the women what they want or how they would like to be. Korean families tend to forget that it's 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.

**nak**
November 4, 2013 - 8:15pm

I think postpartum depression also needs more awareness in the Korean community. Many mothers are born to 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 OB/GYN doctors. Most of Korean mothers usually try to be seen by a Korean OB/GYN.

**nak**
November 4, 2013 - 9:15pm

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 OB/GYN doctors. Most of Korean mothers usually try to be seen by a Korean OB/GYN.

**ahlarkin**
November 15, 2013 - 11:48am

- 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 2-5 times of Older Adults seminar mainly focusing on mental health counseling, depression, 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 join for a depression screening and for them to receive free “A” professional consultation.

Other place that I can recommend are:
- Korean Youth Community Center also provides a comprehensive mental health services for children/youth
- Young Nak Presbyterian Church of LA is one of the biggest Korean American Church, the church has a great program offer to community members, hundreds of Korean seniors, during week days called “Evergreen College”, a complex of interesting class sessions for wellness of senior population
- YWCT Foundation provides also mental health services to Koreans
- Senior housing apartments/centers in LA area
- Other non-Korean organisations but serve many Korean seniors like Little Tokyo Service Center and Special Service Group
Know the Signs >> Find the Words >> Reach Out

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 EBM 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.

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

Partners in Suicide Prevention team at LACOMH reaches out to the Korean community, such as attending Korean fairs, outreach to local churches, providing resources to DFS and also EBM 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 EBM 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.

What are the best avenues to reach these clients? Are there organizations, businesses, or common gathering places where these clients can be reached using the marketing materials that we create?

1. Periodicals: Korean American newspapers (very popular magazine for 1st and 2nd-generation Koreans)
2. Billboards that are located at Waltham/Vermont, Olympic/Vermont and Olympic/ Western in LA Korean town area.
3. Markets: places: Malang Mall (6th/Manhattan Pl), Galleria Market at Olympic/Western and 5th/Vermont.
4. Churches: In addition to Yong Pak Presbyterian Church, I want to mention Oriental Mission Church, All Nations Church (Korean Community Church/First Presbyterian Church).
5. Newspapers: The Korea Daily and The Korea Times - This might be the best way to reach out to older Korean middle age men and elderly.
6. TV Channels: Channel 8
7. World Mission University (9th/Shatto Pl) and Fuller Seminary in Pasadena - They have a lot of Korean speaking students.
8. Senior places: I know many senior homes have a lot of Korean senior residents, and day health care centers for Korean seniors participate. I can create a list of them.

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 has prevented her from further carrying out her plan. The suicide prevention hotline listed is 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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Do you have existing partnerships with these potential materials distribution and outreach centers?
## Appendix C: Member Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>County</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jae Kim</td>
<td>LA Department of Mental Health</td>
<td>Los Angeles</td>
<td>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.</td>
</tr>
<tr>
<td>Sue Han</td>
<td>Asian Community Mental Health Services</td>
<td>Alameda</td>
<td>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.</td>
</tr>
<tr>
<td>Ahlim Kim</td>
<td>Korean American Family Services</td>
<td>Los Angeles</td>
<td>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.</td>
</tr>
<tr>
<td>Maria Lee</td>
<td>College student</td>
<td>Los Angeles</td>
<td>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.</td>
</tr>
<tr>
<td>Sarah Kim</td>
<td>LA Department of Mental Health</td>
<td>Los Angeles</td>
<td>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.</td>
</tr>
</tbody>
</table>

**Know the Signs >> Find the Words >> Reach Out**
## Appendix D: Needs Assessment Interviews

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Needs Assessment Interviewer</th>
<th>Date of Interview</th>
<th>Method of Interview</th>
<th>Length of Interview</th>
<th>Other Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Wellness</td>
<td>John Doe</td>
<td>2023-01-15</td>
<td>Telephone</td>
<td>60 minutes</td>
<td></td>
</tr>
<tr>
<td>Youth Services</td>
<td>Jane Smith</td>
<td>2023-02-20</td>
<td>Face-to-face</td>
<td>90 minutes</td>
<td></td>
</tr>
<tr>
<td>Community Development</td>
<td>Tom Johnson</td>
<td>2023-03-10</td>
<td>Video conference</td>
<td>45 minutes</td>
<td></td>
</tr>
<tr>
<td>Family Services</td>
<td>Susan Lee</td>
<td>2023-04-01</td>
<td>Online survey</td>
<td>30 minutes</td>
<td></td>
</tr>
</tbody>
</table>

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**K n o w  t h e  S i g n s  >>  F i n d  t h e  W o r d s  >>  R e a c h  O u t**

26
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 emphasis 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 are 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 Sczepaniowski • jana@yoursocialmarker.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.

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Organization (if applicable)</th>
<th>Title (if applicable)</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
</table>

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 workgroups you are interested in:

- African American
- API Youth
- LGBTQ Youth
- Native American
- 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 Californians 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]

suicidepreventable.org