

Suicide Prevention Month 2018

Working Together to Prevent Suicide



Each Mind Matters: California's Mental Health Movement supports that suicide prevention matters!



suicideispreventable.org

Talking Points and Data Briefing on Suicide Prevention for Latina Youth

Take-home points:

- Latinos comprise the largest minority in the country and a significant number are youth (under 18 years of age).
- Latinos have higher rates of depression than any other group except Native Americans.
- Latinos in general use mental health services at lower rates.
- Latino youth are at higher risk of suicide compared to other demographic groups except whites.
- Latina youth have equal or higher rates of suicidal ideation and attempts than their white or male counter parts.

Why Focus on this Population?

Latinos represent the largest minority group in the country and about 25 percent are under the age of 18.¹ Latinos have a rate of depression that is higher than any other minority group except Native Americans (Guzman et al., 2009). Further Latina youth have a higher rate of suicidal ideation and suicide attempt than their white peers². A focus on Latinas is necessary to see changes in suicide attempts and stigma associated with use of mental health services. A suicide prevention focus on Latinas requires engaging the community, parents and schools to help reach Latinas and their helpers with a message that they are not alone, are loved and help is available.

Data

Latinos have the second leading suicide rate and among them Latinas are more likely to attempt suicide than their peers. From 2006 to 2016, there were 42,558 deaths by suicide in California. While 70% of those who died by suicide were White, 17% were Hispanic-the second largest group that die by suicide.³ After Whites, Latinos also experience the second highest rate of attempted suicides. The Office of

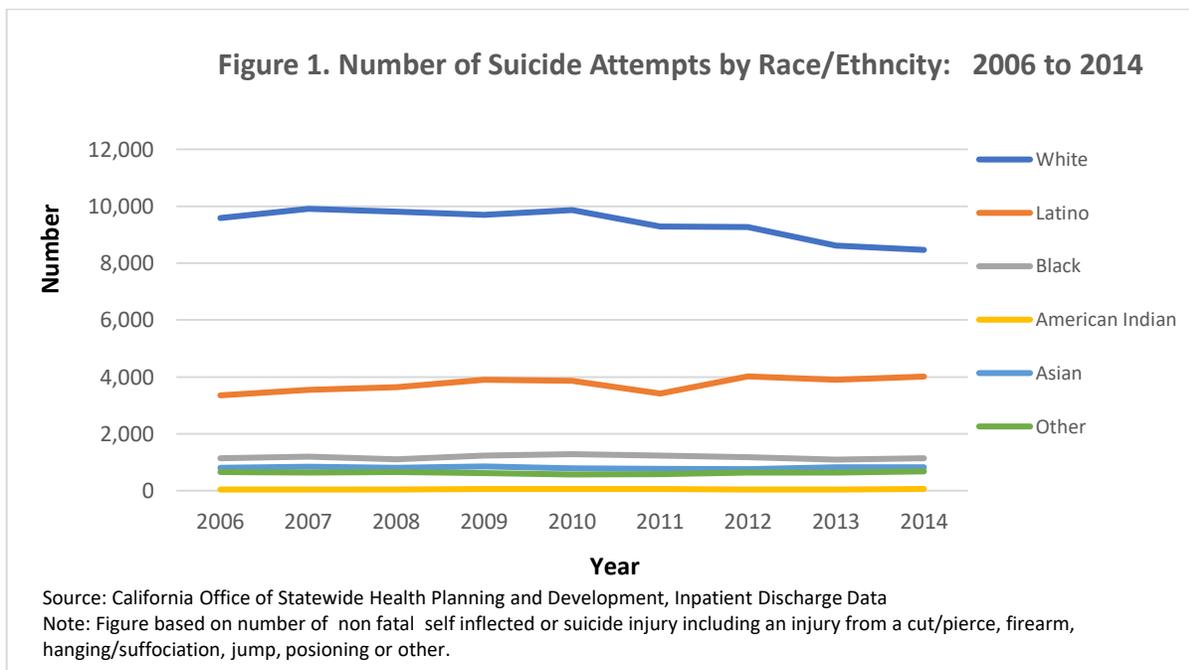
¹ <https://www.census.gov/newsroom/facts-for-features/2017/hispanic-heritage.html>

² <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69>

³ California Department of Public Health, EpiCenter database (<http://epicenter.cdph.ca.gov>)

Statewide Health Planning and Development (OSHPD), collects Patient Discharge Data. Discharge data collected by OSHPD defines a suicide attempt as a non-fatal self-inflicted or suicide injury. Injuries included are injuries from: cuts or pierces, firearms, hanging or suffocation, jumping, poisoning or other. From 2006 to 2014, a total of 142,045 suicide attempts were made across all ethnic groups. In 2014, a total of 14,287 suicide attempts were made. Of those, nearly a quarter were made by Latinos (4,002 attempts) and 60% of attempts were made by Whites (8,464). The gap between Whites and Hispanics suicide attempts has also narrowed over time (see Figure 1).

It is important to note that additional self-injury data sources exist not included in this analysis. For example, Emergency Room discharge data also track suicide attempts. In addition, some people may attempt suicide but may not seek or require medical attention. There is no current data collection system to capture this type of occurrence. The number of suicide attempts may be larger than noted across all groups.



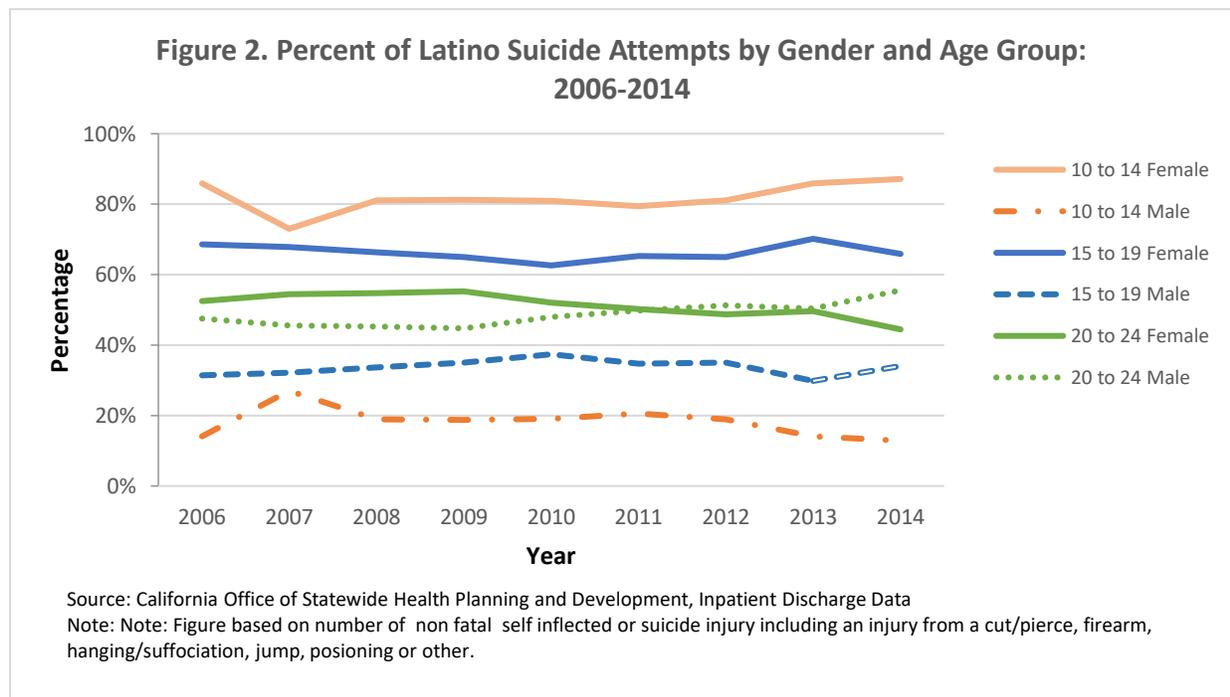
In 2014, a total of 15,166 suicide attempts were made. The percentage of suicide attempts by age category is equally distributed among the following three age categories: 10 to 24, 25-44, and 45-64 (33%, 33%, and 27% suicide attempts respectively). For Hispanics, a higher portion of suicide attempts occurred for those aged 10 to 24 (46%) compared with those aged 25-44 and 45-64 (34% and 17% respectively). A similar pattern occurs for the Other/Unknown race category (see Table 1).

Table 1. Percentage Distribution of Suicide Attempts by Age According to Race/Ethnicity: 2014.

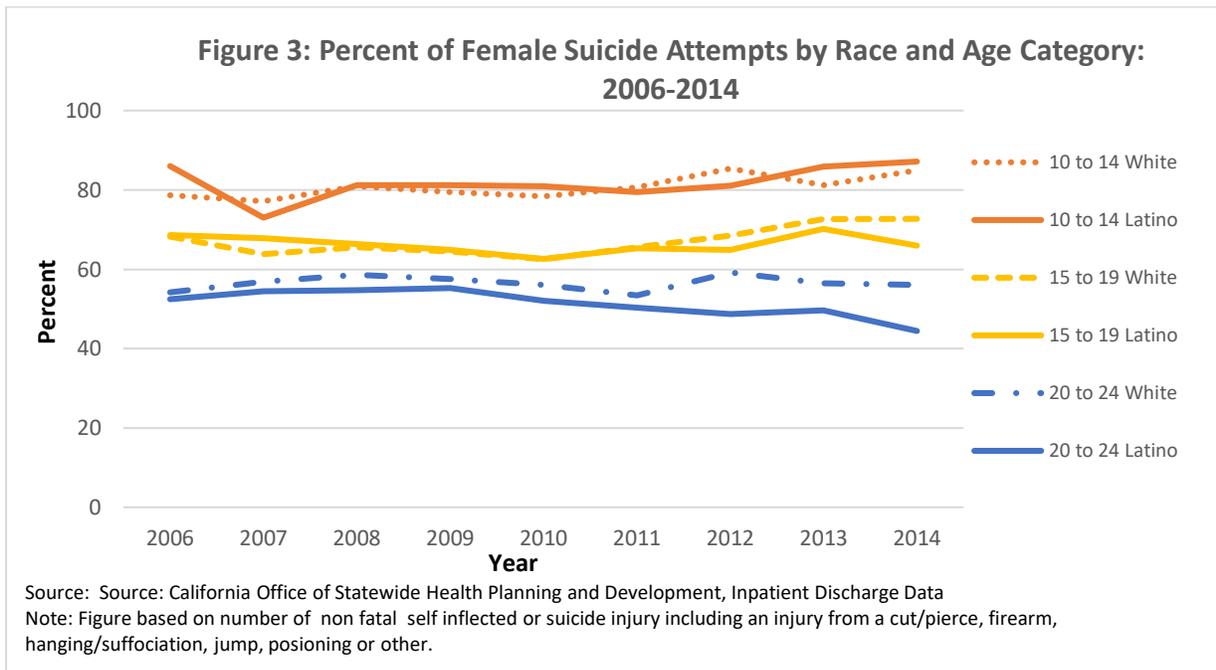
Age	White		Black		Hispanic		American Indian		Asian/PI		Other/Unknown		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	8,464	100	1,144	100%	4,002	100%	59	100%	820	100%	677	100%	15,166	100%
< 1	0	0	0	0	0	0	0	0	0	0	1	< 1	1	< 1
1-4	0	0	1	< 1	2	< 1	0	0	0	0	0	0	3	< 1
5-9	3	0	1	< 1	6	< 1	0	0	0	0	0	0	10	< 1
10-14	339	4	74	6	381	10	3	5	28	3	65	10	890	6
15-19	949	11	175	15	872	22	5	8	155	19	120	18	2,276	15
20-24	863	10	164	14	576	14	6	10	110	13	80	12	1,799	12
25-44	2,730	32	414	36	1,362	34	22	37	288	35	224	33	5,040	33
45-64	2,778	33	284	25	694	17	20	34	154	19	144	21	4,074	27
65-84	695	8	28	2	99	2	3	5	65	8	36	5	926	6
85+	107	1	3	< 1	10	< 1	0	< 1	20	2	7	1	147	1

Source: California Office of Statewide Health Planning and Development, Inpatient Discharge Data, 2014. Totals may not sum to 100% due to rounding.

Latina youth, those aged 10 to 19, consistently attempt suicide at higher rates than their male counterparts. In 2014, of 1,729 suicide attempts were made by Latino youth aged 10 to 24. For those aged 10 to 14, Latinas comprise 87% of suicide attempts in 2014 (see Figure 2). Among those aged 15 to 19, 66% of those who attempted suicide were female. The rates have remained consistent from 2006 to 2014. For those aged 20-24, males and females attempt suicide at similar rates over the same period.



Further, Latinas rates of suicide attempts are comparable to that of their White female counterparts (see Figure 3). In 2014, among Latinos aged 10 to 14, 87% of suicide attempts were made by females. Similarly, among Whites in the same age group, 85% of suicide attempts were made by females. A similar rate of suicide attempts exists for White and Latino female youth aged 15 to 19. In contrast, White females aged 20 to 24 have slightly higher rates of suicide attempts than their Latina counterparts. For examples in 2014, of White youth aged 20 to 24 who attempted suicide, 56% who did so were females. In contrast, 44% of their Latina counterparts did so. These patterns have remained consistent between 2006 and 2014.



These results are comparable to national data gathered by the US Department of Health Human Services Office of Minority Health that assess Latino mental health using CDC 2015 Youth Risk Behavior Surveillance Survey, a self-report survey of high school students. The survey found that among Latinos in grades 9 to 12, Latinas had higher rates of suicidal ideation compared to their white counterpart (26% vs 23% respectively) and higher suicide attempts than either their white or male counterparts (15%, 10% and 8% respectively)⁴.

⁴ <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69>.

Risk and Protective Factors for Young Latinas

Risk Factors

- Depression or anxiety
- Minimal or no sense of family connectedness
- Acculturation—the process by which individuals acquires the culture of a new society from an early age.
- Cultural dissonance or the feeling of an uncomfortable sense of discord, disharmony, confusion, or conflict experienced by people facing changes in their cultural environment. Due to various types of cultural dynamics, changes are often unexpected, unexplained or not understandable by those experiencing them.
- Migration experience

Protective Factors

- Access to effective and culturally appropriate mental health and behavioral health care
- Family connectedness and supports
- Participating in physical activity such as participating in sports teams

Preventing Suicide and Suicide Attempts Among Latinas

Preventing suicides and suicide attempts for young Latinas is challenging as it requires addressing family stressors of acculturation, cultural values for both Latinas and their families and reducing mental health stigma.

Local approaches should be designed with both with Latinas and their families in mind. Preventative measures should include increasing awareness of suicide warning signs, developing safe places for Latinas to express themselves that help them navigate acculturation and cultural dissonance (see sections below). Parent and community outreach and education should include discussions of gender roles and mental health services and benefits, suicide warning signs and strategies for communicating with their adolescents.

Family, and Socio-Cultural Factors

Latinas face great difficulty in managing competing cultural values—those of their parent’s and those of their current environment. For some Latinas, they are first generation with parents who come from another country and bring with them cultural values that often compete with those Latinas are exposed to day to day. This cultural dissonance creates anxiety and depression in many Latinas (Goldston et al., 2008, Cespedes and Huey, 2008). Traditional gender roles further exacerbate Latina youth’s feelings of anxiety and depression as many often must do all or most of the family obligations such as chores or serving as a translator for non-English speaking parents; and are given less freedom than their male siblings (Cordova et al., 2014).

In addition, for those who migrant to the US, the migration experience adds to stress as youth have feelings of uncertainly about future immigration status, face language barriers, discrimination,

conflicting values and challenges with acculturation. While most report that the decision to migrate was best for their family, many do not report feeling happier after migration (Ko et al., 2010). Many parents fear accessing health services or speaking about mental health issues for fear of deportation (Goldston et al., 2008). However, as the amount of time parents spend in the US increases, so does the likelihood they will seek help (Le Cook et al, 2014).

As noted above, Latinas not only face general acculturation and migration stressors but also face gender specific challenges that can add to their anxiety and depression. Thus, Latina youth may be more vulnerable than other Latino youth.

Access and Use of Mental Health

In addition to immigration status, stigma associated with mental health illness may contribute to lack of use of mental health services. Latino youth do not use mental health services at the same rate as their white counterparts and further, girls aged 5 to 17 have lower mental health visit rates than boys. (Marrast et al., 2016). Although this study did not look at Latina youth specifically, it suggests that Latina youth may have even less access to mental health than their Latino counterparts.

Parent's country of origin also has an impact on mental health use. Pre-school aged children with foreign born parents have lower rates of unmet mental health needs than those with US born parents. In contrast, adolescents with US born parent have lower rates of unmet mental health needs than those with foreign born parents (Dettlaff et al., 2010). In addition, US born youth have higher rates of suicide than non-US born youth. These youth are less likely to be identified as suicidal or provided with crisis intervention services (Goldston et al., 2008).

Latino youth with psychiatric problems are more likely to receive in school punishment and incarceration rather than mental health care and less likely to receive substance abuse counseling than their white counterparts (Marrast et al, 2016). A lack of psychologists practicing in low-income areas can contribute to lack of access to mental health services.

This research suggests that Latina youth both access and use mental health at lower rates, especially if their parents are recent immigrants and live in low-income areas where a shortage of psychologists may exist.

Interventions

Physical Activity: Encourage Latinas to join a sport. If joining a sport is not possible, encourage Latina youth to participate in some type of aerobic exercise a couple of times weekly. Higher levels of self-esteem have been found among Latina youth who participate in aerobic exercise. Latino youth who conduct 20 minutes of aerobic exercise three times a week report not only higher levels of self-esteem, but lower levels of depression (Crews et al., 2004). Latinas are less likely to participate in team sports than their white peers but those who participate in regular physical activity (at least six times a week) are significantly less likely to report having suicidal thoughts (Brosnahan et al., 2004)). Let's keep them active!

Increase Access to Mental Health Education: Youth undergo various developmental stages as they grow. Providing educational programs that focus on physical health as well as emotional well-being is the first step in helping youth manage stressful situations and reduce depression and suicidal ideation.

The following provides examples of programs across the country working to increase mental health among Latino youth and parents.

- The Creating Opportunities for Personal Empowerment or [COPE](#) program geared to youth aged 12 to 18 is a cognitive behavioral skill building healthy life style intervention program. The program includes units on Depression and Anxiety (7 sessions) and TEEN (Thinking, Emotions, Exercise and Nutrition) a 15-session unit. Material for youth aged 8 to 11 and college students is also available. For more information about the curriculum and pricing visit: <https://www.cope2thrive.com/complete-price-list-cope2thrive-products/>.
- [Bridges \(Puentes\) to High School Program](#) is a skills-based middle school intervention program that increases academic engagement and prevents adolescent mental health program based at Arizona State University. The program is currently being updated with hopes of providing a shorter technology assisted version to schools.
- [Some Girls](#) is a documentary that captures the journey of self-discovery and empowerment of a group of high school Latinas from a suicide prevention program in the Bronx. The director of the documentary partnered with the Harvard School of Education to develop curriculum to accompany the documentary. More information about the documentary and 3-day curriculum visit: <http://somegirlsdoc.com/somegirls-curricula>. The documentary can be viewed using Kanopy, a device you can access through public libraries or by renting or buying the documentary.
- [Girls Circles](#) offers programs for young girls aged 9-13 to help counteract social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting. Girls learn they can develop caring relationships and use authentic voices. The program also offers a 12-week curriculum for Latinas, titled Mariposa. To learn more about the program and how to purchase the curriculum visit: <http://onecirclefoundation.org/MaterialsInfo.aspx?plD=MARIPOSA>

Educational Campaigns and Resources

- SanaMente is California's Spanish-language mental health movement for stigma and discrimination reduction. Visit the website to learn more about the mental health and suicide prevention programs, tools and resources available to reach Spanish-speaking communities across California.
- Reconozca Las Señales is California's Suicide Prevention media campaign geared to the state's Spanish speaking population. The website provides information about the warning signs, how to start a conversation and find local resources. The Spanish language website can be viewed at <http://www.elsuicidiodesp prevenible.org/>.
- Directing Change Program & Film Contest offers young people the opportunity to create 30- and 60-second films about suicide prevention and mental health that are used to support

awareness, education and advocacy efforts on these topics. The youth film contest is open to students in grades 7th to 12th grade and youth ages 14 to 25 in partnership with a college, organization, club, program or other agency. The SanaMente category specifically encourages youth to create films in Spanish that are culturally relevant to California's diverse Latino communities. For more information visit: www.directingchange.org.

- El Rotafolio is a two-day training that is conducted in English or Spanish and geared to parents, school staff and community members who want to learn about the warning signs, reach out and find help for those they are concerned about. The training enables participants to present a two-hour presentation on suicide prevention. For more information about the two-day training, visit: pedrosoconsulting.com.
- [Ponte en Mis Zapatos](http://www.walkinourshoes.org) is an award-winning multifaceted campaign that uses positive, authentic and appropriate stories as an educational tool to teach youth about mental health challenges and mental wellness. It is geared to middle school youth, their parents and teachers. To learn more about this free on-line resource visit: <http://www.walkinourshoes.org>.
- San Diego's MenteSaludable campaign has developed resources and materials to support the mental well-being of the Latino community. Visit the Spanish website to learn about mental health illness, view public service announcements and resources at MenteSaludableSD.org.
- Mental Health America (MHA) promotes the mental health of all Americans by addressing the needs of those living with mental illness. The community-based non-profit provides trainings and resources in Spanish. By the google translate icon, choose Spanish as your language of preference and the webpage will translate accordingly. For more information, visit the website at: <https://www.mentalhealthamerica.net>.

Each Mind Matters Resources

A wide range of resources can be viewed on and downloaded from the Each Mind Matters Resource Center at www.EMMResourceCenter.org

- [Know the Signs Radio Spot](#): customizable to include local resources, this Spanish 30 second language radio spot is aimed at the public with an emphasis on parents who are concerned about their daughters.
- [Know the Signs TV Spot](#): this 30 second TV announcement is aimed at the public with an emphasis on parents who are concerned about their daughters.
- [Skills Building: Messaging for Suicide Prevention](#): archived 2017 webinar focused on safe and effective messaging for suicide prevention.

References

- Brosnahan, J., Steffen, L.M., Lytle, L., Patterson, J. & Boostrom, A. The Relationship Between Physical Activity and Mental Health Among Hispanic and Non-Hispanic White Adolescents. *Arch.Pediatr. Adolesc. Med.* 158, 818-823 (2004).
- California Office of Statewide Health Planning and Development, Epicenter—California Injury Data Online: www.epicenter.cdph.ca.gov.
- Cespedes, Y.M. & Huey, S. J. Depression in Latino Adolescents. *Cultru. Divers. Ethnic Minor. Psycho.* 2008; 14, 168-172.
- Cordova, D., Ciofu, A. & Cervantes, R. Exploring Culturally Based Intrafamilial Stressors Among Latino Adolescents, *Fam. Relat.* 63, 693-706 (2014). <https://doi.org/10.1111/fare.12095>
- Crews, D.J. Lochbaum, M. R. & Landers, D. M. Aerobic physical activity effects on psychological well-being in low-income Hispanic children. *Percept. Mot. Skills* 98, 319-324 (2004)
- Dettlaff, Alan J., Cardoso, Jodi B., Mental health need and service use among Latino Children of immigrants in the child welfare system. *Children and Youth Services Review* 32 (2010) 1373-1379.
- Guzman, A., Koon, A. & Postolache, T. Suicide Behavior in Latinos: Focus on youth. *Int J Adolesc Med Health* 21, 431-439 (2009).
- Goldston, D. B. et al. Cultural Considerations in Adolescent Suicide Prevention and Psychosocial Treatment. *Am Psychol.* January; 63(1): 14–31 (2008). doi:10.1037/0003-066X.63.1.14.
- Ko, Linda K., Perreira, Krista M., “It Turned my World Upside Down”: Latino Youth’s Perspectives on Immigration. *J Adolesc Res.* 2010 May; 25(3): 465–493. doi:10.1177/0743558410361372.
- Le Cook, B., Brown, J.D., Loder, S. & Wissow, L. Acculturation Differences in Communicating Information about Child Mental Health Between Latino Parents and Primary Care Providers *J Immigr Minor Health.* December; 16(6): 1093–1102 (2014). doi:10.1007/s10903-014-0010-2.
- Marrast, L., Himmestein, D.U. & Woolhandler, S. Racial and Ethnic Disparities in Mental Health Care for Children and Youth Adults: A National Study. *Int. J. Health Serv.* 46, 810-824 (2016).
- US Department of Health and Human Services Office of Minority Health. <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69>.