



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest (HHS Region 10)

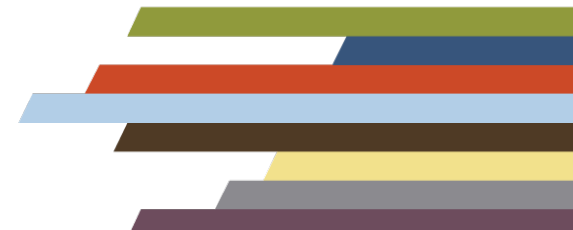
MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Suicide Prevention in Hispanic/Latinx Youth

September 14, 2020

Lillian Polanco-Roman, PhD
Assistant Professor of Clinical Psychology
The New School for Social Research



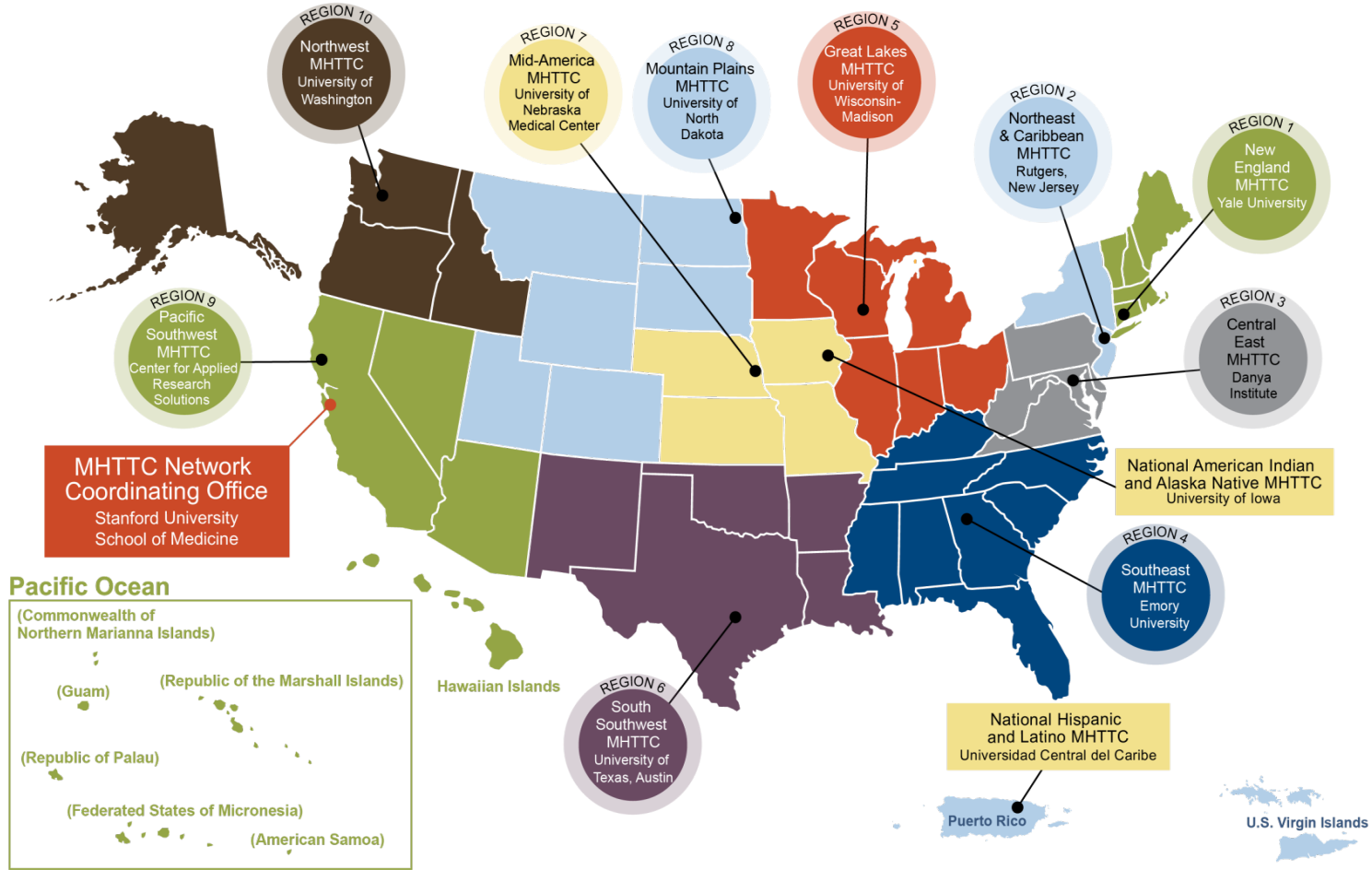


MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

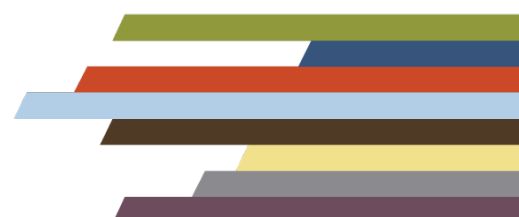


National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



About the Northwest MHTTC



Lydia Chwastiak, MD, MPH
PI and Co-Director

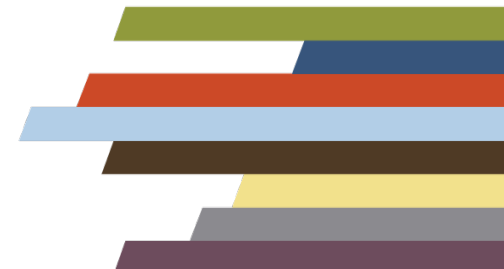


Christina Clayton, LICSW, CDP
Co-Director

The Mental Health Technology Transfer Center (MHTTC) Network is about technology transfer.
We disseminate and implement evidence-based practices for mental disorders into our field.

Our target workforce includes:
behavioral health and primary care providers, school and social service staff, and others whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illnesses.

PROUDLY SERVING
ALASKA, IDAHO, OREGON & WASHINGTON



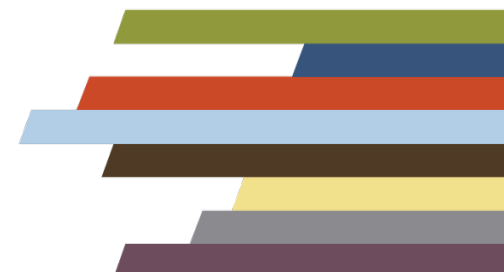
Northwest Mental Health Technology Transfer Center

Our Role:

Provide training and technical assistance (TA) in evidence-based practices (EBPs) to behavioral health and primary care providers, and school and social service staff whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington).

Our Goals:

- Accelerate the adoption and implementation of mental health related evidence-based practices including area of focus (EBPs for serious mental health issues) across Region 10
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of individuals with serious mental health issues in Region 10
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health workforce in Region 10



About the Northwest MHTTC

Online Courses

Free online courses by the Northwest MHTTC

Cognitive Behavioral Therapy for Psychosis (CBTp) ePilot
This 3-hour self-paced course, led by Dr. Sarah Kuperovich, is open to all types of providers and is designed to serve as a primer in foundational concepts related to Cognitive Behavioral Therapy (CBT) and its application to psychotic symptoms and experiences. [Learn more about the course.](#)

The Psychiatrist's Guide to Population Management of Diabetes
This 3-hour self-paced course is designed for psychiatric practitioners who treat patients with serious mental illness and aims to increase providers' knowledge of and confidence in the identification and management of diabetes and other cardiovascular risk factors. [Learn more about the course.](#)

Violence Risk Assessment & Management in Community Mental Health Settings
This 3-hour self-paced course provides the necessary skills for clinicians to assess, manage, and stabilize breaks of violence. [Learn more about the course.](#)

Registration
Our online courses are hosted on the HealthKnowledge.org platform. Register for any of these courses by visiting the links above or at [HealthKnowledge.org](#).

Website with Events, Products & News

NEWS

Recovery LIVE! Supporting the Resilience of Black Men: Culturally Affirming and...

UPCOMING EVENTS

JUN 09 **DBT STEPS-A Online Lesson 10: Distress Tolerance - Radical Acceptance**
Click here to tune into the DBT STEPS-A YouTube Channel every Tuesday and Thursday morning at 10am

JUN 11 **DBT STEPS-A: Summary Q&A for Students - Putting It All Together & Preparing for Summer**
Click here to tune into the DBT STEPS-A YouTube Channel every Tuesday and Thursday morning at 10am

JUN 11 **Resources for Supporting the Mental Health and Well-being of Children and Families During COVID-19**
Resources for Supporting the Mental Health and Well-being of Children and Families During COVID-19

PRODUCTS

Educator Wellness Webinar #4: Cultivating a Practice of Gratitude and Appreciation in Your School Community
The Northwest Mental Health Technology Transfer Center and the Northwest PBIS Network are collaborating to bring you a FREE, 4-part webinar.

Ambiguous Loss: Grieving in the Time of COVID-19, Followed by Live Q&A Session
About this Resource: Life, as we know it just a few weeks ago, has been completely turned upside down. That feeling you are feeling but can't...

SMART Center 2020 Virtual Speaker Series - Dan Losen, JD, MEd
The school mental health supplement to the Northwest MHTTC is excited to co-sponsor the UW SMART Center's 2020 Virtual Speaker Series.

Live Training

Psychological First Aid for Service Providers
1:00pm - May 19, 2020 | 11:00am - US Pacific
Hosted By: Northwest MHTTC

Registration Deadline: May 10, 2020

REGISTER Need more information? Contact us at mhmttc@uw.edu

Research/Practice Briefs

Integrated Care for Older Adults with Serious Mental Illness and Medical Comorbidity: Evidence-Based Models and Future Research Directions
Collaborating TTC: Northwest MHTTC
Publication Date: May 20, 2019
Developed By: Northwest MHTTC

DOWNLOAD
MP3 MP4 RES PDF EDU

Archived Webinars

Our Archived Webinars

Series Collections

- Integrated Care Webinar Series (2019-2020)
- Supporting Black Men and Young Professionals to Optimize Resilience in Response to COVID-19
- Behavioral Health Management Single Providers to Optimize Resilience in Response to COVID-19
- Psychological First Aid Webinar Series

Behavioral Therapy/Evidence Based Treatments

- Clinical Innovations National Series: Resilience and Cognitive Behavioral Therapy for Psychosis (CBTp)
- Training Manual: Evidence in Cognitive Behavioral Therapy for Psychosis
- Behavioral Activation
- CBT for Anxiety (CBT-A)
- DBT Evidence-Based Manual Series

Cultural Considerations and Equity Topics

- Cultural and Linguistically Responsive Care for Care Providers

Integrated Medicine

- Practices to Promote Care during COVID-19
- Assessment of Psychiatric and Behavioral Interventions
- Management

Clinical Care

- Trauma and Post-Traumatic Stress Disorder with Serious Mental Illness
- Overview of Clinical Guidelines: Treatment, Assessment, Interventions, and Transitions

Peer Services

- Peer Delivered Services: A Broad Exploration
- Deliver Peer Support in Your Agency: What to Consider When Working with Youth Peers
- The Provider Process: Trauma-Informed Considerations for Individuals and Organizations
- Assessment and Planning for Youth Peer Support Services
- Recruitment and Hiring for Youth Peer Support Specialists
- Supervision and Self-Care for Youth Peer Support Specialists

Keep in touch with the Northwest MHTTC

Upcoming training

New online training

Resources & Research Updates



Visit us online:

www.mhttcnetwork.org/northwest



Get our newsletter:

bit.ly/nwmhttcnews



Email us:

northwest@mhttcnetwork.org



Follow us on social media:

[@NorthwestMHTTC](https://twitter.com/NorthwestMHTTC)



Northwest (HHS Region 10)

MHTTC

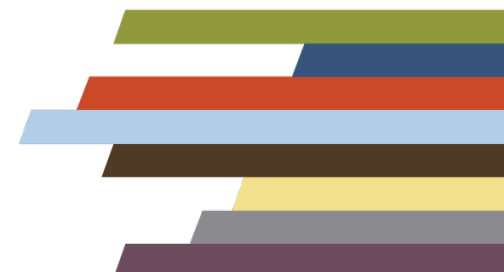
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine



SAMHSA
Substance Abuse and Mental Health
Services Administration



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

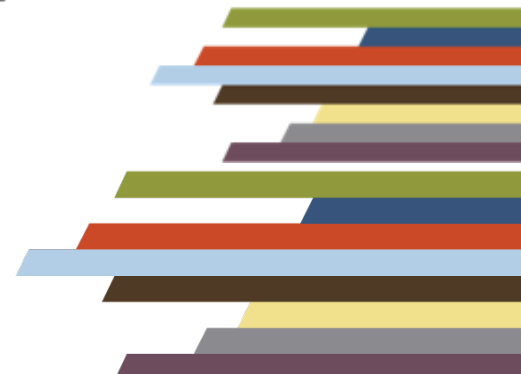
Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Disclaimer

This presentation was prepared for the MHTTC Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the MHTTC Network Coordinating Office. This presentation will be recorded and posted on our website.

At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.





National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Suicide Prevention in Hispanic/Latinx Youth

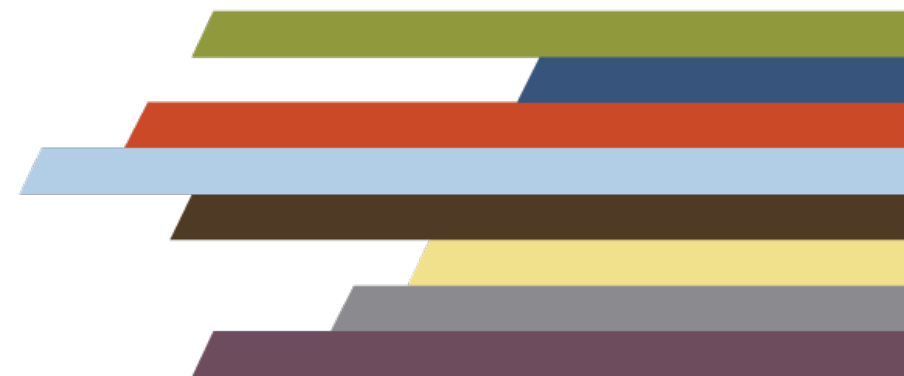
September 14, 2020

Lillian Polanco-Roman, PhD
Assistant Professor of Clinical Psychology
The New School for Social Research

SAMHSA
Substance Abuse and Mental Health
Services Administration

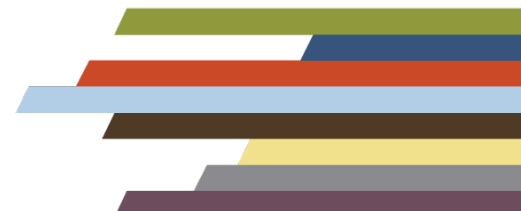
UCC
UNIVERSIDAD CENTRAL DEL CARIBE

IRESA
INSTITUTE OF RESEARCH, EDUCATION
AND SERVICES IN ADDICTION



Objectives

- Identify trends in suicide, suicidal thoughts and behaviors in Hispanic/Latinx adolescents and young adults in U.S.
- Review risk and protective factors associated with suicidal thoughts and behaviors
- Highlight culture-specific risk and protector factors associated with suicide-related risk
- Screening tools for suicide-related risk in youth
- Suicide Prevention Programs tailored to Hispanic/Latinx youth



Terms

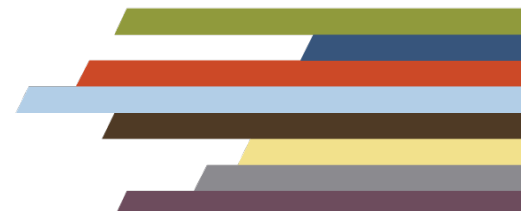
- Suicide
- Suicide ideation/thoughts
- Suicide attempts/behaviors
- Youth
- Hispanic/Latinx



National Hispanic and Latino

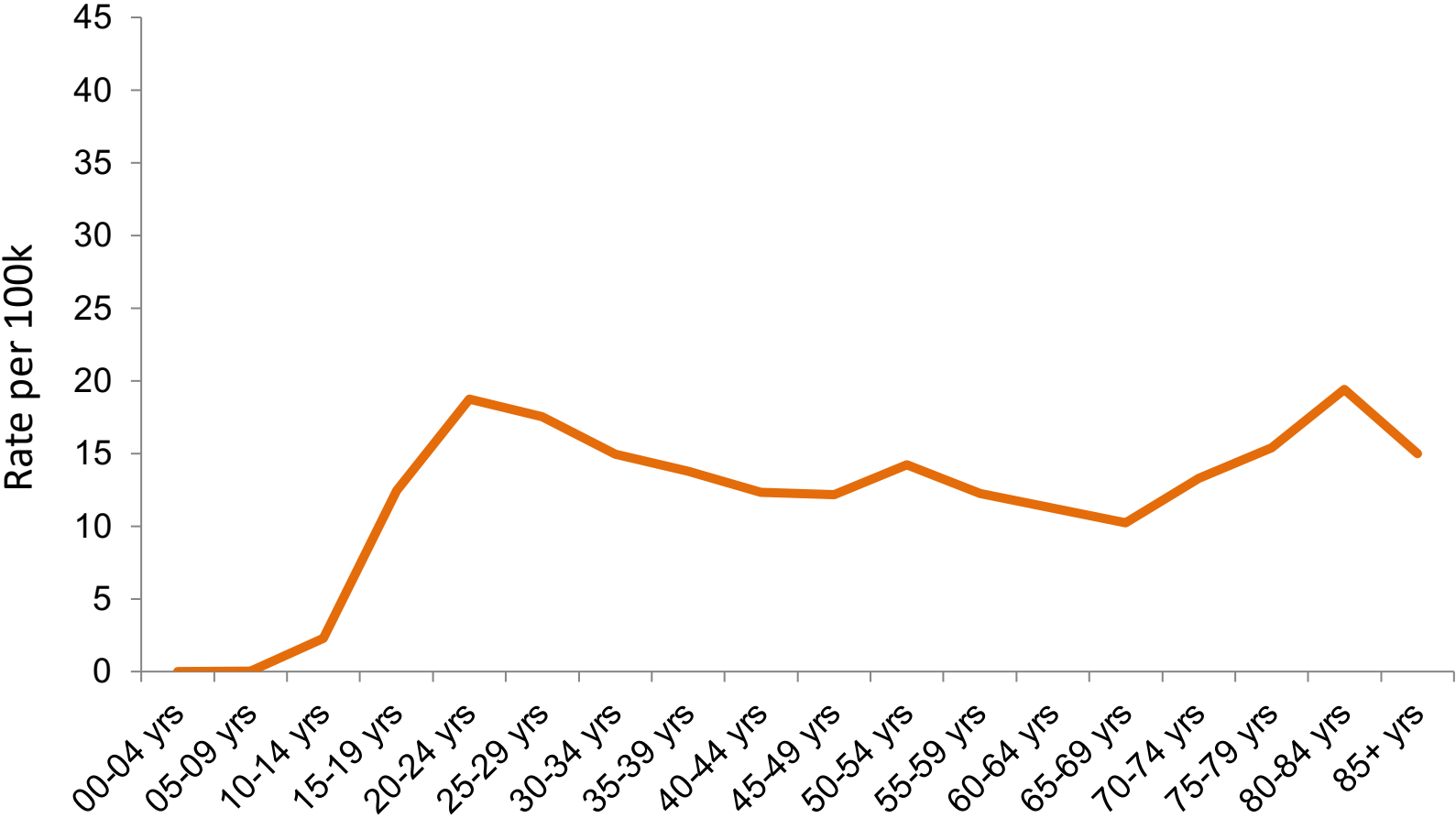
MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

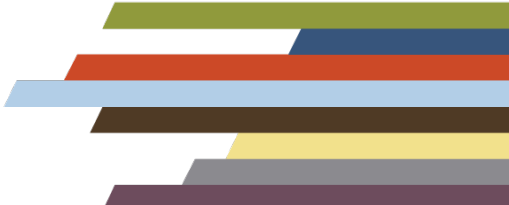


Suicide Trends in Hispanic by Age Group

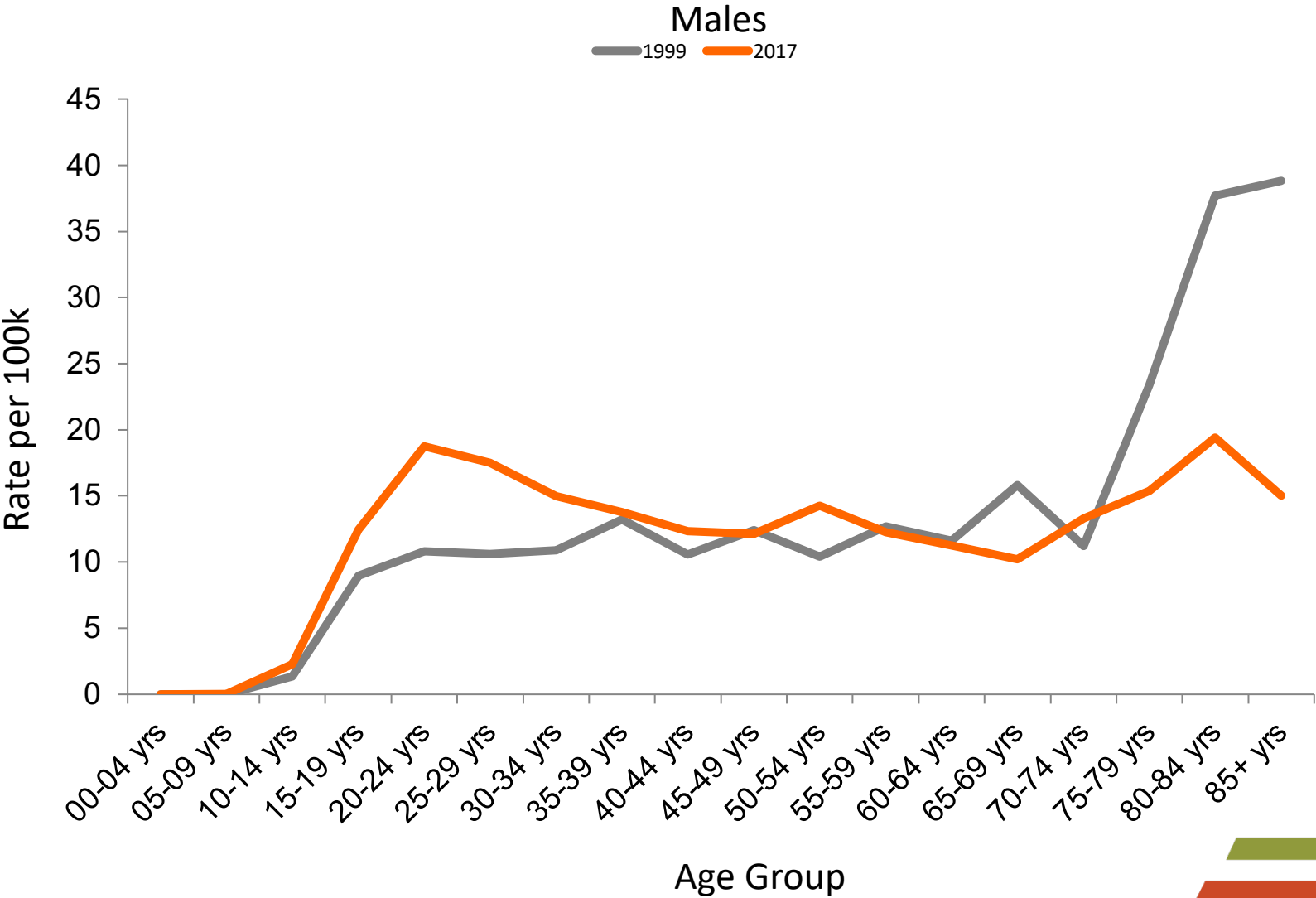
Males
2017



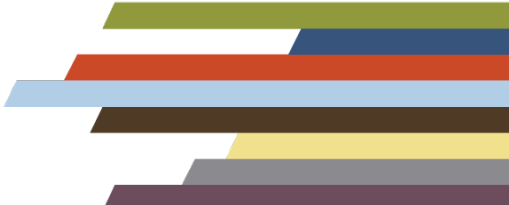
Age Group
CDC, 2017



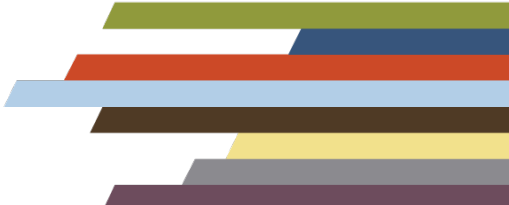
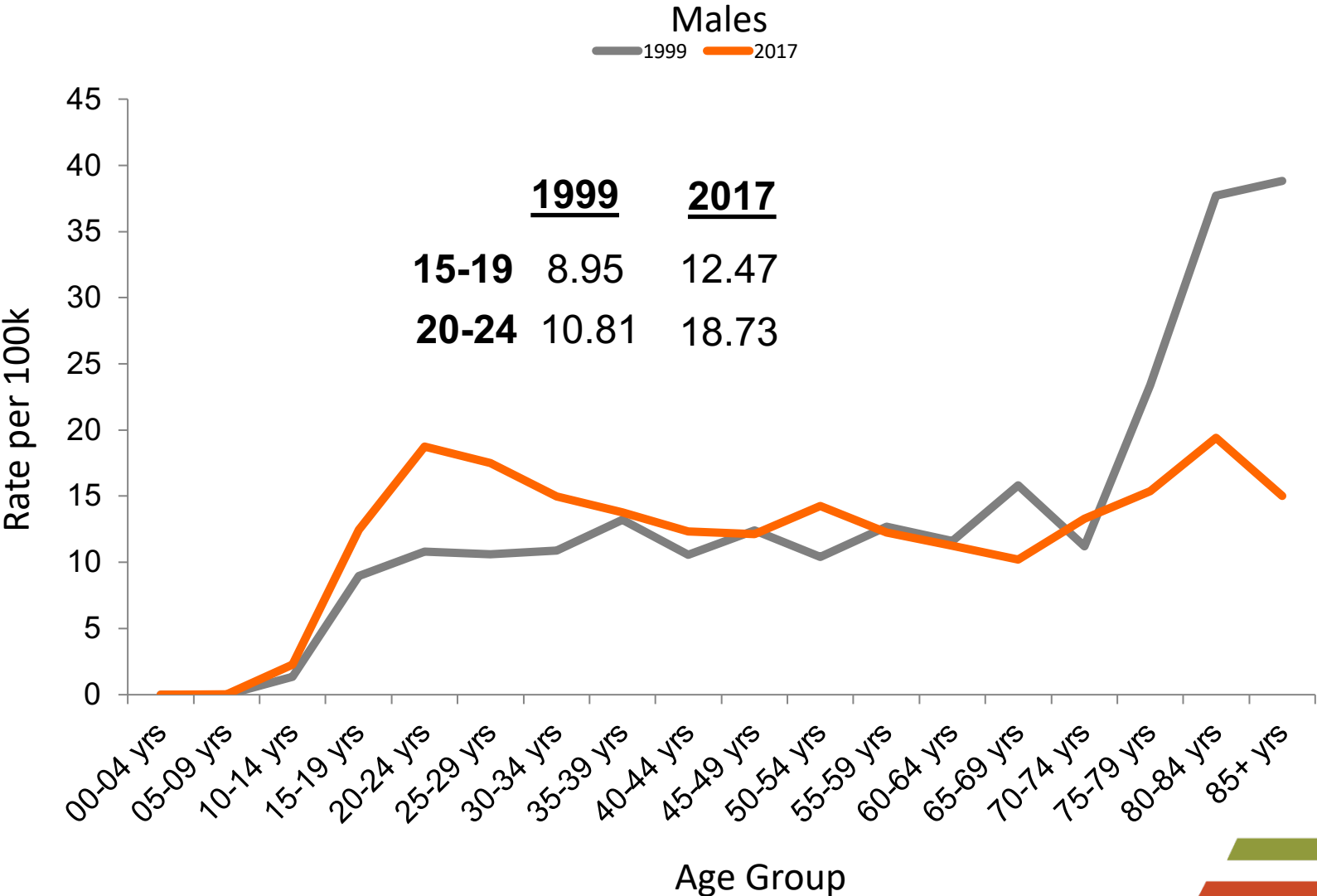
Suicide Trends in Hispanic by Age Group



Age Group
 CDC, 1999 & 2017

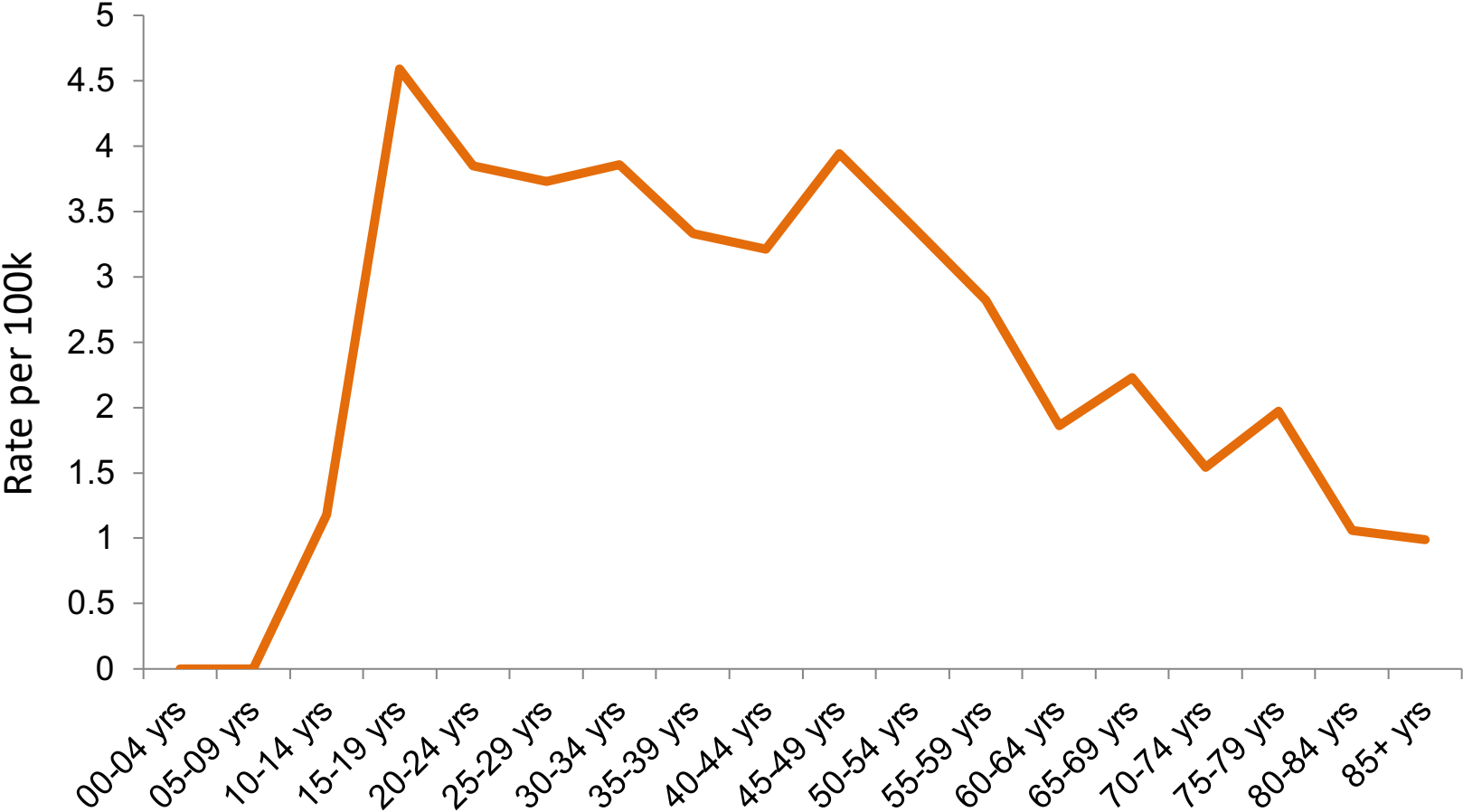


Suicide Trends in Hispanic by Age Group



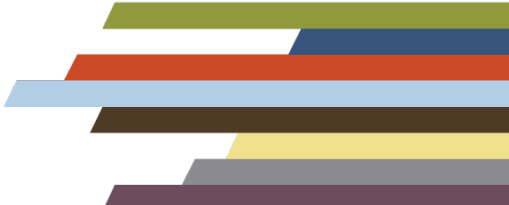
Suicide Trends in Hispanic by Age Group

Females
2017

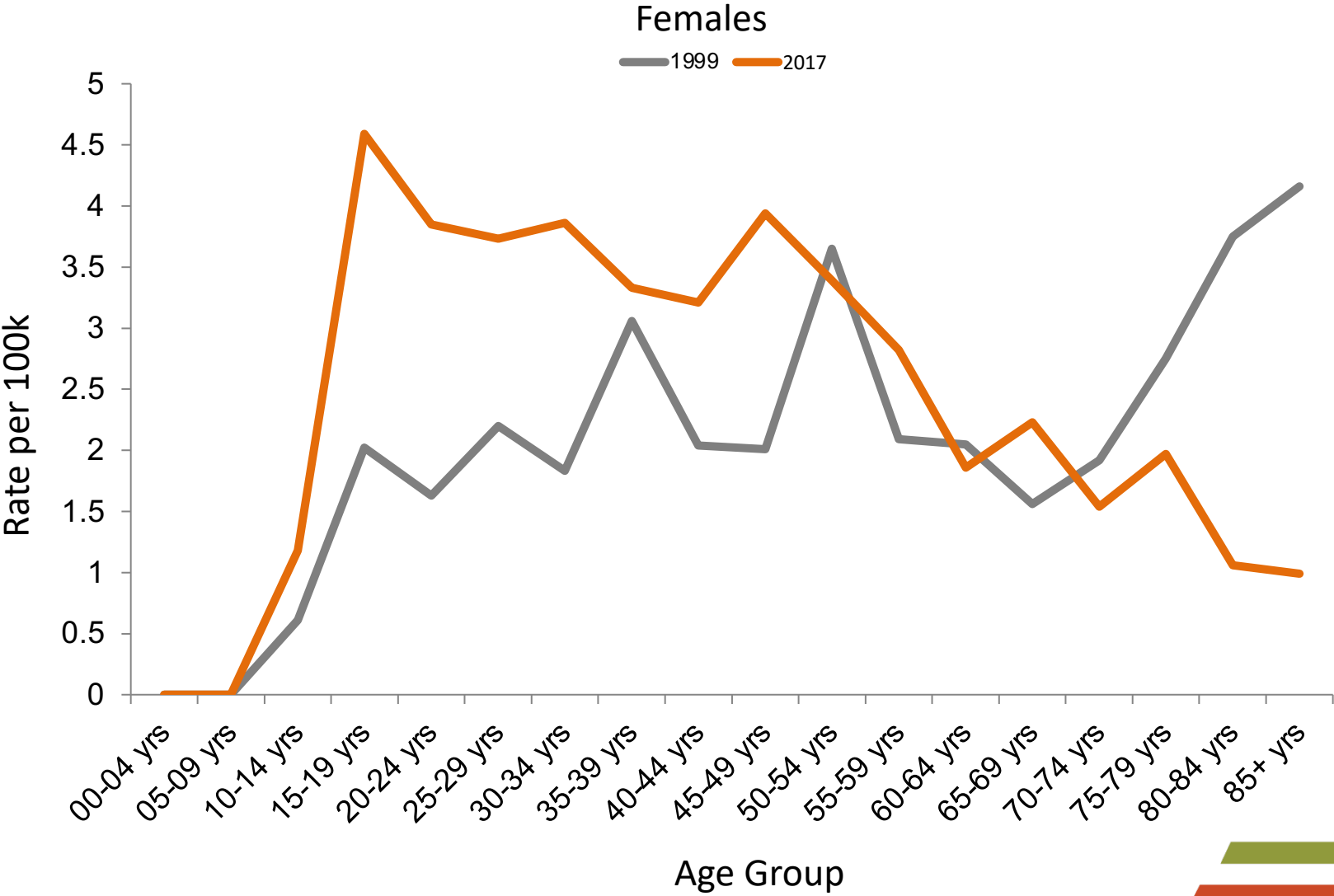


Age Group

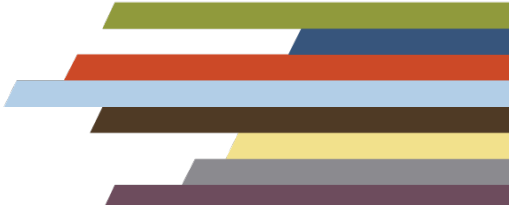
CDC, 2017



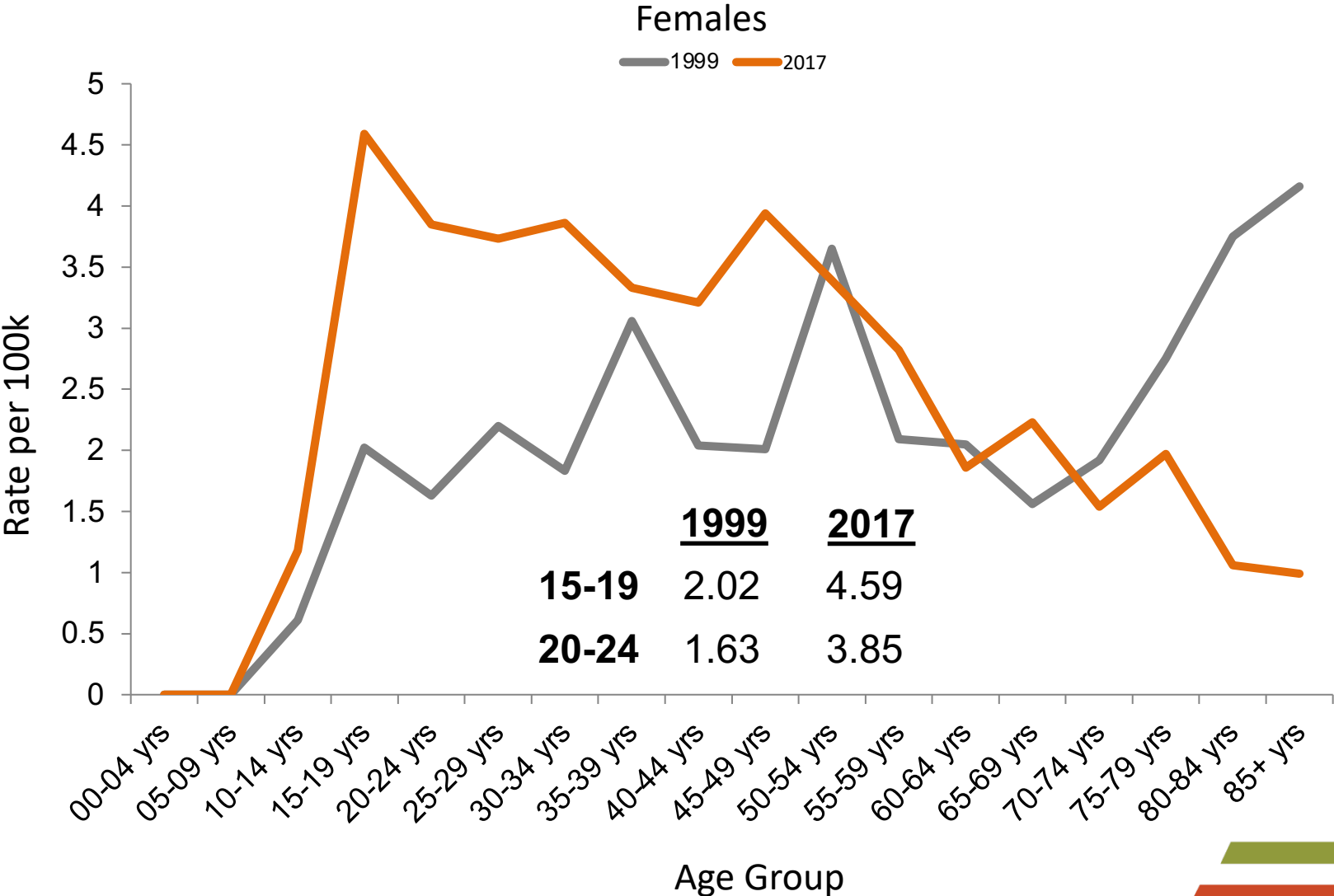
Suicide Trends in Hispanic by Age Group



CDC, 1999 & 2017

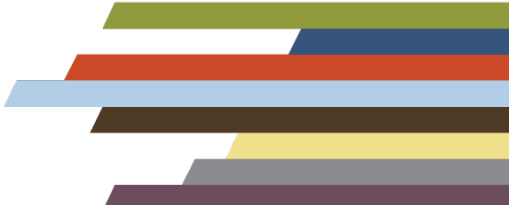


Suicide Trends in Hispanic by Age Group

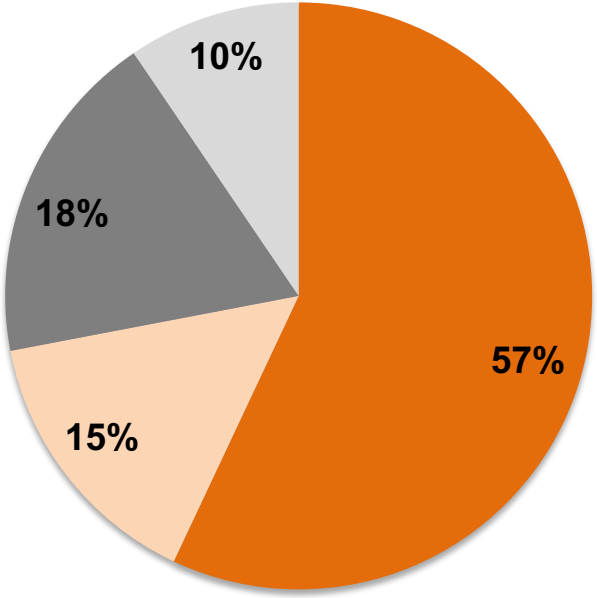


	<u>1999</u>	<u>2017</u>
15-19	2.02	4.59
20-24	1.63	3.85

Age Group
CDC, 1999 & 2017

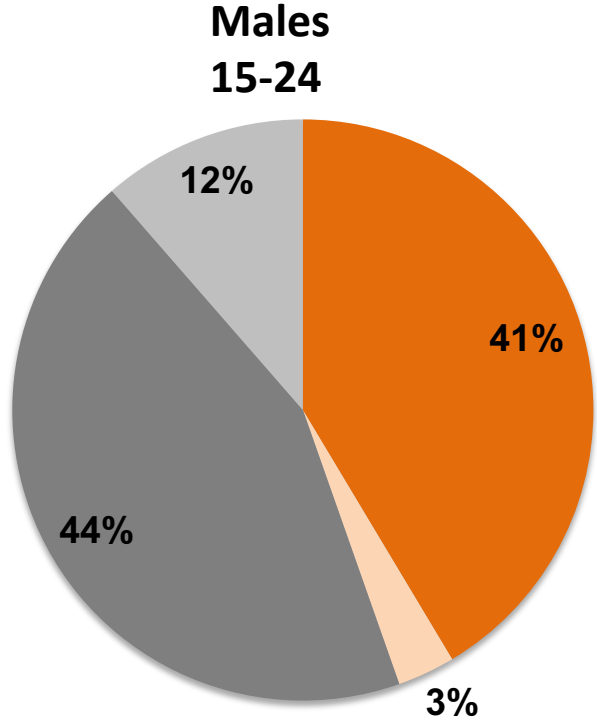


Suicide Trends in Hispanic by Age Group

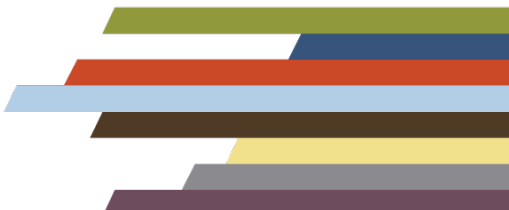


**Females
15-24**

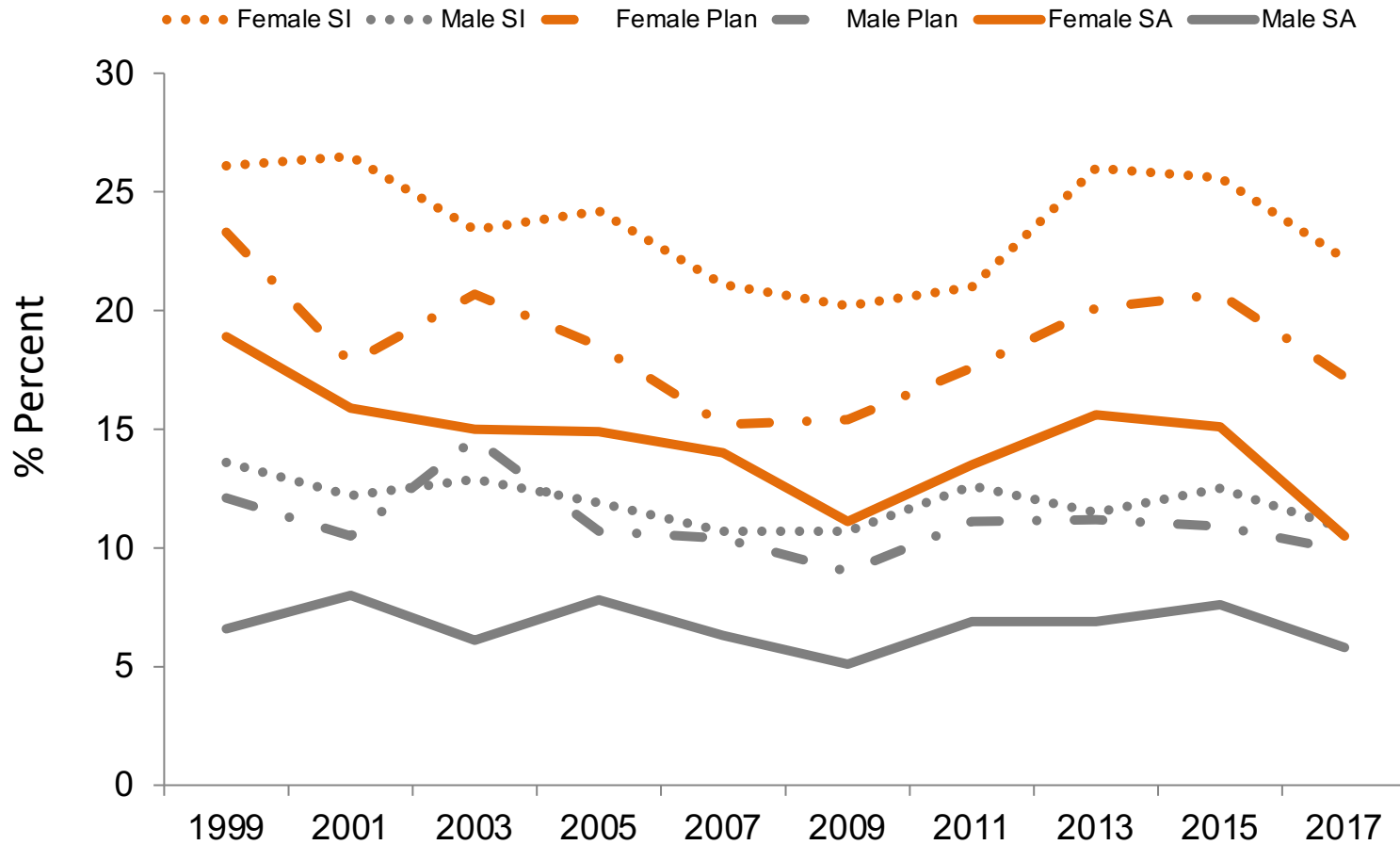
- Suffocation
- Poisoning
- Firearms
- Other



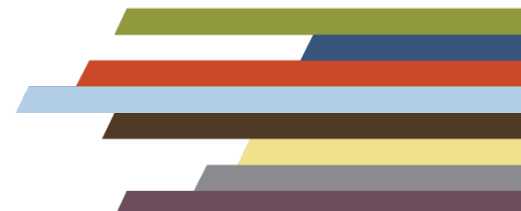
**Males
15-24**



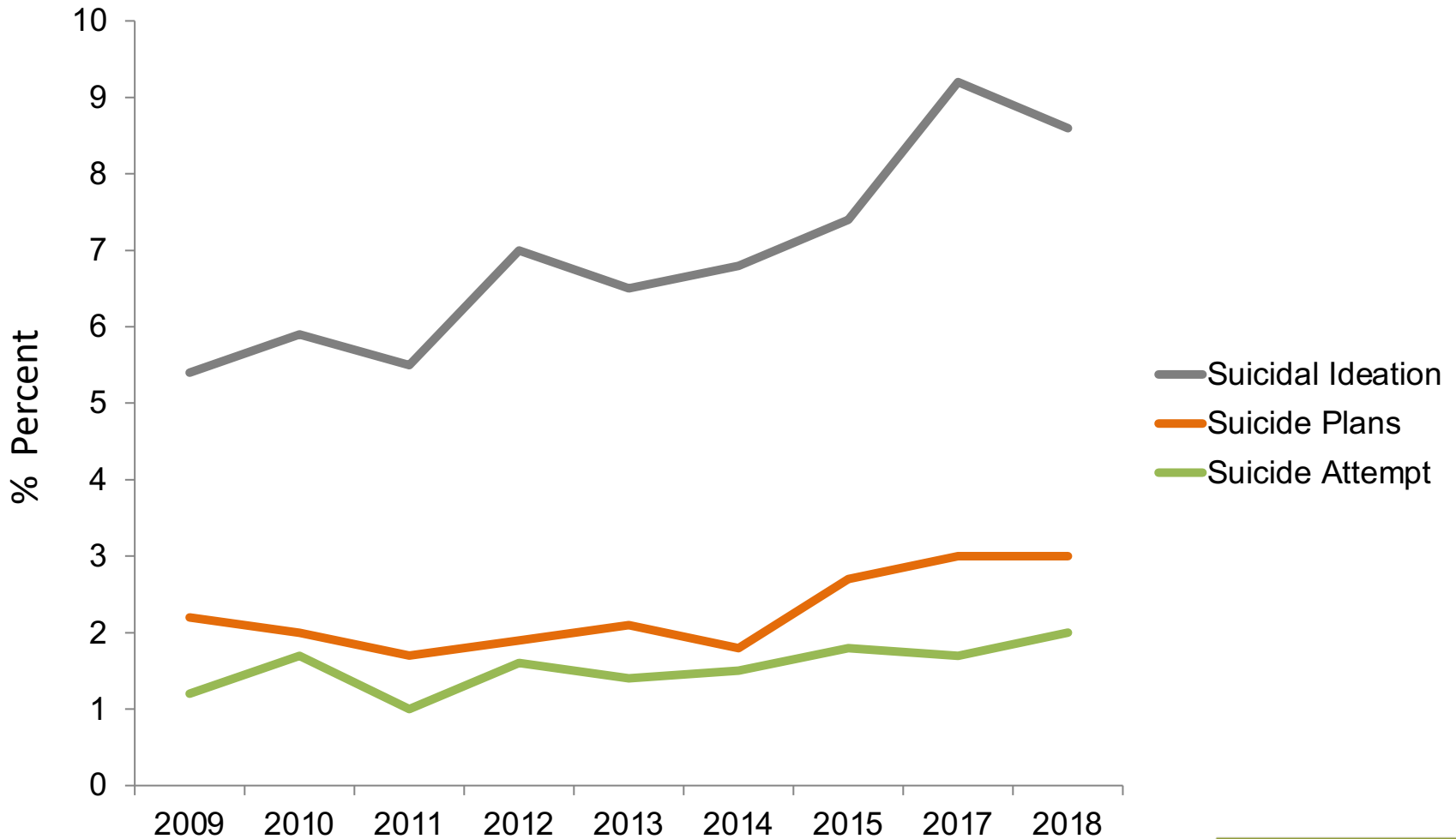
Trends in Suicide Ideation, Plans, and Attempts in High School Hispanic Students



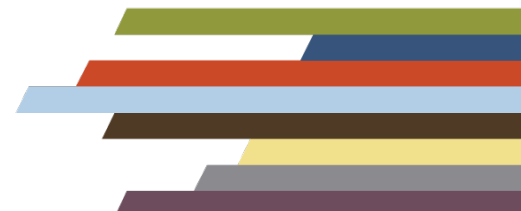
Youth Risk Behavior Surveillance, 1999-2017



Trends in Suicide Ideation, Plan, and Attempts in Hispanic Young Adults (18-25)

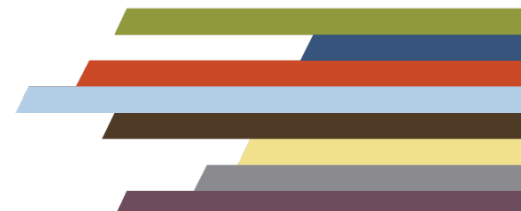
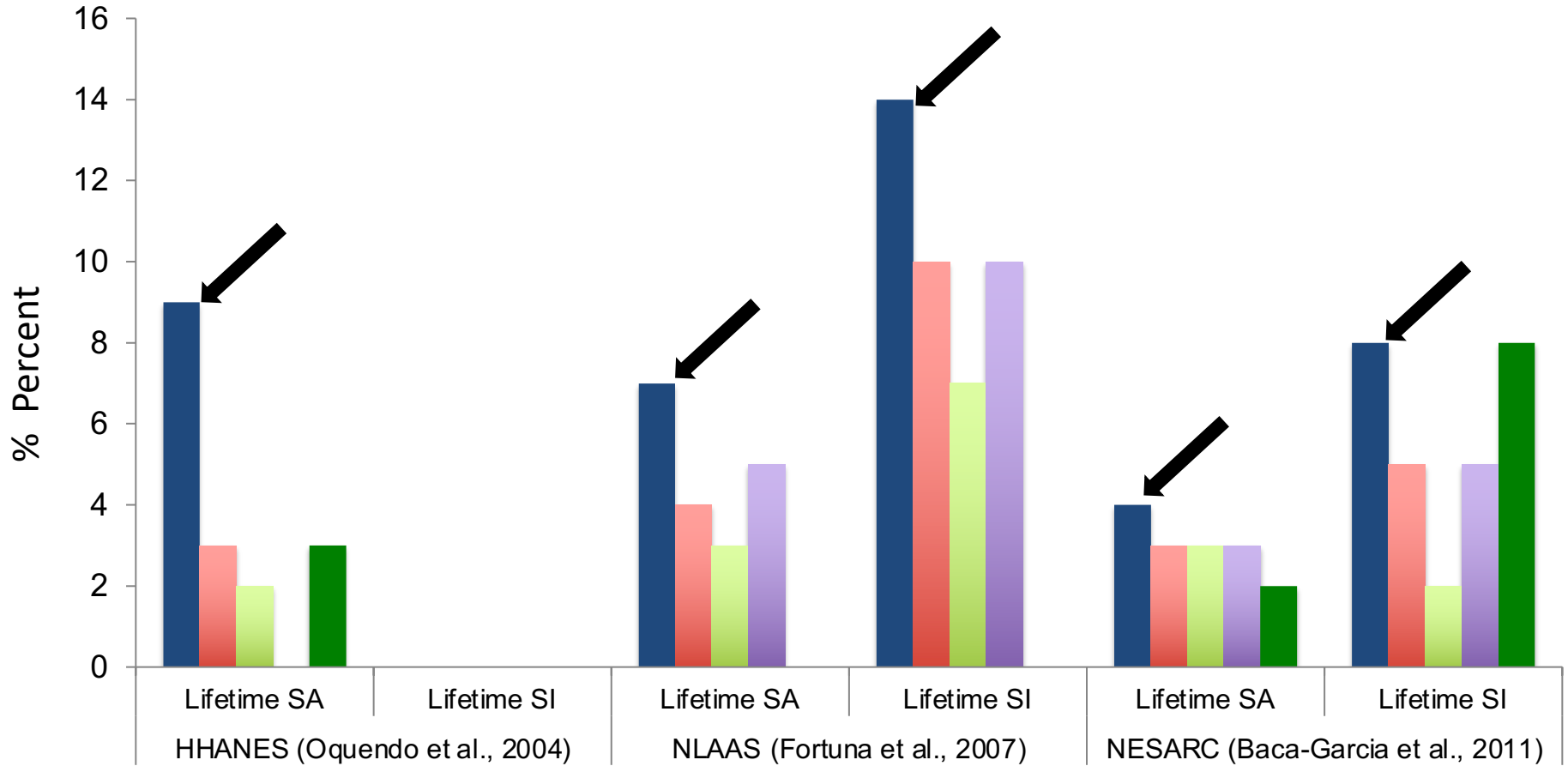


National Survey on Drug Use and Health, 2009-2018



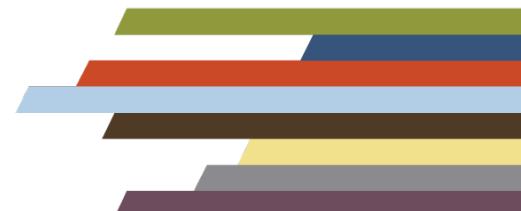
Prevalence of Lifetime Suicide Ideation and Attempts in Adults in the US

■ Puerto Rican ■ Mexican ■ Cuban ■ Other Hispanic ■ Non-Hispanic White



Early Detection is Critical

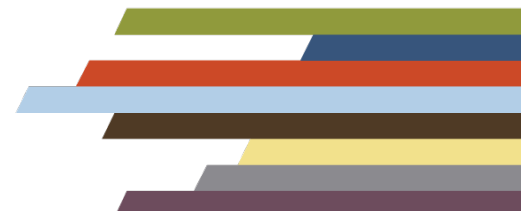
- 50-75% of youth (under age 25) suicide deaths are first attempts (McKean et al 2018)
- Onset of suicide attempt (SA) follows 1-2 years after onset of suicide ideation (SI) (Nock et al 2013)
- Onset peaks in adolescence, but severity increases through young adulthood (Goldston et al 2015)



Risk and Protective Factors for Suicidal Thoughts and Behaviors in Youth

- Intrapersonal Factors
 - History of suicidal behaviors
 - Psychiatric disorders (less robust in minority youth)
 - Risk behaviors
 - Child maltreatment
 - Impulsivity-related traits
 - Emotion dysregulation

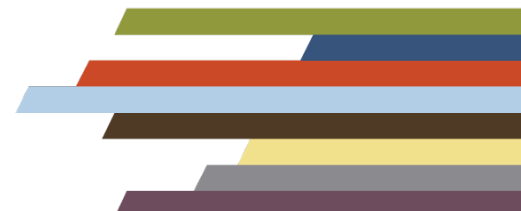
Cha et al., 2018; Sheftall et al., 2016



Risk and Protective Factors for Suicidal Thoughts and Behaviors in Youth

- Intrapersonal Factors
- Family Factors
 - History of suicide/suicidal behaviors
 - History of psychiatric disorders
 - Early maternal age
 - Poverty
 - Intimate partner violence

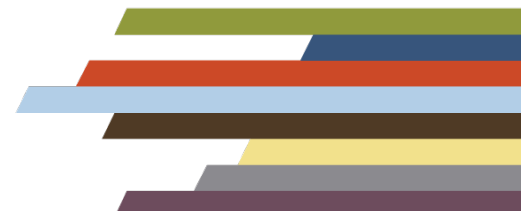
Cha et al., 2018



Risk and Protective Factors for Suicidal Thoughts and Behaviors in Youth

- Intrapersonal Factors
- Family Factors
- Interpersonal Factors
 - Perceived burdensomeness
 - Thwarted belongingness
 - Bullying/Peer victimization

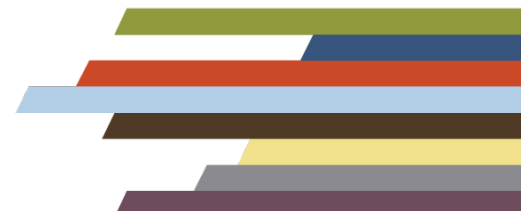
Cha et al., 2018



Risk and Protective Factors for Suicidal Thoughts and Behaviors in Youth

- Intrapersonal Factors
- Family Factors
- Interpersonal Factors
- Community Factors
 - Exposure to community violence
 - Neighborhood poverty
 - Contagion

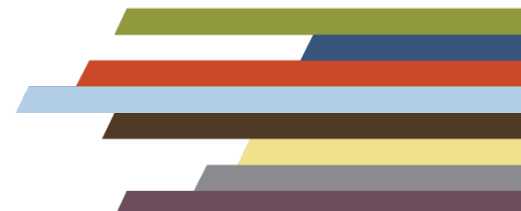
Cha et al., 2018



Risk and Protective Factors for Suicidal Thoughts and Behaviors in Youth

- Protective Factors
 - Social Connectedness (family, peers, school)
 - Reasons for living
 - Feelings of hope
 - Social Support
 - Intervention

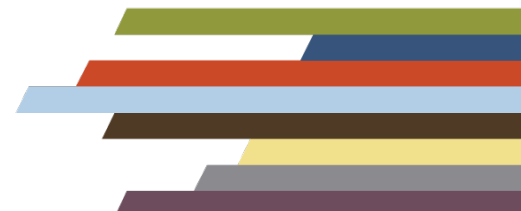
Cha et al., 2018



Acculturation and Suicide-Related Risk

- Generation status linked to SI and SA in Hispanic/Latinx Adolescents
 - Later generation (i.e., both youth and parents born in US) at greater risk than early generation youth

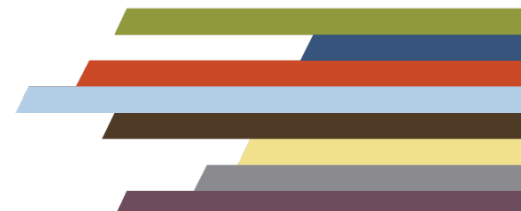
Peña et al., 2008



Acculturation and Suicide-Related Risk

- Generation status linked to SI and SA in Hispanic/Latinx Adolescents
 - Later generation (i.e., both youth and parents born in US) at greater risk than early generation youth
- Age of migration linked to suicide-related risk
 - Migration at an earlier age (under age 12) associated with elevated risk
 - Longer residency in US
 - Greater proficiency in English

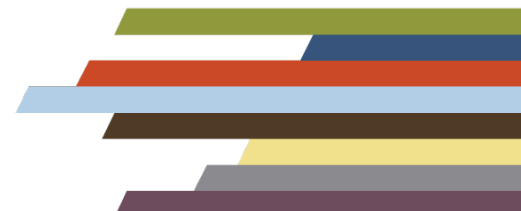
Perez-Rodriguez et al., 2014



Culture-Specific Factors and Suicidal Thoughts and Behaviors in Youth

- Culture-Specific Risk Factors
 - Racial/ethnic discrimination
 - Minority stress
 - Acculturative stress
 - Acculturation gap stress

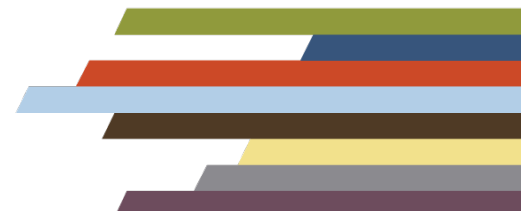
Chu et al., 2010



Culture-Specific Factors and Suicidal Thoughts and Behaviors in Youth

- Culture-Specific Risk Factors
- Culture-Specific Protective Factors
 - Ethnic density
 - Racial and ethnic identity
 - Religiosity/Spirituality
 - Familism

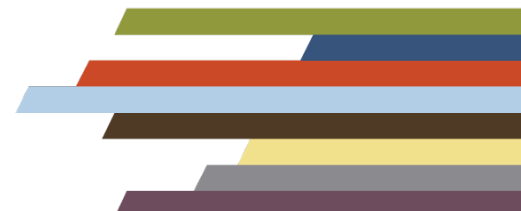
Chu et al., 2010; Kulberg et al.,2010; Boyas et al, 2019



Culture-Specific Factors and Suicidal Thoughts and Behaviors in Youth

- Culture-Specific Risk Factors
- Culture-Specific Protective Factors
- Other Risk Factors
 - Low mental health service use
 - Less likely to disclose to others

King et al 2019; Morrison & Downey, 2000



Suicide Prevention Strategies

Means Restriction

Psychopharmacology

Group Therapy

CBT

DBT

Primary Care Screen

School-based programs

Family Crisis Intervention

Family Therapy

Community-Based Intervention

Respite Centers

Psychodynamic Psychotherapy

Parent psychoeducation

Brief ED Intervention/Follow up

Managed Care

Postcard Intervention

Public Awareness Campaigns

Gatekeeper Training

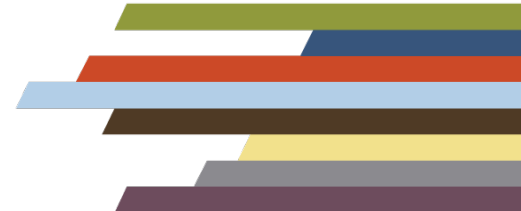
Media Reporting/Blackout

Phone/Internet-based Intervention

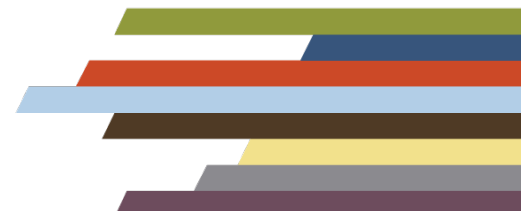
Most are tertiary prevention i.e., after onset

Is this too late?

Zalsman et al 2016



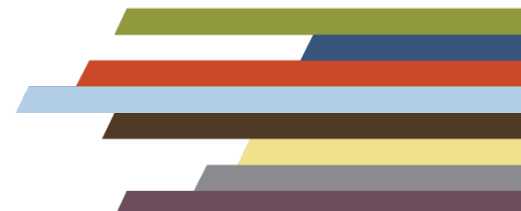
Best way to find out if a youth is thinking about suicide?



Best way to find out if a youth is thinking about suicide?

Ask them!

Asking children and adolescents if they are thinking about suicide does not induce suicidal thoughts (Gould et al., 2005)





Suicide Risk Screening Tool

Ask **Suicide-Screening** Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No

If yes, please describe: _____



Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT** safety/full mental health evaluation. **Patient cannot leave until evaluated for safety.**
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No" to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief** suicide safety assessment to determine if a **full** mental health evaluation is needed. **Patient cannot leave until evaluated for safety.**
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741





Brief Suicide Safety Assessment

Ask Suicide-Screening Questions

What to do when a pediatric patient screens positive for suicide risk:

- Use after a patient (10 - 24 years) screens positive for suicide risk on the asQ
- Assessment guide for mental health clinicians, MDs, NPs, or PAs
- Prompts help determine disposition

1 Praise patient *for discussing their thoughts*

"I'm here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions."

2 Assess the patient *(if possible, assess patient alone depending on developmental considerations and parent willingness.)*

Review patient's responses from the asQ

Frequency of suicidal thoughts

Determine if and how often the patient is having suicidal thoughts.

Ask the patient: "In the past few weeks, have you been thinking about killing yourself?" If yes, ask: "How often?" (once or twice a day, several times a day, a couple times a week, etc.) "When was the last time you had these thoughts?"

"Are you having thoughts of killing yourself right now?" (If "yes," patient requires an urgent/STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)

Suicide plan

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means).

Ask the patient: "Do you have a plan to kill yourself?" If yes, ask: "What is your plan?" If no plan, ask: "If you were going to kill yourself, how would you do it?"

Note: If the patient has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).

Ask the patient: "Have you ever tried to hurt yourself?" "Have you ever tried to kill yourself?"

If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would kill you?" "Did you want to die?" (for youth, intent is as important as lethality of method) Ask: "Did you receive medical/psychiatric treatment?"

Note: Past suicidal behavior is the strongest risk factor for future attempts.

Symptoms *Ask the patient about:*

Depression: "In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?"

Anxiety: "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?"

Impulsivity/Recklessness: "Do you often act without thinking?"

Hopelessness: "In the past few weeks, have you felt hopeless, like things would never get better?"

Anhedonia: "In the past few weeks, have you felt like you couldn't enjoy the things that usually make you happy?"

Isolation: "Have you been keeping to yourself more than usual?"

Irritability: "In the past few weeks, have you been feeling more irritable or grouzier than usual?"

Substance and alcohol use: "In the past few weeks, have you used drugs or alcohol?" If yes, ask: "What? How much?"

Sleep pattern: "In the past few weeks, have you had trouble falling asleep or found yourself waking up in the middle of the night or earlier than usual in the morning?"

Appetite: "In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?"

Other concerns: "Recently, have there been any concerning changes in how you are thinking or feeling?"

Social Support & Stressors

(For all questions below, if patient answers yes, ask them to describe.)

Support network: "Is there a trusted adult you can talk to? Who? Have you ever seen a therapist/counselor?" If yes, ask: "When?"

Family situation: "Are there any conflicts at home that are hard to handle?"

School functioning: "Do you ever feel so much pressure at school (academic or social) that you can't take it anymore?"

Bullying: "Are you being bullied or picked on?"

Suicide contagion: "Do you know anyone who has killed themselves or tried to kill themselves?"

Reasons for living: "What are some of the reasons you would NOT kill yourself?"



3

Interview patient & parent/guardian together

If patient is ≥ 18 years, ask patient's permission for parent/guardian to join.

Say to the parent: “After speaking with your child, I have some concerns about his/her safety. We are glad your child spoke up as this can be a difficult topic to talk about. We would now like to get your perspective.”

- “Your child said... (reference positive responses on the asQ). Is this something he/she shared with you?”
- “Does your child have a history of suicidal thoughts or behavior that you’re aware of?” If yes, say: “Please explain.”
- “Does your child seem:
 - o Sad or depressed?”
 - o Anxious?”
 - o Impulsive? Reckless?”
 - o Hopeless?”
 - o Irritable?”
 - o Unable to enjoy the things that usually bring him/her pleasure?”
 - o Withdrawn from friends or to be keeping to him/herself?”
- “Have you noticed changes in your child’s:
 - o Sleeping pattern?”
 - o Appetite?”
- “Does your child use drugs or alcohol?”
- “Has anyone in your family/close friend network ever tried to kill themselves?”
- “How are potentially dangerous items stored in your home?” (e.g. guns, medications, poisons, etc.)
- “Does your child have a trusted adult they can talk to?” (Normalize that youth are often more comfortable talking to adults who are not their parents)
- “Are you comfortable keeping your child safe at home?”

At the end of the interview, ask the parent/guardian:
“Is there anything you would like to tell me in private?”



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

4 Make a safety plan with the patient Include the parent/guardian, if possible.

Create a safety plan for managing potential future suicidal thoughts. A safety plan is different than making a “safety contract”; asking the patient to contract for safety is NOT effective and may be dangerous or give a false sense of security.

Say to patient: “Our first priority is keeping you safe. Let’s work together to develop a safety plan for when you are having thoughts of suicide.”

Examples: “I will tell my mom/coach/teacher.”
“I will call the hotline.” “I will call _____.”

Discuss coping strategies to manage stress (such as journal writing, distraction, exercise, self-soothing techniques).

Discuss means restriction (securing or removing lethal means): “Research has shown that limiting access to dangerous objects saves lives. How will you secure or remove these potentially dangerous items (guns, medications, ropes, etc.)?”

Ask safety question: “Do you think you need help to keep yourself safe?” (A “no” response does not indicate that the patient is safe; but a “yes” is a reason to act immediately to ensure safety.)

5 Determine disposition

After completing the assessment, choose the appropriate disposition plan. *If possible, nurse should follow-up with a check-in phone call (within 48 hours) with all patients who screened positive.*

- Emergency psychiatric evaluation:** Patient is at imminent risk for suicide (current suicidal thoughts). Send to emergency department for extensive mental health evaluation (unless contact with a patient’s current mental health provider is possible and alternative safety plan for imminent risk is established).
- Further evaluation of risk is necessary:** Review the safety plan and send home with a mental health referral as soon as patient can get an appointment (preferably within 72 hours).
- Patient might benefit from non-urgent mental health follow-up:** Review the safety plan and send home with a mental health referral.
- No further intervention is necessary at this time.**

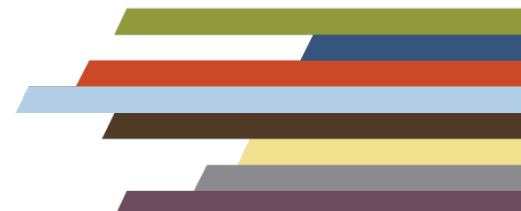
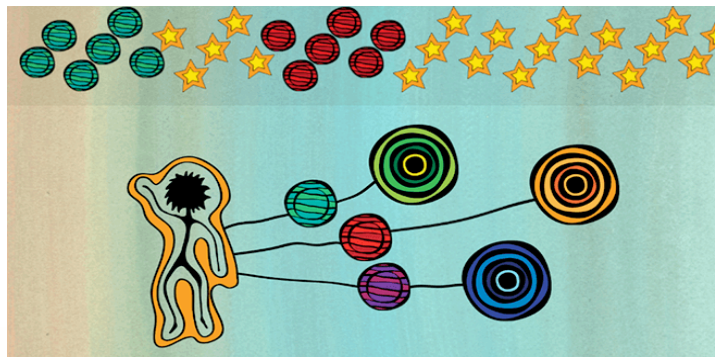
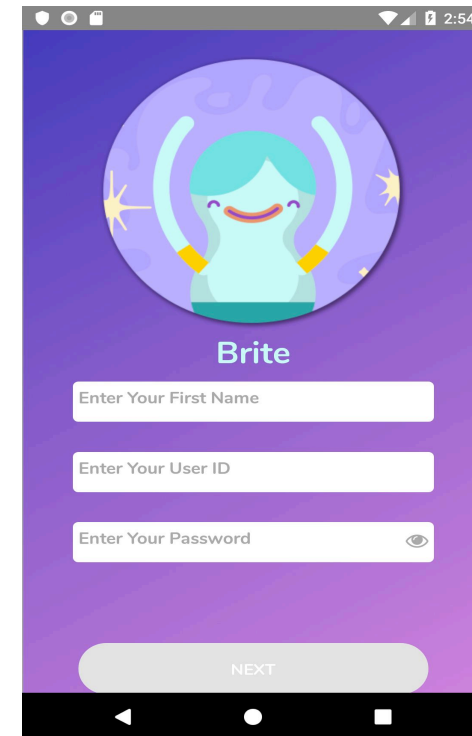
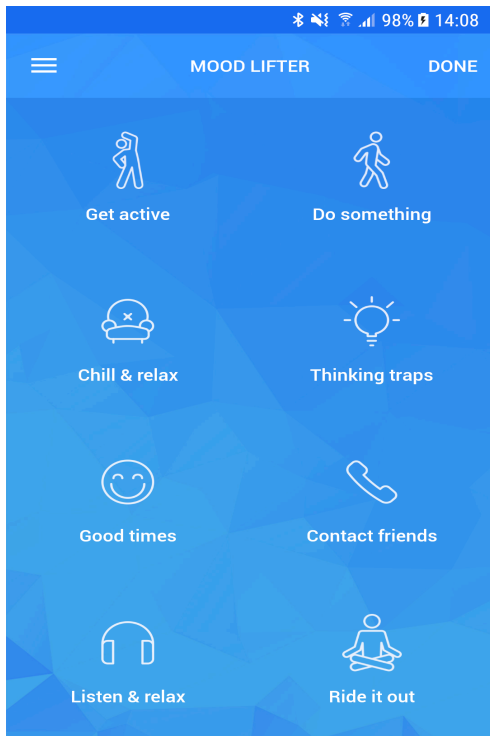
For all positive screens, follow up with patient at next appointment.

6 Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text “HOME” to 741-741



Suicide Prevention Strategies: Apps



Suicide Prevention for Hispanic/Latinx Youth

LIFE IS PRECIOUS™

A Latina Girls Club & Suicide Prevention Program, with Locations in Brooklyn, The Bronx, Queens, and Washington Heights.

**Bilingual, Bicultural, and
Created by Latinas, for Latinas**

IS LIP FOR ME?



<https://www.comunilifelip.org/>



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Suicide Prevention for Hispanic/Latinx Youth

An Evidence-Based Preventive Intervention
for Hispanic Youth and their Families

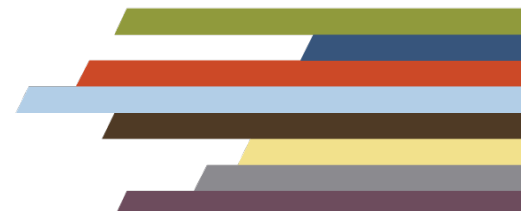
SCROLL DOWN TO LEARN MORE

What is Familias Unidas?



Familias Unidas is a family-centered, evidence-based substance use and sexual risk behavior prevention intervention for Hispanic youth and their families. It was developed by Drs. **Hilda Pantin** and **Guillermo Prado** at the University of Miami's **Department of Public Health Sciences**. Familias Unidas is a multi-level intervention that targets risk (e.g., poor adolescent communication) and protective factors (e.g., parental involvement) at the family, peer, and school level. Familias Unidas has been implemented in several cities across the U.S., and is currently being implemented in Ecuador and Chile. Familias Unidas is being adapted for use on the internet, for obesity prevention, delivery in primary care settings and expanded roll-out in Latin America.

<https://familias-unidas.info/>



Suicide Prevention for Hispanic/Latinx Youth

Psychotherapy
2016, Vol. 53, No. 1, 45–56

© 2016 American Psychological Association
0033-3204/16/\$12.00 <http://dx.doi.org/10.1037/psr0000044>

Development of a Treatment Protocol for Puerto Rican Adolescents With Suicidal Behaviors

Yovanska Duarté-Vélez
University of Puerto Rico and Brown University

Paloma Torres-Dávila
University of Puerto Rico

Anthony Spirito
Brown University

Norka Polanco and Guillermo Bernal
University of Puerto Rico

Adolescents in Puerto Rico are at an increased risk for suicide attempts, though evidence-based treatments specifically for this group have not been tested. The current study was designed to develop and pilot test a culturally sensitive, manualized outpatient treatment for Puerto Rican adolescents who have experienced a suicidal crisis. The study was divided into phases. Phase 1 consisted of developing a socio-cognitive behavioral treatment for suicidal behavior. Phase 2 tested the treatment protocol in an open trial with 11 (6 male and 5 female) Puerto Rican adolescents. Active treatment had an approximate duration of 3–6 months. An initial assessment, process measures, and posttreatment assessment were completed with each participant to measure treatment feasibility as well as suicidality, symptoms, and risk factors. Participants were very satisfied with treatment and reported relevant clinical benefits. The retention rate was 73% (8 out of 11). For those who completed the treatment protocol, the goal of reducing further suicide risk was achieved; 2 showed reliable clinical changes in suicidal ideation, while 6 maintained low levels during treatment. All treatment completers had either a partial or total remission of their pretreatment diagnosis and half had reliable improvements in at least 1 risk factor. A theory-driven treatment protocol was developed according to patient's needs, but further research is needed to continue its development and to explore its efficacy.

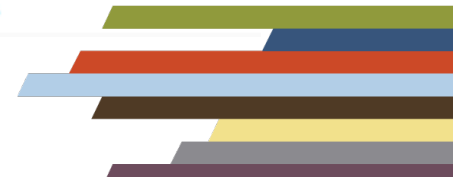
Keywords: socio-cognitive behavioral therapy, Puerto Rican adolescents with suicidality, minority issues



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Suicide Prevention Resources

1. Ask Suicide-Screening Questions (ASQ) Toolkit
 - NIMH
 - Emergency Department, Inpatient, Outpatient/Primary Care (other settings with youth e.g., school, juvenile detention centers)
2. Zero Suicide Toolkit zerosuicide.edc.org/toolkit
 - SAMHSA
3. After-a-Suicide Toolkit
 - Suicide Prevention Resource Center www.sprc.org



Suicide Prevention Resources

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

Spanish/Español: 1-888-628-9454

Crisis Text Line

Text HOME to 741-741





National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Ibis Carrión, Psy.D.
Director

ibis.carrion@uccaribe.edu

Angel Casillas, MHS
Project Manager

angel.casillas@uccaribe.edu

Your opinion is important to us! Fill out your evaluation forms, it only takes a couple of minutes! Just scan this code with your smartphone. Don't worry if you can't - an email will be sent to you with the link.

Follow Us



@hिलamhttc



Website:

<http://www.mhttcnetwork.org/hispaniclatino/>

Email: hispaniclatino@mhttcnetwork.org



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA

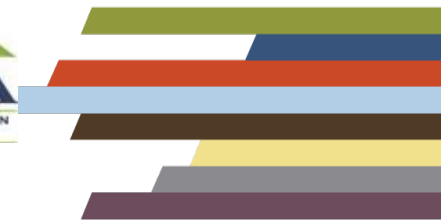
Substance Abuse and Mental Health
Services Administration

UCC

UNIVERSIDAD CENTRAL DEL CARIBE

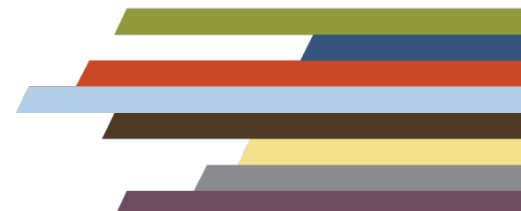
IRESA

INSTITUTE OF RESEARCH, EDUCATION
AND SERVICES IN ADDICTION



References (1 of 2)

- Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. Retrieved from http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html.
- Youth Risk Behavior Surveillance. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- National Survey on Drug Use and Mental Health. From Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.datafiles.samhsa.gov/study-series/national-survey-drug-use-and-health-nsduh-nid13517>
- Oquendo, M. A., Lizardi, D., Greenwald, S., Weissman, M. M., & Mann, J. J. (2004). Rates of lifetime suicide attempt and rates of lifetime major depression in different ethnic groups in the United States. *Acta Psychiatrica Scandinavica*, 110(6), 446-451.
- Fortuna, L. R., Perez, D. J., Canino, G., Sribney, W., & Alegria, M. (2007). Prevalence and correlates of lifetime suicidal ideation and attempts among Latino subgroups in the United States. *The Journal of Clinical Psychiatry*, 68(4), 572.
- Baca-Garcia, E., Perez-Rodriguez, M. M., Keyes, K. M., Oquendo, M. A., Hasin, D. S., Grant, B. F., & Blanco, C. (2011). Suicidal ideation and suicide attempts among Hispanic subgroups in the United States: 1991–1992 and 2001–2002. *Journal of Psychiatric Research*, 45(4), 512-518.
- McKean, A. J., Pabbati, C. P., Geske, J. R., & Bostwick, J. M. (2018). Rethinking lethality in youth suicide attempts: first suicide attempt outcomes in youth ages 10 to 24. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(10), 786-791.
- Nock, M. K., Green, J. G., Hwang, I., McLaughlin, K. A., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement. *JAMA Psychiatry*, 70(3), 300-310.
- Goldston, D. B., Daniel, S. S., Erkanli, A., Heilbron, N., Doyle, O., Weller, B., ... & Faulkner, M. (2015). Suicide attempts in a longitudinal sample of adolescents followed through adulthood: Evidence of escalation. *Journal of Consulting and Clinical Psychology*, 83(2), 253.
- Cha, C. B., Franz, P. J., M. Guzmán, E., Glenn, C. R., Kleiman, E. M., & Nock, M. K. (2018). Annual Research Review: Suicide among youth—epidemiology, (potential) etiology, and treatment. *Journal of Child Psychology and Psychiatry*, 59(4), 460-482.
- Sheftall, A. H., Asti, L., Horowitz, L. M., Felts, A., Fontanella, C. A., Campo, J. V., & Bridge, J. A. (2016). Suicide in elementary school-aged children and early adolescents. *Pediatrics*, 138(4), e20160436.
- Peña, J. B., Wyman, P. A., Brown, C. H., Matthieu, M. M., Olivares, T. E., Hartel, D., & Zayas, L. H. (2008). Immigration generation status and its association with suicide attempts, substance use, and depressive symptoms among Latino adolescents in the USA. *Prevention Science*, 9(4), 299-310.



References (2 of 2)

- Perez-Rodriguez, M. M., Baca-Garcia, E., Oquendo, M. A., Wang, S., Wall, M. M., Liu, S. M., & Blanco, C. (2014). Relationship between acculturation, discrimination, and suicidal ideation and attempts among US Hispanics in the National Epidemiologic Survey of Alcohol and Related Conditions. *The Journal of Clinical Psychiatry, 75*(4), 399-407.
- Chu, J. P., Goldblum, P., Floyd, R., & Bongar, B. (2010). The cultural theory and model of suicide. *Applied and Preventive Psychology, 14*(1-4), 25-40.
- Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2010). Familism, parent-adolescent conflict, self-esteem, internalizing behaviors and suicide attempts among adolescent Latinas. *Child Psychiatry & Human Development, 41*(4), 425-440.
- Boyas, J. F., Kim, Y. J., Villarreal-Otálora, T., & Sink, J. K. (2019). Suicide ideation among Latinx adolescents: Examining the role of parental monitoring and intrinsic religiosity. *Children and Youth Services Review, 102*, 177-185.
- King, C. A., Brent, D., Grupp-Phelan, J., Shenoi, R., Page, K., Mahabee-Gittens, E. M., ... & Littlefield, A. (2020). Five profiles of adolescents at elevated risk for suicide attempts: Differences in mental health service use. *Journal of the American Academy of Child & Adolescent Psychiatry, 59*(9), 1058-1068.
- Morrison, L. L., & Downey, D. L. (2000). Racial differences in self-disclosure of suicidal ideation and reasons for living: Implications for training. *Cultural Diversity and Ethnic Minority Psychology, 6*(4), 374.
- Gould, M. S., Marrocco, F. A., Kleinman, M., Thomas, J. G., Mostkoff, K., Cote, J., & Davies, M. (2005). Evaluating iatrogenic risk of youth suicide screening programs: a randomized controlled trial. *JAMA, 293*(13), 1635-1643.
- Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., ... & Purebl, G. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry, 3*(7), 646-659.
- Humensky, J. L., Coronel, B., Gil, R., Mazzula, S., & Lewis-Fernández, R. (2017). Life is Precious: A community-based program to reduce suicidal behavior in Latina adolescents. *Archives of Suicide Research, 21*(4), 659-671.
- Vidot, D. C., Huang, S., Poma, S., Estrada, Y., Lee, T. K., & Prado, G. (2016). Familias Unidas' crossover effects on suicidal behaviors among Hispanic adolescents: Results from an effectiveness trial. *Suicide and Life-Threatening Behavior, 46*, S8-S14.
- Duarte-Vélez, Y., Torres-Dávila, P., Spirito, A., Polanco, N., & Bernal, G. (2016). Development of a treatment protocol for Puerto Rican adolescents with suicidal behaviors. *Psychotherapy, 53*(1), 45-56.

