

# Cultural Considerations for Addressing Suicide Ideation and Attempt in Indigenous and Hispanic and Latino Youths

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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 AND  
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](https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf)



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# Author Disclose Conflicts of Interest

- The author declares no conflicts of interest.

# Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a brief survey about today's training and for the optional CEU's.



# Objectives

- Identify trends in mental health disorders, including suicidal thoughts and behaviors.
- Discuss culture-specific risk and protective factors associated with mental health.
- Identify ways in which language use can improve mental health among Latino youth.

# Disparities in Hispanic/Latino Children and Adolescents

- About 33.7% Hispanic students experience persistent feelings of sadness or hopelessness.
- Are more likely to have initiated alcohol use or cigarette use in the past year.
- Are half as likely as white children to use stimulants to treat disorders such as attention deficit/hyperactivity disorder (ADHD) and attention deficit disorder (ADD).



# Mental Health Needs of Hispanic and Latino Youth

- While Latino communities show similar susceptibility to mental illness as the general population, unfortunately, they experience disparities in access to treatment and in the quality of treatment they receive.
- This inequality puts them at a higher risk for more severe and persistent forms of mental health conditions.
- As a community, Latinos are less likely to seek mental health treatment.

# Common mental health disorders among Latinos

- Generalized anxiety disorder
- Depressive disorders
- Posttraumatic stress disorder
- Substance use disorders

# Depression

## Symptoms of depression include:

- Unusual sadness or irritability, persisting even when circumstances change
- Loss of interest in activities they once enjoyed; reduced feelings of anticipation
- Changes in weight
- Shifts in sleep patterns
- Sluggishness
- Harsh self-assessment (“I’m ugly. I’m no good. I’ll never make friends.”)
- Feelings of worthlessness, hopelessness
- Thoughts of or attempts at suicide

# Anxiety

Symptoms of anxiety include:

- Trouble sleeping
- Complaints about stomachaches or other physical problems
- Avoidance of situations
- Exhibiting clingy behavior around parents or caregivers
- Trouble focusing in class or being very fidgety
- Disruptive behavior and explosive outbursts
- Overly self-conscious behavior

# Latina Teen Suicide Rates

According to the 2017 Youth Risk Behavior Surveillance Survey which was administered by the Centers for Disease Control and Prevention to people ages 10 to 24.

- 1 out of 10 Latinas attempted suicide in the past year
- 2 out of 10 made a suicide plan
- Half said they felt hopeless

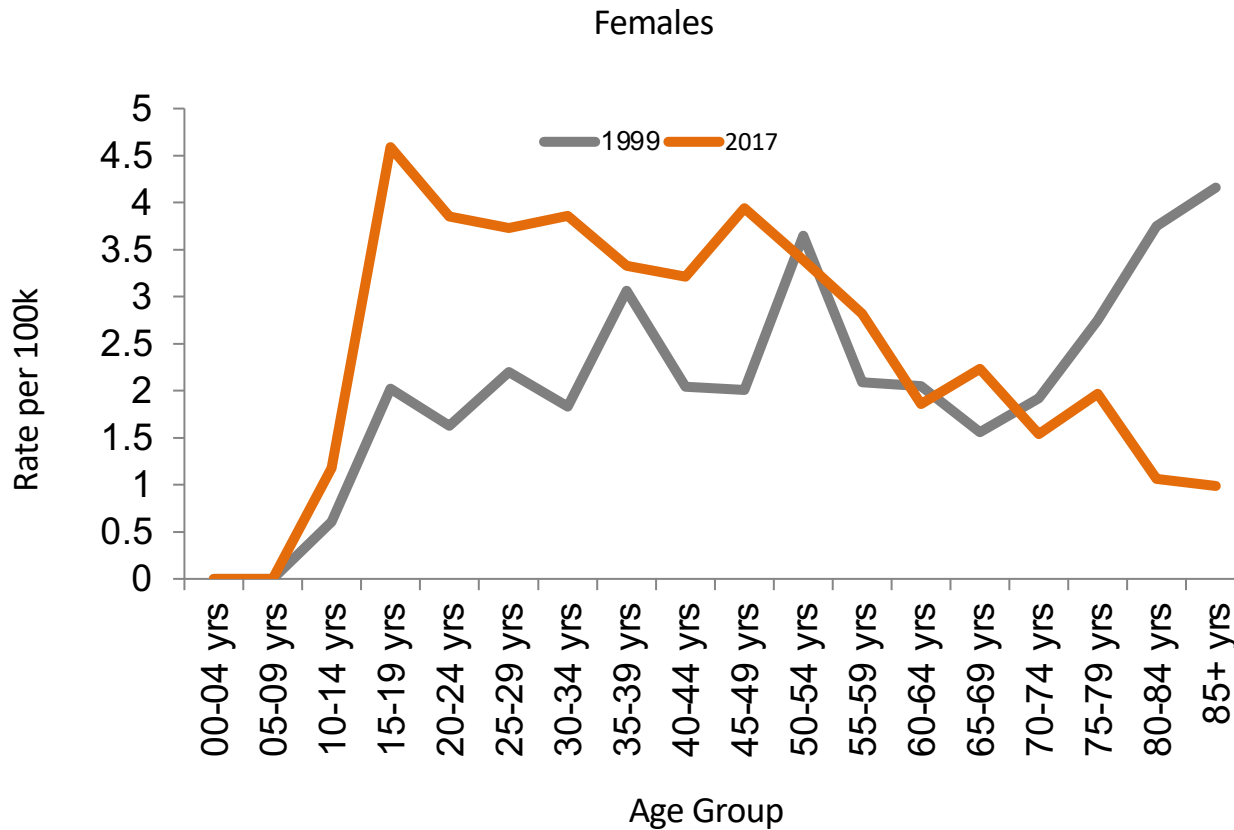
# Warning Signs of Suicide

- Isolation from friends and family
- Problems eating or sleeping
- Mood swings
- Reckless behavior
- Dropping grades
- Increased use of alcohol or drugs
- Giving away belongings
- Talking about feeling hopeless or trapped
- Talking about being a burden to others or not belonging
- Talking about suicide or wanting to die
- Writing or drawing about suicide, or acting it out in play

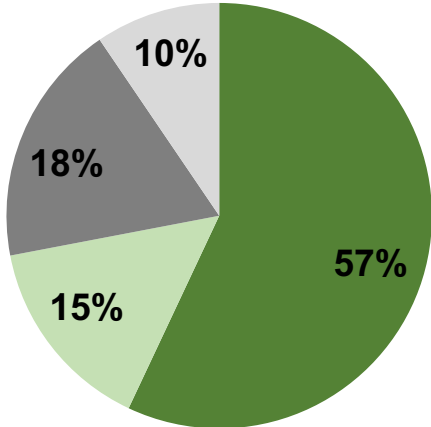
(Child Mind Institute, 2020)

# Suicide Trends in Hispanic by Age Group

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



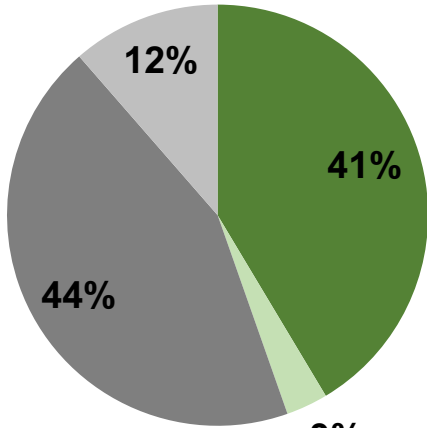
# Suicide Trends in Hispanic by Age Group



**Females  
15-24**

- Suffocation
- Poisoning
- Firearms
- Other

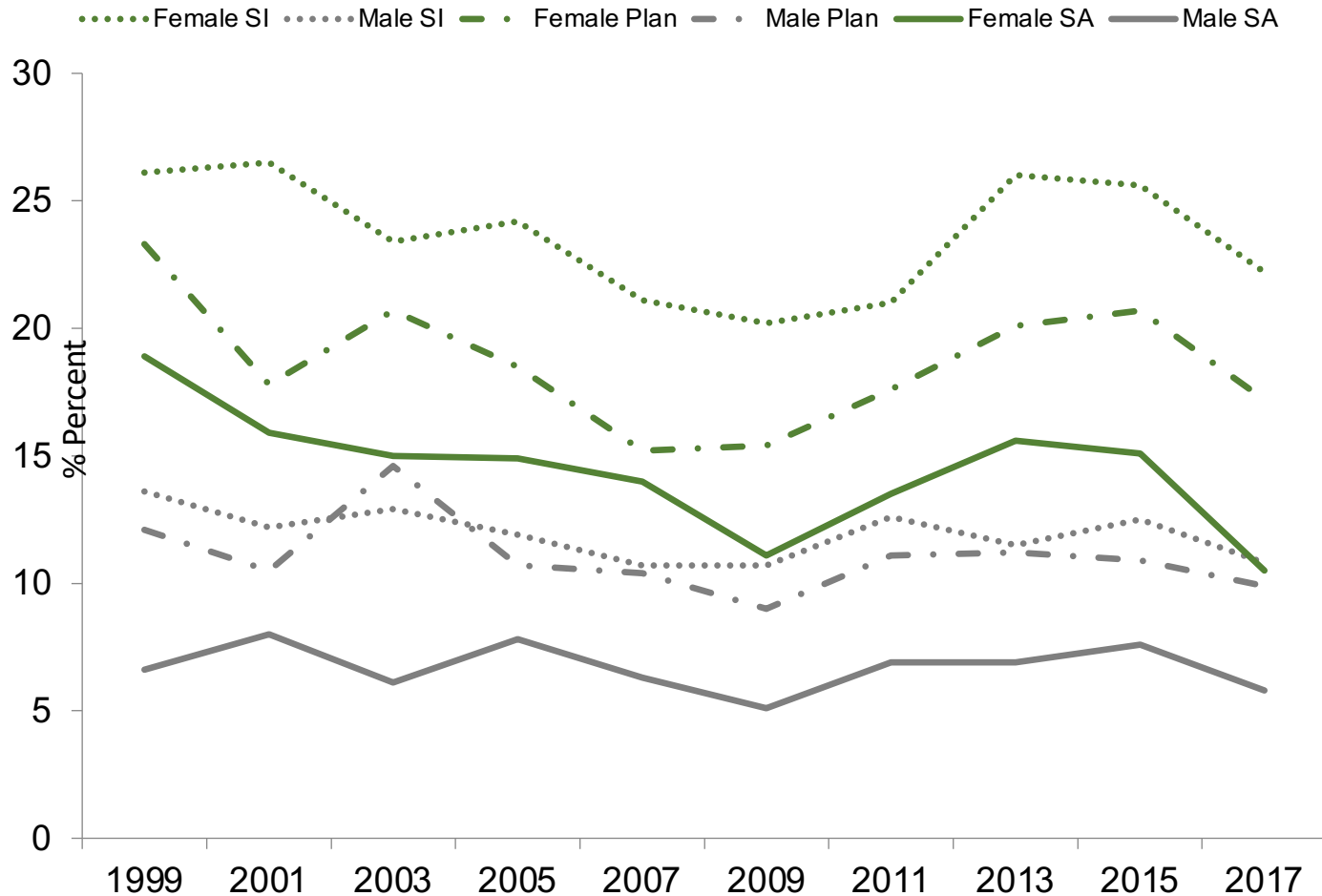
**Males  
15-24**



Centers for Disease Control and Prevention



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



Youth Risk Behavior Surveillance



# Suicide in Florida 2019

- **3,426 suicides**
- 2nd leading cause of death for people ages 10-34
- 4<sup>th</sup> leading cause among people ages 34-54
- 5<sup>th</sup> leading cause among people ages 45-54

## Highest rates among:

- American Indian/Alaska Native and non-Hispanic White populations
- Veterans
- people who live in rural areas
- workers in certain industries and occupations, like mining and construction.
- Young people who are lesbian, gay, or bisexual

# Suicide vulnerability

Suicide vulnerability varies by ethnicity. Examples of cultural characteristics related to suicide include but are not limited to the following:

- Latinos

Fatalism coupled with negative attitudes about seeking support outside the family may contribute to the growing rate of suicide in this population.

- American Indians and Alaska Natives

Intergenerational trauma—especially the legacy of forced removals of children for placement in boarding schools—may help explain this group’s disproportionately high rate of suicide.

# 95% of the culturally specific suicide risk literature encompassed by 4 factors:



Chu, Goldblum, Floyd, & Bongar (2010)

# The Cultural Theory/Model of Suicide

#1. Look for Different Signs of Suicide

*Cultural Idioms of Distress*

#2. Suicide May Be Precipitated By Different Stressors

*Minority Stress, Social Discord*

#3. Look for the Meaning of Things

*Cultural Sanctions*

3 key concepts

# Cultural Concepts of Distress

are expressed through three concepts:

- **Cultural syndromes:** Groups of symptoms that co-occur among individuals in specific cultural groups, communities, and contexts. Example: *Ataque de Nervios/Attack of Nerves*.
- **Cultural idioms of distress:** Ways that symptoms are expressed which provide a collective, shared ways of experiencing and talking about personal and social concerns. Example: *Nervios/Nervousness*.
- **Cultural explanations** (perceived causes): Labels, attributions, or features of an explanatory model that indicate culturally recognized meaning or etiology for symptoms, illness, or distress. Example: *Susto/Fright* and *Mal de Ojo/Evil Eye*.

# Latino Cultural Syndrome

## *Ataque de nervios*

- Characterized by symptoms of intense emotional upset (including anxiety), screaming, shouting, crying, trembling, may include verbal and physical aggression.
- Dissociative experiences, seizure-like or fainting episodes, and suicidal gestures are prominent in some *ataques* but absent in others.
- Mostly, it occurs as a direct exposure to a stressful event relating to family.



(APA, 2013. p.758)

# Idioms of Distress Prevalent Among Hispanic and Latino Culture

In terms of *nervios*, children and adolescents could experience:

- Headaches or “brain aches”
- Irritability
- Stomach disturbances
- Sleep difficulties
- Nervousness
- Easy tearfulness
- Inability to concentrate
- Trembling
- Tingling sensations
- Dizziness



(APA, 2013)



# Latino Cultural Explanation for an Illness

- *Susto* is attributed to a frightening event that causes the soul to leave the body and results in unhappiness and sickness, as well as difficulties functioning in key social roles. This syndrome may occur with somatic symptoms.
- Is more prevalent among Latinx living in the US that are from Mexico, Central America, and South America.



(APA, 2013)

# Latino Cultural Explanation for an Illness

## *Mal de Ojo*

- It is considered an illness transmitted by making eye contact with someone, as it is received through the eyes of the intended recipient. The instigator frequently covets the victim child, and when the illness is passed it heats the blood of the victim, causing multiple gastrointestinal problems.



# Minority Stress

- Are stresses cultural minorities experience because of social identity or position (e.g., acculturation, discrimination related strain, or social disadvantages).
- Mistreatment, harassment, and discrimination as strong suicide risk factors for sexual minority groups illustrates the Minority Stress factor (Clements-Nolle, Marx, & Katz, 2006; Huebner, Rebchook, & Kegeles, 2004).

# Minority Stress

- **Acculturation stress**
- **Acculturation gaps-aspects of intergenerational conflicts**

# The Role of Acculturation

- Acculturation can be a protective and/or a risk factor in mental health services. Practitioners need to consider intersection of multiple factors related to the acculturation process and adolescent life experiences.

## Acculturation Strategies:

- Integration
- Assimilation
- Separation
- Marginalization
- Biculturalism
- Ambiculturalism

# Minority Stress

## Marginalization

- Policies
- Institutions
- Daily interactions



# Minority Stress: Racism

- Oppression
- Anti-immigration Laws
- Policies

**Racism can lead to Ethno-racial trauma in the immigrant Hispanic and Latino communities.**

# Cultural Sanctions

**Cultural Sanctions, is defined by Chu et al. (2010) as cultural values or practices conveying messages about the acceptability of suicide as an option or the acceptability or shame associated with certain life events that may precipitate suicide risk.**

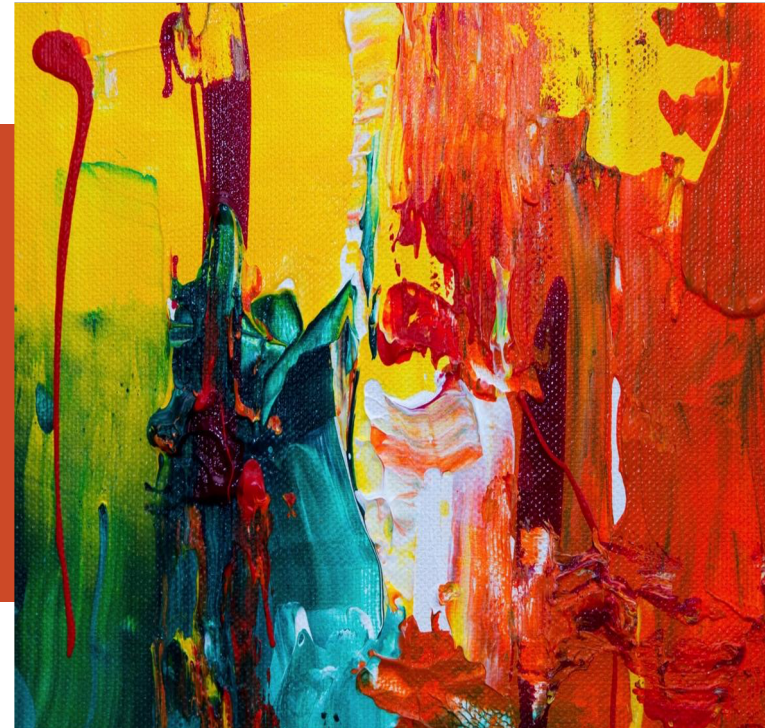


# Social Discord

**Social Discord includes the suicide risk factors of alienation, conflict, or lack of integration with one's family, community, or friends.**

# Protective Factors

**Increasing of protective factors in the community will reduce mental health conditions and substance use disorders.**



# Role of the Family

- Some Latino families in the US will have a negative stigma towards mental health treatments.
- Latino families will often turn to community-based care before assessing a formal network.
- Family members may share medication with other family members while integrating alternative medicine.
- The cultural value of *familismo* puts the family's well-being at the forefront of care.

# Mental Health Protective Factors: Religion and Spirituality

- Connection within the community.
- Connection with other Hispanic and Latino communities.
- May inspire hope to the client/patient.
- Clinicians should:
  - Respect traditional healing approaches.
  - Recognize that *fatalism* is the value of destiny or in some cases divine intervention.

# Mental Health Protective Factors: Traditional Gender Roles

- *Machismo* is the expectation that men will take the role of protector or provider for the family demonstrating strength, self-reliance, and control.
- *Marianismo* is the expectation that females will take on a Virgin Mary-Like demeanor or the role of caretaker for the family demonstrating purity, care, family privacy, and morality.

# Research on Hispanics and experiences with Mental Illness

- Family and spiritual *marianismo* pillars may be protective against depressive symptoms and promote academic resilience among adolescent Mexican American Latinas (Rodriguez, Castillo, & Gandara, 2013).
- Virtuous/chaste, subordinate to others, and self-silencing pillars are purported to be “negative aspects” of *marianismo*, and have been associated with depression (Perez, 2011) and poor academic outcomes among Latina adolescents.

# Mental Health Protective Factors: Involve family

- Clear roles and expectations.
- Interpersonal relationships are significant during the interview process.
- Family view mental health conditions.

# Mental Health Protective Factors:

## Show respect

- **Respect is important in all cultures.**
- **Hispanic and Latino individuals tend to expect status differences between professionals and non-professionals.**
- **Warm and personal interest can increase engagement in the therapeutic process.**



# Mental Health Protective Factors: Get personal

- *Personalismo* towards health care providers.
- If health care providers demonstrate *simpatía*, kindness and are friendly the likelihood of compliance with treatment and recommendations will increase.

# Mental Health Protective Factors: Collectivism

- **The emphasis on group activity rather than individual task.**
- **Responsibility for achievement is a shared concept.**
- **Sense of balance or harmony within collectivism and interdependence.**

# Cultural Variations

Have you ever wanted to give your life away?

Have you ever felt your loved ones would be better off without you?

Have you ever felt no one would care if you weren't around anymore?

Have you ever felt you don't deserve to be alive?

Have you felt so ashamed that you wanted to disappear?

Have you ever felt your time on this earth is done?

Have you felt this world has rejected you and it's time to leave?

Have you ever wished someone else would just end your life?

# References

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
2. American Psychological Association. (2019). Middle-school Latino children report more depressive symptoms after family member arrested, study finds. Retrieved on January 29, 2020 from <https://www.apa.org/news/press/releases/2019/08/latino-children-depressive-symptoms>
3. 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.
4. Caballero, T. M., Johnson, S. B., Muñoz Buchanan, C. R., & Ross DeCamp, L. (2017). Adverse childhood experiences among Hispanic children in immigrant families versus us-native families. *Pediatrics*, 140(5), e20170297, doi: <https://doi.org/10.1542/peds.2017-0297>
5. Centers for Disease Control and Prevention. (2018). youth risk behavior survey data summary & trends report 2007–2017, <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf>
6. 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](http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html).
7. Child Mind Institute (2020). Topics A to Z, <https://childmind.org/topics-a-z/>
8. Durá-Vilá, G., Hodes, M. (2012). Cross-cultural study of idioms of distress among Spanish nationals and Hispanic American migrants: Susto, nervios, and ataque de nervios. *Social Psychiatry and Psychiatric Epidemiology*. 47(10), 1627.
9. Falicov, C. (2014). *Latino Families in Therapy*. (2nd Ed.) New York, NY: Guilford Press.

# References

1. Falicov, C. (2014). *Latino Families in Therapy*. (2nd Ed.) New York, NY: Guilford Press.
2. Koita, K., Long, D., Hessler, D., Benson, M., Daley, K., Bucci, M., Thakur, N., & Harris, N. (2018). Development and implementation of a pediatric adverse childhood experiences (ACEs) and other determinants of health questionnaire in the pediatric medical home: A pilot study. *PLoS ONE*, 13(12), e0208088. doi: 10.1371/journal.pone.0208088
3. Lopez, I., Ramirez, R., Guarnaccia, P., Canino, G., & Bird, H. (2011). Ataques de nervios and somatic complaints among Island and mainland Puerto Rican children. *Wiley Online Library*, Vol. 17(3), 158-166 <https://doi.org/10.1111/j.1755-5949.2010.00137.x>
4. 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.
5. NAMI (2019). *Latinx, Hispanics*, <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Latinx-Hispanic>.
6. Rivera-Ramos, Z., & Buki, L. (2011). "I will no longer be a man!" manliness and prostate cancer screenings among Latino men. *Psychology of Men and Masculinity*, 12(1), 13-25.
7. Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences nationally, by state, and by race or ethnicity. *Child Trends*, <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>
8. Zayas, L.H. (2015). *Forgotten citizens: Deportation, children, and the making of American exiles and orphans*. New York, NY: Oxford



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