A report by the Institute of Medicine referred to the need for an appreciation of the cultural context of suicidal behavior and for culturally appropriate interventions for suicidal behaviors

(Goldsmith, Pellmar, Kleinman, & Bunney, 2002)

Disparities in Mental Health Care

Select U.S. Surgeon General's report findings:

- Minorities have **less access** to available mental health services
- Minorities are **less likely** to receive needed mental health services
- Minorities who receive treatment often **receive poor quality mental health care**
- Minorities are **underrepresented in mental health research**

Source: U.S. Surgeon Report – Mental Health 1999 - available at: http://profiles.nlm.nih.gov/ps/access/NNBBHS.pdf

Barriers to Help Seeking

- Behaviors such as suicide attempts may be perceived, labeled, or tolerated differently in different cultural groups (Cauce et al., 2002)
- Some cultural groups may not seek formal services because of stigma or concerns that mental health services will be contrary to cultural values (Goldston et al., 2008)
- Culture may influence the decision about the type of services or help to seek (Cauce et al., 2002)

Barriers to Help Seeking cont.

- The socioeconomic status and educational background of clients and families often contribute to the cultural context but should not be confused with differences attributable to ethnicity (Hall, 2001)

- Many cultural groups have been subject to trauma and political repression, either **in their countries of origin**, **during the immigration process**, or **in this country** (Goldston et al., 2008)

Barriers to Help Seeking cont.

- Freedenthal and Stiffman (2007) found that among young American Indian adolescents, stigma and embarrassment were associated with not seeking help when suicidal.

- Interventions that reinforce the protective supports and the cultural strengths of these communities are needed to help address this trauma and its effect on mental health (Comas-Díaz, 2000).

Bicultural Integrated Identity and Mental Health

- Bicultural individuals who are able to integrate their ethnic identity with mainstream identity tend to be better adjusted, have better coping skills, and demonstrate higher levels of achievement (Dana, 2007)
- Marginalized individuals tend to struggle in the social/economic attainment (Dana, 2007)
- Less acculturated individuals may be less likely than others to use formal mental health services (Snowden & Yamada, 2005)

Implications of Oppression

CLINICAL	ON COMMUNITIES
Depression	Limited economic mobility
PTSD	Limited educational mobility
Racial Trauma	Interference with access to resources
Transgenerational Trauma	Disparities in health and mental health care
Suicide	
Substance Abuse	
Misdiagnosis	
Physical and Mental Illness	

Source: Dana (2007)

Suicide and Racial/Ethnic Diverse Populations

Mental Health Disparities
Referral and Utilization of Services

- African American youth are less likely to receive professional assistance for depression (Wu et al., 2001)
- African American children & adolescents are less likely to be referred by the school system for mental health services (Yeh et al., 2002)
- Across all age groups, culturally & linguistically diverse children & families report lower use of mental health services (Ringel & Sturm, 2001)

Suicide and Bhutanese Refugee Populations

Suicide and Bhutanese Refugees

A recent study on suicide and refugees reported the following post-migration difficulties:

- language barriers (77%),
- worries about family back home (57%),
- separation from family (43%),
- and difficulty maintaining cultural and religious traditions (43%)

"The fact that many refugees experience high levels of stress and loss following resettlement may be one reason that some refugee groups have higher rates of suicide."

Refugee Health Technical Assistance Center

Source: CDC's An Investigation into Suicides among Bhutanese Refugees in the US 2009 – 2012 http://www.refugeehealthta.org/files/2012/10/Bhutanese-Suicide-Stakeholder_Report_October_22_2012_Cleared_-For_Dissemination1.pdf

Suicide and LGBT Populations

Suicide and LGBT Populations

- Eisenberg and Resnick (2006) found LGB high school students are more than two times as likely as their straight peers to attempt suicide
- One study of transgender adults and young adults showed 30.1% reported having attempted suicide (Kenagy, 2005)
- The strongest risk factor for suicide death is previous attempts, and LGB youth attempt more frequently than non-LGB youth

Source: American Association of Suicidology http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-334.pdf

Suicide and LGBT Populations

- LGBT youth experience more bullying (including physical violence and injury) at school than their heterosexual peers (Garofalo, Wolf, Kessel, Palfrey, & Durant, 1998; Bontempo & D'Augelli, 2002; Berlan, Corliss, Field, Goodman, & Austin, 2010).
- A review of the research found that the relationship between bullying and suicide risk was stronger for LGB youth than for heterosexual youth (Kim & Leventhal, 2008)

Source: Suicide Prevention Resource Center http://www.sprc.org/sites/sprc.org/files/library/Suicide_Bullying_Issue_Brief.pdf

Suicide and Military Populations

Suicide and Military Populations

- In FY 2009, more soldiers died as a result of high risk behavior than died in combat.
- General Lifeline calls increased from 381,316 in 2007 to 501,562 in 2009
- Veterans Hotline increased from 20,853 to 125,625 during the 2007-2009 period
- In 2008 the suicide rate in the Army exceeded the age-adjusted rate in the civilian population (20.2 out of 100,000 vs. 19.2)

Source: Army Health Promotion, Risk Reduction, Suicide Prevention Report 2010 http://csf2.army.mil/downloads/HP-RR-SPReport2010.pdf

"The stigma attached to seeking mental health treatment is not just an Army problem … this is a societal problem that we all have to wrestle with…"

– General George Casey, Chief of Staff, Army American Forces Press Service, 10 November 2009

- 82% of the Active Duty suicide deaths were found to have at least one significant stressor:
  - Behavioral health diagnosis (48%)
    - 26% had been diagnosed with an Adjustment Disorder,
    - 18% had a substance abuse diagnosis,
    - 9.1% had been diagnosed with PTSD
    - 5.6% had a history of self-harm behavior
  - A history of legal problems/law enforcement encounters (34%)

Source: Army Health Promotion, Risk Reduction, Suicide Prevention Report 2010 http://csf2.army.mil/downloads/HP-RR-SPReport2010.pdf

Vermont YRBS 2011 Racial/Ethnic Diverse Populations

Youth Risk Behavior Survey

Grades 9 to 12 - Vermont 2011

	Racial or ethnic minority n=2,195	White non-Hispanic n=25,339	Statistically Higher rates
Physical fighting (during past 12 months)*	32%	22%	*
Smoked cigarettes (during past 30 days)*	19%	13%	*
Attempted suicide (during past 12 months)*	9%	3%	*
Skipped school due to feeling unsafe on route to or at school (during past 30 days)*	10%	4%	*
Threatened or injured with a weapon at school (during the past 12 months)*	14%	5%	*
Cocaine use (during past 30 days)*	11%	3%	*
Heroin use (during lifetime)*	10%	2%	*
Safety belt use (never, rarely, or sometimes)*	23%	13%	*
Misused prescription drugs (during lifetime)	20%	13%	
Skipped meals to lose weight (during the past 30 days)	18%	22%	
Was bullied (during past 30 days)	21%	17%	
Marijuana use (during past 30 days)	27%	24%	
Binge drinking (during past 30 days)	24%	21%	

Source: Vermont Department of Health

Youth Risk Behavior Survey

Grades 6 to 8 - Vermont 2011

	Racial or ethnic minority n=1,167	White non-Hispanic n=14,937	Statistically Higher rates
Physical fighting (during past 12 months)*	58%	49%	*
Misused prescription drugs (during lifetime)	7%	4%	*
Safety belt use (never, rarely, or sometimes)*	8%	4%	*
Smoked cigarettes (during past 30 days)	5%	3%	
Skipped school due to feeling unsafe on route to or at school (during past 30 days)	8%	7%	
Attempted suicide (during past 12 months)	8%	5%	
Skipped meals to lose weight (during the past 30 days)	22%	17%	
Was bullied (during past 30 days)	31%	29%	
Marijuana use (during past 30 days)	7%	4%	
Binge drinking (during past 30 days)	6%	3%	

Source: Vermont Department of Health