

Culturally and Linguistically Diverse Populations

Schools in America are becoming more culturally, ethnically, and linguistically diverse with students from “minority cultures” comprising more than 50% of the population in at least 5 states (1). In order to address the changing demographics of the country, schools must strategically plan for the systematic incorporation of culturally and linguistically competent suicide prevention strategies and interventions. For many cultures and ethnically diverse populations, stigma, limited English proficiency, different cultural norms about suicide, the causes of mental illness, and what constitutes appropriate mental health interventions make it necessary to have a plan in place that functions effectively in cross-cultural situations.

Culture, broadly defined as a common heritage or set of beliefs, norms and values, is also applicable to shared values, beliefs and norms established in social groupings, such as religions, sexual orientation, or economic class. Given this more broadened consideration of culture, many students may consider themselves to have multiple cultural identities (2).

Consider these statistics:

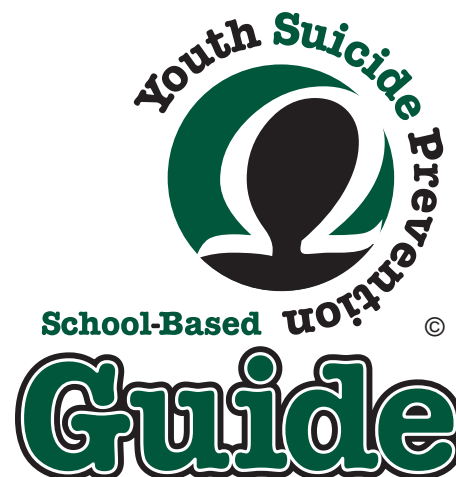
- Between 1980 and 1995, the suicide rate among African American youth, ages 10–14, increased 233%. The suicide rate for comparable white youth increased by 120% (3).
- During the period from 1979–1992, suicide rates among young male Native Americans (includes American Indians and Alaska Natives), 15–24 years of age, accounted for 64% of all suicides by Native Americans (which is about 1.5% times the national rates) and is 2 to 3 times higher than the general U.S. rate (4).
- Asian Pacific Islander females consistently have the highest suicide rate of females between the ages of 15–24 and (6) Asian American/Pacific Islanders are the fastest growing ethnic minority group in the country (7).

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Issue Brief



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- For girls in grades 5–12, 30% of Asian American girls reported depressive symptoms, 27% Hispanic, 22% Non-Hispanic White and 17% African American. (8).
- In 1999, the Youth Risk Behavior Surveillance System, in a nationwide survey of high school students found that in the 12 months preceding the survey, Hispanic students (12.8%) were significantly more likely than White, Non-Hispanic or Black Non-Hispanic students (6.7% and 7.3%, respectively) to have reported a suicide attempt. Among females, Hispanic students (18.9%) were significantly more likely than White, Non-Hispanic or Black Non-Hispanic students (9.0% and 7.5%, respectively) to have reported a suicide attempt. (36)

Research has shown that about half of the youth who die by suicide have had previous contact with a mental health professional (9). According to the Report of the Surgeon General, mental health and mental illness are shaped by age, gender, race, and culture as well as other distinctions of diversity that can be found within all of these population groups—for example, physical disability or a person’s sexual orientation. The consequences of not understanding these influences can result in unintended and negative effects. With minority youth more likely to express feelings of alienation, cultural and societal conflicts, academic anxieties, and feelings of victimization, it has become clear that careful attention must be paid to the needs of minority youth and their families within the context of their culture (10).

Culture affects attitudes about mental health and mental illness, coping strategies, help-seeking behavior, utilization of services and responsiveness to prevention and treatment interventions. For example, the symptoms of suicidal behavior in African American youth are often masked by extreme anger, acting out, and high-risk behaviors, making it more difficult for clinicians to assess suicidal intent (11). Feelings of distress may be expressed differently by diverse cultures. The Surgeon General’s Culture, Race and Ethnicity Supplement to Mental Health report states that one example is somatization, or the expression of distress through physical symptoms, such as stomach disturbances, chest pain, dizziness, or a burning sensation in the hands and feet (2).

For ethnic or cultural minority students, school climate plays an increasingly important role in suicide prevention. Research has shown that students who feel connected to their school (e.g., felt teachers treated them fairly, felt close to people at school) are less likely to experience suicidal thoughts and experience emotional distress (12,13,14). In fact, one study found that a student’s feeling of connectedness was the number one protective factor against suicidal behavior (15). Research has also shown that school problems can be a risk factor for suicide in adolescents (14), and many teenagers in one psychological autopsy study were found to have committed suicide after an acute disciplinary crisis or rejection or humiliation (9).

Students who feel victimized or bullied by other students or staff have an elevated risk of suicidal ideations and behaviors (16,17,18). Students at risk of being bullied include those that “don’t fit in” (19,20), those perceived as homosexual, bisexual, or transgendered (21,22,23), those who are socially isolated or lack social skills (24), and those that differ from the majority of their classmates in regards to race, religion, or ethnicity (12). For sexual minority students, research has shown sexual orientation to be correlated with identified risk factors for suicide and is less of a factor after controlling for these risk factors (14,25,26,27).

Several surveys of high school adolescents have shown that there is a statistically significant increase risk of suicidal ideation and behavior among students who identify themselves as gay, lesbian, or bisexual. There are yet no empirical data on this population for completed suicides (36).

Another growing group of concern is unaccompanied minors entering the United States as refugees, who are at a higher suicide risk than other refugees. For these youth who are more vulnerable to maladaptive behaviors, suicide may become an alternative for resolving issues of shame (28).

It is essential that schools train their staff how to identify harassing behavior and effectively intervene (12,21,29,30). Research also suggests that schools implement tolerance education into existing curriculum (if they do not already) and train school staff to teach tolerance in the classroom (21,31).

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Some targeted prevention efforts in tribal and public schools have taken into account culture-specific risk factors, such as lack of cultural and spiritual development, loss of ethnic identity, cultural confusion, and acculturation (the socialization process by which minority groups gradually learn and adopt selective elements of the dominant culture) (2). An evaluation of The Zuni Life Skills Development Curriculum has shown positive gains. A culturally tailored intervention program for the Zuni Pueblo, the curriculum was developed in collaboration with the Zuni community (32).

Suicide prevention efforts may also be integrated into substance abuse prevention efforts. One study found that American Indian youth who are at high risk for suicide had problems with drug abuse, had or caused a pregnancy, believed that family is not caring, and had relatives or friends who had committed suicide (33). Native Americans continue to sustain the highest rates of alcohol and drug abuse. Substance abuse is a widely modeled means of coping with depression, anxiety, hostility, feelings of powerlessness, and stress reactions among Indians (34).

Linguistic Diversity of the U.S. Population Source 2000 Census

- 17.9% of the U.S. population (five years old and older) speaks a language other than English at home.
- Approximately 11% of the U.S. population is foreign born.

A comprehensive prevention program will plan for the provision of translation and interpretation services whenever necessary. Community partners, such as local colleges and universities or specific ethnic/cultural organizations, as well as national organizations, can be instrumental in developing a culturally and linguistically competent prevention

program. The National Asian American Pacific Islander Mental Health Association (NAAPIMHA) provided guidelines for the use of interpreters. Three such guidelines are:

- Never use a child to interpret except in an absolute emergency.
- Identify the appropriate language, including knowing the proper dialect. Ask what language the person speaks, not where they are from, as this may be different.
- Use a trained interpreter to get accurate information (35).

The Suicide Prevention Resource Center (SPRC) lists the following links and resources for special populations on their website:

<http://www.sprc.org/links/spoplinks.asp>

Gay, Lesbian, Bisexual, Transgender Health Webpages — Seattle & King County

Provides direct services and education to the residents of King County, Washington. The Gay, Lesbian, Bisexual, Transgender (GLBT) Health Webpages are designed to address some of the issues that affect GLBT youth somewhat differently than other youth, including suicide.

<http://www.metrokc.gov/health/glbtyouthsuicide.htm>

The Gay, Lesbian and Straight Education Network (GLSEN)

The Gay, Lesbian and Straight Education Network strives to assure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression. GLSEN brings together students, educators, families and other community members to reform America's educational system.

<http://www.glsen.org>

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Healing of Nations

This site is dedicated to disseminating information about suicide prevention and crisis intervention among American Indian youth. The site places a special emphasis on community planning from a cultural perspective.

<http://www.healingofnations.org/>

Indian Health Service Injury Prevention Program Website

Seeks to raise the health status of American Indians and Alaska Natives to the highest possible level by decreasing the incidence of severe injuries and death to the lowest possible level and increasing the ability of tribes to address their injury problems.

<http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm>

National Organization for People of Color Against Suicide

A non-profit organization, NOPCAS's goals are to bring suicide and depression awareness to minority communities that have historically been discounted from traditional awareness programs.

<http://nopcas.com>

The National Strategy for Suicide Prevention: Spanish language page

Provides Spanish language crisis lines, suicide prevention websites, and Internet resources.

<http://www.mentalhealth.org/suicideprevention/espanol.asp>

Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General (2001) lists the following national multicultural resources:

Association for Multicultural Counseling and Development
(703) 823-9800 or
(800) 347-6647
www.counseling.org

The Center for Multicultural and Multilingual Mental Health Services
(312) 271-1073
www.mc-mlmhs.org

DiversityRx
www.diversityRx.org

National Center for Cultural Competence
(202) 687-5387 or (800) 788-2066
www.gencd.georgetown.edu/nccc

National Minority AIDS Council
(202) 483-6622
www.nmac.org

Research Center on the Psychobiology of Ethnicity
(213) 533-3188
www.rei.edu/centers/Ethnicity_Center.htm

Search Institute
(800) 888-7828
www.search-institute.org

The Society for the Psychological Study of Ethnic Minority Issues
www.apa.org/divisions/div45

Transcultural & Multicultural Health Links
www.lib.iun.indiana.edu/trannurs.htm

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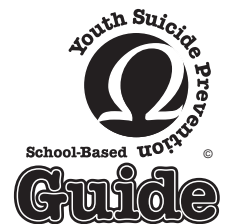
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Notes



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