Suicide Prevention
Among Culturally Varied Populations

A Project of The Greater Boston Coalition for Suicide Prevention

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Executive Summary

In 2014 the Greater Boston regional coalition was awarded a grant to conduct a series of focus groups with a variety of cultural groups in order to 1) better understand the prevention needs of particular communities, 2) establish and strengthen connections with diverse organizations, 3) expand and diversify membership in the coalition, and 4) learn how to better serve diverse communities. This report presents the results of six focus groups carried out during 2015 and provides a series of recommendations for steps that the coalition and/or other organizations can take to strengthen suicide prevention for culturally diverse populations in the Greater Boston area. We hope that this report can serve to increase our awareness of cultural considerations without reinforcing stereotypes.

Methodology

Focus groups were held with three different cultural groups, **Asian** (including both Asian-born and Asian-American), **Haitian** (including both Haitian-born and Haitian-American) and **Latino** (born in Spanish-speaking countries or identifying as Latino or Hispanic). Two focus groups were organized for each cultural group, one with community members and one with service providers. One of the Haitian focus groups was translated into Haitian Creole. The six focus groups ranged in size from 5 to 22 participants. In total, 53 people participated in focus groups and one person provided input by email. Following the focus groups a theme list was generated and all data were coded by theme. Each theme was then analyzed and summarized.

Cross-Cultural Findings

There were a number of areas of commonality across the findings in all focus groups.

All three cultural groups described how difficult it can be to talk about mental health and to discuss suicide. While the specific reasons for the difficulty varied, many centered on stigma related to mental illness. All three groups discussed a need to normalize mental health concerns and to create space for them to be discussed openly.

In all three cultural groups people mentioned that difficult or traumatic experiences in someone's country of origin can affect the extent to which parents respect or understand their children's experiences with depression or suicidality.

All three groups referred to a need for psycho-education, or information about what therapy is and how it works. Being marginalized linguistically and culturally can have significant implications for access to quality care, and exacerbates the challenges that many groups have in

interacting with medical establishments. One of the key themes that emerged in describing providers who are helpful was trust. Focus group participants talked about the difficulty of establishing trust between a provider and a patient.

Other themes that emerged in more than one cultural group were language barriers between immigrant parents and their American-born children, difficulty in speaking to friends and community leaders about mental health because the community is small and discussions do not always remain confidential, having different words and phrases in each community to describe symptoms of mental illness, and an interest in non-clinical supports.

Recommendations

Three suggestions for services were mentioned frequently and by all three cultural groups:

- **Personal stories from "people like me" about their experiences with depression, suicidality, help-seeking and treatment**
- E**ducation for parents about mental health and mental illness in children**
- C**onversations and support groups**

Moving forward from this report, the coalition may choose to identify action areas based on the recommendations, and may also choose to conduct further focus groups with additional identity groups.

Below are most of the recommendations raised during the focus groups, organized by type of intervention. For further detail about any ideas please refer to the full report.

Increase communication about mental health

- Conversations with or through the church about what people are feeling lately
- Inter-generational conversations about mental health and wellbeing
- Educating kids to educate parents
- Peer leadership programs to share information with churches and the neighborhood
- Yearly church retreats
- More community workshops
- Support groups, including non-English groups
- Concrete steps and actions to take to survive depression focused on short-term steps
- Education for parents about youth experiences of mental illness
- Education through the radio and through live TV shows
- Communication from adults that's not judgmental
- Engage people in conversations about culture, respecting their expertise

Normalize help-seeking/ reduce stigma

- Share real life stories, to let other people learn from them
- Public messages such as "even counselors can use a counselor"
- Information about mental health at community health centers
- Examples from other people who have been through similar experiences
- Messages coming from sector leaders like spiritual leaders
- Have more peers and consumers come forward and share their story
- Normalize discussion of mental health and suicide by asking about it

Make clinical institutions more welcoming

- Less professional turn-over
- Use of non- judgmental, non-clinical language
- Clinicians that listen closely to their patients and don't make assumptions
- Begin clinical conversations "gently"
- More multi-ethnic and non-White mental health providers
- Diversity training to increase understanding of other cultural upbringing and cultural contexts among White providers
- Strong provider-patient relationships
- Welcoming, culturally-appropriate centers

Make clinical services more accessible

- More wrap-around services
- More clinicians able to handle dual-diagnosis with substance abuse
- Less immediate discharge of patients from the hospital
- Care that can be provided regardless of insurance coverage
- A center where people could come to discuss issues
- Partial program with Spanish language capacity
- Reach out to people who might be more open to treatment
- More therapists who speak Asian and other non-English languages
- Make sure that mothers know what resources are available
- More relaxed catchment areas for service provision so that people can be sent to other towns where they can be connected more quickly to mental health services that are linguistically and culturally appropriate

Research

- Conduct more research on ethnic subpopulations

Additional ideas

- Address suicide as a long-term initiative
- Recognize diversity within the culture
- Connect people to other activities

Contacts and Access to the Full Report

Please refer to the full report for context, methodology, and recommendations. To access the full report or to discuss activities or projects related to the recommendations please contact the co-chairs of the Greater Boston Coalition for Suicide Prevention, Ron White of Samaritans (rwhite@samaritanshope.org) and Tony Dellovo of Screening for Mental Health (tdellovo@mentalhealthscreening.org).

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