Clinical Strategies and Recommendations for Making Suicide Prevention Equitable for our Diverse Communities.

Risk and protective factors for suicide vary across cultures. Beliefs and attitudes about suicidal behavior are influenced by socio-economic inequality and injustice, historical trauma, socialization and experiences with institutions, psychiatric treatment and handling of crisis situations in communities. There is a need for appreciation and understanding of cultural context in which suicidal behavior occurs and effective action around developing and delivering culturally responsive interventions. This handout includes five unique sections that aim to make suicide prevention/interventions more equitable for diverse communities, in particular youth. First, at the core of developing and delivering equitable suicide interventions is providing anti-racist care (see Figure 1). Second, given that risk and protective factors for suicide do vary across cultures, a checklist of unique risk and protective factors for Black and Latinx youth that should be assessed during clinical intakes and should be integrated in case formulations/treatment planning is provided (see figure 2). Third, an integrated model of barriers that BIPOC youth and their families face when trying to access evidence-based care is provided (figure 3). Fourth, we provide a discussion of the continuum of cultural consciousness to help clinicians understand where they are on the continuum and encourage clinicians to reflect how they can move forward to building cultural humility and safety (see Figure 4). Fifth, clinical recommendations for culturally responsive suicide interventions for BIPOC youth and their families that can be implemented across community settings are provided (see Figure 5).

These handouts are intended for county behavioral health staff, mental health providers, social workers and clinicians.

This handout is supplementary to a four-part webinar series developed for county behavioral health staff, mental health providers, social workers and clinicians to help understand how sociocultural context impacts self-injurious thoughts and behaviors. The series provided an overview of clinical recommendations that are aimed to make suicide prevention more focused and equitable for diverse communities, looks at system level risk factors that impact self-injurious thoughts and behaviors and structural and systemic factors that impact seeking treatment among BIPOC communities and explores clinical implications for effective action around developing and delivering culturally responsive interventions.

- Current treatment barriers and possible solutions for improving suicide interventions for BIPOC communities.
  - View the recording here: https://attendee.gotowebinar.com/recording/131319492283411727
- Sociocultural risk and protective factors associated with suicide among BIPOC youth.
  - View the recording here: https://attendee.gotowebinar.com/recording/8689555164474880527
- Structural and systemic factors that impact suicide treatment seeking and access among BIPOC youth and communities.
  - View the recording here: https://attendee.gotowebinar.com/recording/6458439363841028364
- Delivering culturally responsive suicide interventions in community settings.
  - View the recording here: https://attendee.gotowebinar.com/recording/9050973433237194764

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).

SuicideisPreventable.org

Clinical Considerations for Providing Anti-Racist Care for BIPOC Suicidal Youth

Recognize and explain	Recognize and explain the effects of system level factors (including: discrimination, microaggressions and racism on exhibited symptoms). ***For suicide interventions this can be done during intial intake, when examining risk and protective factors or when completing a chain analysis.***
Address	Address aspects related to internalized racism. ***For suicide interventions, it is particualrly important to adress internalized racism and intergenerational trauma with both caregivers/parents and youth.***
Do not forget	Do not forget that open conversations about race, ethnicity, religion, spirituality and culture help build a strong therapeutic alliance. ***For suicide interventions, an open discussion about intersectionaity will be an important first step in recognizing both oppressive and priviledged identities.***
Recognize	Recognize that the treatment you are providing, like Dialectical Behavior Therapy (DBT) may not be specifically developed for minoritized youth. ***Do your best to get training in different treatment modalities that are specifically developed for minoritized youth.***
Do not be	Do not be afraid to tell your client that you do not understand all the experiences related to skin color or race/ethnicity. ***Remember that part of building cultural humilty is understanding your own social identities and how they impact your work as a clinician.***
Address	Address aspects related to collective and individual trauma. ***For youth suicide interventions, it will be very important to provide trauma-informed care.***
Work on	Work on emotional regulation and energy devoted to hypervigilance and racism-related anxiety. ***This work can be done by understanding how racism-related anxiety manifests in the body (recognizing signs and triggers) and developing ways to both resist and cope (i.e., distress tolerance skills) with race-related stress.***
Use	Use psychotherapies that have been shown to be effective in BIPOC communities. ***For suicide interventions: culturally adapted cognitive behavioral therapy, multisystemic therapy and culturally adapted DBT. Hire clinicians of color to deliver these interventions.***

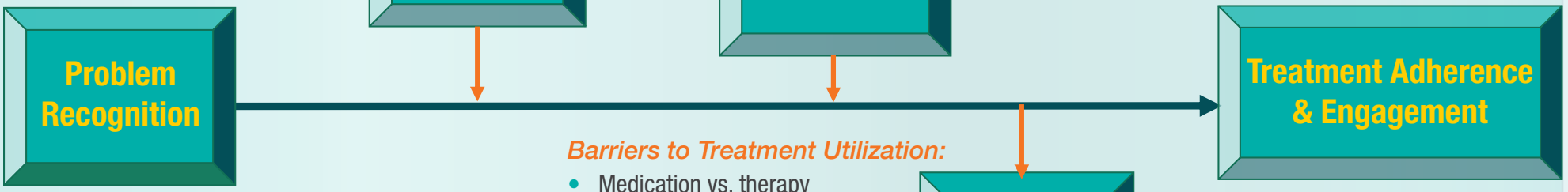
Adapted from: Cénat, J. M. (2020). How to provide anti-racist mental health care. The Lancet Psychiatry, 7(11), 929-931.

Evidence-Based Risk and Protective Factors for Black and Latinx Youth Suicide

	Black Youth	Latinx Youth
Risk Factors	Experiencing racial discrimination/microaggressions Parental conflict Increased acculturation into "White society" Barriers to accessing evidence-based mental health care Stigma Systemic racism Poverty/poverty concentrations Death or loss of loved one Living in home with a firearm Community/neighborhood violence Trauma/adverse childhood experiences	Ethnic identity (low attachment) Conflicting gender expectations Second/third generation status Acculturative stress Intergenerational acculturation conflict with caregiver/parent Inability to communicate with caregiver Incongruence in academic expectations Parental incarceration Experiencing racial/ethnic discrimination/microaggressions Community violence Perceived racial bias
Protective Factors	Religiosity/spirituality (i.e., participation in organized religious practices) Social and emotional support Strong Black identity Cultural cohesion Strong academic performance Sense of connectedness Positive self-esteem Access to evidence-based mental health care	Higher affective ethnic identity Part of religious community Familism High mother-daughter mutuality (connectedness and communication) High cohesion and low conflict in family Engaging in political activism

Note: When examining risk and protective factors among Black and Latinx youth in your clinical practice (particularly during intake assessments and case formulations), it is important to use a ***Social-Ecological*** approach to comprehensively organize these risk and protective factors across individual, interpersonal/relationship, community and social levels. Using this multi-level framework will allow for nuanced view of relationship between multi- level factors. Please note the risk and protective factors listed above are not comprehensive, and in order to engage youth in your treatment plan, it is important to ask youth if there are other factors that might impact their self-injurious thoughts and behaviors.

Intergrated Model of Barriers to Mental Health Services Among BIPOC Youth



Barriers to Decision to Seek Help:

- Search for care
- Access to internet for online search
- Community support
- Misdiagnosis
- Acknowledge gaps in services

Barriers to Service Selection:

- Fit between patient's needs and systems availability (availability, accessibility, accommodation, affordability and acceptability)
- Informal and formal supports
- Collateral services: School and Juvenile Justice System
- Language barriers

Barriers to Problem Recognition:

- Perceived need
- Cultural expressions of distress
- Referrals by gatekeepers
- Entry points: Child Welfare and Juvenile Justice systems, School, Emergency Department, Primary Care

Barriers to Treatment Utilization:

- Medication vs. therapy
- Financial difficulties/high cost of treatment
- Long wait-lists
- Sociocultural barriers (i.e., medical mistrust)

Barriers to Treatment Adherence & Engagement:

- Evidence only supports DBT as "Well Established" treatment
- Accessibility and availability of DBT clinicians of color
- Initiation of care and continuity

Selection Adapted from Andersen et al., 1968; Cauceet al., 2002; Eiraldiet al., 2006; Frenket al., 1992; Goldsmith et al., 1988; Penchansky& Thomas, 1981; Srebniket al., 1996.

Note: Use this integrated model to better understand which barriers currently impact the community members that you serve in your clinical practice. Circle all the barriers that your patients report as "getting in the way" of receiving mental health care, and openly discuss with your clinical team how to help your patients overcome these barriers, and importantly, how your clinic can facilitate access.

Continuum of Cultural Consciousness

Note: One individual level strategy for facilitating treatment access for BIPOC youth is for clinicians to prioritize cultural safety for their patients. Providing culturally responsive care, which entails one's ability to respond respectfully to people from different cultures, is not an end goal but rather a life-long process that begins with cultural awareness and requires constant "updating". Below we describe the "Continuum of Cultural Consciousness'" which can be seen as a continuum of multiple skills and processes, including: developing cultural self-awareness, gaining cross cultural knowledge, understanding biases and power imbalances, and holding systems accountable. These skills build on each other and change over time in response to new experiences and situations. We encourage clinicians to think about where they currently are on the continuum, and reflect on how they can move forward.

Cultural Awareness	Cultural Sensitivity	Cultural Competency	Cultural Humility	Cultural Safety
• Understanding your values & beliefs (and of others) + similarities /differences.	• Non-judgemental acceptance (and respect) of cultural differences between cultures.	• Set of skills or processes that enable clinicians to provide services that are culturally appropriate for the diverse populations that they serve.	• Life-long process of self-reflection, mutual learning, recognition of power imbalances (shared and equal power) and implicit biases.	• Understanding & acknowledging the power differential existing between therapist and patient & and adjusting behavior/ services to empower and better meet patients' needs (shifting of power to patient).

Adapted from: Project READY: Reimagining Equity & Access for Diverse Youth; Yeung, S. (2016). Conceptualizing cultural safety: Definitions and applications of safety in health care for Indigenous mothers in Canada; Dell, E. M., Firestone, M., Smylie, J., & Vaillancourt, S. (2016). Cultural safety and providing care to Aboriginal patients in the emergency department. Canadian Journal of Emergency Medicine, 18(4), 301-305.

Clinical Recommendations for Culturally Responsive Suicide Interventions for BIPOC Youth and Families

Include family unit in ALL aspects of care (assessment, treatment planning, treatment delivery) and if possible other supportive adults in the youth's immediate context (i.e., teachers, coaches).

Provide youth and family members with culturally-relevant psychoeducation on risk factors associated with suicide. Spend time to debunk myths about suicide while also validating stigma associated with seeking care and the barriers to accessing care.

Reinforce and praise help-seeking behavior among youth and families of color. Be flexbile with "therapy termination rules" and provide families with "caring contacts" to help problem-solve treatment non-adherence.

Integrate strenght-based approaches whenever possible, and importantly during SAFETY plans.

When providing lethal means counseling, tailor your psychoeduation around the different methods common for a partical racial/ethnic group. You can use "Decision Aid Tools" to tailor your feedback to families, see: https://lock2live.org

Disclose your own intersectional identities with your clients and encourage them to reflect on and share about their different intersecting identities. This is particularly important for adolescents that are still developing their sense of self.

If providing manualized treatments in your clinic, make sure to be flexible in your delivery and adapt the skills to the problem areas that the youth is presenting with. If your manual does not offer skills for resisting and coping with racism/racial trauma, look for other treatments developed to address these areas and get some training in those modalities (e.g., The Adapted-Coping with Stress Course [A-CWS], developed by Robinson and colleagues, 2021).

Distress tolerance/skills for coping with stress should be expanded to include coping with environmental stressors (e.g., racism).

Note: The clinical recommendations above were developed as guiding blocks to help clinicians adapt their suicide interventions for BIPOC youth and their families. Please also note that some of the recommendations above are yet to be empirically tested in large ethno-racially diverse samples and are based on clinical experience from the authors of this handout.

Presenters:

Eraka P.J. Bath, M.D. is a child, adolescent and forensic psychiatrist currently serving as an Associate Professor in the Division of Child and Adolescent Psychiatry and the Vice Chair for Justice, Equity, Diversity and Inclusion at the UCLA Neuropsychiatric Institute in the David Geffen School of Medicine. Further, Dr. Bath serves as the Associate Editor for the Psychiatric Quarterly and the Assistant Editor, Antiracism and Health equity.

Her research focuses on systems involved population in the juvenile justice and child welfare systems. Specific areas include determining the efficacy of short-term family-based interventions for youth involved in the delinquency system and adapting emerging technologies to increase engagement in court-referred mental health and substance use treatment for youth impacted by commercial sexual exploitation. Dr. Bath maintains a private practice focused on forensic consultation to attorneys and governmental agencies, on a variety of cases involving mental health and the law including, juvenile competency to stand trial, commercially sexually exploited youth, fitness and waiver to adult court, personal injury, PTSD, child maltreatment, education rights, risk management, termination of parental rights and child custody matters.

Education

- M.D. – Howard University College of Medicine, 1999
- B.A. – Major in Social Sciences - University of California, 1994

Jocelyn Meza, Ph.D. completed a NIMH T32 postdoctoral fellowship at the University of California, Los Angeles (UCLA) Dr. Jocelyn Meza is an Assistant Professor of Psychiatry and Biobehavioral Sciences in the David Geffen School of Medicine and Associate Director of the Youth Stress and Mood Program. Her current clinical, teaching, and research focuses on the development and evaluation of culturally-adapted treatments for self-harm/suicide for ethnic/racial minority youth impacted by different social systems (i.e., juvenile justice and child welfare systems). Dr. Meza is a certified bilingual psychologist trained at UC Berkeley and UCSF in cognitive-behavior and dialectical behavior therapies. Dr. Meza also examines cultural factors that may influence psychopathology in Black and Latinx youth, as well as the impact of racial discrimination on self-harm. Dr. Meza's work in advancing mental health treatments among ethnic/racial minority families has been recognized by the National Latinx Psychology Association and has also received the prestigious UC Chancellor's Postdoctoral Fellowship.

Education

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