

Original Research

Perceptions of Suicide Risk and Coping in Latino and White Adolescents and Young Adults: A Pilot Study Informing Suicide Prevention Efforts

Carolyn Garcia¹, David A. Klingbeil¹, Kristina Reigstad², Alaa Houry¹, Chih-Yuan S. Lee³,
Yoonhee Sung¹, Emma Hamilton¹, and Bonnie Klimes-Dougan^{1,✉}

University of Minnesota, USA¹
University of St. Thomas, USA²
Montclair State University, USA³

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Abstract: In the United States (U.S.), Latino adolescents and young adults are among the ethnic groups with the highest depression and suicide attempts. It is important to understand the perceptions of mental illness among Latino youth in the U.S. to appropriately intervene. The purpose of this pilot study (N = 84) was to explore adolescents' and young adults' perceptions of suicide risk and coping strategies to examine differences in perceptions between two ethnically diverse groups. Latino participants and a matched group of White respondents completed a suicide awareness questionnaire assessing perceptions of suicide risk as well as items relevant to coping – including help-seeking, maladaptive coping and suicide normalization. The groups reported generally congruent perceptions of suicide risk and coping. There were a few intriguing differences between Latinos and Whites. Latinos were less likely to seek out advice from a friend for another suicidal friend and to characterize those who die by suicide as mentally ill. These data provide potentially important insights into perceptions of suicide among members of the Latino community and point to the need for further research on additional issues of relevance (e.g., including religious affiliation and immigrant status) to address the pressing need for culturally tailored suicide prevention approaches.

Keywords: Latino, adolescent, suicide perceptions, suicide prevention, mental health, coping

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Suicide is the third leading cause of death for youth between 10 and 24 years of age in the United States (U.S.) (Center for Disease Control and Prevention [CDC], 2007). Adolescent suicide is a critical public health concern and it appears especially relevant for Latinos. Latinos are a fast growing ethnic minority group with high rates of depression and suicide (CDC, 2007). Suicide rates are higher for Latinos when compared to Whites (~25 per 100,000 versus ~12 per 100,000; CDC vital stats 2002-2006), with a lifetime prevalence for suicide attempts among Latinos of 4.4% (Fortuna, Perez, Canino, Sribney, &

Alegria, 2007). The rates of depression among Latino adolescents and young adults are similar to their Black and White peers, but Latino females (Latinas) have the highest rates of depression (42.3%) amongst youth aged 10-24 (Mulye, et al., 2009). The most recent Youth Risk Behavior Surveillance Survey (U.S.; CDC, 2011) highlights the risk for suicide. Because of the elevated risk of suicidal behavior among Latinos, it is important to understand the perceptions of mental illness, including suicide, among Latino youth in the U.S. to appropriately intervene.

Changes in U.S. demographics reinforce the importance of addressing the mental health needs of Latino youth. The Latino population, estimated over 50 million in 2010, is young and growing rapidly in part because of migration patterns and high rates of childbearing (Ennis, Rios-Vargas, & Albert, 2010). Together, the rates of mental health problems among Latino youth and demographic trends necessitate attention toward understanding and intervening on

✉ Bonnie Klimes-Dougan, Ph.D.
Psychology Department
University of Minnesota
N412 Elliot Hall
75 East River Road
Minneapolis, MN 55455, USA
phone: +1 612 626 4347
email: klimes@umn.edu

suicide-related risk experienced by Latino youth. Despite the evidence that suicide risk is an important issue for the Latino community, suicide prevention efforts targeting Latinos have been largely inadequate. Most suicide prevention efforts are intended to lessen the incidence of suicidal thoughts and behaviors, often by enhancing knowledge of risks and resources, including protective skills such as adaptive coping. Most population-based suicide prevention efforts (e.g., school curriculum, public service announcements; Mann et al., 2005) are intended to appeal to a broad audience yet researchers have suggested that Latinos may have atypical risk factors and coping patterns that would require a distinct approach to suicide prevention and treatment (Oquendo et al., 2005). In fact, no validated suicide preventive intervention exists exclusively targeting Latinos (Goldston et al., 2008). In order to optimize the effect of suicide prevention efforts for Latino Americans, research is needed to understand their perceptions about suicide and methods of coping.

Understanding attitudes toward help seeking may be critically important for tailoring effective suicide prevention methods to Latino cultures. Help seeking is a critical link between understanding there is a problem and receiving necessary support or services from formal (e.g., mental health professionals) or informal (e.g., parents, peers) sources (Srebnik, Cauce, & Baydar, 1996). But, who might Latino adolescents or young adults turn to for the necessary support during times of significant stress? Available data indicate that there is a low rate of help seeking within ethnic minority groups with less than one in five individuals seeking care from a mental health professional for mental health problems (U.S. Department of Health and Human Services [DHHS], 2001). Compared to other ethnic groups, Latino young adults are the least likely to receive care from a mental health specialist even when care is sought (DHHS). More specific to suicide risk, a recent evaluation of a gatekeeper suicide prevention program implemented in the Los Angeles Unified School District indicated that Latino high school students were the least likely to be identified as suicidal or receive crisis intervention (Katoaka, Stein, Lieberman, & Wong, 2003). Not only are mental health services underutilized by Latinos (Wells, Klap, Koike, & Sherbourne, 2001; Kouyoumdjian, Zamboanga, & Hansen, 2003), the array of apprehensions and misperceptions of Latinos surrounding mental health services may curtail their efforts to reach out for help (Cabassa, Lester, & Zayas, 2007).

Because there may be a hesitancy of Latino adolescents and young adults to seek help from mental health professionals, informal sources of

support are likely to play a critical role in protection against suicidality. There are putative and empirically identified protective and risk factors for Latino adolescents and young adults (e.g., Cauce et al., 2002; Oquendo et al., 2005). For Latino youth, family support may serve as a protective factor from acculturative stress (Canino & Roberts, 2001). Specifically, tight-knit Latino families may constitute the first line of defense in helping a member cope with suicidal thoughts (Oquendo et al., 2005). Indeed, familismo, an orientation toward the centrality of the family, is a core value of Latinos as contrasted to the individualism that is more prevalent in the U.S. (Duarté-Vélez & Bernal, 2007; Goldston et al., 2008). For example, Oquendo and colleagues (2005) found that Latino participants scored relatively high on the responsibility to family subscale of the Reasons for Living Inventory (Linehan, Goodstein, Nielsen, & Chiles, 1983)

While many Latinos rely on their extended family and community for help during a health crisis, family factors may at times precipitate suicidal behavior (Gulbas et al., 2011). For example, among Latino adolescents, low levels of family connectedness have been associated with increased risk of suicide attempts (Garcia, Skay, Sieving, Naughton, & Bearinger, 2008). Hispanic families modeling authoritarian parenting styles may be in conflict with broader social-cultural influences regarding adolescent autonomy (Zayas, Lester, Cabassa, & Fortuna, 2005). Traditional domestic environments may emphasize assertiveness and male-dominant behaviors, or machismo, among sons while enforcing subservience to daughters, or marianismo (Goldston et al., 2008). For immigrant families, the conflict between an older, traditional generation and a younger age group often creates a lack of mutuality and connectedness, specifically between Latina mothers and daughters, which has been attributed to high suicide risk. Expectations of adherence to a certain prototype, along with the adolescent struggle between an American and Hispanic cultural ideal, may also lead to increased tension in the parent-adolescent relationship (Zayas et al., 2005). Despite heterogeneity of the Latino population in the U.S., these characteristic cultural values and traits warrant greater understanding of mental health perceptions among Latino adolescents and young adults, particularly regarding suicide—the worst case outcome from untreated or unrecognized mental health problems—and coping, an important potentially protective behavior.

The purpose of this study was to examine perceptions of suicide among Latino adolescents and young adults and to compare their perceptions with White participants to identify differences that might inform culturally-based tailoring of prevention

efforts. The two goals of this study, largely unexamined in past research, are (1) to evaluate Latino perceptions about suicide risk and (2) to examine differences in coping strategies (help-seeking, maladaptive) and perceptions of normalization used among Latino and White adolescents and young adults.

Method

Participants

This study is a matched comparison study that is part of a larger study on suicide and suicide prevention messaging with adolescents and young adults (see Klimes-Dougan, Lee, & Houry, 2009 and Klimes-Dougan & Lee, 2010 for a more detailed description of procedures and measures). In the larger data set from which this sample was drawn, the proportion of Latino and White respondents was generally representative of the region (1,326 participants in the larger study with 3.16% Latino and 80.54% Caucasian). This current study included a total of 84 adolescent and young adult participants. There were 42 Latino participants who participated in the larger study; these Latino participants were matched with Caucasian participants on critical features (e.g., some of which have been shown in other studies to be associated with suicide risk), including gender, age, religion, and risk for depression/suicide. Additionally, although considering differences in exposure to suicide public service announcements (PSAs) was a primary aim of the larger study, exposure to PSAs was controlled in the current study by matching on the type of exposure to suicide prevention messaging (e.g., billboard, video or no information). Participants considered for this study were students attending suburban and urban high schools or a large university in the Midwest. As shown in Table 1, matching procedures appear successful in that the Latino and White groups were largely comparable on demographic or recruitment characteristics based on a series of t-tests and non-parametric contingency table analyses.

Procedures

Participants completed a demographic form and a questionnaire including estimates of suicide rates and coping strategies. This study was approved by the Institutional Review Board at the University of Minnesota. For adolescent participants, active parental consent and youth assent were required for study participation. For adult participants, informed consent was required for study participation. All participants received information regarding suicide

prevention after the completion of the study. Students were offered class credit or extra credit for their participation in this study or an alternative assignment.

Demographics and Suicide Attitudes Measure

Participants completed a demographic questionnaire regarding their sex, age, ethnicity, country of birth, and religion. In order to determine the elevated risk for depression and suicide, participants indicated if they "...felt sad all or most of the time for a period of a month or been depressed within the past year" and/or "...done something to try to kill [themselves] in the past year".

Participants were asked four questions to test their understanding of the prevalence of suicide: (a) to estimate how common it is for people their age to think about suicide, (b) to estimate how common it is for people their age to attempt suicide, (c) to estimate how common it is for people their age to die by suicide, and (d) their level of agreement with the statement that suicide can be prevented by treating depression. Scores reflected their ratings on a 7-point scale (from 1% to 50%) for the more commonly reported response of suicide ideation, a 6-point scale (from .01% to 50%) for the less commonly reported response of suicide attempts and death by suicide, and a 5-point scale indicating level of agreement for depression treatment (i.e. not at all, somewhat, moderately, very much, completely).

Participants also completed an assessment of beliefs regarding help-seeking, maladaptive coping, and suicide normalization based a measure developed by Gould et al. (2004). The five-item Help-Seeking scale required participants to respond on a 5-point scale (never, rarely, sometimes, usually, or always) to the question "How often would you respond the following ways if a friend tells you he/she is thinking about killing himself/herself?" (e.g., "Tell my friend to see a mental health professional"). The seven-item Maladaptive Coping scale consisted of the three negative help-seeking items (e.g., "I wouldn't take it seriously") that were dichotomized along with four additional maladaptive coping statements requiring the respondent to either agree or disagree (e.g., "Drugs and alcohol are a good way to help someone who is depressed"). For the five-item Suicide Normalization scale participants were again asked to indicate whether they agree or disagree with a series of statements about suicide (e.g., "Most people who kill themselves are normal, but they have had a lot of bad things happen to them"). Gould et al. (2004) reported factor loadings of .30 or higher on respective scales and reliability estimates of $\alpha = .60$ for the help seeking scale, $\alpha = .54$

Table 1: Demographics of Participants

	Total (N = 84)		White (n = 42)		Latino/a (n = 42)	
	M / %	SD	M / %	SD	M / %	SD
<u>Age</u>	20.63	4.02	20.79	4.34	20.48	3.72
<u>Sex (female)</u>	76.19%		76.19%		76.19%	
<u>Religion</u>						
Christian	66.66%		59.52%		73.80%	
Non Christian						
Other Religions	9.52%		14.28%		4.76%	
Atheism/ Agnosticism	22.61%		23.80%		21.14%	
<u>Elevated Risk</u>	36.90%		38.09%		35.71%	
<u>Exposure to PSA</u>						
Billboard	69.04%		69.04%		69.04%	
Video	16.66%		16.66%		16.66%	
None	14.28%		14.28%		14.28%	

There were no significant differences in demographic data.

for the maladaptive coping strategy scale, and $\alpha = .40$ for the suicide normalization scale. These were comparable to the estimates obtained in the larger study (Klimes-Dougan & Lee, 2010).

Data Analytic Strategy

The primary analyses considered White and Latino group differences for suicide prevalence estimates and coping summary scores using a series of t-tests with follow-up analyses considering ethnicity by sex interactions. Additionally, a series of matched t-tests were conducted (findings not shown here), yielding similar results to the findings reported in the text for independent t-tests. Finally, exploratory χ^2 analyses were conducted on the dichotomized scores for each item on the help-seeking, maladaptive coping, and suicide normalization scales. Although many of the scores were dichotomized at the onset, conversions were needed for other items (e.g., help-seeking scale items) to obtain dichotomized scores (e.g., never or rarely versus sometimes, usually or always).

Results

Preliminary analyses. As shown in Table 1, there were significant differences for group on core demographic variables, risk or PSA exposure, suggesting that the groups were largely comparable.

Estimate of suicide risk. Participants were asked to rate the frequency that suicidal behaviors occur. For the Latino participants the modal estimate was that 10-19% of youth engage in suicidal ideation, 1% of youth attempt suicide and 1% of youth die by suicide. For the White participants the modal estimate was slightly lower for suicidal ideation (with

5-9% of youth estimated to engage in suicidal ideation which is considered a low estimate; CDC, 2011), but comparable for estimates of suicide attempts (1%) and deaths by suicide (1%). With regard to estimates of suicidal risk, both groups generally exhibited an accurate understanding that suicide ideation is most common, followed by suicide attempts and death by suicide. A series of t-tests revealed that there were no significant differences between Latinos and Whites for these three estimates. Regarding the fourth estimate, both the White and Latino participants moderately agreed with the statement "Suicide can be prevented by treating depression." However, follow-up analyses revealed that male Latinos ($M = 3.80$, $SD = .63$) were more likely than male Whites ($M = 3.10$, $SD = .99$) to agree, while female Whites ($M = 3.53$, $SD = .71$) were more likely than female Latinas ($M = 3.37$, $SD = .97$) to agree with the same statement as shown by a significant interaction $F(1,83) = 3.85$, $p = .05$.

Help Seeking, Maladaptive Coping and Suicide Normalization. A series of t-tests revealed that there were no significant differences on the summary scores for the help-seeking scale (Latinos $M = 10.83$, $SD = 3.05$; Whites $M = 10.14$, $SD = 2.82$), the maladaptive coping scale (Latinos $M = 2.07$, $SD = 1.85$; Whites $M = 2.57$, $SD = 1.94$) or the suicide normalization scale (Latinos $M = 17.02$, $SD = 1.25$; Whites $M = 16.88$, $SD = 1.00$). However, there were some significant differences for a few items that may be critically important. One difference pertained to help-seeking attitudes, specifically involving turning to friends for assistance. In response to a friend who is thinking about suicide, Whites (90.47%) were more likely than Latinos (71.42%) to "get advice from another friend" $\chi^2(1, N = 84) = 4.94$, $p = .02$. A second difference pertained to an item on the Suicide

Normalization scale. Whites (38.09%) were more likely than Latinos (12.19%) to agree with the statement "Almost all people who try to kill themselves are mentally ill" $\chi^2 (1, N = 84) = 7.36, p = .007$.

Discussion

The goal of this study was to evaluate perceptions of suicide among Latino adolescents and young adults and compare these with White counterparts to inform universal suicide prevention messaging strategies. Recent data suggest that Latinos are at high risk for depression and suicide (Zayas et al., 2005; Garcia et al., 2008). Our findings suggest that for the most part, Latino and White students' perceptions of suicidal risk are similar. For example, both groups were generally accurate in their understanding that suicide ideation is the most common suicidal phenomenon, followed by suicide attempts and deaths.

Contrary to predictions, there were no differences in seeking out professional help resources (e.g., recommend to a friend who is suicidal to see a mental health professional or to call a hotline), nor were there any differences in seeking help from family (e.g., suggest that a friend who is suicidal should talk to their parent). Given the preliminary nature of this study, it would be premature to suggest that cultural adaptations for suicide prevention efforts with Latinos are not needed. Future work should continue to evaluate culturally relevant coping behaviors and mental health perceptions that might inform meaningful tailoring of prevention, promotion, or intervention efforts.

While most of our findings support the commonalities of Latinos and Whites, there are a few differences that may be important to consider when attuning suicide preventive and treatment efforts within the Latino community. Friends were less likely to be considered sources of support for Latinos when they were faced with trying to help a suicidal friend. This hesitancy to turn to a friend may be a preferable response of Latinos, as turning solely to informal sources of support is often admonished in suicide prevention programming (e.g., Aseltine & DeMartino, 2004), being that peers may not have the knowledge or access to available resources to provide sufficient support to a suicidal individual. Additionally, Latinos may benefit from culturally relevant education that addresses the role of mental illness in depression and suicide. Finally, male Latinos were more likely to agree with the notion that treating depression can prevent suicide than female Latinas. Beliefs such as this may account for the higher-than-most suicide ideation and attempts among young female Latinas

(Zayas & Pilat, 2008). These findings also suggest that a better understanding of how Latinos may benefit from culturally adaptive suicide prevention programs is critically needed.

A number of important issues require further attention. Strong sanctions against suicide may permeate Latinos with deep religious convictions. Religion as a possible deterrent to suicidal behavior has long been examined, and the impact of Catholicism may be particularly unique considering the Church's influence in Latino culture and its history of condemning suicide and recognizing it as a mortal sin (Bostwick & Rummans, 2007; Colucci, & Martin, 2008). It is possible that these taboos may serve as protective factors, for some, against suicidality. With regard to religious differences, follow-up analyses reveal no overall differences for Latino Christians and Non-Christians for the help-seeking, maladaptive coping, and suicide normative scale. However, there was a trend for more Non-Christian Latinos (27.27%) than Christian Latinos (6.89%) to agree that "suicide is a possible solution to problems" $\chi^2 (1, N = 42) = 3.35, p = .06$.

Other researchers have emphasized the diversity of Latino sub-groups living in the U.S. and caution against wide generalizations (Duarté-Vélez & Bernal, 2007). Not only country of origin but immigrant status may play a role in the differential perceptions of suicidal behavior, and Latinos who were born in the United States versus having immigrated in childhood may possess distinct perceptions and opinions surrounding suicide. In fact, Borges et al. (2009) found that Mexican-born immigrants arriving in the U.S. younger than 12 years of age are at higher risk for suicide ideation. In this study, most (67.50%) of the Latino participants were born outside the U.S. Follow-up analyses in this study revealed that there was a trend for Latino participants born in the U.S. ($M = 11.37, SD = 9.61$) to more frequently endorse adaptive help-seeking attitudes than did Latino participants born outside the U.S. ($M = 9.62, SD = 3.55$) $F(1, 39) = 3.32, p = .07$. With regard to specific items, almost all of Latinos born in the U.S. (92.59%) while only 69.23% of Latinos born outside the U.S. indicated that they, at least sometimes, would talk to an adult about their suicidal friend $\chi^2 (1, N = 40) = 3.76, p = .05$. Also, all of the Latinos born in the U.S. (100%) and only 76.92% of the Latinos born outside the U.S. indicated that they, at least sometimes, would tell a friend to talk to his or her parents $\chi^2 (1, N = 40) = 6.74, p = .01$. This support may be critical, given the evidence that for Latino youth, family support may also serve as a protective factor from acculturative stress (Canino & Roberts, 2001), particularly for those who have immigrated

from their native country at a young age (Borges, Mondragón, & Breslau, 2010). While the results reported here were based on main effects of a heterogeneous group of Latinos living in the Midwestern U.S., they represent a preliminary look at this critically important topic of how acculturation could be important for adapting suicide prevention efforts.

Additionally, in this exploratory study there are several other limitations including those of (a) external validity (e.g., generalizations should be made to well-educated Latinos who have assimilated into the dominant culture in the US as evidenced by English proficiency at a level necessary to participate in educational opportunities and may not be representative of the regions where the Latino population is growing most rapidly), (b) internal validity (e.g., some results are based on single item responses and few of these responses differentiated the groups, coping scales may have limited validity within the Latino community), and (c) power (e.g., failure to detect differences in coping may be due to a small sample). Some researchers have questioned the utility of using quantitative methods for this population (Aloise-Young, Cruickshank, & Chavez, 2002; Pastor, Balaguer, Pons, & Barcia-Merita, 2003; Rew, 1997). Future research should consider using both qualitative and quantitative methodologies.

In conclusion, this study represents an early step in evaluating suicide and related mental health perceptions in Latino youth. This investigation supports prior research findings that Latinos are willing to seek help and information regarding suicide; it also highlights the need for more research so that well-intended efforts to prevent suicide can more optimally reach their intended goals in high-risk groups (e.g. Chambers et al., 2005). Within group differences among Latinos suggest that suicide perceptions may differ based on gender, religion, and country of birth. Future research may benefit from focusing on certain Latino sub-groups to more definitively identify risk and protective factors based on specific characteristics rather than wider generalizations. Enhanced understanding is likely to prove vital to the efforts directed at developing, adapting, and tailoring suicide and mental health preventive efforts for Latino adolescents and young adults living in the United States and may have some important insights into Latino mental health in other regions of the world.

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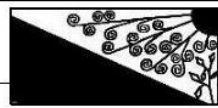
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Editorial Office
Dr. Nestor Kapusta
Medical University of Vienna
Department of Psychoanalysis and Psychotherapy
Waehringer Guertel 18-20
1090 Vienna, Austria
office@suicidology-online.com
<http://www.suicidology-online.com>

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