

Diversity

Inclusion

Suicide Prevention

CULTURE
CARD

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The State of Arizona contracts with Magellan Health Services of Arizona to manage the publicly funded behavioral health care system within Maricopa County and a portion of Pinal County, Arizona. Magellan assumed the responsibility to intervene and prevent suicide within Maricopa County on behalf of persons experiencing mental illness. Persons with mental illness are particularly vulnerable as they are six times more likely to die by suicide in comparison to the general population. Magellan formed several committees comprised of Magellan staff, local service providers and community stakeholders whose aim is to not only understand the nature of the challenges faced within our community but to also develop innovative strategies that ultimately reduce suicide.

Disclaimer:

This Culture Card should be used solely as a quick reference guide. It is not intended to supplant a full understanding of the robust nature of the ethnic groups represented. For a more comprehensive understanding of each of these diverse communities, please contact Magellan Cultural Competency Department to arrange for a comprehensive training.

Purpose

Magellan joined forces in November 2009 with the Arizona Department of Health Services' Division of Behavioral Health Services, Magellan's network of service providers, members of Arizona's judicial and legislative branches and other community stakeholders in a "Programmatic Suicide Deterrent System Project". The goal is to help reduce the suicide rate in Maricopa County by equipping behavioral health-care staff with the skills, knowledge, attitudes and support to more effectively intervene and engage with those at risk of suicide.

Magellan ensures all clinical initiatives are implemented with quality, integrity and are outcomes driven. Initiatives are filtered through a Diversity and Inclusion lens to certify that the needs of the diverse populations we serve are met. As part of the Magellan's Suicide Prevention and Intervention Initiative, a Diversity and Inclusion (formerly Race and Equity) sub-committee was formed. This sub-committee drafted this Culture Card based on an existing Culture Card created by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The SAMHSA Culture Card provides Federal disaster responders deployed in American Indian/Alaska Native communities a basic guide to enhance cultural competency when providing services in those communities.

Using a similar approach, Magellan created this Culture Card to enhance cultural competency of helping professionals when serving diverse communities in our service area. This guide is intended to be a basic, at-a-glance description of the myths & facts, strengths, community challenges, communication styles, and basic etiquette when serving the following populations: Asian American, African American, Hispanic/Latino and Native American. Additional general data, not specific to any ethnic group, is also provided. All information contained in this Culture Card is based on research; citations are available upon request.

Process

The Diversity and Inclusion (formerly Race and Equity) Suicide Subgroup was tasked with the goal of “equipping case managers and other staff with the tools to better intervene with different racial and ethnic groups”. Diversity and Inclusion (formerly Race and Equity) Suicide Subgroup identified a Culture Card created by SAMHSA for American Indian/Alaska Native culture. Group decided to emulate this card for other cultures including: General Population, African American, Asian American, and Latino/Hispanic. The purpose of the Culture Card is to equip staff with culturally specific information easily understood at-a-glance during a suicide intervention. Group identified the following topics for exploration by culture: Myths/Facts, Strengths, Community Challenges, Communication Styles, and Etiquette: Do’s/Don’ts. Magellan conducted a Literature Review pertaining to suicide within the identified cultures.

Literature was assigned to group members in order to identify information related to the Myths/Facts, Strengths, Community Challenges, Communication Styles, and Etiquette: Do’s/Don’ts by culture. Group members conducted further research utilizing various websites, consulted local and national subject matter experts, and articles related to mental health issues and effective approaches for each ethnic group identified in the Culture Card. The subgroup then compiled all research information into one dynamic, living document - the Culture Card.

Moreover, the Diversity and Inclusion (formerly Race and Equity) Suicide Subgroup identified multiple local and national reviewers regarded as subject matter experts per ethnic group to evaluate information within the Culture Card for accuracy and cultural competency. Subject Matter Expert reviewers were given a tool for reviewing the information and feedback was incorporated into the Culture Card. Magellan also presented the Culture Card at the 3rd Annual Arizona Suicide Prevention Conference on October 21, 2010, obtaining valuable feedback from conference participants including representatives from the Arizona Department of Health Services, Division of Behavioral Health.

General Data

<h3>Myths & facts</h3>	<p>Myth: Adolescents are at the highest risk for suicide Fact: Rates of completed suicide are highest among the elderly</p> <p>Myth: If you ask someone whether (s)he is thinking of suicide, you increase the chances they will act on those thoughts Fact: Asking someone often lowers their intent to hurt themselves because it allows them to talk about their feelings</p> <p>Myth: The suicidal person wants to die Fact: For many, suicide is about escaping pain</p>
<h3>Strengths</h3>	<ul style="list-style-type: none"> ▪ Suicide can be prevented ▪ Most people who are suicidal are ambivalent about dying and want help to live ▪ Support groups for survivors of suicide can be a helpful source of guidance and understand as well as a support in the healing process
<h3>Community Challenges</h3>	<ul style="list-style-type: none"> ▪ Asking directly about thoughts of suicide is the best way to get a clear and honest answer ▪ Talking about reasons for dying to a person at risk of suicide is helpful ▪ Listening to and reflecting back the person's reasons for dying can help to uncover their ambivalence and potential reasons for living ▪ Cooperation is the essence of intervention ▪ There may be times that interventions require a more directive approach ▪ There may also be times that the person at risk is doing all of the work ▪ Always try to meet them where they are and be respectful ▪ Be patient and also persistent

Asian American

<p>Myths & facts</p>	<p>Myth: Asian Americans are more successful and have fewer social and mental health problems than other ethnic groups Fact: Asian Americans, like other minority groups, underutilize mental health services; The 'model minority' myth pits Asian Americans against other minority groups and minimizes the social and emotional problems they face</p> <p>Myth: Suicide is more prevalent with teenagers and young adults; Elder Asian Americans and older women don't commit suicide Fact: elderly and adolescent Asian Americans, especially elderly Asian American women, are the most likely to complete suicide</p> <p>Myth: More 'Americanized' Asian immigrants are more likely to attempt suicide Fact: Lower levels of acculturation have been found to be related to mental health concerns and suicidal ideation for Asian immigrants</p>
<p>Strengths</p>	<ul style="list-style-type: none"> ▪ Traditional Asian families have a collectivistic, rather than individualistic, orientation and strive to honor the family ▪ Education and preparing for a successful career are valued ▪ Care and concern for the family is shown through providing for physical and economic needs ▪ Mind and body are viewed holistically
<p>Community Challenges</p>	<ul style="list-style-type: none"> ▪ Racial discrimination and negative stereotypes exist among many Americans toward Asian individuals ▪ Refugees are often isolated and under stress

Asian American

Communication Styles	<ul style="list-style-type: none">▪ Asian families are traditionally hierarchical and patriarchal: males and elders hold a higher status in decision-making▪ Family members may prefer to address a therapist directly rather than one another▪ Public displays of emotion are discouraged▪ Emotional difficulties may be expressed physical complaints
Etiquette: Do's	<ul style="list-style-type: none">▪ Include family in assessment and planning and consider family implications▪ Communicate with a traditional Asian family by addressing the father first, then the mother▪ Explain confidentiality▪ Focus on behavior and approach emotions indirectly▪ Reframe parent-child conflicts as acculturation conflicts
Etiquette: Don'ts	<ul style="list-style-type: none">▪ Do not ask Asian children to interpret for their parents, as this goes against the family hierarchy▪ Do not press for expression of feelings or challenge somatic complaints as having emotional causes▪ Do not create cultural binds by promoting individuals goals, such as assertiveness, over family/group goals

African American

<p>Myths & facts</p>	<p>Myth: African American youth suicide rates have remained the same for the past few decades Fact:: Suicide rates have increased for African American for adolescents and young adults</p> <p>Myth: There is a low suicide rate among the African American community Fact:: Suicide rates have soared among African Americans over the past two decades, especially African American male adolescents and young adults</p> <p>Myth: African American males do not suffer from depression and/or contemplate suicide Fact: African American males experience significantly higher suicide mortality than African American women</p> <p>Myth: African American women are strong and resilient and do not give in to pressure and are not at risk for suicide Fact:: African American females are more likely to attempt suicide but African American males are more likely to commit suicide</p>
<p>Strengths</p>	<ul style="list-style-type: none"> ▪ Strong kinship bonds (the extended family and kin networks) ▪ Elders are highly respected ▪ Faith-based organizations are considered to be a source of support
<p>Community Challenges</p>	<ul style="list-style-type: none"> ▪ Mistrust due to historical racism and endurance of slavery ▪ Tend to keep things hidden within the family system ▪ Experience discrimination and dealing with stigma of being a component of affirmative action ▪ African Americans are exposed to a much higher incidence of violence than other cultures and, as a consequence, may be more desensitized to violence including violent methods of suicide

African American

Communication Styles	<ul style="list-style-type: none">▪ Consult and honor opinions of elders and females▪ Passionate and animated when expressing themselves▪ Include community and or religious leaders (pastor) if needed▪ Communication that is presented in a neutral or objective way is seen as less credible, and the motives of the speaker may be questioned; the assumption is that if you believe something, you will advocate for it▪ Truth is often established through argument and debate
Etiquette: Do's	<ul style="list-style-type: none">▪ Show respect at all times▪ Follow the 'rules' or customs of the family▪ Identify several key informants who are generally accepted and liked by the family, and who can advise, teach and direct the caregiver in ways of behaving and interpreting events▪ Strategies in interactions are based on the premise that is important to be genuine and to avoid 'trying to hard' to be accepted
Etiquette: Don'ts	<ul style="list-style-type: none">▪ Do not use street slang-this may be interpreted as ridicule▪ Prolonged eye contact may be perceived as staring▪ Do not address by first name unless requested-interpreted as a lack of respect▪ Do not assume they have limited education

Hispanic/Latino

<h2>Myths & facts</h2>	<p>Myth: Hispanic families are over-involved or enmeshed Fact:: Many Hispanics define family differently than the majority population: Extended Hispanic families can show concern and are involved in a family member's mental health issues</p> <p>Myth: Cultural adaptation will not influence Hispanic behaviors Fact:: Adaptation can influence violence, smoking, substance use, and overall emotional well-being</p> <p>Myth: Biculturalism, adolescents and parents often do the opposite of what their natural tendencies tell them Fact: Parents strongly tied to their native cultures reach out to learn skills in the new culture</p> <p>Myth: Religious participation does not influence suicide rates among Hispanics Fact: The religious belief that suicide is a sin, a common feature of Hispanic heritage, can serve to buffer Hispanics against suicide</p> <p>Myth: Hispanics are resistant to treatment and professional intervention Fact:: Culturally competent treatment planning is important</p>
<h2>Strengths</h2>	<ul style="list-style-type: none"> ▪ Suicidality is a rare event among Hispanic subgroups ▪ Healthy cultural identity, a strong work ethic, and orientation toward assisting family/ others results in a sense of belonging ▪ Hispanics maintain strong ties to their Latin cultures ▪ Family plays a critical role in Hispanic cultures and may be a key support (view the family as a primary source of support) ▪ Religious participation can be influential in lowering rates of suicide among Hispanics
<h2>Community Challenges</h2>	<ul style="list-style-type: none"> ▪ Female gender and family conflict are strong correlates of both lifetime suicidal ideation and suicide attempts ▪ Stigma of those needing services and of those with an illness is profound ▪ Hispanics require additional outreach and educational awareness methods to engage them in services ▪ Hispanics may distrust the health system or fear it as point of contact with immigration authorities and may confuse public health programs with welfare and avoid them due to stigma

Hispanic/Latino

Communication Styles	<ul style="list-style-type: none">▪ Taking the time to educate Hispanics in culturally and linguistically appropriate ways▪ Some Hispanic groups believe it is disrespectful to directly look a professional or someone older than one in the eye while they speak▪ Practices that undermine the quality of care provided to Hispanics and other minorities, especially those with limited English proficiency, must be stopped▪ Respectful titles to address adults (elderly) and authority figures within the community (e.g. elders are addressed as 'usted,' not 'tu')▪ Silence may mean failure to understand and or embarrassment about asking or disagreeing
Etiquette: Do's	<ul style="list-style-type: none">▪ Hispanics deserve to be treated with respect, dignity and courtesy▪ Take the time to learn about a Hispanic's country of origin prior to a first appointment or prior to developing a program▪ Conduct a thorough social and cultural assessment during first treatment▪ When appropriate, engage a Hispanic recipient's family▪ Conduct outreach and educational awareness activities that incorporate both culturally and linguistically appropriate learning tools, methods and practices
Etiquette: Don'ts	<ul style="list-style-type: none">▪ Do not think that one way of doing things works for everyone▪ Do not misinterpret quietness or shyness as depression or another mental illness▪ Do not engage or support practices that do not result in equal access to services for all Americans▪ Do not think that providing culturally competent mental health services is a fad and will go away▪ Do not use a family member or friend to provide interpretation services

Native American

<p>Myths & facts</p>	<p>Myth: Native Americans have the highest rate of alcoholism Fact:: Native Americans have highest rates of abstinence</p> <p>Myth: Native Americans are rich from casinos and do not pay taxes Fact:: Of 560 U.S. tribes, 224 operate casinos and only 73 of those distribute direct payments to tribal members Native Americans pay income taxes like any other U.S. citizen</p> <p>Myth: All Native Americans share the same deeply spiritual beliefs rooted in a connection to nature Fact:: There are 561 Federally-recognized Native American tribes within the United States with over 220 different Native languages spoken among them; there is great diversity and cultural heterogeneity among and even within Native American communities</p>
<p>Strengths</p>	<ul style="list-style-type: none"> ▪ Extended family/kinship ties ▪ Generational wisdom ▪ Historical perspective/strong connection to the past ▪ Ability to ‘walk in two worlds’ (mainstream and Native cultures)
<p>Community Challenges</p>	<ul style="list-style-type: none"> ▪ Suicide is the 2nd leading cause of death among Natives between 10 and 34 years old ▪ AI/AN male suicide rate is 54/100,000 (2.4 times greater than the rate for all U.S. races) ▪ The suicide rate among AI/AN in this age groups is 13/100,000 (3.6 times greater than the U.S. rater for females (all races) ▪ AI/AN youth who attempted suicide also engaged in other risky health behaviors such as: unprotected sex, tobacco use, alcohol or drug use, being a victim perpetrator of physical abuse

Native American

Communication Styles	<ul style="list-style-type: none">▪ Great deal of non-verbal communication (i.e., gentle handshake is a sign of respect, not weakness)▪ use of humor to convey truths or difficult messages▪ Indirect communication (i.e., unacceptable to criticize another directly)▪ Storytelling used to convey messages
Etiquette: Do's	<ul style="list-style-type: none">▪ Learn how the tribe refers to itself as a group of people▪ Respect confidentiality and the right of the tribe to control information and data pertaining to services provided to the tribe▪ Listen and observe more than you speak▪ Embrace the notion that 'things happen when they are supposed to happen' and not by prescribed timelines
Etiquette: Don'ts	<ul style="list-style-type: none">▪ Be careful about pointing your finger (can be interpreted as rude)▪ Do not interrupt during conversation or interject during long pauses▪ Avoid stories of your own distant Native genealogy to establish rapport unless you maintain a connection with that community

Magellan would like to acknowledge the contributions of the following individuals in the creation of the Culture Card:

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