

SUICIDE PREVENTION TRAININGS INFUSED WITH DIVERSITY AND CULTURE

ALONG THE SUICIDE CRISIS PATH FRAMEWORK / CONTINUUM



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CULTURAL GROUPS AT ELEVATED RISK

Older Adult Asian
American women

Individuals
from/in South
Korea, China,
Japan, India

American
Indian/Alaskan
Natives

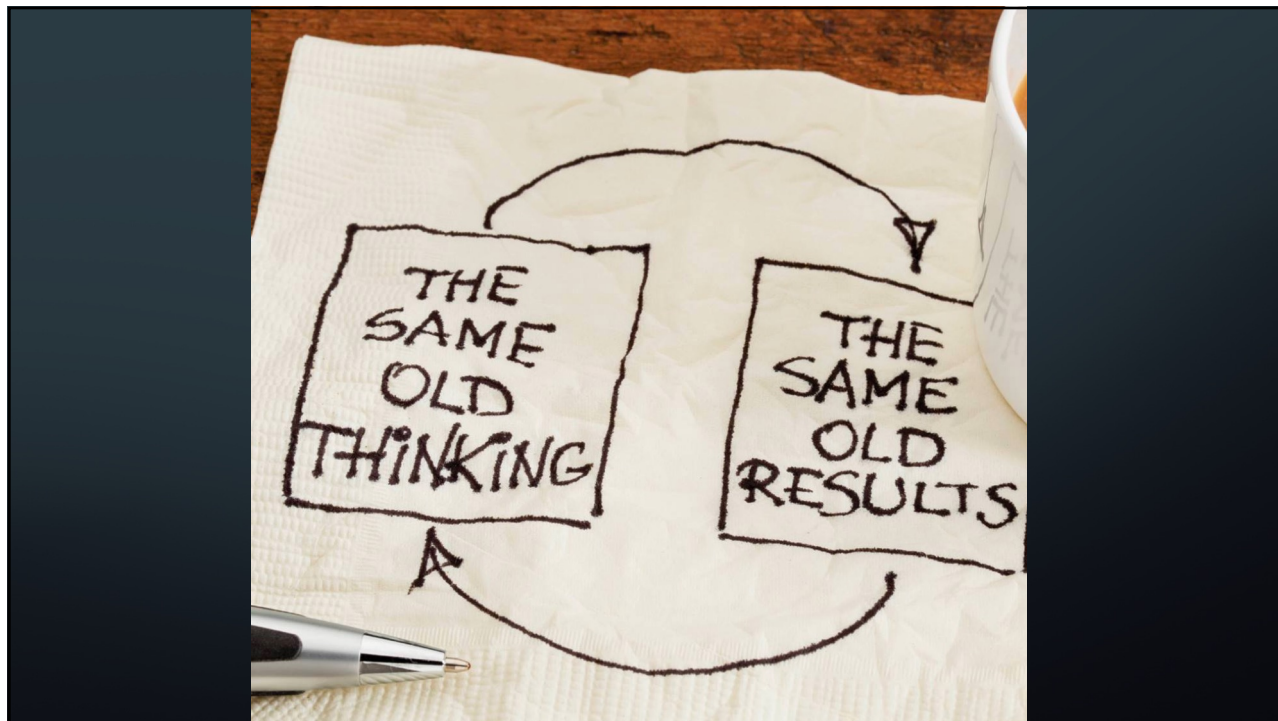
20 suicide
deaths per
day

Military
populations

LGBTQ+
populations

Transgender
individuals (40-
80% attempt
suicide)

3



4

SUICIDE PREVENTION & MANAGEMENT: A CRITIQUE

- Warning signs and checklists - same
- Questions asking about suicide – same
- Outreach, interventions - same

Little recognition of cultural variation or context

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HOW WELL DO COMMUNITY TRAININGS WORK ACROSS CULTURAL GROUPS?

Generalized, minimal attention to culture

Primarily uses a Western lens & context

Data points to a need for more attention to culture

Lack of application

Piecemeal rather than infusion

Wexler, White, & Trainor. (2015)

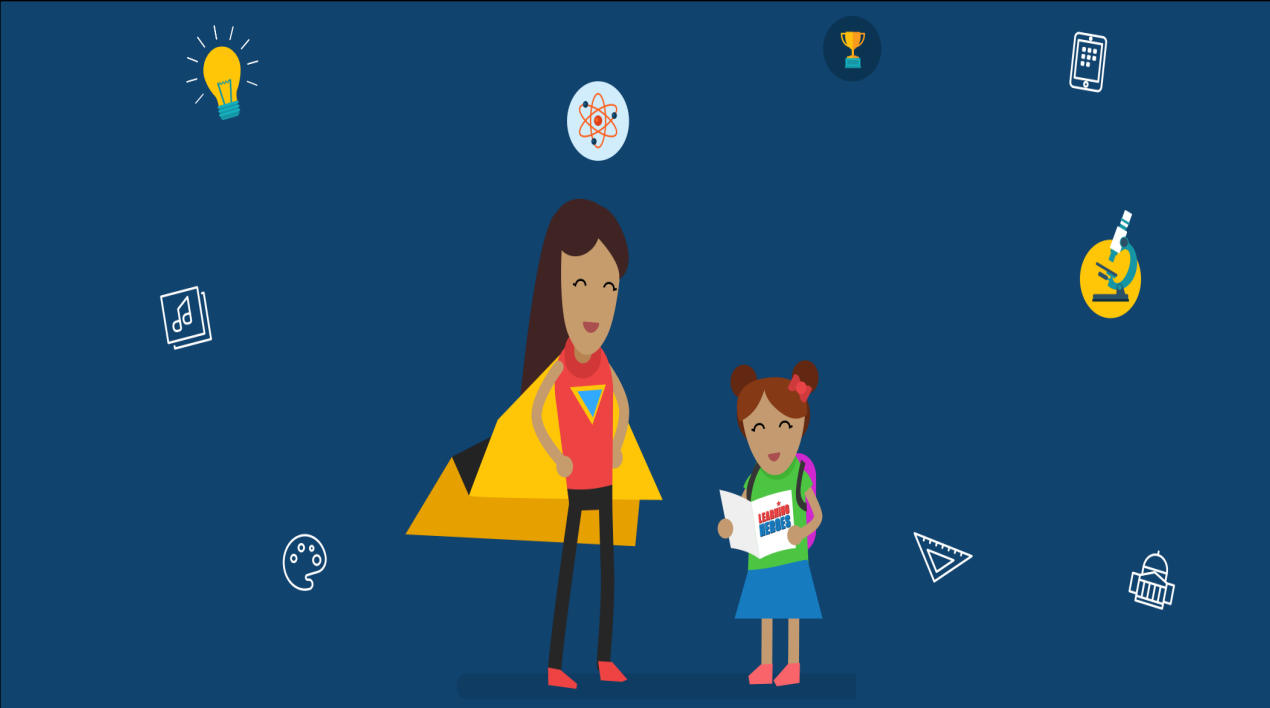
6



Cultural Infusion:
Barriers & Gaps

7

7



8

8



9



10

the HOW

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Avoid piecemeal application

Be Sensitive, Be Brave & SP201 Trainings

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The image shows a page of handwritten physics notes and diagrams. The content is organized into several sections:

- Mechanics:** Includes free-body diagrams, force vectors, and equations for acceleration and velocity. For example, $\sum F_y = 0 \Rightarrow F_n \sin \theta - mg \cos \theta = 0$ and $E_{pot, A} = 0$.
- Waves:** Shows wave functions $y(x) = A \sin(2\pi \frac{x}{\lambda} + \bar{\phi})$ and $y(x) = A \sin(kx - \omega t)$, along with wave speed $v = \frac{\omega}{k} = \lambda f$.
- Energy:** Discusses kinetic energy $E_k = \frac{1}{2}mv^2$, potential energy $E_{pot} = mgh$, and work $W = \int \vec{F} \cdot d\vec{s}$.
- Rotational Motion:** Includes angular velocity ω , angular acceleration α , and moment of inertia I .
- Other Topics:** Mentions simple harmonic motion, pendulums, and various other physics concepts with associated diagrams and equations.

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Minority Stress

Idioms of Distress

Social Discord

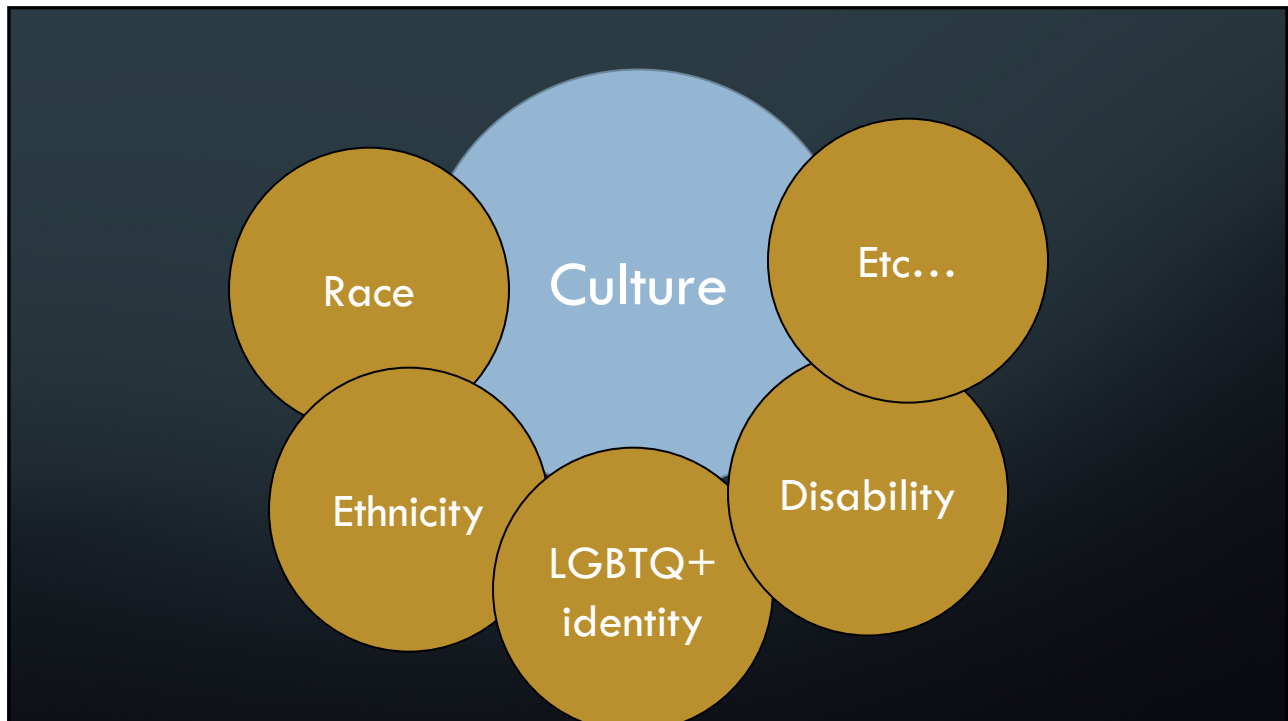
Cultural Sanctions

CULTURAL SYNTHESIS, IMPROVING SUICIDE ASSESSMENT

95% of the culturally specific suicide risk literature encompassed by 4 factors

Chu, J.P., Goldblum, P., Floyd, R., & Bongar, B. (2010). The cultural theory and model of suicide. *Applied and Preventive Psychology*, 14, 25-40.

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The Cultural Theory/Model of Suicide

4 key concepts

#1. Account for Different Signs of Suicide

Cultural Idioms of Distress

#2. Suicide May Be Precipitated By Different Stressors

Minority Stress, Social Discord

#3. Look for the Cultural Meaning of Things

Cultural Sanctions

#4. Are there help resources for us?

*Cultural Preferences For Help
Resources / Referral Access*

*Chu, Goldblum, Floyd, & Bongar (2010)
Yang, Lam, Vega, Martinez, Botcheva, Hong, Chu, & Lewis (2018)*

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Psychological Assessment

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1040-3590/13/\$12.00 DOI: 10.1037/a0031264

A Tool for the Culturally Competent Assessment of Suicide: The Cultural Assessment of Risk for Suicide (CARS) Measure

Joyce Chu, Rebecca Floyd, and Hy Diep
Palo Alto University

Seth Pardo
Alliant International University

Peter Goldblum
Palo Alto University

Bruce Bongar
Palo Alto University and Stanford University School of
Medicine

Archives of Suicide Research, 0:1-9, 2018
Copyright © International Academy for Suicide Research
ISSN: 1381-1118 print/1543-6136 online
DOI: 10.1080/13811118.2017.1413469

 **Routledge**
Taylor & Francis Group

 Check for updates

A Shortened Screener Version of the Cultural Assessment of Risk for Suicide

Joyce Chu, Brandon Hoeflein, Peter Goldblum, Dorothy Espelage,
Jordan Davis, and Bruce Bongar

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CARS Screener (CARS-S)

Instructions: For each item, please mark an "x" in the box under the label (e.g., Strongly Disagree, Strongly Agree) that best applies to you. You should **ignore the small numbers** inside of the boxes. Please answer each item as honestly and openly as possible.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. I feel connected to, like I am a part of, a community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There is a lot of conflict between myself and members of my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is something in my life I feel ashamed about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am accepted and valued by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have, without anyone's knowledge, thought of suicide in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When I get angry at something or someone, it takes me a long time to get over it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sometimes I feel so tired I do not want to get up/wake up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have access to a method of suicide other than a gun that I have previously thought to use (e.g., weapon, rope, poison, overdose).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I consider suicide to be morally wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Suicide would bring shame to my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. People treat me unfairly because of my ethnicity, sexual, or gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Adjusting to America has been difficult for me. <i>(Note: If you were born in America, leave this item blank.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Because of my sexual or gender orientation, no one understands my pain or distress. <i>(Note: If you do not identify as LGBTQ, leave this item blank.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The decision to hide or reveal my sexual or gender orientation to others causes me great distress. <i>(Note: If you do not identify as LGBTQ, leave this item blank.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Suicide Warning Signs

Thoughts	Physical	Verbal
<ul style="list-style-type: none"> Thinking life is not worth living, thinking about hurting yourself, or having suicidal thoughts Thinking others are better off without you. 	<ul style="list-style-type: none"> Trouble coping with health changes Unbearable chronic pain 	<ul style="list-style-type: none"> "I just want out." "I won't be around much longer." "I'm a burden to other people."
Feelings	Behavioral	Situational
<ul style="list-style-type: none"> Feeling hopeless, desperate, or trapped. Feeling abandoned or betrayed. Feeling no sense of purpose. Sudden mood changes. Feeling ashamed of who you are. Feeling unbearable emotional pain. 	<ul style="list-style-type: none"> Giving away prized possessions. Doing reckless things that put you in danger. Putting affairs in order. Increased drug, alcohol use or other ways to numb pain. Withdrawing and spending most of your time alone. Not caring for personal hygiene or health needs. 	<ul style="list-style-type: none"> Conflict with or rejection from your family, support system, or community. Exposure to trauma, such as abuse or bullying. Financial stress. Chronic or terminal illness. Death or suicide of a loved one. Discrimination or being treated unfairly because of who you are. Not having others who understand you. Failure to meet expectations. Trouble adjusting to a new culture.

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Suicide Warning Signs – Cultural Variations

Thoughts	Physical	Verbal
<ul style="list-style-type: none"> Thinking life is not worth living, thinking about hurting yourself, or having suicidal thoughts Thinking others are better off without you. 	<ul style="list-style-type: none"> Trouble coping with health changes Unbearable chronic pain 	<ul style="list-style-type: none"> "I just want out." "I won't be around much longer." "I'm a burden to other people."
Feelings	Behavioral	Situational
<ul style="list-style-type: none"> Feeling hopeless, desperate, or trapped. Feeling abandoned or betrayed. Feeling no sense of purpose. Sudden mood changes. Feeling ashamed of who you are. Feeling unbearable emotional pain. 	<ul style="list-style-type: none"> Giving away prized possessions. Doing reckless things that put you in danger. Putting affairs in order. Increased drug, alcohol use or other ways to numb pain. Withdrawing and spending most of your time alone. Not caring for personal hygiene or health needs. 	<ul style="list-style-type: none"> Conflict with or rejection from your family, support system, or community. Exposure to trauma, such as abuse or bullying. Financial stress. Chronic or terminal illness. Death or suicide of a loved one. Discrimination or being treated unfairly because of who you are. Not having others who understand you. Failure to meet expectations. Trouble adjusting to a new culture.

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CULTURAL VARIATIONS IN HOW TO ASK ABOUT SUICIDE

- Have you ever wanted to give your life away?
- Have you ever felt your loved ones would be better off without you?
- Have you ever felt no one would care if you weren't around anymore?
- Have you ever felt you don't deserve to be alive?
- Have you felt so ashamed that you wanted to disappear?
- Have you ever felt your time on this earth is done?
- Have you felt this world has rejected you and it's time to leave?
- Have you ever wished someone else would just end your life?

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EFFECTS ON OUR SUICIDE PREVENTION EFFORTS?

The Lifeline is **FREE**, confidential, and always available.

HELP a loved one, a friend, or yourself deal with trauma.

Community crisis centers answer Lifeline calls.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Printed 2007 • Reprinted 2011
CMHS-SVP-0155

NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

**Having
Trouble
Coping?**

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Having Trouble Coping?

After a traumatic event, problems may come and go. It's important to know when to ask for help. Please call us if you or someone you know is experiencing any of the following problems, especially if a problem is making it hard to get through the day or is getting worse.

- ❖ Eating or sleeping too much or too little
- ❖ Pulling away from people and things
- ❖ Having low or no energy
- ❖ Feeling numb or like nothing matters
- ❖ Having unexplained aches and pains
- ❖ Feeling helpless or hopeless
- ❖ Smoking, drinking, or using drugs more than you should
- ❖ Feeling unusually confused or forgetful; on edge, angry, or upset; or worried and scared
- ❖ Fighting with family and friends
- ❖ Unable to get rid of troubling thoughts and memories
- ❖ Thinking of hurting or killing yourself or someone else
- ❖ Unable to perform daily tasks like taking care of your kids or getting to work or school

Call the Lifeline at 1-800-273-TALK (8255)
(en español, 1-888-628-9454)

With Help Comes Hope

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Modified for the Cultural Theory & Model of Suicide (Chu, Goldblum, Floyd, & Bongar, 2010)

Having Trouble Coping?

After a traumatic event, problems may come and go. It's important to know when to ask for help. Please call us if you or someone you know is experiencing any of the following problems, especially if a problem is making it hard to get through the day or is getting worse.

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- ❖ Unable to get rid of troubling thoughts and memories
- ❖ Thinking of hurting or killing yourself or someone else
- ❖ Unable to perform daily tasks like taking care of your kids or getting to work or school
- ✦ Feeling ashamed about something
- ✦ Feeling treated unfairly because of who you are
- ✦ Doing careless things that put you in danger
- ✦ Feeling too tired to get up
- ✦ Feeling isolated from others that understand you
- ✦ Thinking others are better off without you

**Call the Lifeline at 1-800-273-TALK (8255)
(en español, 1-888-628-9454)**

With Help Comes Hope

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HISTORY OF CREATING CULTURALLY INFUSED TRAININGS

2017

Partnership with Santa Clara County Suicide Prevention

Goal: Infuse Culture and Diversity throughout their Suicide Prevention efforts and strategic plan

2017-2018


Evaluated Trainings for Culture/Diversity (e.g., QPR, ASIST, MHFA, YMHA, Suicide to Hope, Kognito)

2019-2020

Developed, Tested, Piloted new culturally infused trainings

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Cultural Addendum to the Kognito Programs for Middle & High School Educators
County of Santa Clara Participants

 COUNTY OF SANTA CLARA
Behavioral Health Services

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It's important to attend to culture considerations when you work with students in psychological distress. This Kognito simulation addendum will help you to account for cultural factors when recognizing signs of psychological distress and connecting students with school services, particularly with ethnic minority and LGBTQ+ students.

Due to systemic stressors, some ethnic minority and LGBTQ+ students have heightened risk for mental health or suicide disparities. Any student can be at-risk. But it is useful to know mental health and suicide resources may not be as accessible to ethnic minority youth as they are for non-ethnic youth.^{1,2} Given difficult environmental stressors, LGBTQ+ youth tend to have higher rates of suicidal thoughts and behaviors.³ In such situations, you can help give these students the support they deserve.

Cultural Considerations for "Identify, Approach and Refer"
 In the Kognito programs, you learned how to notice warning signs of psychological distress, reach out, and make referrals to appropriate school support staff. Below, you'll find important cultural considerations for each of these 3 steps.

IDENTIFY

"Psychological distress" may look different across cultural backgrounds
 In the Kognito programs, you learned about specific mental health warning signs (e.g., changes in behaviors, appearance, emotions, thoughts, academic performance). These warning signs can look different across cultural backgrounds. For example, physical pains are more common in ethnic minorities – called "somatization" of psychological distress. Depression can look more like irritability rather than sadness in adolescents. Suicide risk may rise when intergenerational cultural conflicts occur between children and their parents, particularly in some Asian American and Latinx cultures. See the table on the right for cultural warning signs when *identifying* psychological distress.

Tip: Look for these warning signs as clues to engage students in conversations about mental health!

Look out for minority stress situations

Minority stress are life events ethnic minority and LGBTQ+ students may experience that other students do not, such as discrimination, bullying, microaggressions, being treated differently or rejected because of their cultural identities. For example, an immigrant student has trouble adjusting to a new culture, an LGBTQ+ identifying adolescent experiences rejection from their family or discrimination, or an ethnic minority student may experience systemic racism. These minority stress situations are linked with greater risk for suicide and mental health problems.

Culturally-influenced Warning Signs and Stressors


<u>Mental Health</u>	<u>Suicide</u>
<ul style="list-style-type: none"> • Physical discomfort or pains • Avoidance or withdrawing • Feeling tired or fatigued • Long-lasting irritability, anger, aggressive, or reckless behavior • Increased feelings of shame • Drug/alcohol use/other ways to numb pain 	<ul style="list-style-type: none"> • Feeling like your grades in school aren't meeting family/cultural expectations • Conflict with or rejection from your family, support system, or community • Having conflict with your parents because of differing cultural values/practices • Thinking others are better off without you • Feeling ashamed of who you are • Doing reckless things that put you in danger • Feeling abandoned or betrayed • Feeling no sense of purpose • Not having others who understand you
<u>Minority Stress Situations</u>	
<ul style="list-style-type: none"> • Feeling rejected, victimized, or bullied • Lack of institutional support from family, school administration, government, or health providers • Discrimination or being treated unfairly • Trouble adjusting to a new culture 	

Ask students about the meaning of stressful events in their lives

Not all stressful events have the same impact across different cultures. If a stressful event is shameful or devastating for your student, particularly given their cultural and family background, that student may be at greater risk for suicide or mental health problems. For example, a student whose "F" grade is disgraceful for their family, may experience shame, question their self-worth, and experience depression, anxiety, or suicidal thoughts.

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Cultural Addendum to the Kognito Programs for Middle & High School Educators
County of Santa Clara Participants

 COUNTY OF SANTA CLARA
Behavioral Health Services

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APPROACH
(Supporting Students to Open Up)

Building cultural connections is a strength

Culture matters. Cultural connections are strengths in difficult conversations. Pay attention to your multiple identities, (race, ethnicity, gender identity, sexual orientation, age, disability status, etc.), how they interact with each other, and how they affect students' comfort in opening up to you. Some ethnic minority students may be looking for indications that you understand their lives. LGBTQ+ students may be looking for signs that you are a trustworthy ally or that you accept them. For others, talking directly about cultural identity may help them trust and open up to you; cultural identities may help you find the best approach to addressing your students' difficulties.

Look out for mental health stigma and cultural mistrust

Some ethnic minority and LGBTQ+ students may believe that having mental health problems means someone is weak, "crazy," unlikeable, or has a hopeless future. Their families or cultural communities may be unfamiliar with mental health concepts, hold stigmatizing beliefs about mental illness, or believe in handling problems on their own. Your students may have had discriminatory experiences with various health providers who were not culturally sensitive. These students may be more likely to push you away, hide their problems, be unaware of their problems, or refuse to talk.

Tips for stigma, mistrust or reluctance to open up

- Look for body and verbal language indicating a student is embarrassed or reluctant to discuss their concerns openly. Use communication styles that make your student feel more comfortable with you.
- When students aren't opening up because of stigma and mistrust, normalize this (e.g., "You're not alone - lots of students go through what you're experiencing", "It makes sense you don't feel comfortable with doctors who are not allies").
- Avoiding negative labels (e.g., "worry about" instead of "freaked out") may be particularly important to battle stigma.
- Find ways to connect with your student. You may need to spend more effort to form a relationship and build trust (*However, if there is an immediate suicidal crisis, you should be direct, not leave the student alone, and connect with help*).

REFER

Tips for referring when a student is reluctant to seek help

Ethnic minority and LGBTQ+ students may be reluctant to accept a referral, particularly when they have high mental health stigma, are unfamiliar with or don't trust authority figures.

- Ask the student about their reactions to getting referred to school support staff. Provide additional information or discuss any concerns.
- Ask the student if they have questions about privacy and confidentiality. Discuss concerns about their reluctance to get support (e.g., Will other friends find out? How will their family be involved?)
- It may take multiple conversations and efforts for students to fully consider and follow through with a referral. Follow up with them to see how they are doing, and don't be afraid to try referring again.
- Keep an open mind about types of support that can help your student – there is more than one option (read on for more information about culturally-specific resources and help preferences).

Culturally-specific resources

Does my student need resources in a specific non-English language?

Many national resources can help students or their families with specific cultural or language needs (for example, the National Suicide Prevention Lifeline offers support in Spanish). Ask your student about their language preference when you provide a referral.


Does my student have culturally-specific needs or preferences for help?

Your student may have specific preferences for support. For example, many ethnic minority individuals prefer non-professional rather than professional sources of help, like friends, trusted adults, or family members as their first line of support. Ask your student what they prefer, and keep in mind that the more support a student has, the better – encourage them to reach out and build their safety net of support.

¹Alegria, M., Vallas, M., & Pumariega, A. J. (2010). Racial and ethnic disparities in pediatric mental health. *Child and Adolescent Psychiatric Clinics*, 19(4), 759-774.
²Alegria, M., Green, J. G., McLaughlin, K. A., & Loder, S. (2015). Disparities in child and adolescent mental health and mental health services in the U.S. New York, NY: William T. Grant Foundation.
³Aranamolte, R., Bogan, D. R., Hoard, T., & Mawson, A. R. (2017). Suicide risk factors among LGBTQ youth. *JSM Schizophrenia*, 2(2), 1051.
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BSBB For Suicide Prevention



- **Goals:** Detect possible suicide risk and connect them to appropriate help
- **Cultural infusion for foundational information**
 - Cultural stigma of suicide
 - Disaggregating suicide data/statistics
 - Cultural variations of suicide warning signs
 - Cultural & Equity Factors that magnify warning signs
 - How to connect to community members in a culturally responsive way
 - How to ask the question about suicide cross-culturally
 - Referring responsively to culturally preferred resources

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BE SENSITIVE, BE BRAVE FOR SUICIDE PREVENTION

Culturally Responsive Workshop on Suicide Prevention

“Be Sensitive, Be Brave for Suicide Prevention” infuses culture and diversity throughout a foundational workshop on suicide prevention. This free workshop teaches community members to act as eyes and ears for suicidal distress and to connect individuals to help.

-  **Identify signs of suicide**
-  **Ask if someone is considering suicide sensitively and confidently**
-  **Connect individuals with the appropriate support**
-  **Approach suicide prevention in a culturally sensitive manner**

TIME: -----
DATE: -----

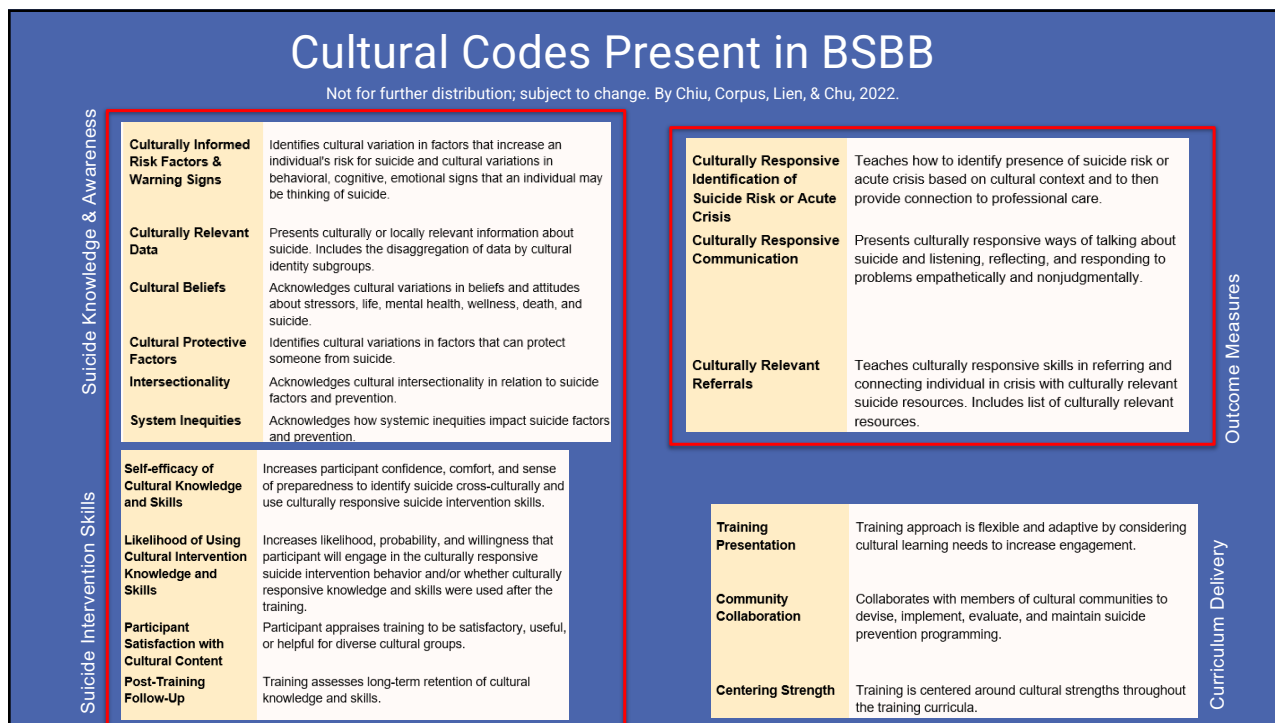
REGISTER AT
[INSERT LINK]

OR SCAN



Interested in BSBB trainings?
Contact
joycepchu@gmail.com

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Table: Change in Self Report of Suicide Prevention-Related Competencies for the Be Sensitive, Be Brave for Suicide Prevention Training

Variables	Pre-Training (N=369-370)		Post-Training (N=369-370)		t-test	Partial eta ²	Effect size
	M	SD	M	SD			
1. I know the warning signs for suicide	3.63	0.83	4.39	0.56	-18.59***	0.48	Large
2. I am able to identify someone who is at risk for making a suicide attempt	3.33	0.92	4.24	0.60	-21.22***	0.55	Large
3. I feel prepared to discuss with someone my concern about the signs of suicidal distress they are exhibiting	3.25	1.06	4.26	0.57	-19.66***	0.51	Large
4. I am aware of the resources necessary to refer someone in a suicide crisis	3.47	0.95	4.46	0.56	-21.43***	0.55	Large
5. I am confident in my ability to make a referral for someone in a suicide crisis	3.35	0.99	4.31	0.67	-19.59***	0.51	Large
6. I have the skills necessary to support or intervene with someone thinking about suicide	3.02	1.02	4.17	0.68	-23.84***	0.61	Large
7. I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced	3.29	0.95	4.17	0.65	-18.09***	0.47	Large
8. I feel prepared to help people from diverse cultural backgrounds with their suicidal distress	2.88	0.96	4.00	0.76	-23.42***	0.60	Large
Mean Score, all 8 items	3.28	0.74	4.25	0.52	-29.44***	0.70	Large

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BSBB for SP Evidence Basis

Improves trainees' knowledge and skills in:

- Identifying suicide warning signs
- Asking about suicidal thoughts
- Identifying someone at risk for suicide attempt

Improves trainees' readiness to

- Talk about suicide with others in distress
- Support someone with suicidal thoughts
- Identify suicide prevention resources
- Connect someone with help

Increases trainees' cultural responsiveness in:

- Identifying ways that culture affects how suicide is expressed
- Feeling prepared to help people from diverse cultural backgrounds

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BSBB For Mental Health



- Goals:** To provide foundational mental health/illness information to learn how to recognize signs, support, refer, and maintain good mental health
- Cultural infusion for foundational information**
 - Culturally-influenced warnings signs
 - Vignettes examples of mental illnesses across diverse individuals
 - Culturally influenced mental health recipe
 - How to connect to community members in a culturally responsive way
 - Referring responsively to culturally preferred resources

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BE SENSITIVE, BE BRAVE FOR MENTAL HEALTH

Culturally Responsive Workshop on Mental Health

"Be Sensitive, Be Brave for Mental Health" infuses culture and diversity throughout a foundational workshop on mental health. This free workshop prepares community members to help friends and loved ones during times of distress. Learn how to recognize mental health conditions, what to do when someone needs support, and tools for maintaining good mental health.

-  **Identify someone is in mental distress**
-  **Practice being sensitive and brave in helping others**
-  **Increase awareness of mental health resources**
-  **Build resilience using a recipe for mental health**
-  **Build cultural sensitivity around mental health**
-  **Respond to community needs and decrease stigma**

 **TIME: -----**
DATE: -----

REGISTER AT
[INSERT LINK]

OR SCAN 

Interested in BSBB trainings?
Contact joycepchu@gmail.com

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BSBB for MH Table: Change in Mental Health-Related Competencies Across Be Sensitive, Be Brave for Mental Health

Variables	Pre-Training (N=198-365)		Post-Training (N=133-293)		t-test	Cohen's d	Effect size
	M	SD	M	SD			
1. I can identify warning signs for mental illness	3.68	0.75	4.39	0.64	-12.84***	-1.01	Large
2. I understand the difference between mental health and mental illness	3.67	1.01	4.37	0.69	-10.12***	-0.80	Large
3. I understand the meaning of 2-3 mental health diagnoses (i.e. depression, bipolar disorder, etc.)	3.73	1.01	4.37	0.69	-10.88***	-0.85	Large
4. I feel prepared to support someone struggling with mental health concerns.	3.36	0.99	4.28	0.71	-13.43***	-1.06	Large
5. I am confident in my ability to encourage someone to get connected with mental health resources or help.	3.61	0.99	4.23	0.76	-8.78***	-0.70	Medium-Large
6. I can identify strategies that will help me or my loved one cope with stress and maintain good mental health.	3.67	0.84	4.29	0.68	-10.29***	-0.81	Large
7. I can name 2-3 local services I can access if I or my loved one need mental health support.	3.22	1.16	4.32	0.79	-13.89***	-1.09	Large
8. I understand and can identify a number of ways in which culture affects mental health/mental illness.	3.74	0.99	4.21	0.74	-6.80***	-0.53	Medium
9. I feel prepared to help people from diverse cultural backgrounds with their mental health concerns.	3.24	1.07	4.05	0.77	-7.59***	-0.84	Large
10. I would feel inadequate if I went to a therapist for psychological help (note: double negative)	2.09	0.89	1.82	0.85	2.77**	0.31	Small-Medium
11. Most people in my community would treat someone who has been treated for a mental illness just as they would treat anyone else.	2.88	1.01	3.24	1.01	-3.15***	-0.35	Small-Medium
Mean Score, all 11 items	3.46	0.68	4.17	0.58	-14.24***	1.12	Large

Note. M=Mean. SD=Standard Deviation. Scores: 1=Strongly Disagree, 2=Disagree, 3=Neither disagree or agree; 4=Agree; 5=Strongly Agree. *** p < .001. ** p < .05. *Note.* Small effect size if d=.2, medium effect size if d=.5, large effect size if d > .8.

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BSBB for MH *Evidence Basis*

Improves trainees' knowledge and skills in:

- Identifying MH warning signs
- Understanding MH conditions
- Differentiating between everyday stress and mental illness

Improves trainees' readiness to

- Support someone with MH concerns
- Identify local services/resources
- Connect someone with help

Increases trainees' cultural responsiveness in:

- Identifying ways that culture affects mental health/mental illness
- Feeling prepared to help people from diverse cultural backgrounds

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BSBB for MH *Evidence Basis*

Increases mental health resiliency in:

- Identifying coping strategies
- Handling stress to maintain good mental health

Addresses mental health stigma by:

- Decreasing feelings of inadequacy when seeking professional help
- Decreasing the perception that people with mental illness would be treated differently in the community

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Suicide Prevention 201:

Advancing Suicide Prevention & Management for Diverse Clientele

6 CE credits

Fulfill your suicide prevention licensure renewal requirement. Target audience: Post-licensure instruction

Beginning, intermediate, or advanced levels Board of Behavioral Sciences or Board of Psychology

For online trainings:
bit.ly/Suicide201



CE Course Overview: This workshop will provide instruction and a forum for clinical discussion and case practice, on the current standards of practice for suicide prevention and management. A useable framework and accessible guidelines will ensure that workshop participants are able to competently manage suicide risk, incorporating the latest standards in suicide science and practice.

Throughout its content, this workshop address the management of suicide in diverse populations. Attendees will learn state-of-science theoretical, measurement, and applied research as practical approaches to assist clinicians in accounting for cultural influences on suicide risk among diverse populations. Aims are to provide guidance to advance culturally competent suicide research and practice.



Joyce Chu, PhD
Clinical Psychologist



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Clinical Psychologist

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Learning Objectives

- Identify 6 key steps of assessing & managing suicide risk
- Apply standard approaches to suicide risk assessment & inquiry
- Identify major components of safety planning, suicide risk case conceptualization, and treatment planning while accounting for important clinical documentation & legal considerations
- Discuss the latest research on cultural differences in suicide, & culturally competent assessment & prevention of suicide among ethnic minority & LGBTQ populations
- Apply a guiding framework & assessment tools/approaches that advance culturally competent suicide practice w/ diverse clients



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