Understanding and Improving Suicide Prevention and
Mental Health Promotion for Santa Clara County’s
Latine/x and Asian Communities

Suicide Prevention Oversight Committee
County of Santa Clara
October 2024

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Background

Suicides among Latinx/e and Asian Communities

The County of Santa Clara's Suicide Prevention Oversight Committee (SPOC) reviews county suicide death data from the county's Medical Examiner-Coroner's office and produces a data report annually.

In late 2023, SPOC's Data Workgroup noted that for the prior three consecutive years of data (2020-22), the number of suicides among the Latine/x and Asian populations in the county had risen.

Figure 1.

Yearly Suicide Count and Rate per 100,000 Among Decedents Identified as Asian

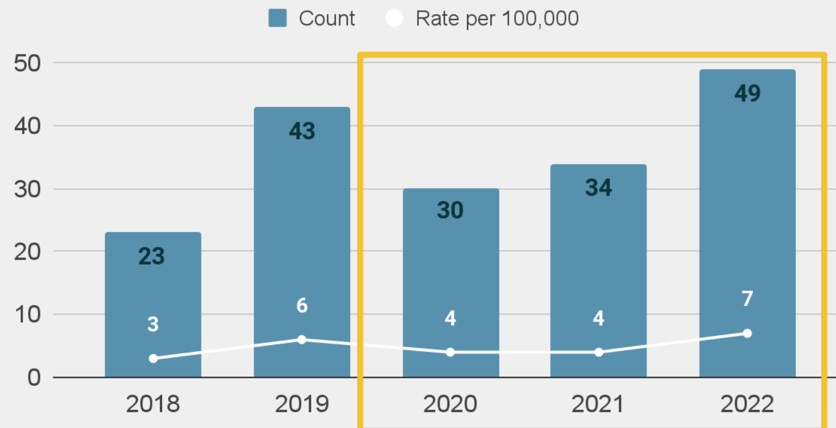
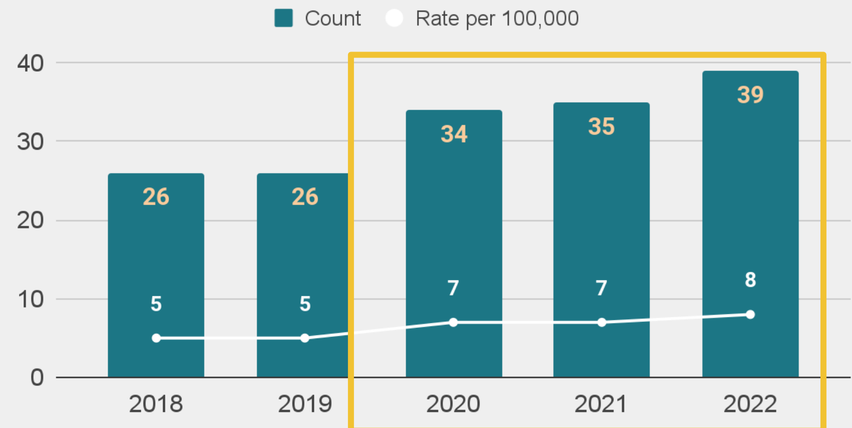


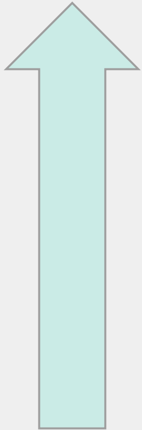
Figure 2.

Yearly Suicide Count and Rate per 100,000 Among Decedents Identified as Hispanic/Latino



This increase prompted the workgroup to recommend that SPOC and the County's Suicide Prevention Program:

1.



Increase outreach and interventions to these populations

2.

Simultaneously **establish an** ad hoc research subgroup

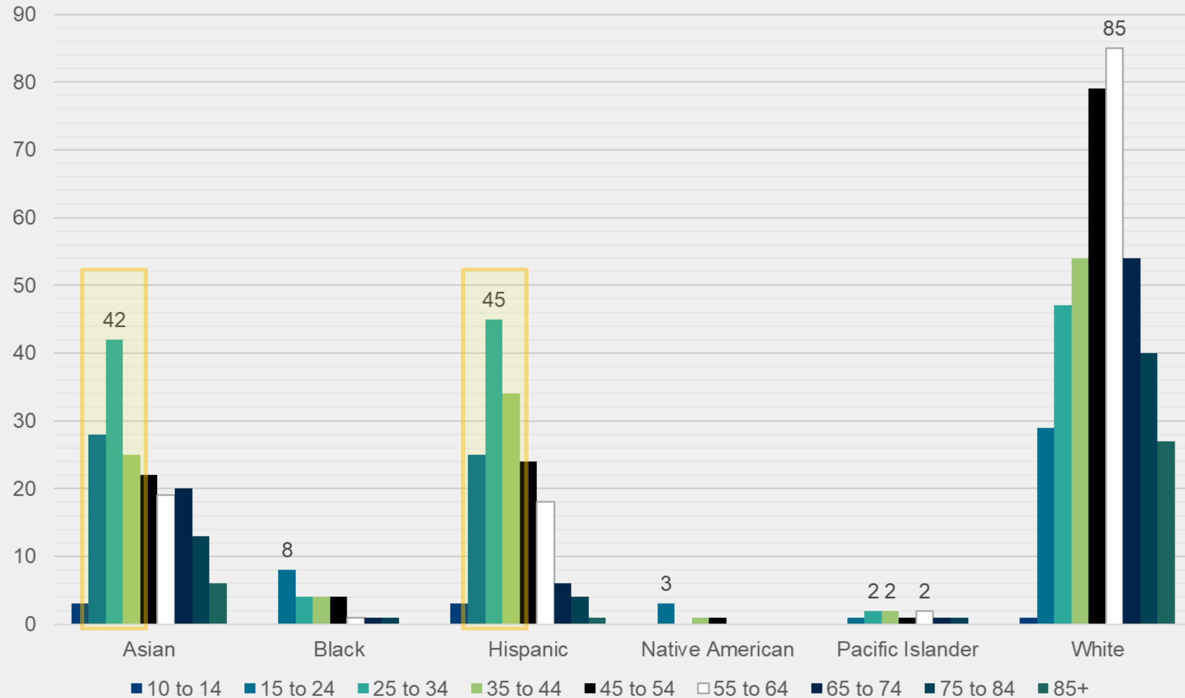
to review data and research on suicides and mental health among these populations

Sub-Populations of Focus

- The research workgroup found that the age range that accounted for the highest number of deaths among Asian and Latine/x suicides from 2020-2022 was the **15-44 year old** age range. Given that the County's Suicide Prevention Program already has a school-based initiative that targets prevention among the K-12 student population, the research group decided to focus on reviewing data that covers the **18-44 year old age range** whenever possible (Figure 3).
- With support of County of Santa Clara's Public Health Department's Science Branch, the research workgroup reviewed County resident suicide data, by ethnicity, from the past 10 years. Based on the highest counts and rates among Asian suicides, the workgroup decided to focus on the **Vietnamese, Chinese, and Korean communities**.
- While ethnic subgroup data was not available for the County's Latine/x population, it is important to remember that the Latine/x population is a diverse group and that there can be many cultural differences among Latine/x subgroups.

Age-Range Focus

Figure 3.



Methods

Establishing Exploratory Questions

- The research workgroup worked to establish questions to explore, with the goal of further supporting the Suicide Prevention Oversight Committee's work.
- The questions focused on the following topic areas: **(1) Deeper Understanding of Suicide Behavior among these populations (2) Stigma and Help-Seeking Behaviors among these populations and (3) Missed Intervention Points.**
- The group identified existing data sources and existing local research projects that could provide information on these exploratory questions. There was also additional data that more naturally rose up from the work itself.
- *See the Appendix for a list of the data sources used; how the data was reviewed to produce the findings; and some limitations of this work.*

Exploratory Questions

Deeper Understanding of Suicide Behavior

1. What are the specific factors/events in individual Latine/x and Asian suicide cases in Santa Clara County?
2. Any patterns in specifics among the Latine/x and Asian suicide attempter population in Santa Clara County? (geographics, education level, system involvement, immigration status, housing insecurity, etc. Did they have pre-existing mental health challenges? effects of COVID?)

Stigma and Help-seeking

1. How do family, cultural, generational factors affect stigma around mental health and suicide for the general Latine/x and Asian population?
   a. How can we increase comfort level with talking about mental health and suicidal ideation, whether as the individual experiencing them or providing support, among the Latine/x and Asian population in Santa Clara County?

Exploratory Questions

Stigma and Help-seeking (cont'd)

4. What's preventing the Latine/x and Asian population in Santa Clara County from calling/accessing crisis services in general? (e.g. perceived need, threshold for help-seeking, cultural factors, etc.)
5. Where do members of the Latine/x and Asian population of Santa Clara County currently go when seeking out support/crisis services?

Missed Intervention Points

4. Were there missed intervention points (i.e. areas where people could have intervened) among suicide decedents?

Findings

Q1: What are the specific factors/events in individual Latine/x and Asian suicide cases?

Applicable to both Latine/x and Asian communities

A 2024 study that included reviewing the emotional contents of suicide notes from 14 suicide decedents from the County between 2016-19 (7 Asian, 7 Latine/x) found that the following emotions emerged across both decedents identified as Asian and those who identified as Latine/x:

- **Guilt** (22 excerpts of guilt overall from all of the Asian and Latine/x decedents' notes). For example: "I'm sorry I couldn't be a better son. I really tried"
- **Affection** (42 excerpts overall). For example: "I love you kid, you made grandpa proud and all of us!"
- **Exhaustion** (4 excerpts overall). For example: "As for myself, well my mind and soul can't take it anymore, tired, so tired of life. I just wanna rest already"
- **Inadequacy** (6 excerpts overall). For example: "I'm sorry I couldn't be the man"
- **Gratitude** (7 excerpts overall). For example: "Thank you to everyone who cared about me, sacrificed for me, and loved one"
- **Resignation** (3 excerpts overall). For example: "…my life as I know it is over."

- **Anger** was identified in the note of only one decedent, who was Latine/x
- **Shame or hopelessness** was identified in only Asian decedents' notes

Q1: What are the specific factors/events in individual Latine/x and Asian suicide cases?

Latine/x community

In a preliminary analysis of precipitating factors and warning signs from 2016-2019 County suicide decedent data, among those identified as Hispanic:

1. 71% showed evidence of **health troubles**
    a. 59% of those included behavioral health (mental health, substance use) struggles
    a. 49% had an untreated health issue
1. 61% showed evidence of **interpersonal challenges**
    a. 35% of those experienced interpersonal conflict such as conflicts with family (20%) or significant other (18%)
    b. 29% had experienced a loss
    c. 20% had experienced an overt conflict
    d. 14% experienced loneliness
2. 33% showed evidence of **legal interactions** (e.g. recent release, 5150, interaction with authorities)

HOLD *Q2: Any patterns in specifics among the Latine/x and Asian suicide attempter population?*

In order to inform this exploratory question, the research subgroup and SPOC are in the process of requesting suicide attempt and ideation data from the California Department of Health Care Access and Information (HCAI) and additional data from the County's Behavioral Health Services Department. We anticipate receiving the data by 2025 and will plan to provide an update to this report by FY26.

Q3: How do family, cultural, generational factors affect stigma around mental health and suicide?

Applicable to both Latine/x and Asian communities

1. The impacts of **racial discrimination** include mistrust towards the community a person lives in and healthcare professionals, feeling unsafe, and feeling invalidated. All of these experiences could decrease help-seeking behavior.
   a. Experiences of COVID-related discrimination during/since the pandemic has been found to be associated with avoiding public spaces and lower odds of using treatment among those with one or more mental health problems.
      i. Even if there are virtual help-seeking options, therapy and online support groups were the least endorsed by the same respondents. Rather, they preferred informal help to cope with negative sentiments
   b. Since 2016, there has been an increase of xenophobic rhetoric and discrimination, especially directed at the Latine/x community, contributing to extra levels of fear of discrimination based on mental health care, leading to a decrease in help-seeking.
2. **Concepts of mental health, racism, and emotions are not often discussed within the community and family**. This could potentially decrease help-seeking as they have learned to not speak about their problems. Older individuals are more likely to believe that those who suicide are weak.

Q3: How do family, cultural, generational factors affect stigma around mental health and suicide?

Latine/x community

Higher stigma found among those who have low acculturation to the U.S., lower education attainment, older age, those who are more religious, and males. Stigma is strongly influenced by the Latine/x values of familismo, machismo, marianismo, and religiosity.

1. **Acculturation:**
   a. "Made to feel ungrateful if you disclose feeling sad since first-generation Latinos have more opportunities than their immigrant parents"
   b. Clashes of cultures – navigating being true of tradition and wanting to be a part of the culture here
2. **Familismo:**
   a. Feeling embarrassed about asking for help and having a mental health issue is connected to feeling that one is embarrassing their family
   b. Families may not treat someone with a mental health issue, particularly one that affects their social abilities, as respectfully as they treat others.
   c. Youth feel they can't talk about mental health with their parents because of stigma
3. **Religiosity:**
   a. The cultural value of religion notes that if people trust in a higher power and stay true to those morals (e.g., no sins), mental health issues will be solved (e.g., won't feel sad)
   b. Also, if you do have mental health issues, then there may be an issue with one's faith
4. **Education:**
   a. Mental health knowledge-sharing requires very basic information, like describing mental health and symptoms, before moving on to more advanced programming.
   b. Begin mental health literacy in schools at a very young age.
5. **Marianismo:**
   a. Female gendered norms, emphasizes family, spirituality, chastity, submissiveness, self-silencing to maintain harmony
6. **Machismo:**
   a. *Traditionally*: aggression,hypermasculine, dominance
   b. *Contemporary*: standing up for one's family, breadwinner, responsible, assertive

Q3: How do family, cultural, generational factors affect stigma around mental health and suicide?

Asian community

Presence of double or internal/external stigma (i.e., seeing oneself as incompetent and being labeled negatively by society) decreases help-seeking behaviors. Stigma is heavily influenced by shame and the concept of saving face.

1. **Shame and saving face:**
   a. Mental health disorders are considered shameful and are seen as a consequence of past misdeeds or ancestral sins.
   b. In Vietnamese culture, the family creates the framework of social identity, and the concept of ‘losing face,’ is significant.
   c. In Korean culture, mental illness is sometimes attributed to poor parenting, or a sign of personal weakness that brings shame and dishonor to the family. A stronger connection to the concept of saving face is associated with a more negative connection/higher stigma to the concept of suicide.

Q3a: How can we increase comfort level with talking about mental health and suicidal ideation?

Applicable to both Latine/x and Asian communities

Partner with community organizations and increase community education and outreach efforts. Target community/families and not just individuals to reduce stigma and increase mental health literacy.

1. Work with promotoras/community workers
2. Workshops that target overall well-being and non-mental-health-related issues (e.g., insurance coverage, financial wellness, food security, employment)
3. Reduce stigma among parents by addressing gaps in parental understanding of mental health and substance use (and addressing intergenerational cultural divides within multigenerational homes)

The 988 Suicide & Crisis Lifeline Communication Toolkit notes that Latine/x people, as well as Asian American, Native Hawaiian and Pacific Islander people (ages 13-34) gravitated most toward language about talking to a 988 counselor who could understand and relate to their problems.

Q3a: How can we increase comfort level with talking about mental health and suicidal ideation?

Latine/x community

Characteristics of good community helpers include informative/knowledgeable; high mental health literacy and ability to navigate the system; familiarity with Latine/x culture; and empathic, non-judgmental, and able to provide emotional support.

1. **Informal, group conversations** would be the best approach to breach the topic of mental wellness.
2. **Being present in local neighborhoods** and speaking with local leaders were highlighted as primary avenues for engagement.
3. Providing some **reassurance that they matter** is also needed, as this community feels a high sense of "otherness" due to anti-immigrant experiences.
4. **A cultural preference for exchange** was noted, e.g., providing a service or goods, such as food, in exchange for help or information.
5. **Alternatives to accessing help:**
    a. Family therapy as an option for individuals who refuse one-on-one therapy
    b. Include family and friends in the mental health care of an individual
    c. Can text a parent instead of talking if it's easier for the teen to communicate that way

The 988 Suicide & Crisis Lifeline Communication Toolkit notes that, in addition to liking 988 messaging language about a 988 counselor's ability to relate, Latine/x people (ages 13-34) also most liked language about the 988 counselor's trustworthiness, listening, and lack of judgment.

Q3a: How can we increase comfort level with talking about mental health and suicidal ideation?

Asian community

1. **Lower mental health literacy** compared to other racial/ethnic groups. Without the language or knowledge to describe mental health concerns, they will not be identified as issues. Decreased likelihood to perceive a need for mental health treatment, as a result.

Q4: What's preventing the Latine/x and Asian populations from calling/accessing crisis services?

Applicable to both Latine/x and Asian communities

Common barriers include individuals feeling that there aren't enough services or they are unaware of services available; that their problems are not serious enough to seek out help; lack of help in their language; and financial costs for services.

1. **Low awareness** of mobile crisis response teams.
2. Even when translating materials communities may not understand what's being described because they **don't have the language** to verbalize what/how they've been feeling.
3. The **need for privacy and confidentiality** was highlighted as very important among both groups when considering whether to seek care.
   a. For Asian American, Native Hawaiian and Pacific Islander people ages 13-34, having to open up to a stranger and privacy/confidentiality were some of the major concerns of the 988 service.
   b. Asian American adolescents were likely to eliminate help sources like hotline or 911 because they felt hotline handlers can't be trusted.
4. As a result, both communities have a **preference for informal (e.g. friends and family)** rather than formal sources for help.

Q4: What's preventing the Latine/x and Asian populations from calling/ accessing crisis services?

Latine/x community

There is a big gap between the amount of individuals wanting to connect to mental health care and those who actually took the leap to try to connect themselves to care. The biggest gap between having poor mental health and connecting to mental health care was the leap in trying to seek help. Additional barriers identified through *Stanford's Latinx Assessment on Mental Health Care-Seeking* include:

1. Adults' concerns around having their children be taken into care or **losing custody** if they reached out to receive (or continue to receive) professional care for mental health problem
2. **Stigma around what their family might think**, say, do or feel, or a concern that they might be seen as weak for having a mental health problem
3. **Attitudinal barriers** such as wanting to solve the problem on their own or concerns about the treatments available if they were seek mental health care
4. **High stress and lack of time** also makes it difficult to unpack trauma and reach out for help.
5. **Other barriers** identified:
    a. Professionals from my own ethnic or cultural group not being available
    b. Having no one who could help me get professional care
    c. Being unsure where to go to get professional care

Q4: What’s preventing the Latine/x and Asian populations from calling/ accessing crisis services?

Asian community

Many who seek mental health services have trouble accessing care — 37% of Vietnamese adults, 35% of Korean adults in one study. Those seeking care reported financial cost, unfamiliarity with options, and lack of insurance as common barriers.

1. Younger respondents (under 45 years) were significantly more likely than older respondents (ages 45+) to be aware of the Suicide Prevention Lifeline

Q5: Where do members of the Latine/x and Asian population go when seeking out services?

Applicable to both Latine/x and Asian communities

High intention and self-reported likelihood to seek help from professional services like mental health professionals and doctors. However, in practice, people are seeking help but not formally, i.e., most likely to trust and get support from informal sources like friends and family.

Among study cohort participants of the 988 Formative Research Project who said they'd be extremely/very likely to consider using 988, ranked

1. **24/7 availability** as as a top reason for their consideration
2. **Anonymity, being free of charge, and not having to worry about being judged** were also appealing characteristics

Q5: Where do members of the Latine/x and Asian population go when seeking out services?

Latine/x community

- Out of 1004 survey respondents from *Stanford's Latinx Assessment on Mental Health Care-Seeking*, 24% (N=240) wanted to connect to care, 15.6% (N=157) tried to connect to care, but only 11.8% (N=118) actually connected to professional mental health care.

Q5: Where do members of the Latine/x and Asian population go when seeking out services?

Asian community

- Vietnamese communities typically will not seek help from mental health professionals, but tend to adopt their own **spiritual remedies** for addressing such issues.
- For the Chinese community, helpful prompts to access services include **teacher referral and positive "social network orientation"**: set of beliefs, attitudes, and expectations concerning the potential usefulness of network members in helping an individual cope with a life problem (i.e. the more someone feels that there is utility in seeking help, the more likely they will seek professional psychological help)
- **Younger respondents** were significantly less likely to turn to doctors, mental health providers, and religious leaders than older respondents.

HOLD *Q6: Were there missed intervention points among suicide decedents?*

In order to inform this exploratory question, the research subgroup and SPOC are in the process of requesting suicide attempt and ideation data from the California Department of Health Care Access and Information (HCAI) and additional data from the County's Behavioral Health Services Department. We anticipate receiving the data by 2025 and will plan to provide an update to this report by FY26.

Recommendations, Next Steps, and Acknowledgments

Recommendations

The research subgroup extensively brainstormed recommendations for interventions based on the findings of this report. Those recommendations are summarized on this and the following slide. However, this list of recommendations is not specific nor exhaustive. The subgroup opted to emphasize the findings of this report and to keep their recommendations more general, acknowledging that suicide prevention is a widespread community effort and that readers may come to their own interpretations and strategies to address the issue, based on the report's findings.

1. **Recommendations to improve both prevention and treatment services:**
    a. Adapt messaging and services to meet cultural preferences
    b. Address impacts on mental health due to experiences around race and immigration
    c. Emphasize the importance of mental health and well-being as a high priority
    d. Involve the whole family in mental health promotion and treatment and address stigma within families
    e. Work with spiritual leaders and incorporate spirituality into clinical treatment

Recommendations

2. **Recommendations to improve prevention services:**
    a. Create culturally-tailored resources to address the mental health needs of the community
    b. Improve mental health literacy and knowledge for individuals from these communities as well as their caregivers
    c. Increase proactive communication and outreach to these communities through informal methods such as community conversations and by partnering with community health workers
3. **Recommendations to improve treatment services:**
    a. Improve mental health service delivery (e.g., connectedness, offer longer sessions)
    b. Increase accessibility of mental health services (e.g., expand telehealth access, reduce waitlists, increase and highlight services that are available regardless of insurance)
    c. Improve suicide screening, documentation, and follow-up care

Next Steps for the Suicide Prevention Oversight Committee (SPOC)

1. SPOC's Communications Workgroup will apply the findings related to messaging to develop and implement a **public awareness stigma reduction campaign** for the Latine/x and Asian communities in the County. Campaign development is underway as of Q1 of FY24, with plans to air the campaign by the end of 2024.
2. SPOC's Interventions Workgroup will develop FY25 goals in response to this report's findings, as well as continue its outreach to collaborate with local organizations serving Latine/x and Asian communities. To further these collaborations, the Interventions Workgroup will issue **mini-grants to Latine/x- and Asian-serving local organizations** identified through outreach efforts, in order to seed projects supporting mental health promotion, stigma reduction, and suicide prevention in FY24. Funding has been identified, and a Request for Proposals document was developed and launched at the fifth annual Suicide Prevention Conference in September 2024. Applications will be accepted and reviewed on a rolling basis from October 2024-March 2025.
3. SPOC will continue to **identify outreach opportunities** to reach the Latine/x and Asian communities. In August and September 2024, SPOC partnered with El Camino Hospital's Chinese Health Initiative to hold a virtual webinar series on accessing behavioral health services in the County.

Next Steps for SPOC, continued

4. SPOC will review its outreach materials and **ensure cultural adaptation and translation of materials** for the Latine/x, Chinese, Korean, and Vietnamese communities. Two mental wellness resources for adults were translated into Spanish, Vietnamese, Chinese, and Korean in the summer of 2024.
5. SPOC will continue creating and disseminating **cultural adaptations of mental health and suicide prevention trainings**. The "Be Sensitive, Be Brave" trainings in mental health and suicide prevention were adapted for the Vietnamese community in FY24, and will be adapted for the Korean community in FY25.
6. SPOC's Data Workgroup will continue to pursue access from the state to **obtain suicide attempt and ideation data**, and conduct the analysis to inform Exploratory Questions #2 and #6 in this report. SPOC will aim to publish an addendum to this report by the end of FY25.

To get involved in SPOC or one of its workgroups, email PreventionServices@hhs.sccgov.org.

Acknowledgments

We would like to thank:

- Members from local Latine/x and Asian-serving organizations who joined and presented information at SPOC interventions workgroup meetings
- All individuals who worked on and contributed to the existing data projects and data sources that were reviewed – both those who led the data collection efforts as well as the community members who provided their thoughts and feedback whether through surveys, focus groups, community meetings, or other means
- Research subgroup members (next slide)
- Suicide prevention Data Workgroup members, and
- County of Santa Clara Suicide Prevention Program Staff

Thank you all for your contributions to this work.

Acknowledgments continued

Research subgroup members:

- **Helmina Bong**, Palo Alto University (PAU) Ph.D Program in Clinical Psychology & PAU Multicultural Suicide Research Center
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Appendix: Methods and Limitations

Research Subgroup Makeup

- Of the subgroup's 13 members, 11 responded to a demographic survey:
  - Ten of the 11 identify as either Latinx/e (5) or Asian (5).
  - Ten of the 11 either live, work, or both live and work, in Santa Clara County.

- Members of the research subgroup hold multiple roles that include: crisis call handler and facilitator, mental health researcher, clinical psychology doctoral student, suicide prevention community outreach specialist, and other roles that support behavioral health in the County.

Sources Reviewed (& Related Exploratory Questions)

Literature reviews and pre-existing reports:

- "Stigma & Help-Seeking in the Asian American and Latine Community: An Overview" literature review, 2024 (Q3, Q3a, Q4, Q5)
- County of Santa Clara Mental Health Services Act Consumer Survey Report, 2023 (Q3a, Q4, Q5)
- "Messaging and Communications about 988 to People at Higher Risk for or Disproportionately Impacted by Suicide" report, The Action Alliance, 2023 (Q3a, Q4, Q5)
- County of Santa Clara 988 public awareness campaign evaluation report and literature review, 2020-21 (Q2, Q3, Q4, Q5)

Current ongoing local research projects:

- "Stanford's Latinx Assessment on Mental Health Care-Seeking" (Q3a, Q4)
- Preliminary qualitative analysis on precipitating and historical factors among the 2016-2019 Latine/x suicide decedent population (Q1)
- Preliminary analysis of suicide notes from the 2016-2019 County suicide decedent population (Q1)
- Preliminary analysis of missed intervention points among the 2016-2019 County suicide decedent population (Q6)

Sources Reviewed (& Related Exploratory Questions)

Additional qualitative data sources:

- Presentation and discussion with Day Worker Center of Mountain View, SPOC Interventions Workgroup Meeting, April 2024 (Q2, Q4, Q5)
- Presentation and discussion with local promotoras in partnership with Stanford's "Latine/x Assessment on Mental Health Care-Seeking," SPOC Interventions Workgroup Meeting, June 2024 (Q3, Q4)

Data Review Process

Data Collection	Data Organization	Findings	Recommendations
Data was collected through data sources listed in the prior two slides.	The data was reviewed and summarized into data points. The data points were then organized under each exploratory question, as relevant.	Under each exploratory question, the major data points were reported as findings.	The findings were reviewed by multiple stakeholders, including the research subgroup, Interventions Workgroup, and at a local suicide prevention conference session. Feedback and recommendations were gathered through this review. The major recommendations were included in this report.

Limitations

- Multiple studies reviewed were current and ongoing research projects (listed on slide 38, "Current ongoing local research projects").
- The Latine/x and Asian populations are comprised of many ethnicities, subpopulations, and cultures. None of the data sources on the Latine/x community disaggregated the data to the level of these subpopulations. Many of the data sources on the Asian community also did not disaggregate their findings to specific Asian ethnicities, although there was an aim to use ethnicity-specific research and information on the Vietnamese, Chinese, and Korean populations as much as possible.