
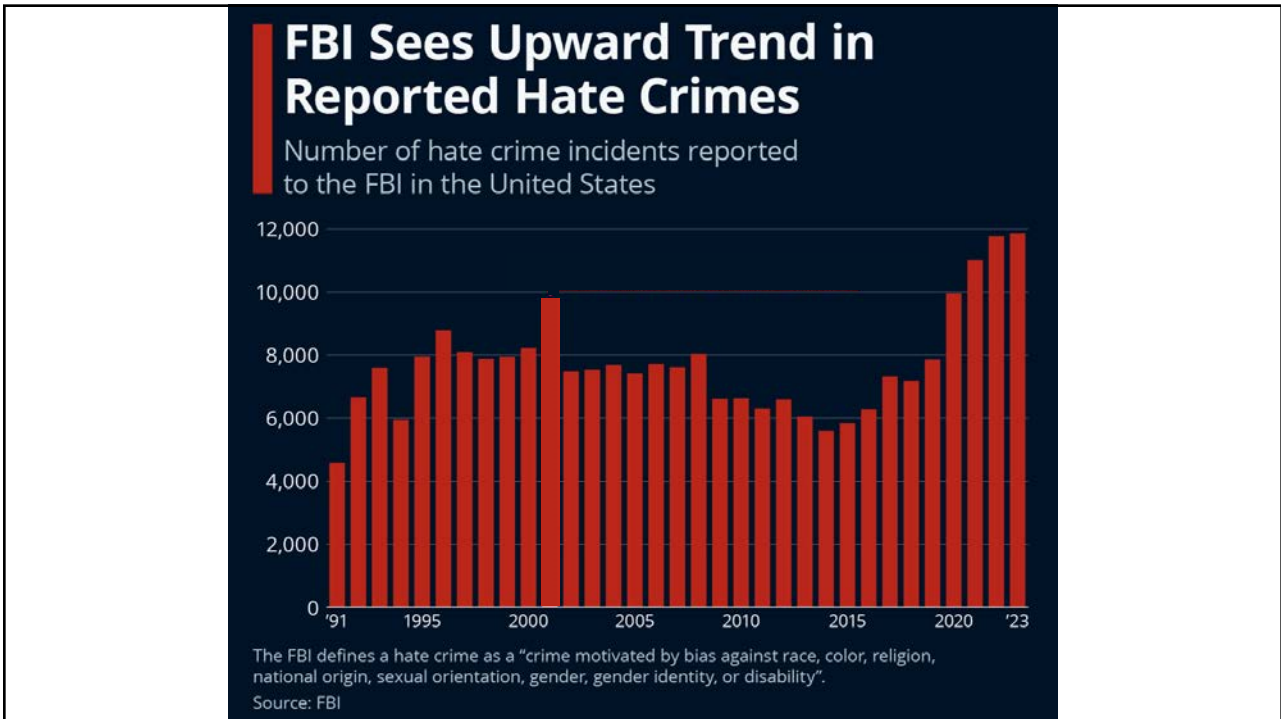


# Guidance for Culturally Infusing Suicide Prevention Efforts to Support Our Diverse Communities

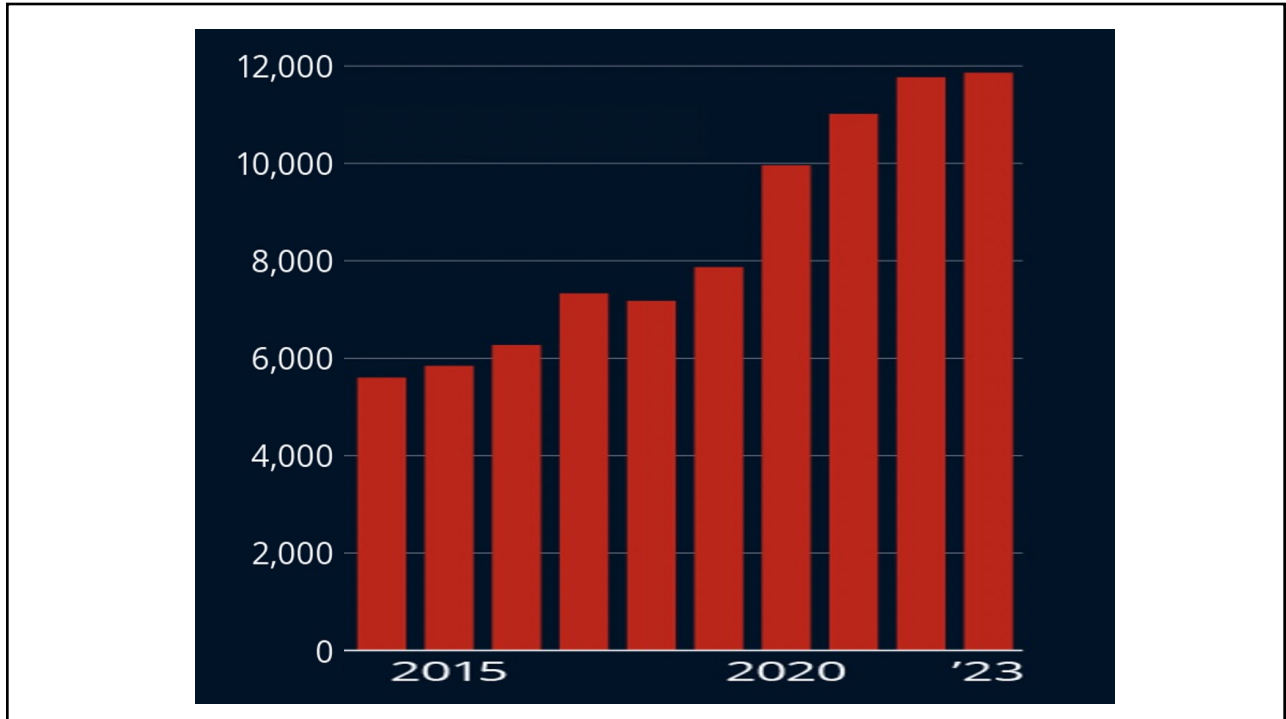
**Joyce Chu, Ph.D.**  
Clinical Psychologist, PSY 23059  
Director, Community Connections  
Psychological Associates (CCPA)  
Professor, Palo Alto University  
[joycepchu@gmail.com](mailto:joycepchu@gmail.com)

 **Community Connections** | Psychological Associates

1



2



3

### CULTURAL GROUPS AT ELEVATED RISK

- Asian American and Latine youth
- Native American Youth
- Veterans and Military
- LGBTQ+
- Older Adult Asian American women

4

## Strategic Direction 4: Health Equity in Suicide Prevention

- **Goal 12:** Embed health equity into all comprehensive suicide prevention activities.
- **Goal 13:** Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on historically marginalized communities, persons with suicide-centered lived experience, and youth.
- **Goal 14:** Create an equitable and diverse suicide prevention workforce that is equipped and supported to address the needs of the communities they serve.
- **Goal 15:** Improve and expand effective suicide prevention programs for populations disproportionately impacted by suicide across the life span through improved data, research, and evaluation.

National Strategy for  
Suicide Prevention

2024

U.S. Department of Health and Human Services (HHS), National Strategy for Suicide Prevention. Washington, DC: HHS, April 2024.

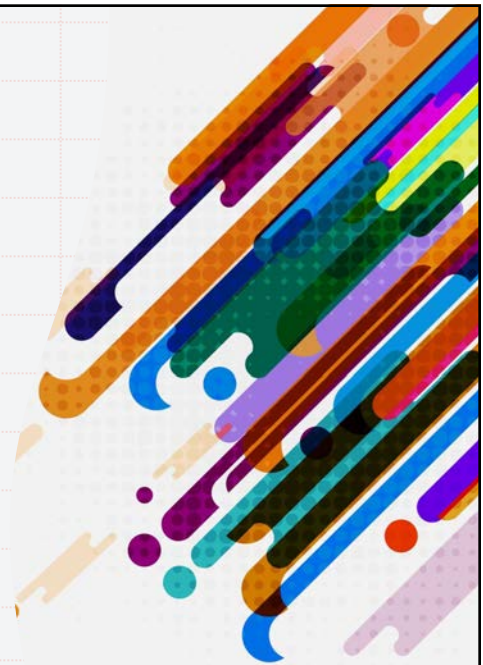
5

# Call to Action...

or...

# NON-Action

**Changing and Infusing  
Culture, Diversity, & Equity  
Into Suicide Prevention**



7

**Political considerations**

**Local vs. federal funding environments**

**Visibility**

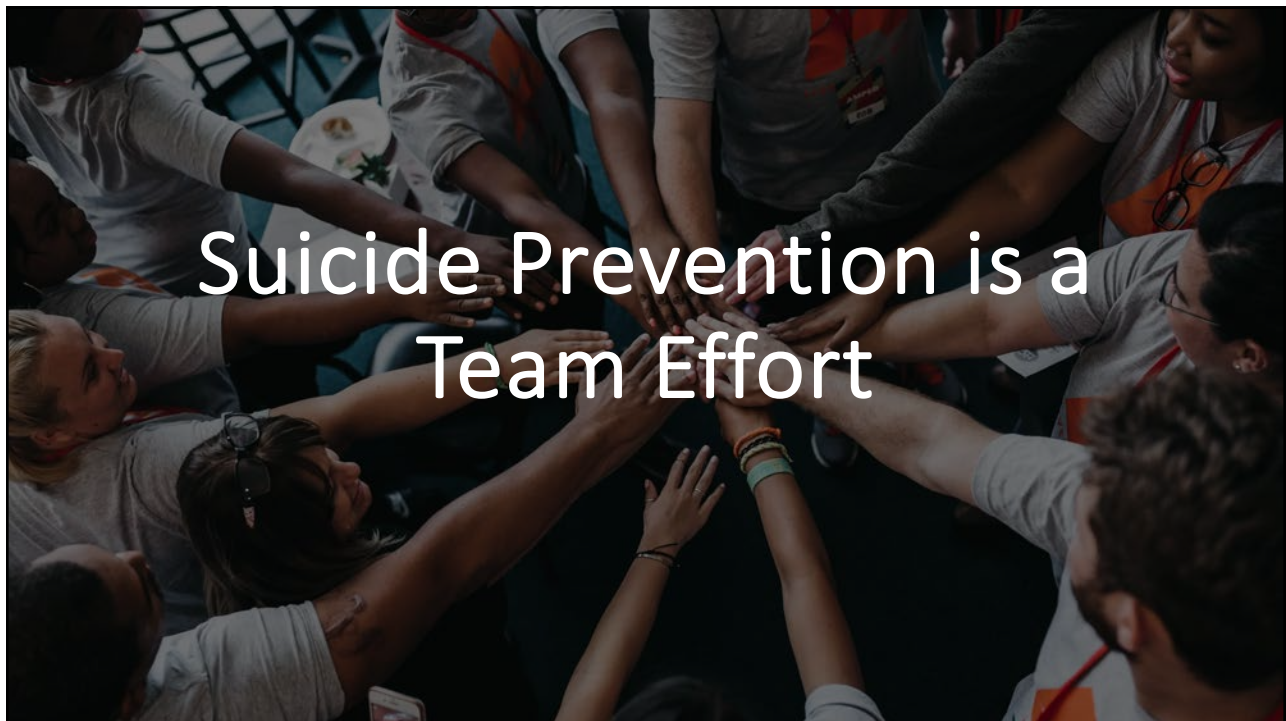
**Freedom to use certain language**

**Community Needs**

 **Community Connections** | Psychological Associates

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# Call to Action

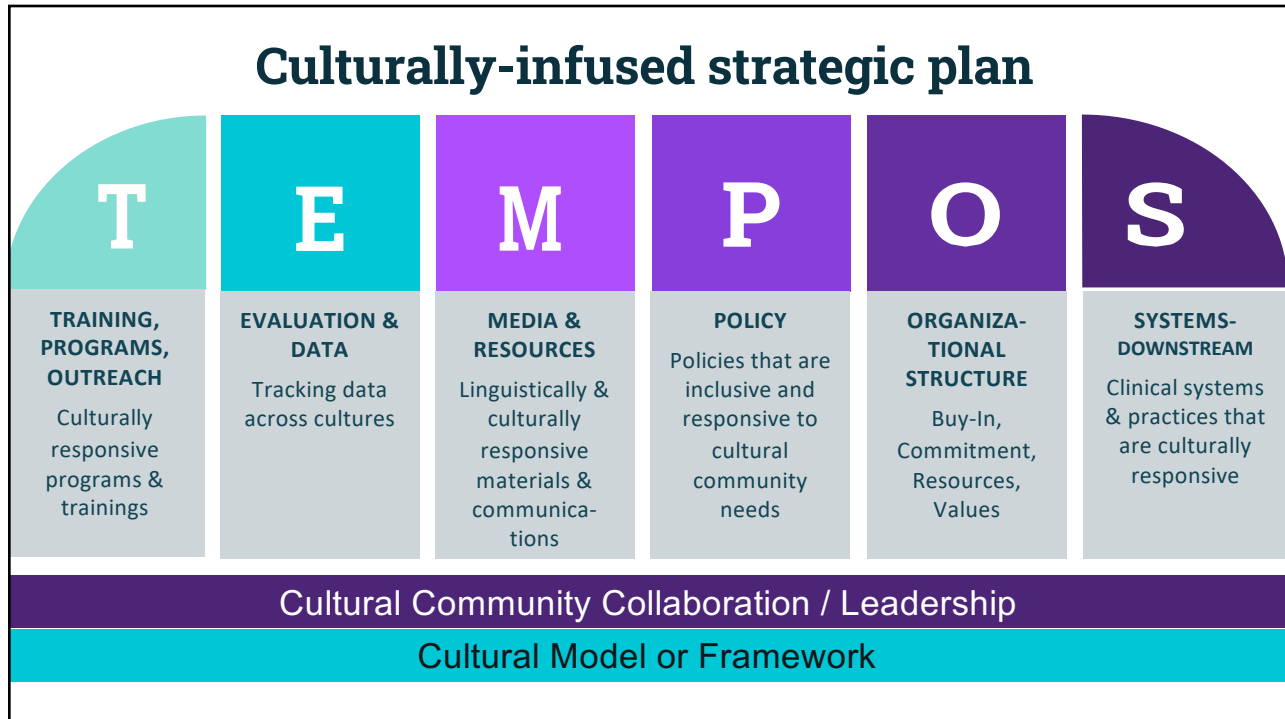
Changing and Infusing Culture Into Suicide Prevention



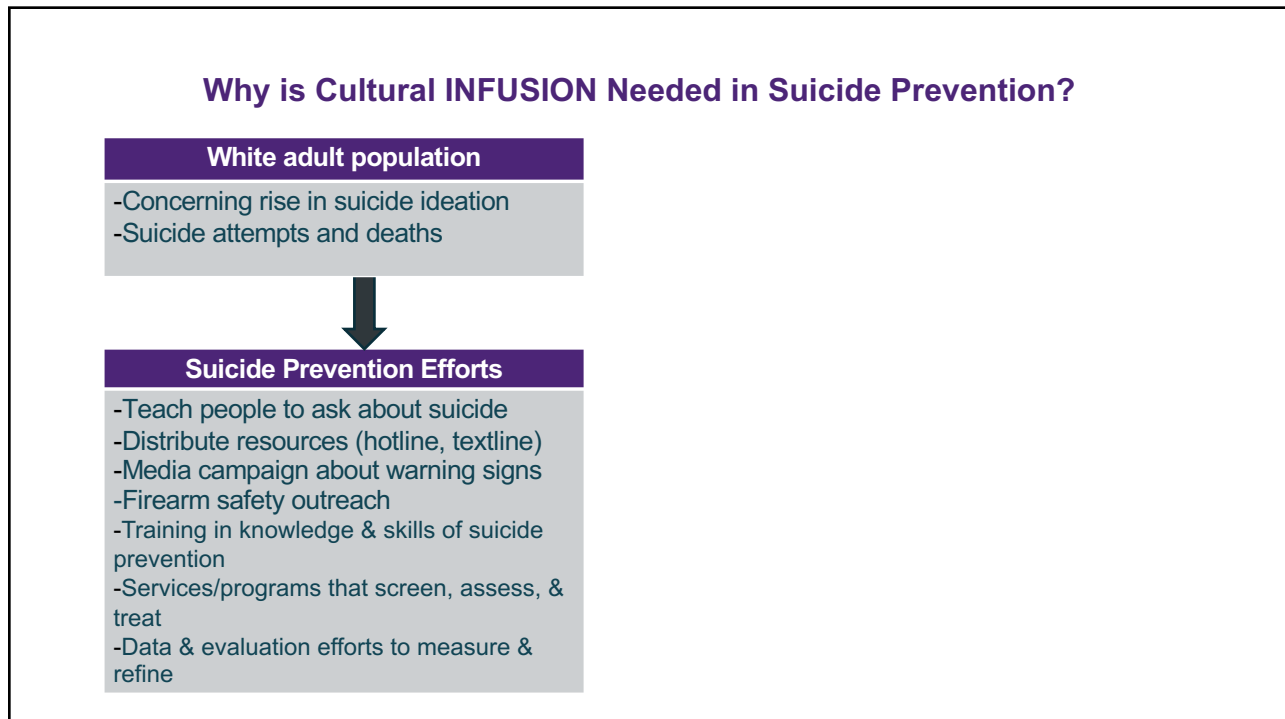
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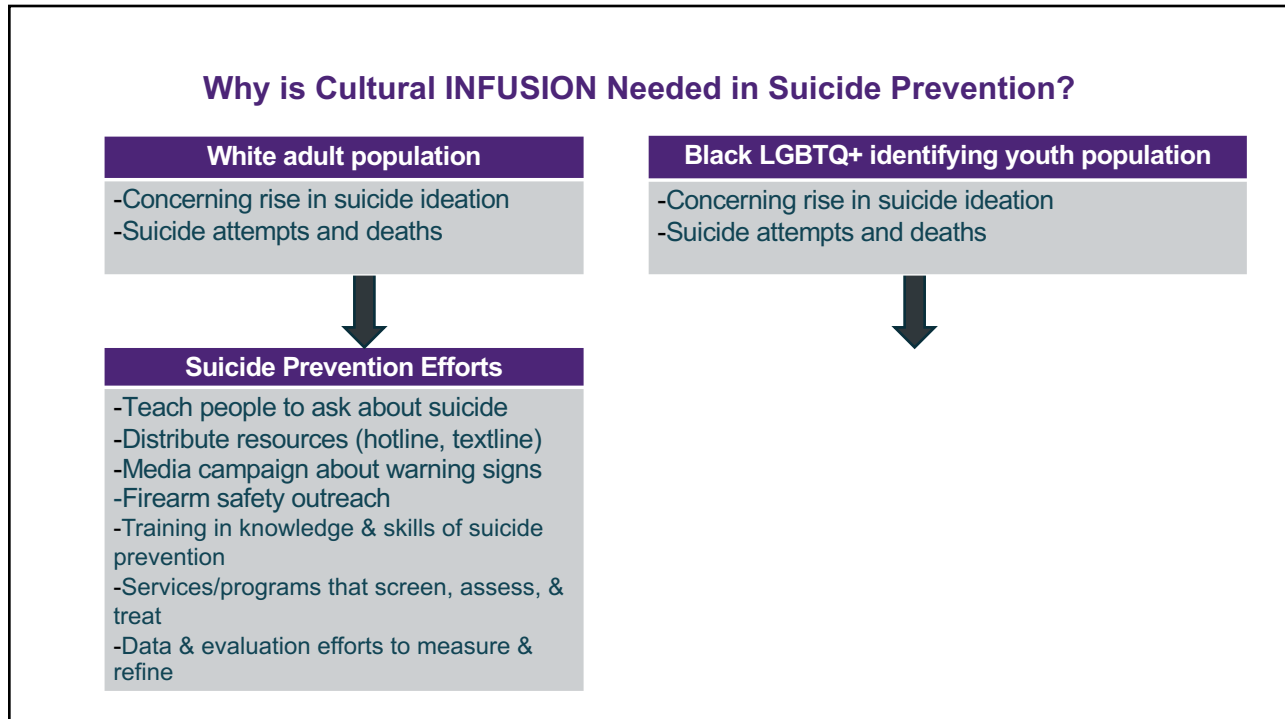
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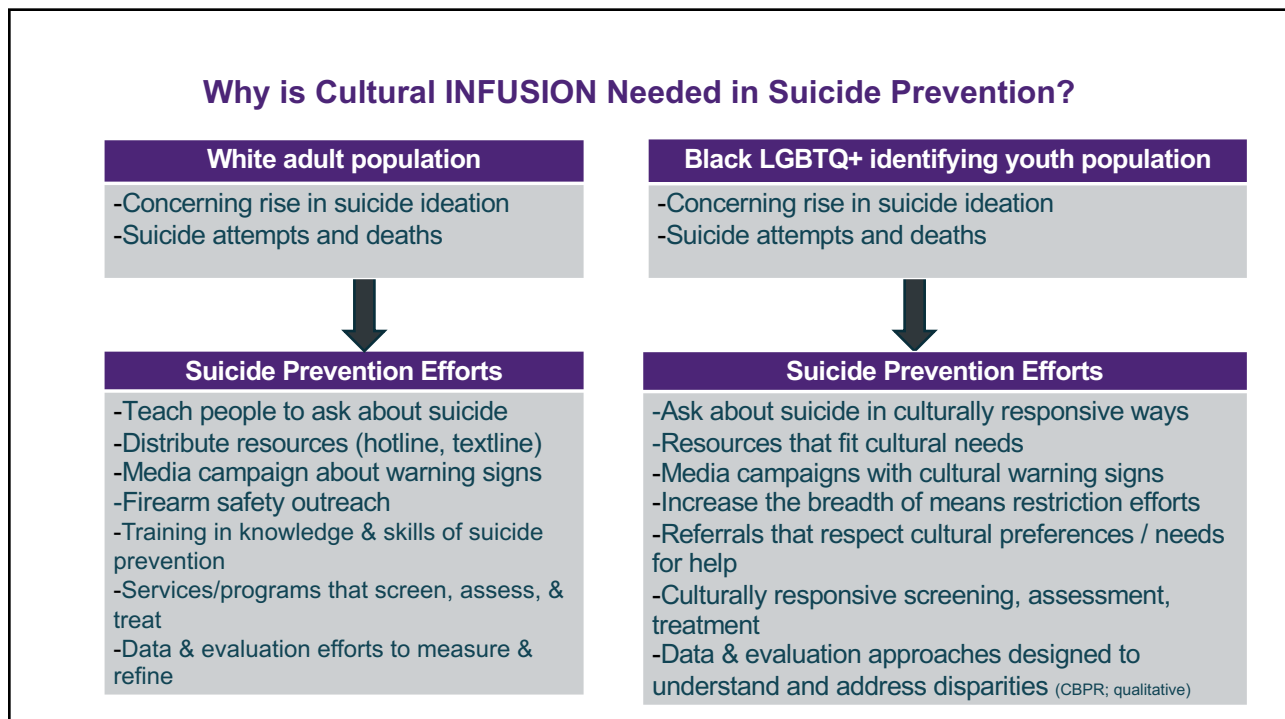
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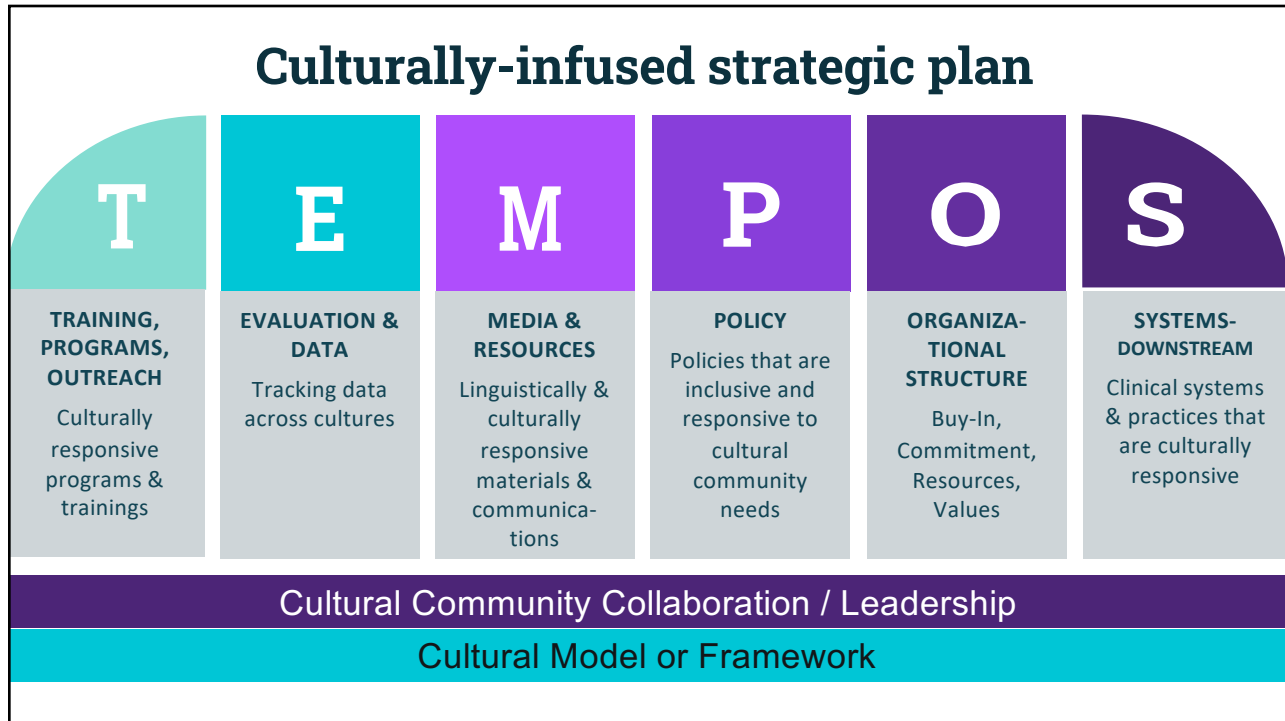
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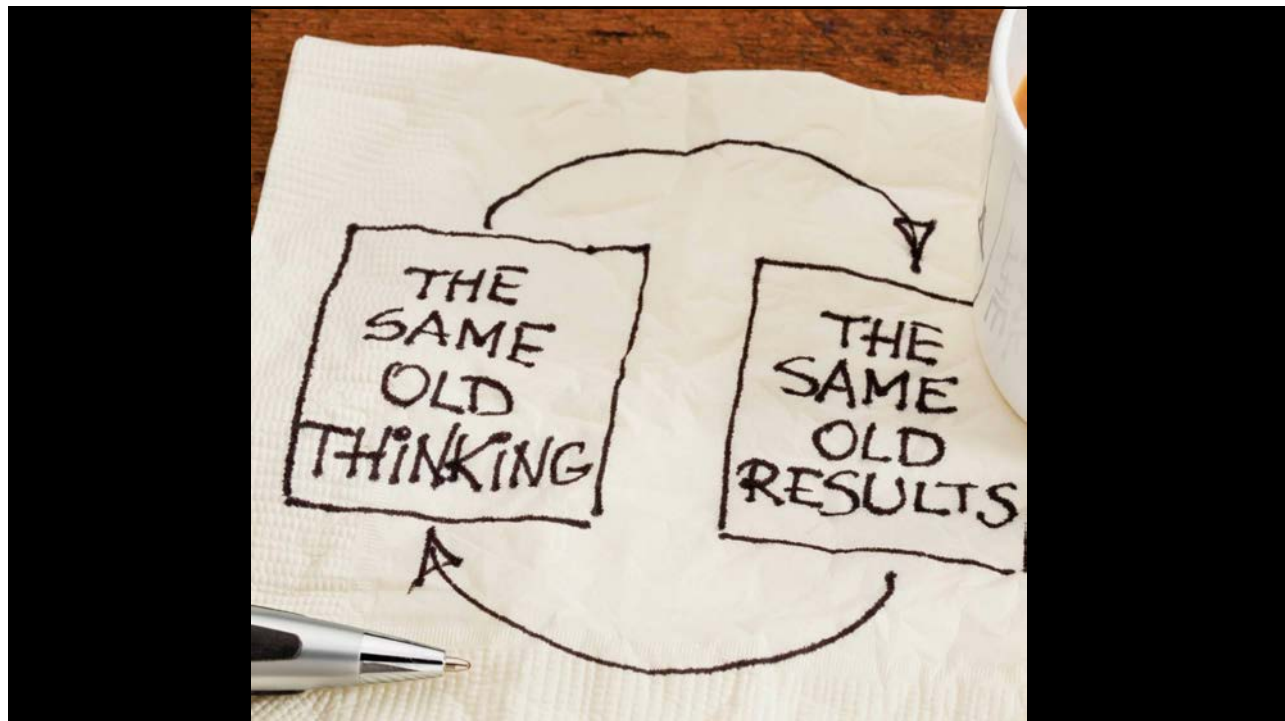
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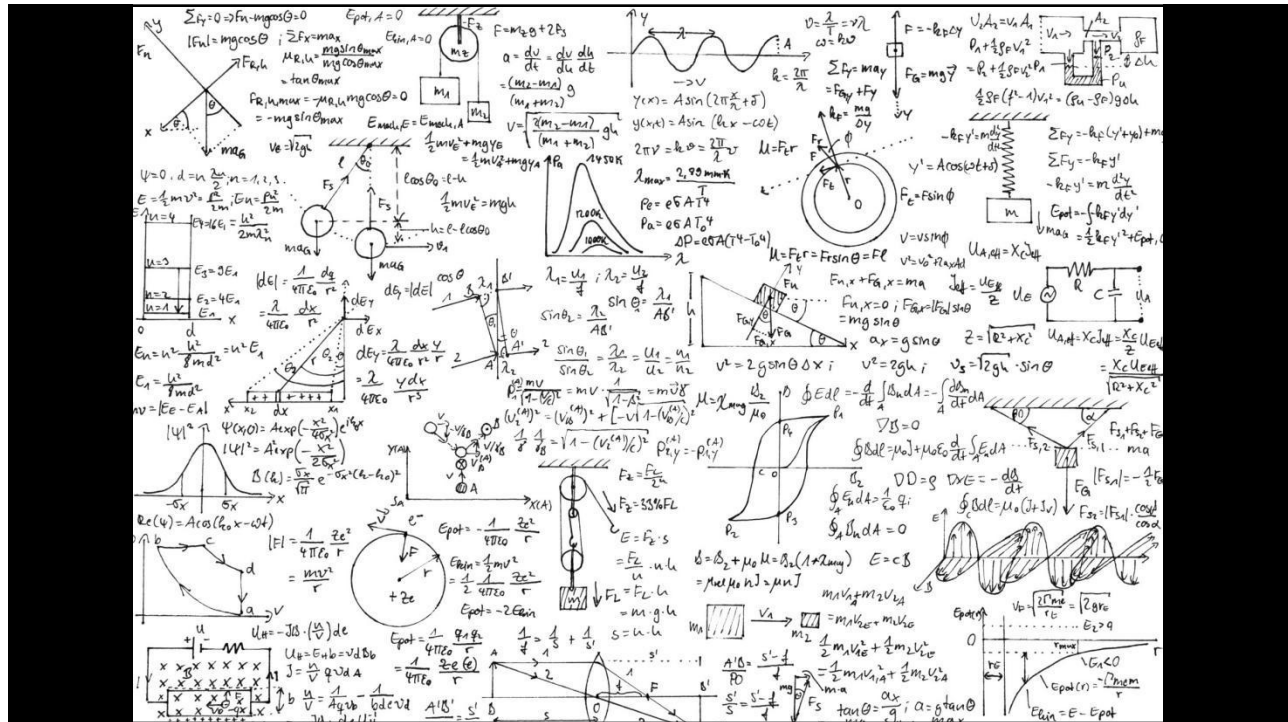


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# SUICIDE PREVENTION: A CRITIQUE

- Warning signs and materials - same
  - Questions asking about suicide – same
  - Outreach, interventions, data approaches – same
- Little recognition of cultural variation, context, or approaches need for diverse communities*

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Minority Stress

Idioms of Distress

Social Discord

Cultural Sanctions

## CULTURAL FACTORS

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

Chu, Goldblum, Floyd, & Bongar (2010)

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## The Cultural Theory and Model of Suicide

4 key concepts

#1. Account for Different Signs of Suicide  
*Cultural Idioms of Distress*

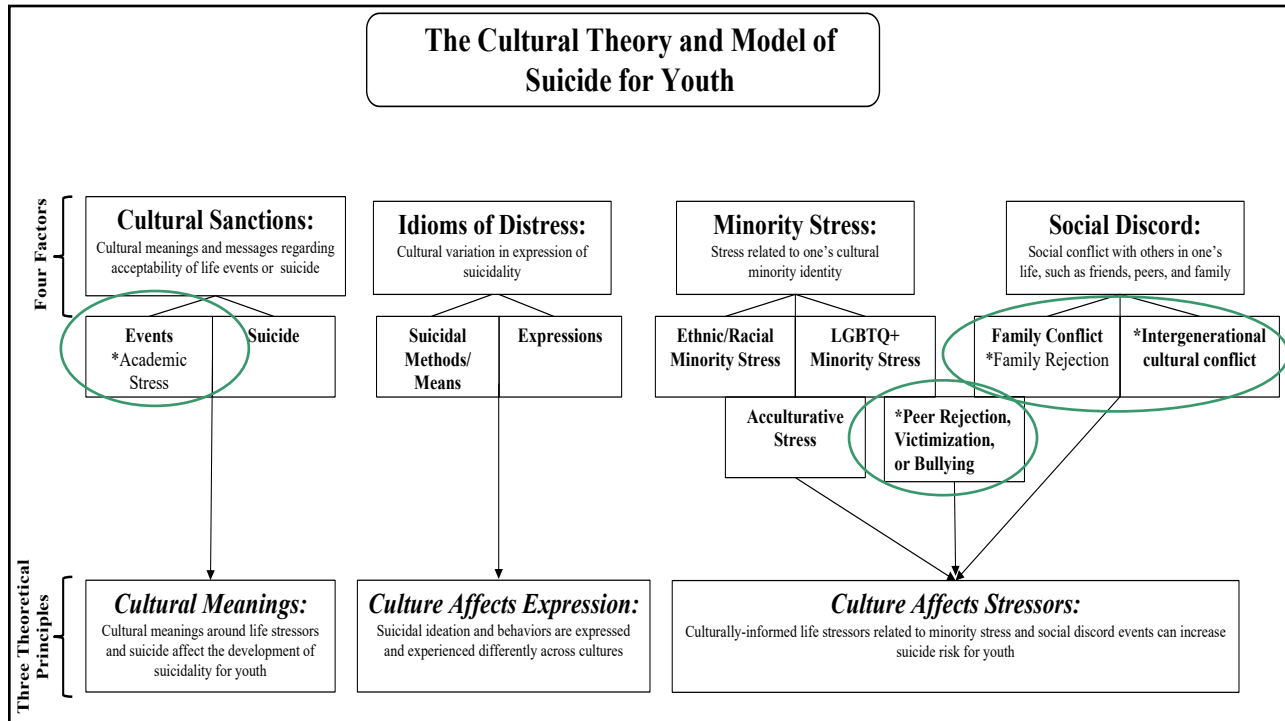
#2. Suicide May Be Precipitated By Different Stressors  
*Minority Stress, Social Discord*

#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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**→ GOAL 13:**  
**Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on historically marginalized communities, persons with suicide-centered lived experience, and youth.**

**Focus on Special Populations**

Preventing suicide requires focusing on populations disproportionately affected or where suicide rates are increasing. Effective prevention efforts require considering unique strengths, challenges, barriers, and resources. The Cultural Theory and Model of Suicide includes three considerations for understanding how culture impacts suicide, as follows:

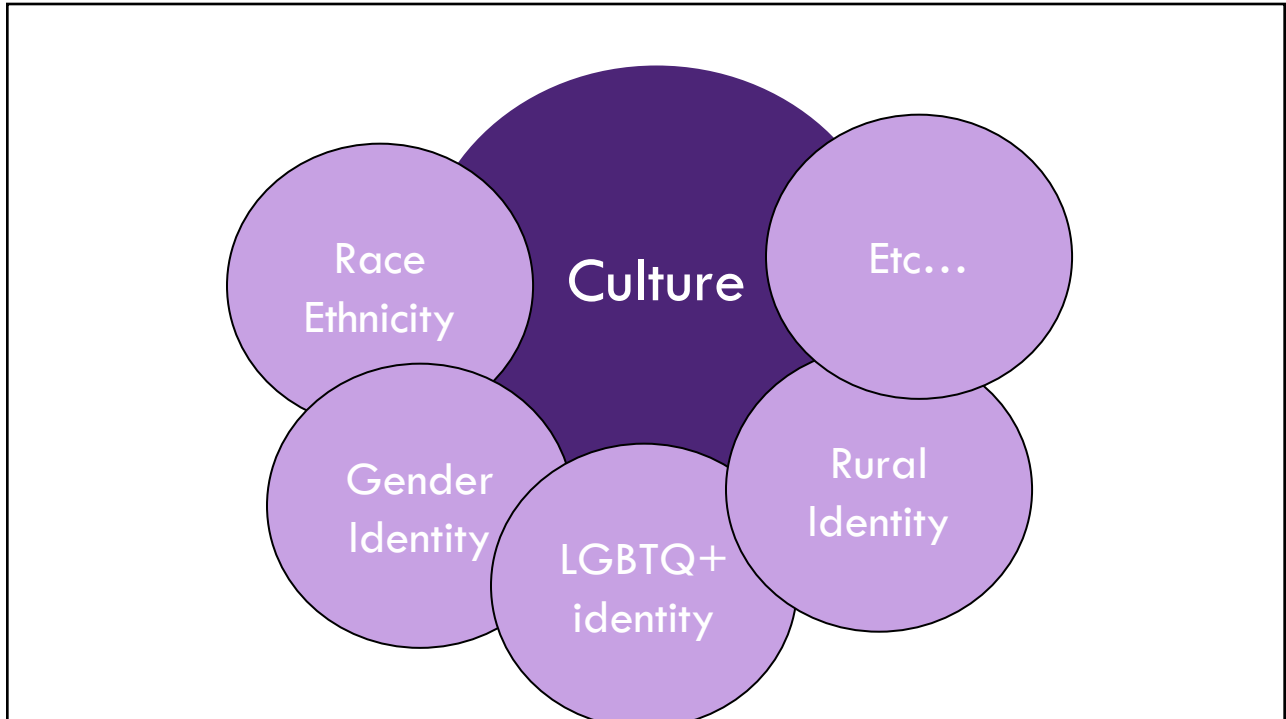
- Culture affects the types of stressors associated with suicide
- Cultural meanings associated with stressors and suicide affect the development of suicidal thoughts, one's threshold of tolerance for psychological pain, and subsequent suicidal acts
- Culture affects how suicidal thoughts, intent, plans, and attempts are expressed (Chu et al., 2010)

The model was developed by analyzing suicide research among African American, Asian American, American Indian and Alaska Natives, and LGBTQ+ adults, but culture expands beyond race and ethnicity, sexual orientation, and gender identity. Other groups may also fit the model based on the above characteristics, including people with disabilities (Marlow et al., 2021), rural populations, and Veterans, among others. Collaborating with people who are part of these groups can help address suicide risk factors, develop focused interventions, improve risk assessment tools, and improve communication regarding suicide prevention activities.


National Strategy for Suicide Prevention

2024

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**#1. ACCOUNT FOR DIFFERENT  
SIGNS OF SUICIDE**  
*Idioms of Distress*

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## CULTURAL IDIOMS OF DISTRESS

### *Definition:*

- The way suicide symptoms (or methods) are expressed
- One's likelihood to express suicidality

Hidden Suicidal Ideation (HSI) (Morrison & Downey, 2000)

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## SCREENING FROM A CULTURAL LENS

### 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?

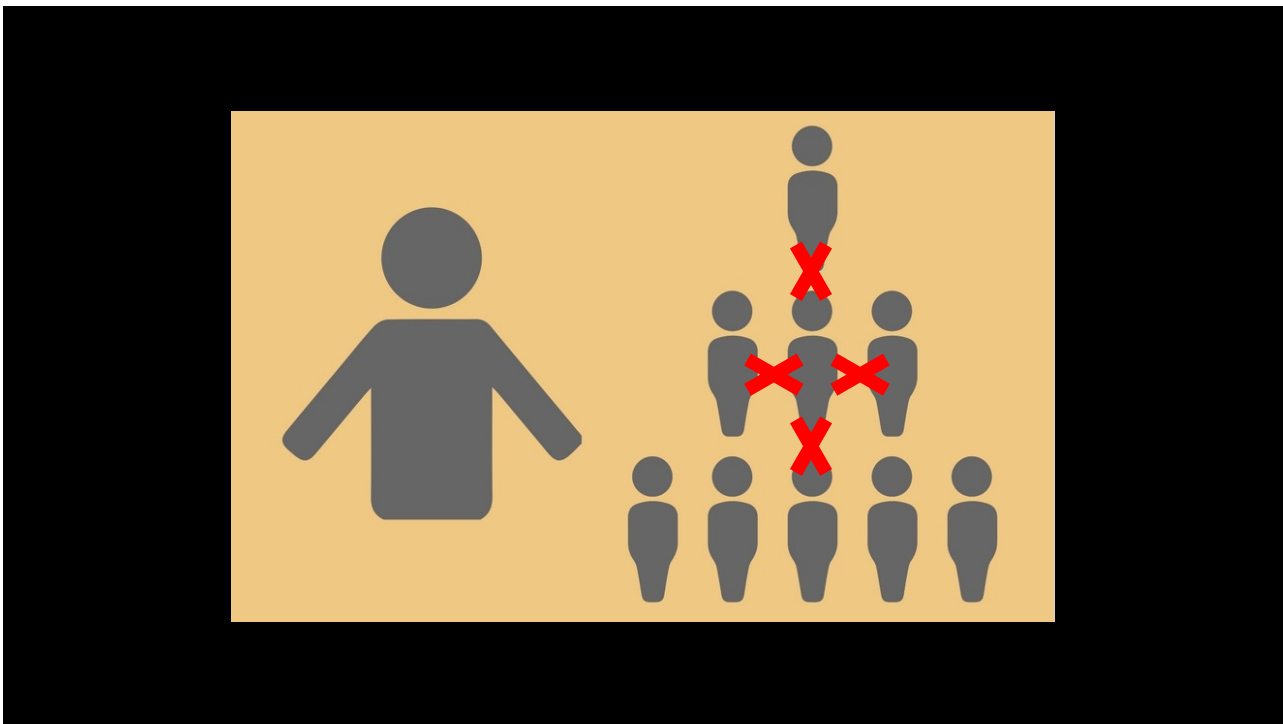
*Saggi, Serrano, Ng, & Chu, 2023*

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**#2. SUICIDE MAY BE PRECIPITATED  
BY DIFFERENT STRESSORS**  
*Social Discord*  
*Minority Stress*

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## MINORITY STRESS

### External

- **Negative life events, Discrimination, “-isms,” Outness**  
(concealment vs. disclosure)
- **Acculturative Stress**

### Internal

- **Internalized stigma or bias** (negative beliefs and stereotypes re: racism, homophobia, transphobia; expectations of rejection and discrimination)

(Meyer, 2003)

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## Suicide Warning Signs - Cultural Variations (Minority Stress, Social Discord)

Thoughts	Physical	Verbal
<ul style="list-style-type: none"> <li>Thinking life is not worth living, thinking about hurting yourself, or having suicidal thoughts</li> <li>Thinking others are better off without you.</li> <li>Thinking you are a failure</li> <li>Believing that no one understands you</li> </ul>	<ul style="list-style-type: none"> <li>Trouble coping with health changes</li> <li>Unbearable chronic pain</li> </ul>	<ul style="list-style-type: none"> <li>"I just want out."</li> <li>"I won't be around much longer."</li> <li>"I'm a burden to other people."</li> <li>I want to go to sleep &amp; never wake up again</li> </ul>
Feelings	Behavioral	Situational
<ul style="list-style-type: none"> <li>Feeling hopeless, desperate, or trapped.</li> <li>Feeling abandoned or betrayed.</li> <li>Feeling no sense of purpose.</li> <li>Sudden mood changes.</li> <li>Feeling ashamed of who you are.</li> <li>Feeling unbearable emotional pain.</li> </ul>	<ul style="list-style-type: none"> <li>Giving away prized possessions.</li> <li>Doing reckless things that put you in danger.</li> <li>Putting affairs in order.</li> <li>Increased drug, alcohol use or other ways to numb pain.</li> <li>Withdrawing and spending most of your time alone.</li> <li>Not caring for personal hygiene or health needs.</li> </ul>	<ul style="list-style-type: none"> <li>Conflict with or rejection from your family, support system, or community.</li> <li>Exposure to trauma, such as abuse or bullying.</li> <li>Financial stress.</li> <li>Chronic or terminal illness.</li> <li>Death or suicide of a loved one.</li> <li>Discrimination or being treated unfairly because of who you are.</li> <li>Not having others who understand you.</li> <li>Failure to meet expectations.</li> <li>Trouble adjusting to a new culture.</li> </ul>

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### **#3. LOOK FOR THE CULTURAL MEANINGS OF THINGS**

*Cultural Sanctions*

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**#3. LOOK FOR THE CULTURAL MEANINGS OF THINGS**

*Cultural Sanctions*

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**#4. ARE THERE HELP RESOURCES FOR US?**

*Cultural Preferences For Help Resources/Referrals Access*

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## The Cultural Theory and 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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### → GOAL 15:

**Improve and expand effective suicide prevention programs for populations disproportionately impacted by suicide across the life span through improved data, research, and evaluation.**

#### **Improve Data, Research, and Evaluation**

- The Cultural Assessment of Risk for Suicide (CARS) created a screening assessment tool that addresses cultural variations in the presentation of suicide risk. CARS was informed by the Cultural Theory and Model of Suicide (described in Goal 13). This model characterizes the many cultural variations in suicide risk among ethnic and sexual minority groups. The tool was tested with 950 adults from the general population. Minority participants reported experiencing the cultural risk factors identified in the tool to a greater extent than non-minority participants. Results also showed reliability in identifying cultural suicide risk factors not available in other assessment tools. Ultimately, CARS can help behavioral health providers measure cross-cultural variations in suicide-related distress, meaning, risk and protective factors, intention, and plans. To learn more about CARS, visit [https://www.researchgate.net/publication/235378188\\_A\\_Tool\\_for\\_the\\_Culturally\\_Compentent\\_Assessment\\_of\\_Suicide\\_The\\_Cultural\\_Assessment\\_of\\_Risk\\_for\\_Suicide\\_CARS\\_Measure](https://www.researchgate.net/publication/235378188_A_Tool_for_the_Culturally_Compentent_Assessment_of_Suicide_The_Cultural_Assessment_of_Risk_for_Suicide_CARS_Measure).

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Psychological Assessment © 2013 American Psychological Association  
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  
Medicine

**CARS Manual download available at the Culture & Suicide Prevention Institute ([www.CSP.Institute](http://www.CSP.Institute))**

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

The Culture & Suicide Prevention Institute (CSP)

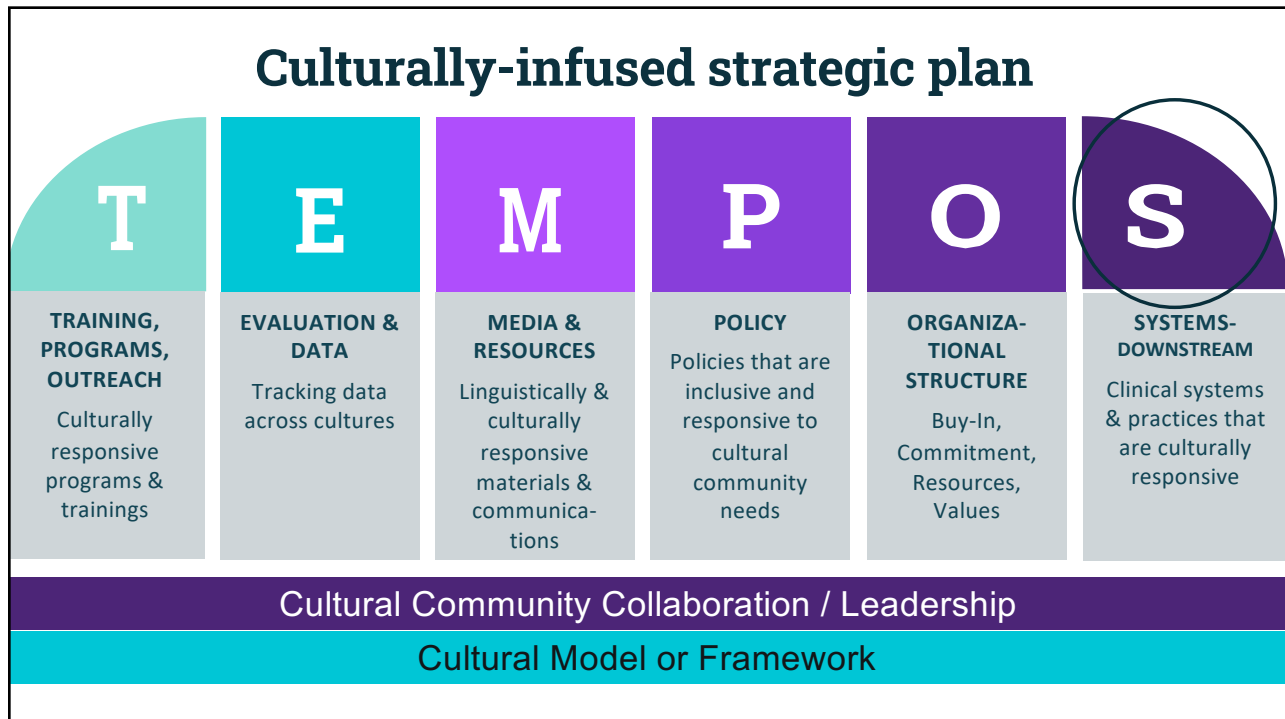
We can unite to prevent suicide for all.

**The CARS Measure**  
(Cultural Assessment of Risk for Suicide)


**About the CARS Measure**

The CARS measure is a psychometrically valid instrument that assesses for the 8 theoretical constructs of the Cultural Theory and Model of Suicide. It can be used as a clinical tool to assess for the four major ways in which culture influences suicide risk across multiple cultural identities. It is available in a 10-item and 16-item version.

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Psychological  
Associates

Culture & Suicide Prevention  
Institute (CSP) Training ▾

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Consultation    Program  
Evaluation    About    Contact



# SP201

## Suicide Prevention Training for Clinicians

(Youth & Adults)

The leading culturally-infused suicide  
prevention clinician training

HOME | TRAINING | SP201

### About SP201

(Suicide Prevention 201)

Suicide Prevention 201 (SP201): Advancing Suicide Prevention & Management for Diverse Clients is a diversity- and culturally-infused workshop for clinicians, crisis response providers, school counselors, and other providers. It teaches core suicide prevention and management from beginning to end (screening, comprehensive assessment, crisis response and safety

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Risk Level determination process  
For the Columbia Protocol, risk is determined by the category of the most concerning item that is endorsed. In this case, the highest category item endorsed was:

*[Author: choose 1 of the following]*

1. “wished you were dead”, which is in the yellow tier indicating low risk.
2. “thoughts about killing yourself”, which is in the yellow tier, indicating low risk with a need for behavioral health referral.”
3. “how you might do this”, which is in the orange tier, indicating moderate risk with a need for immediate behavioral health referral.”

.

.

.

As the clinician, I agreed with this determination of [*LOW, LOW TO MODERATE, MODERATE, MODERATE TO HIGH, HIGH, IMMINENT*] risk.

Other Cultural Idioms of Suicidal Distress  
*[insert other expressions / symptoms – (e.g., headaches, fatigue, shame, emotions, behaviors, physical, etc.) – that may represent the diverse ways that suicidal ideation/intent/plan/means is showing up]*

**Comprehensive Suicide Assessment**  
The individual listed above was assessed for risk of danger to self by the assessing clinician using a

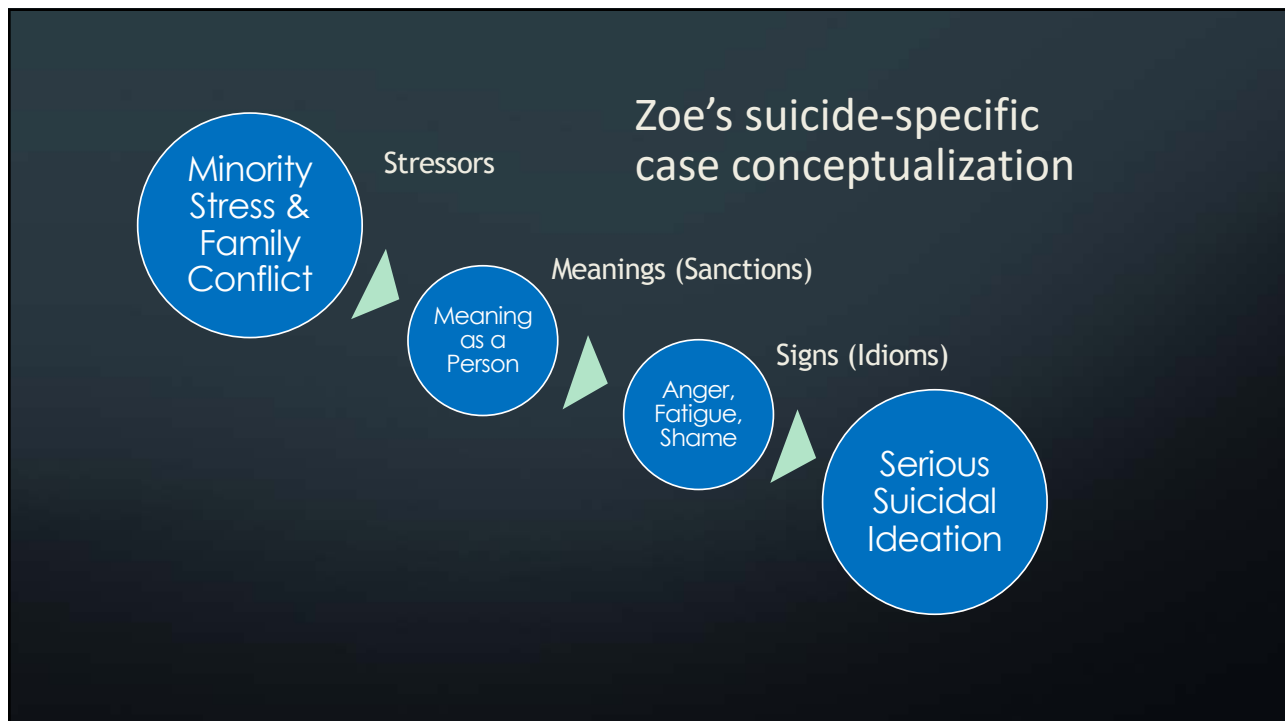
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**SAFETY PLAN**  
*(Borges et al., 2010; Bryan et al., 2017; Stanley & Brown, 2009; Miller et al., 2017)*

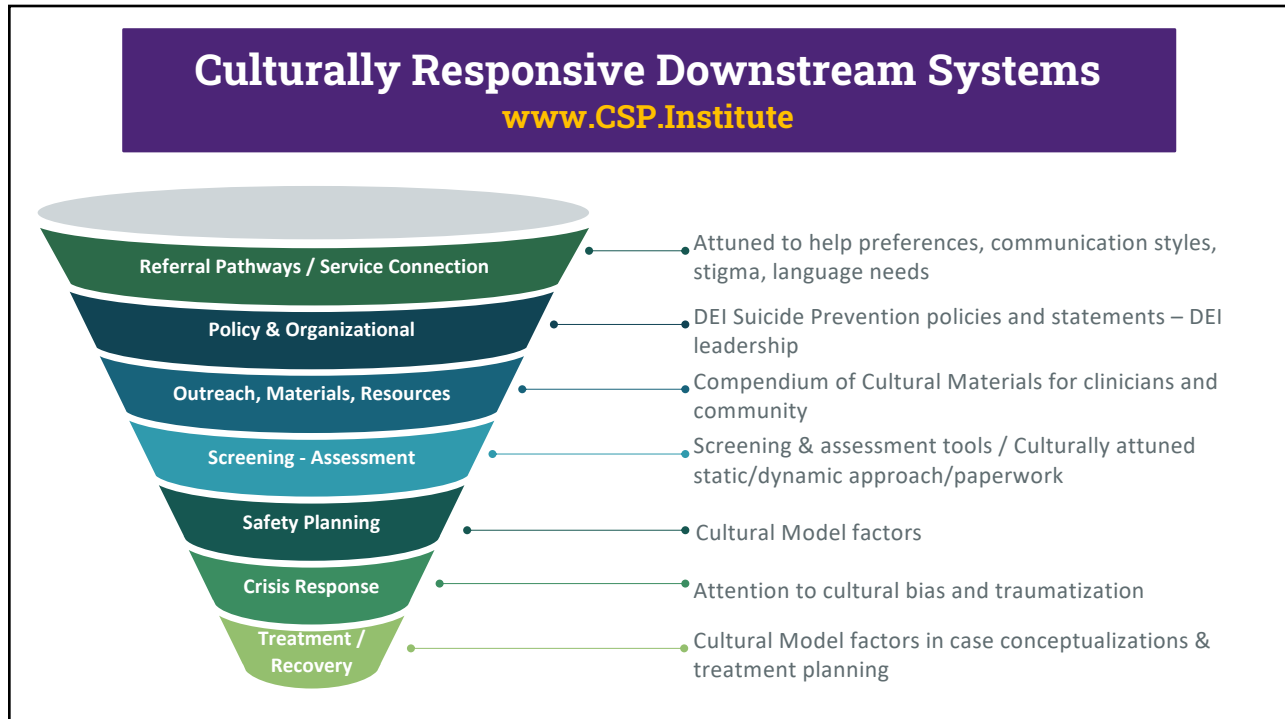
<b>Warning Signs</b> <small>(Minority Stress, Idioms of Distress, Social Discord, Cultural Sanctions)</small>	<b>Coping Strategies</b> <small>(Idioms of Distress – Culturally congruent ways of expressing &amp; coping)</small>
<b>Social Contacts &amp; Settings That Provide Distraction</b> <small>(Idioms of Distress, Culturally responsive sources of help)</small>	<b>People I Can Ask For Help</b> <small>(Idioms of Distress, Culturally responsive sources of help)</small>
<b>Professionals I Can Contact During a Crisis</b> <small>(Culturally responsive sources of help)</small>	<b>Making the Environment Safe</b> <small>(including Reducing Access to Lethal Means)</small> <small>(Idioms of Distress-culturally preferred suicide means)</small>
<b>Reasons for Living</b> <small>(Cultural Sanctions-Cultural meaning of life events, etc.)</small>	

*Note: Noted in red are potential categories of culture & diversity factors (e.g., from the Cultural Theory and Model of Suicide or others) that may affect the relevant safety plan components. The lists provided may not be exhaustive or all-inclusive.*

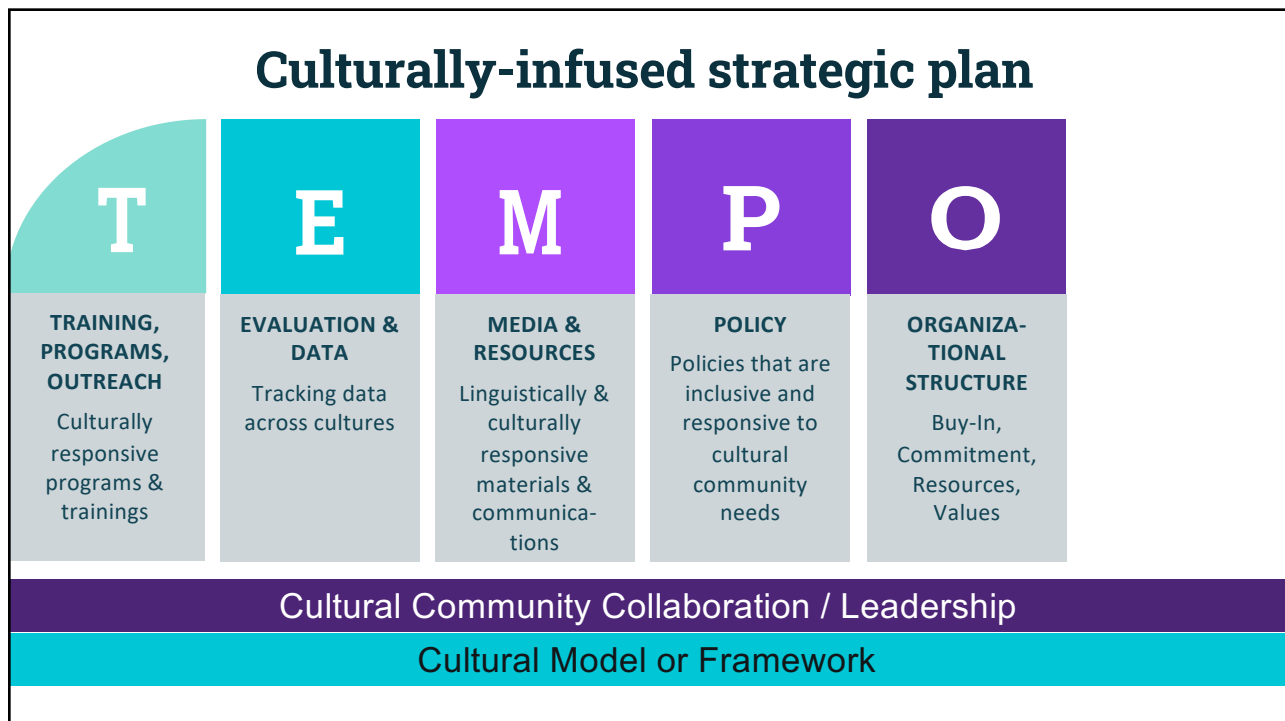
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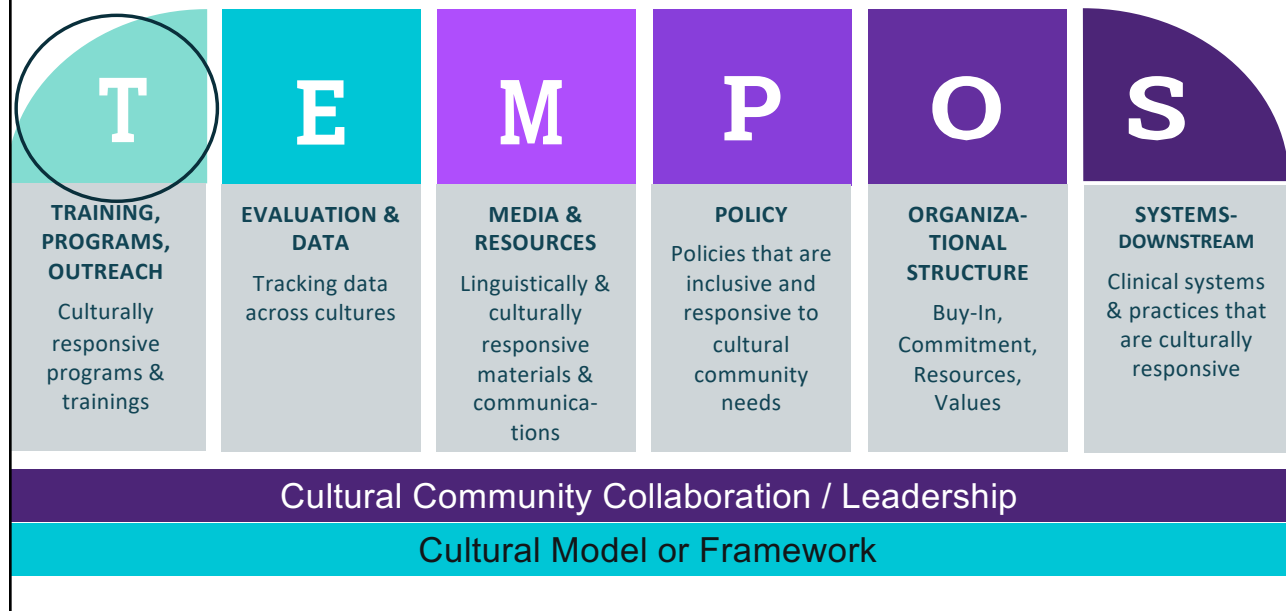
# Oregon Suicide Prevention Framework (2020)



52

52

## Culturally-infused strategic plan



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Review > Health Promot Pract. 2024 Mar 5:15248399241234064.  
 doi: 10.1177/15248399241234064. Online ahead of print.

## The Culturally Infused Curricular Framework (CICF) for Suicide Prevention Trainings

Lorna Chiu <sup>1</sup>, Gabriel H Corpus <sup>1</sup>, Mego Lien <sup>2</sup>, Joyce P Chu <sup>1</sup>

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**Culturally-Infused Suicide Prevention Trainings**

**Effective suicide prevention training requires:**  
 ...infusion of culture & diversity across the suicide crisis continuum  
 ...involvement of all stakeholders from community members to clinicians

**Culturally -infused training**

**Be Sensitive, Be Brave**  
 Culturally-Infused Community Trainings

**SP201**  
 Advancing Suicide Prevention & Management for Diverse Clients

**For stakeholders across the suicide crisis continuum**

**Community members, Family, Friends**

**Non-clinical, staff, Teachers, Peer specialists**

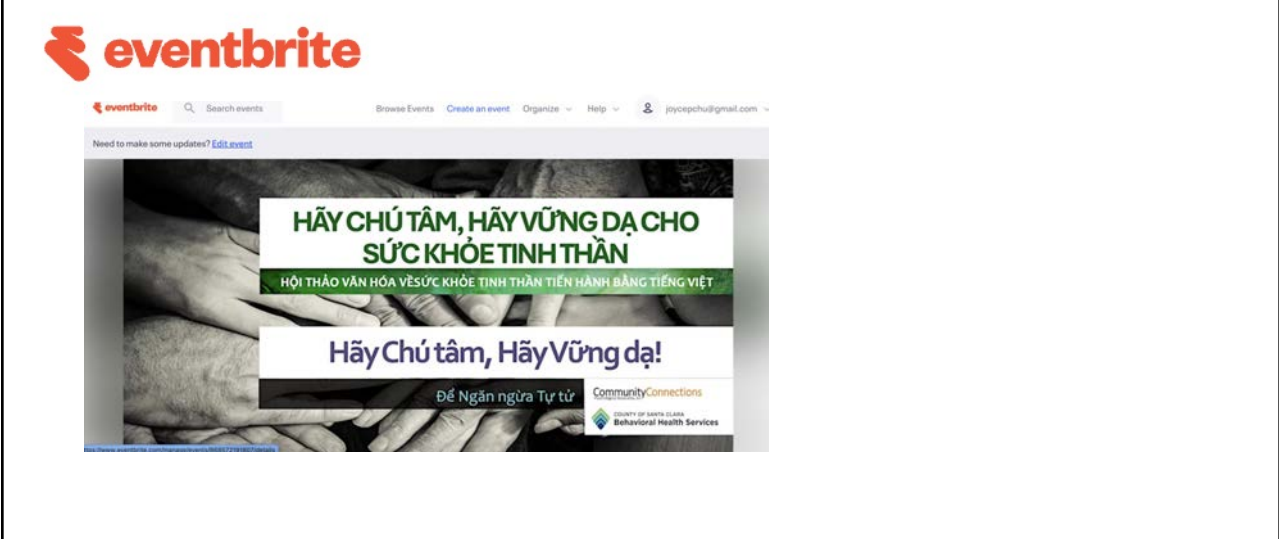
**Clinicians, Counselors, Health & Behavioral Health Providers**

Community Psychological Associates

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## Vietnamese | Peripheral: Delivery: Engagement

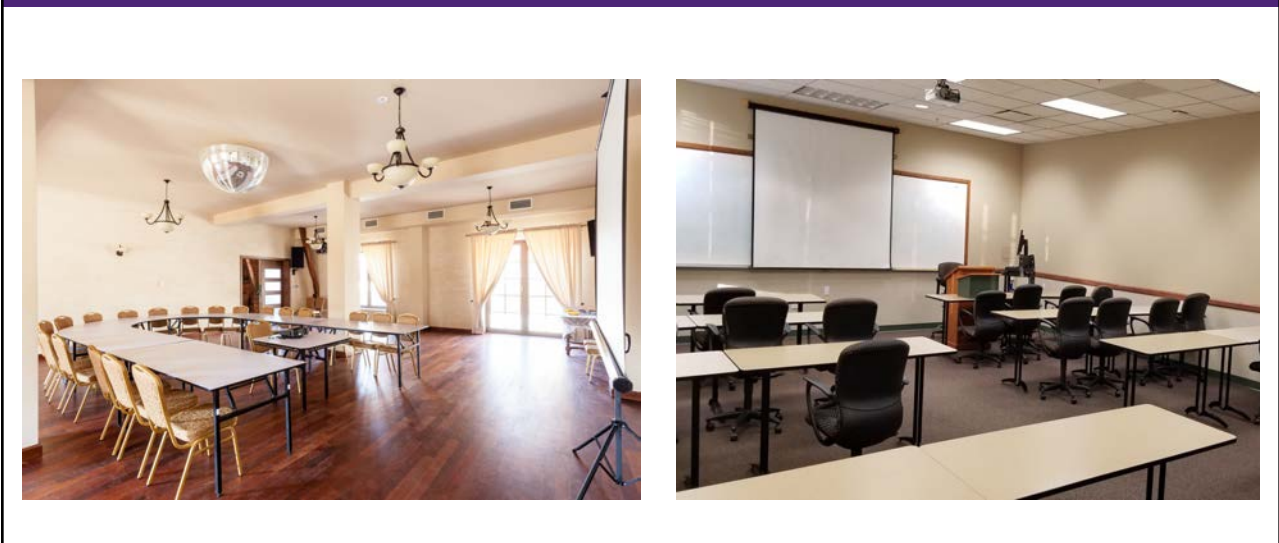
### The Way We Recruit / Do Registration



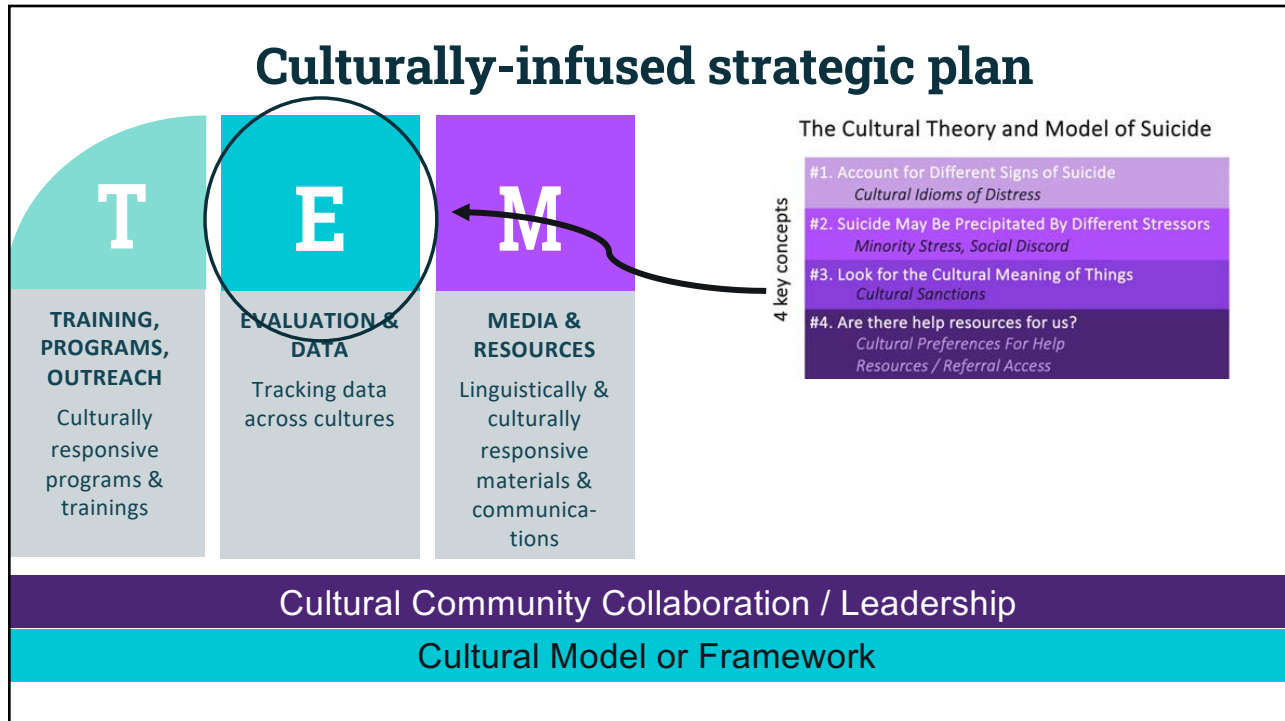
57

## Tongan & Vietnamese | Peripheral: Delivery: Person / Place & Trainer/Trainee Relationship Orientation

### How We Come Together as a Community: Room Setup



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## How can research and data create harm, or create disparities?

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## Why Data Collection & Analysis is Different Across Cultures

- Data methodologies not made for cultural minoritized individuals

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**How can data / evaluation heal, and empower?**

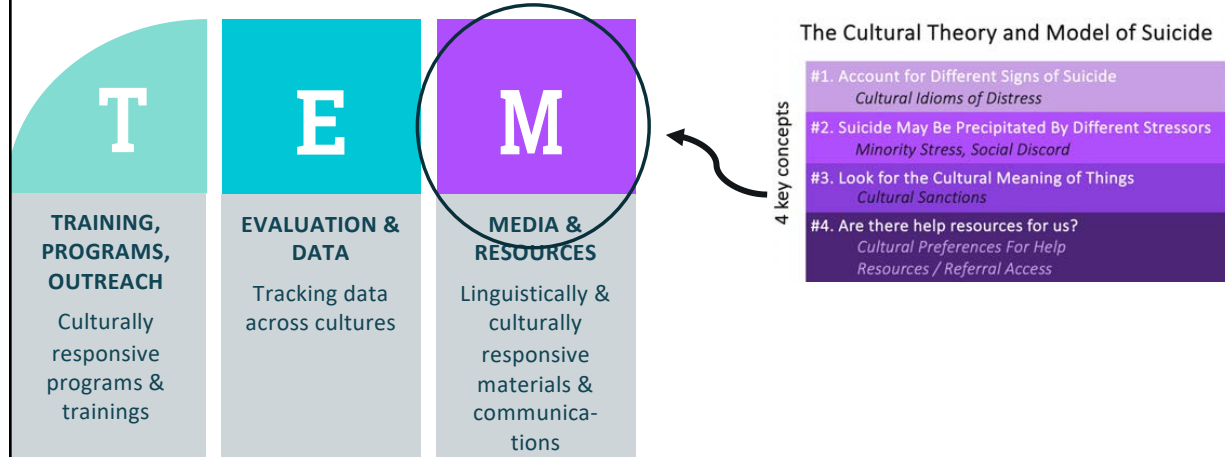
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## Different Approaches to Data & Evaluation Needed

- Community Based Participatory Research
- Qualitative Methods

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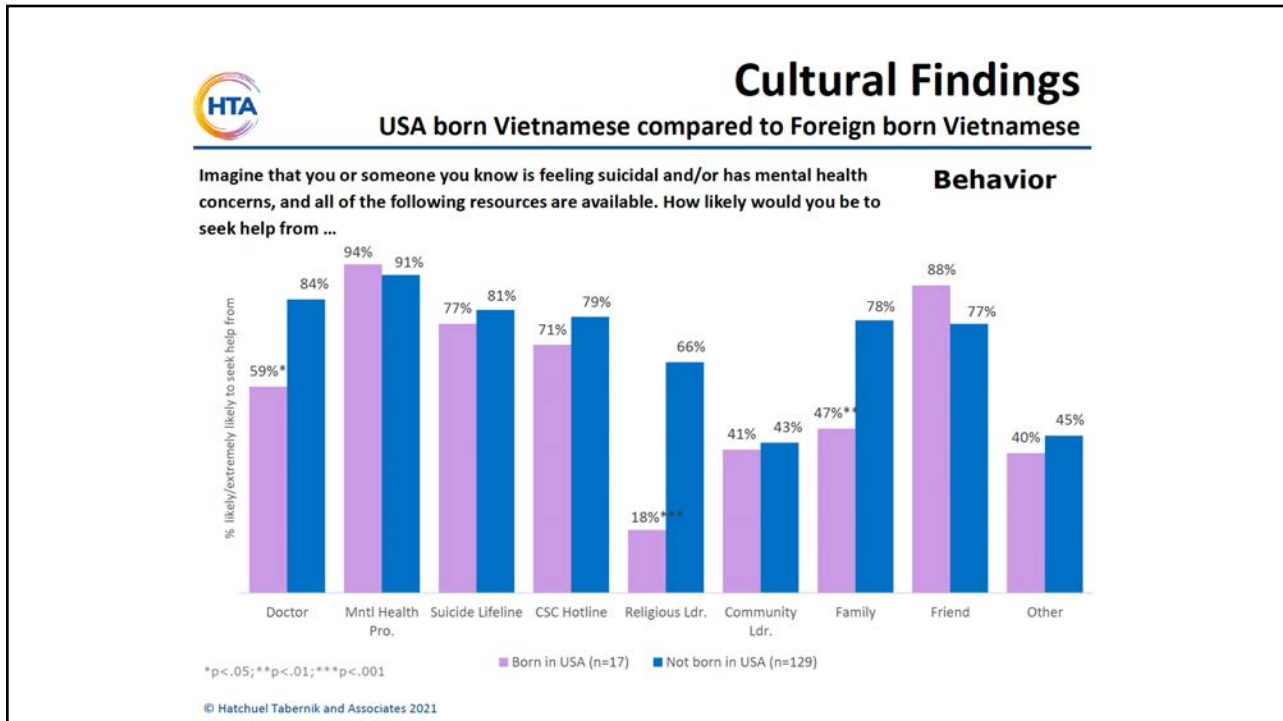
## Culturally-infused strategic plan



Cultural Community Collaboration / Leadership

Cultural Model or Framework

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### VIETNAMESE ADULTS, 55+: WHAT THEY SAID

“Before he [killed himself], I noticed that he was having manifestations, or expressions, of great sadness. He wouldn't talk to anybody. He just sat a chair up in front of his door and sat there.” – Married Male, 77


“From my friends, they've said that if the doctor says it, that's the source they trust the most.” – Divorced Female, 63

#### The Cultural Theory and 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*
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*Cultural Sanctions*
- #4. Are there help resources for us?  
*Cultural Preferences For Help Resources / Referral Access*

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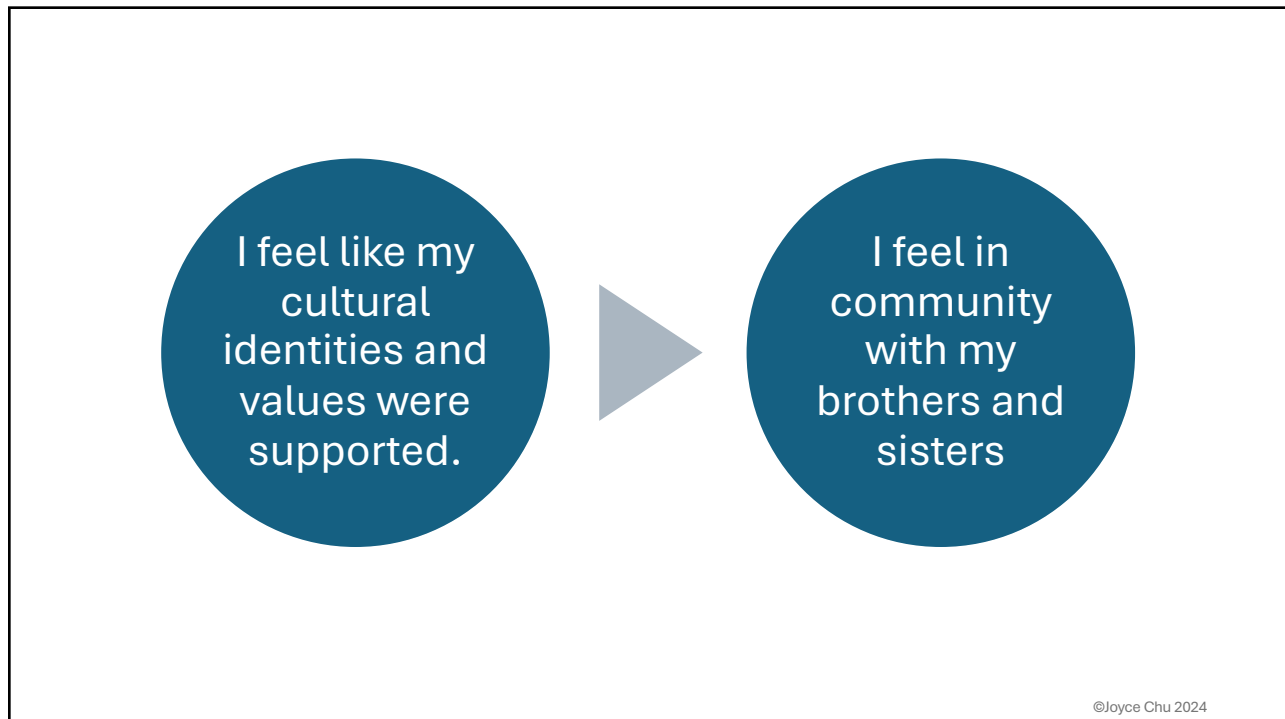
**2020: Vietnamese Adults 55+,  
September 3 – October 22, 2020**

## Culturally- Attuned Media Campaigns

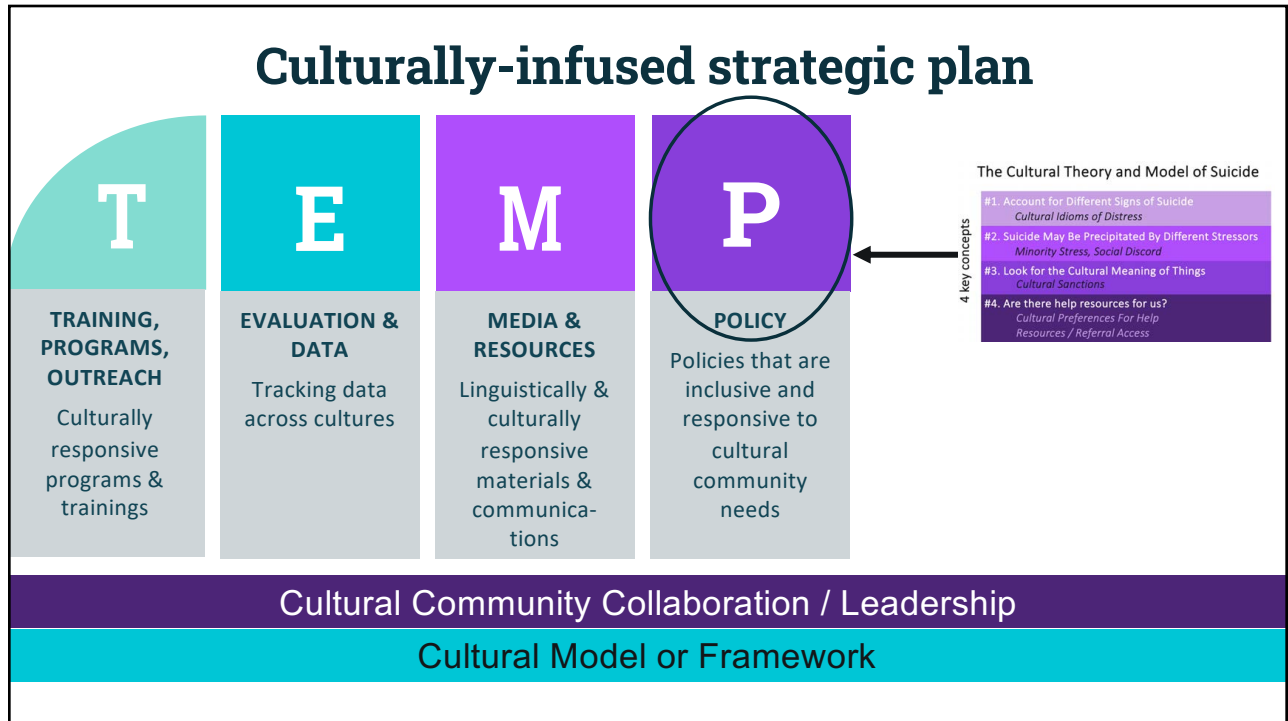


**2021: Spanish-speaking Middle-  
aged Men (35-54), December 21,  
2020 – February 21, 2021**

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# MAKE SPACE

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## Call to Action

Changing and Infusing  
Culture Into Suicide  
Prevention



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# Guidance for Culturally Infusing Suicide Prevention Efforts to Support Our Diverse Communities

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[joycepchu@gmail.com](mailto:joycepchu@gmail.com)

