

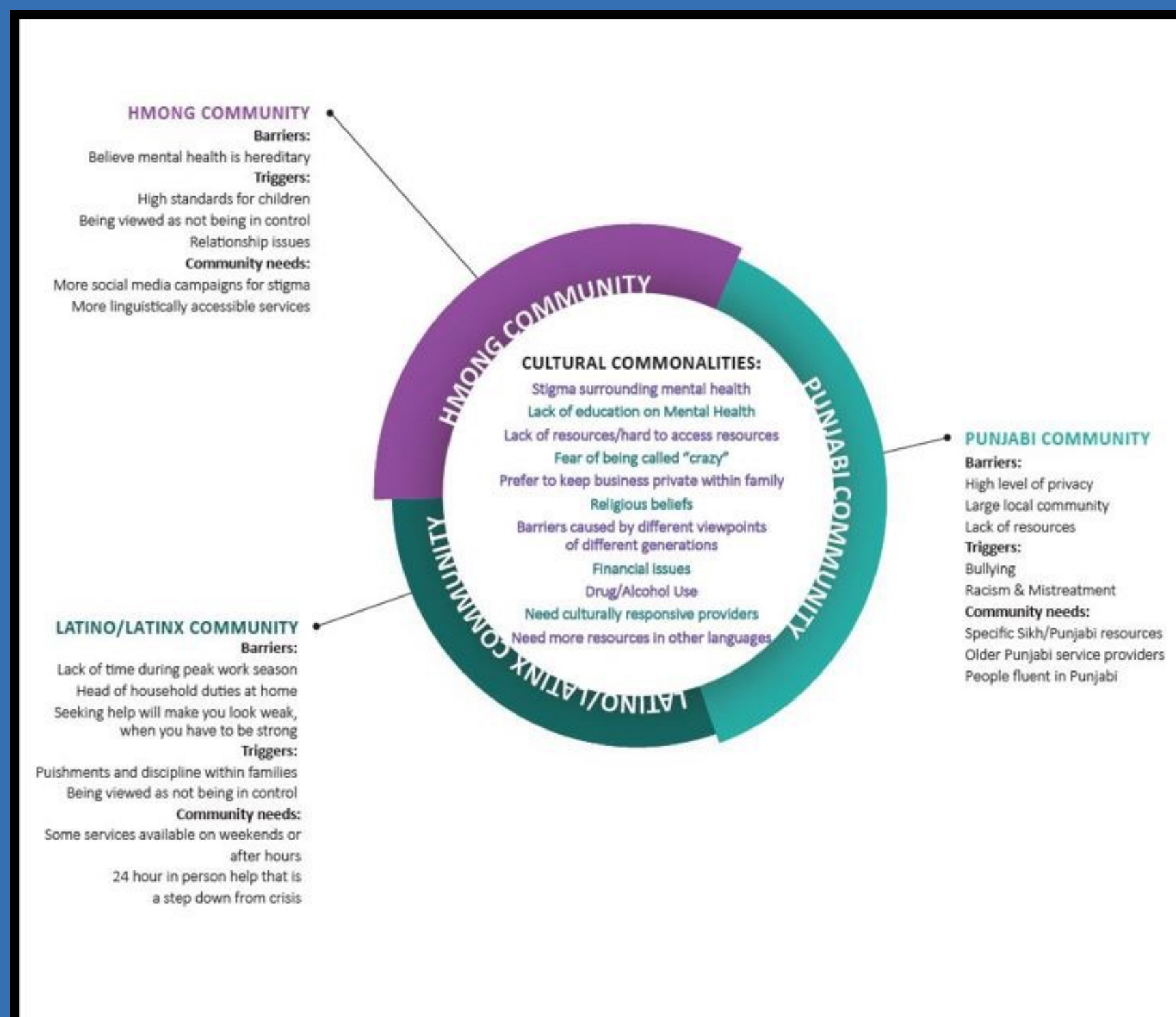
STRIVING FOR ZERO EXCELLENCE AWARDS

Striving for Zero

INFUSING CULTURE INTO SUICIDE PREVENTION EFFORTS

Local Cultural Feedback Visual Sutter County and Yuba County

Sutter and Yuba counties have a unique cultural minority make-up, including Latino/Latinx, Hmong, and Punjabi. In interviewing key informants from these communities and getting community stakeholder feedback we were able to take away some cultural contrasts and similarities. The following graphic was created to give a broad overview of just some of the cultural differences and commonalities that were reported by members and stakeholders of each community. The purpose of this visual is to show that while each group has distinct differences, they share a core of common elements. Making sure to hear both the commonalities and differences help move us forward when working with cultural beliefs around suicide prevention and behavioral health.



Key Informant Interviews

Latino/Latinx Community

Findings from this key informant interview shined light on the taboo and stigma around mental health in the Latino community. They do not want to discuss having a mental breakdown or thinking about suicide. It is cultural practice to keep family matters private and there is concern about other community members viewing someone as "crazy" if they might seek out help. Current identified risk factors include cultural and traditional ways of raising children, corporal punishment is very prevalent and carries through generations. Another risk factor is alcoholism or other mechanisms used for trying to deal with mental health. Barriers, other than stigma, to accessing mental health treatment include a lack of time on the client's side. During the busy harvest season, they might not be able to afford to take a day off to seek out services, or even drive children to services. The community has identified the need to reduce suicidal ideation, attempts of suicide and death by suicide. Additional needs are to include more community education in different languages, with a focus of more education and awareness geared towards adults, and to provide possible weekend groups for people that cannot get to services during the week.

Punjabi Community

Community beliefs about suicide differ between the older and younger generations. The older generation tends to view suicide as a sin and if you do it your spirit will never rest. The older generation believe it can have a negative effect if it is even discussed. The younger generation are more willing to talk about it, but they might be hesitant to bring it up to some of the older generations in their family due to the stigma. Some identified risk factors or triggers in the community include a lack of support, feeling like they do not have anybody that supports them. Other risk factors/triggers include bullying, mistreatment, racism, and drug use. Financial issues can be a trigger for older generations and men in the community. The current barriers in the community include a general lack of education surrounding mental health and the cultural stigma and general desire to keep any mental health issues private within the family. The community as a whole is mostly unaware of the current services available or how to access them. Identified community needs to reduce suicidal ideation, attempts of suicide and death by suicide include the need to have more people of the Sikh/Punjabi community to provide resources. There is a large local Sikh/Punjabi community and there should be more targeted resources to serve them.

Hmong Community

Community beliefs about suicide differ between the older generations and the younger generations. The older generations have strong religious beliefs about suicide and believe that you will not be reincarnated if you die by suicide. The younger generations tend to be more assimilated and not as religious. Identified risk factors and/or triggers include pressure on children to have good grades and be successful, in this community, focus on education success sets very high standards for children. There is a lot of pressure to keep family issues private which creates stigma around accessing mental health services. Current barriers to accessing mental health services, in addition to stigma include difficulty accessing services in general, especially with private insurance due to lack of Hmong providers or providers who speak Hmong. The community does not want telehealth and there isn't much in person services available in the area. There is a lack of culturally responsive providers which make it difficult if the issues stem from cultural issues. Identified community needs to reduce suicidal ideation, attempts of suicide and suicide by death included more social media campaigns to reduce stigma and more available services.

