



Striving  
for  
Zero

# INFUSING CULTURE INTO DATA & OUTCOME MEASUREMENT

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A background image of a mountain range with the text "cultural humility" overlaid in white. The mountains are rendered in a dark, muted blue color, creating a sense of depth and scale. The text is positioned in the lower-left quadrant of the image, written in a clean, white, sans-serif font. The overall composition is minimalist and evocative, suggesting a connection between nature and the concept of cultural humility.

*cultural humility*



# **Infusing Culture Into Data & Outcome Measurement**

## **MAIN CONSIDERATIONS**



# Integrating Culture & Diversity into Your Evaluation Plan: **Main Considerations**

Programming should be culturally attuned to address all identities – but most existing programs haven't been culturally modified

# Integrating Culture & Diversity into Your Evaluation Plan: **Main Considerations**

Programming should be culturally attuned to address all identities – but most existing programs haven't been culturally modified

## **Goals**

- Identify and address cultural disparities
- Ensure your programs are meeting the needs of your diverse communities

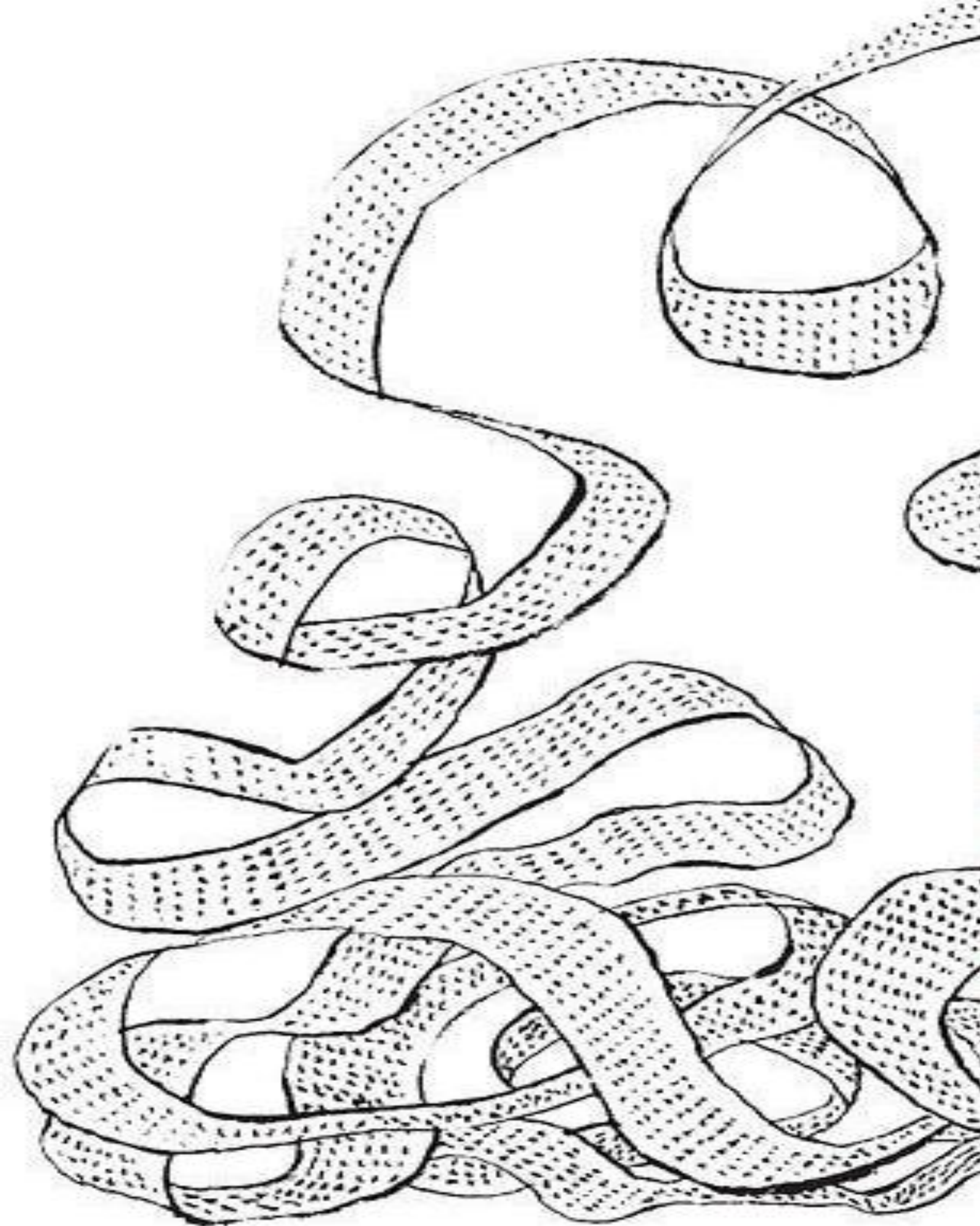


**Why  
Data Collection & Analysis  
is  
Different Across Cultures**



# Why Data Collection & Analysis is Different Across Cultures

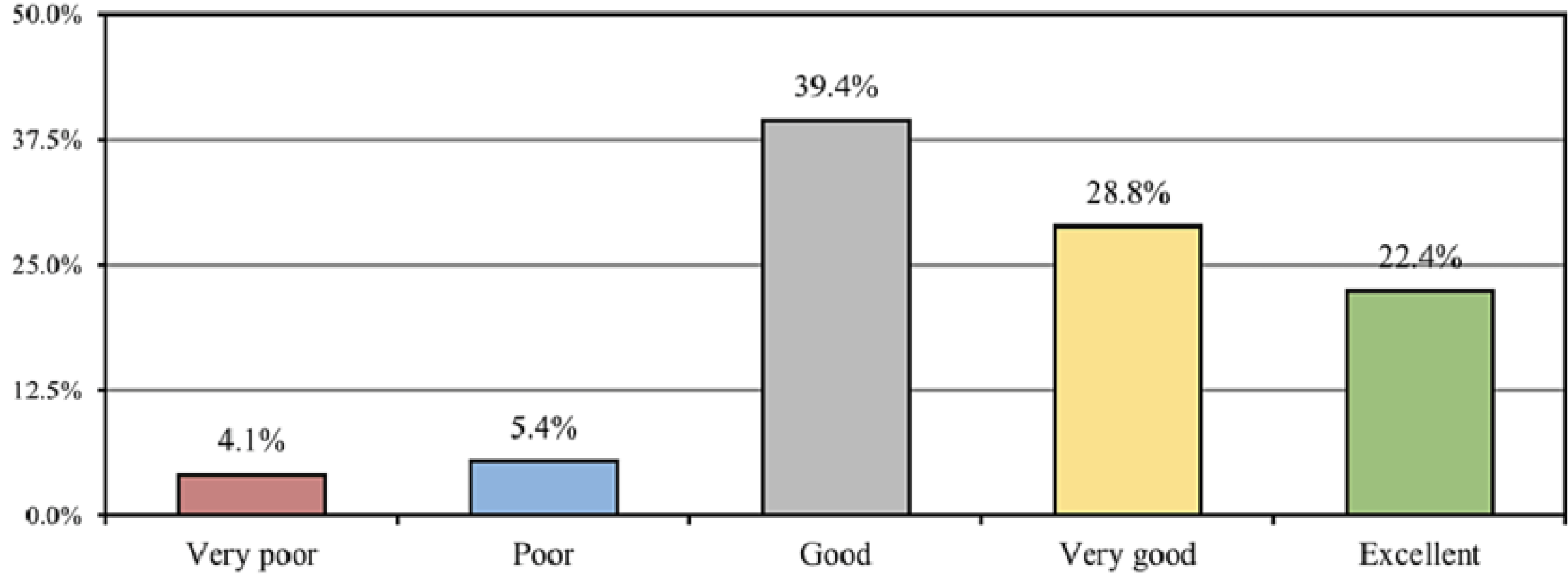
- Data methodologies not made for cultural minoritized individuals







## Overall Quality of life



# Why Data Collection & Analysis is Different Across Cultures

- Data methodologies not made for cultural minoritized individuals
- Historical trauma (and resulting mistrust) stemming from data

# Cultural Mistrust

- Historical harms by systems and researchers
  - Specifically by data
- Mistrust in interracial situations
- Affects engagement with data and services

(e.g., Whaley, 2001; Trinh et al., 2019; David, 2010; Amri & Bemak, 2013)



## Activity: Breakout Groups, 2 people each

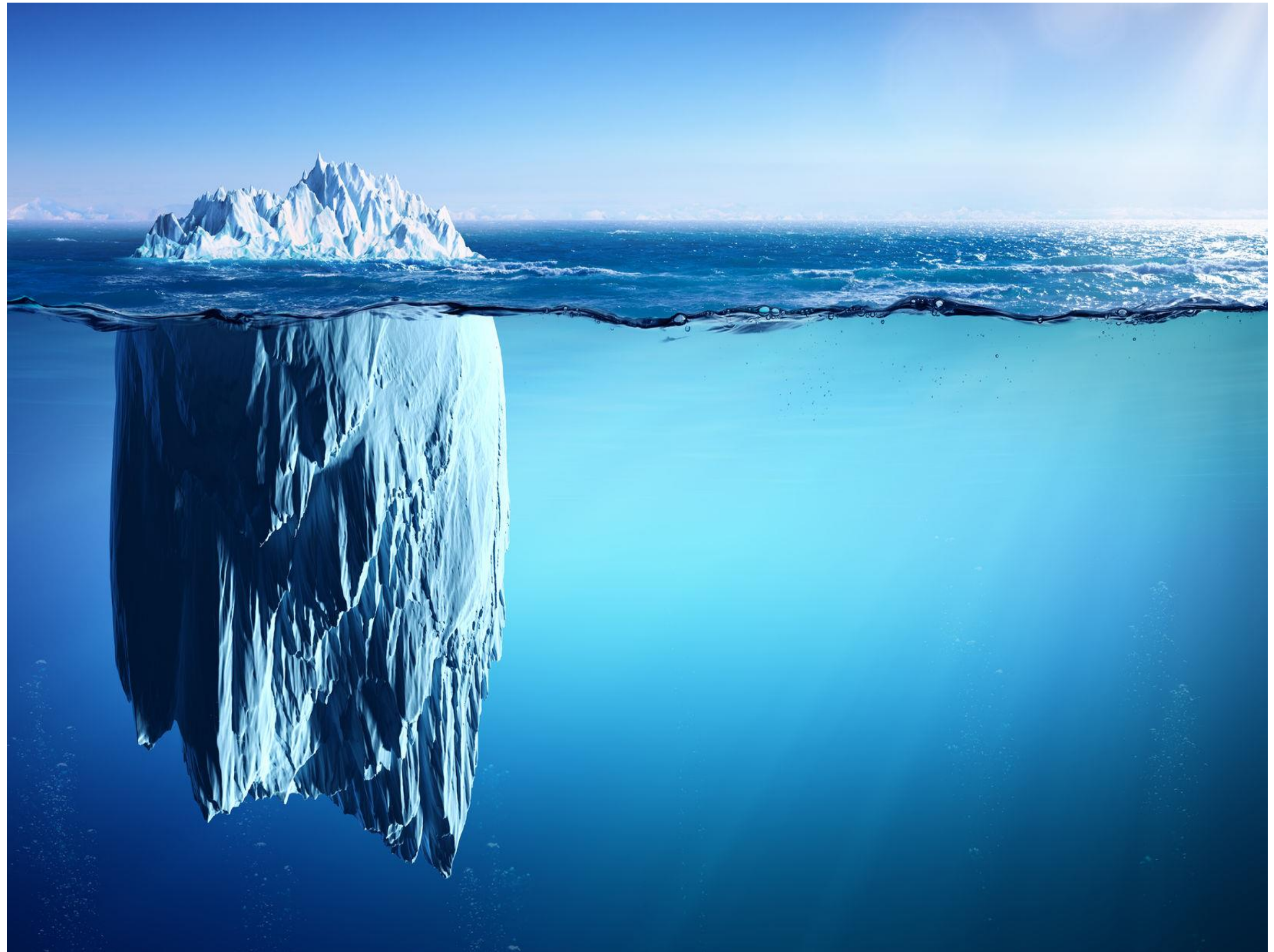
- Breakout groups of 2
- For the purposes of understanding different cultural backgrounds, tell your partner about the most shameful, embarrassing, or illicit thing you've ever done in your life.
- For the purposes of understanding different cultural backgrounds, silently think about the most shameful, embarrassing, or illicit thing you've ever done in your life. You can keep the answer to yourself, and share only if you'd like.

# Why Data Collection & Analysis is Different Across Cultures

- Data methodologies not made for cultural minoritized individuals
- Historical trauma (and resulting mistrust) stemming from data
- **Cultural Reporting Style**

# Culture affects reporting style

- Are there cultural reasons why this person would either over report or under report suicidal distress?





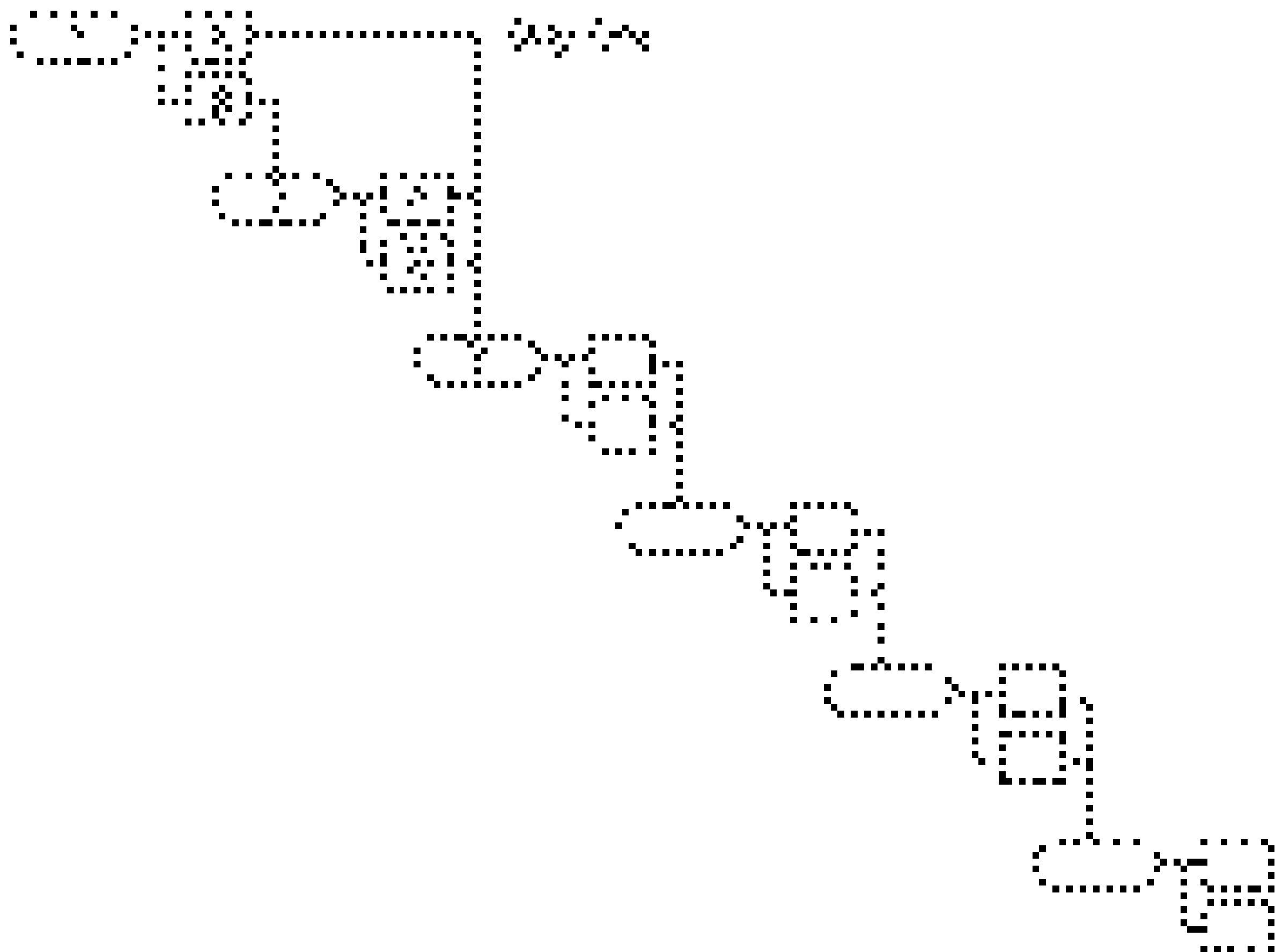


# Culture affects reporting style

## □ Examples of cultural factors

- Face-saving, Social desirability, Psychological mindedness

- Mistrust of the therapist / the MH system (e.g., Thompson, Worthington, Atkinson, 1994)



# Culture affects reporting style

## □ Examples of cultural factors

□ Face-saving, Social desirability, Psychological mindedness

□ Mistrust of the therapist / the MH system (e.g., Thompson, Worthington, Atkinson, 1994)

□ Central tendency bias (Chen, Lee, & Stevenson, 1995; Hamamura, Heine, & Paulhus, 2008).

**Never**

**Sometimes**

**Always**

1

2

3

4

5

1

2

3

4

5

1

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3

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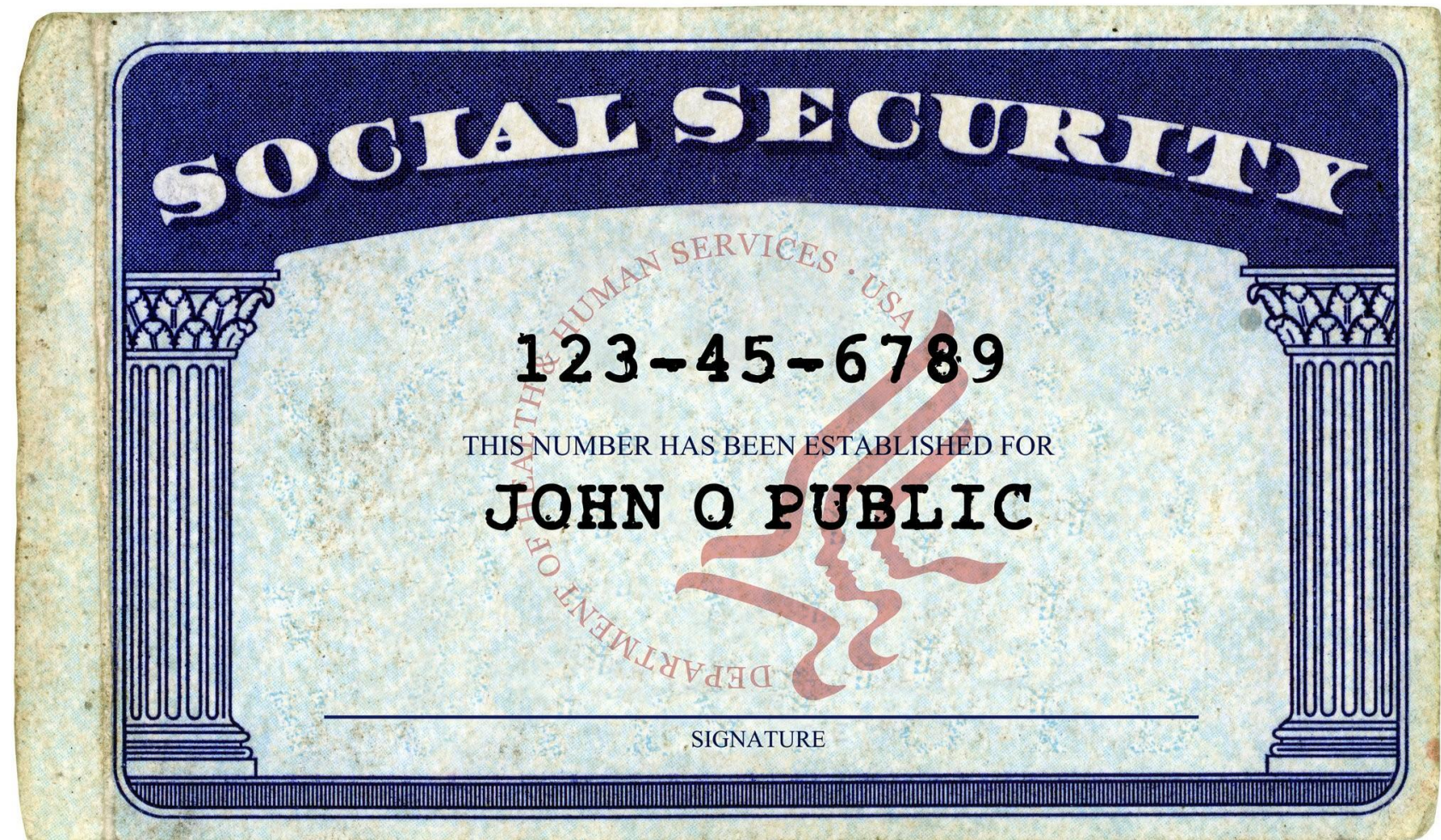
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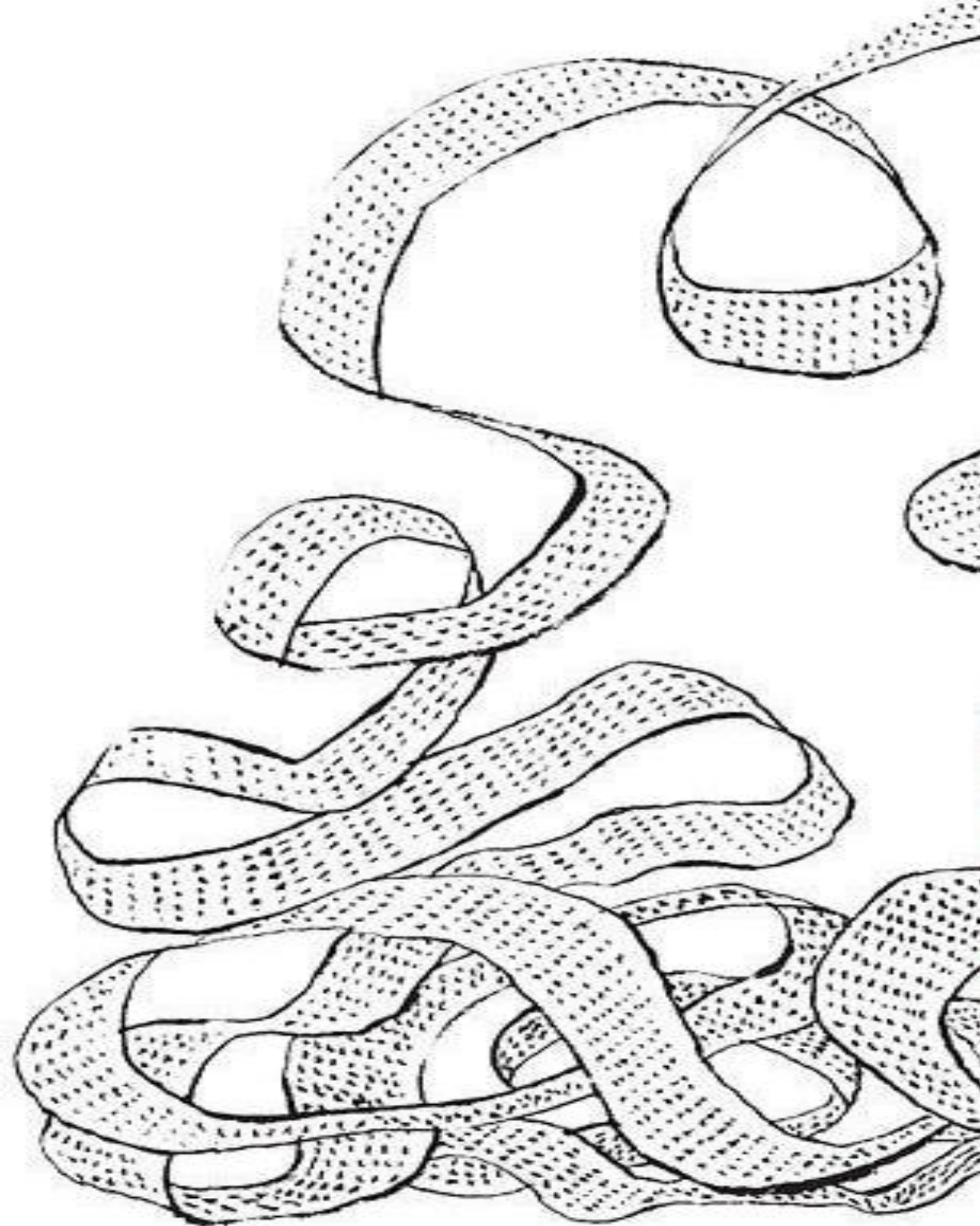
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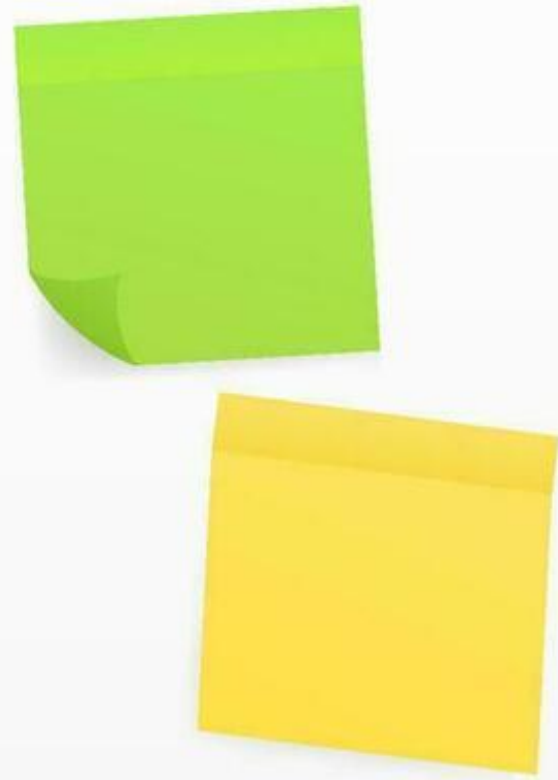
3

4

5







# Culture affects reporting style

## □ Examples of cultural factors

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□ Mistrust of the therapist / the MH system (e.g., Thompson, Worthington, Atkinson, 1994)

□ Central tendency bias (Chen, Lee, & Stevenson, 1995; Hamamura, Heine, & Paulhus, 2008).

□ Method of Administration (e.g., Ryder et al., 2008; Morrison & Downey, 2000)



Technical  
Non-  
equivalence

Method of administration

Hidden  
Ideation

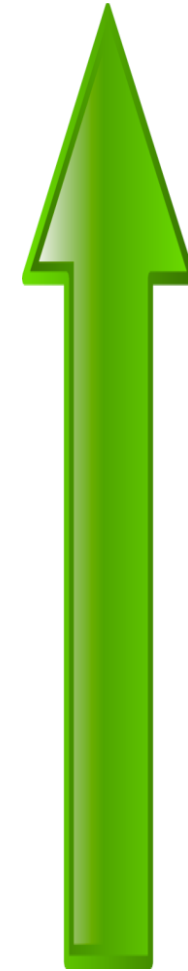


# What effect does Reporting Style have for SUICIDE DATA COLLECTION & ANALYSIS?



People at risk can be missed

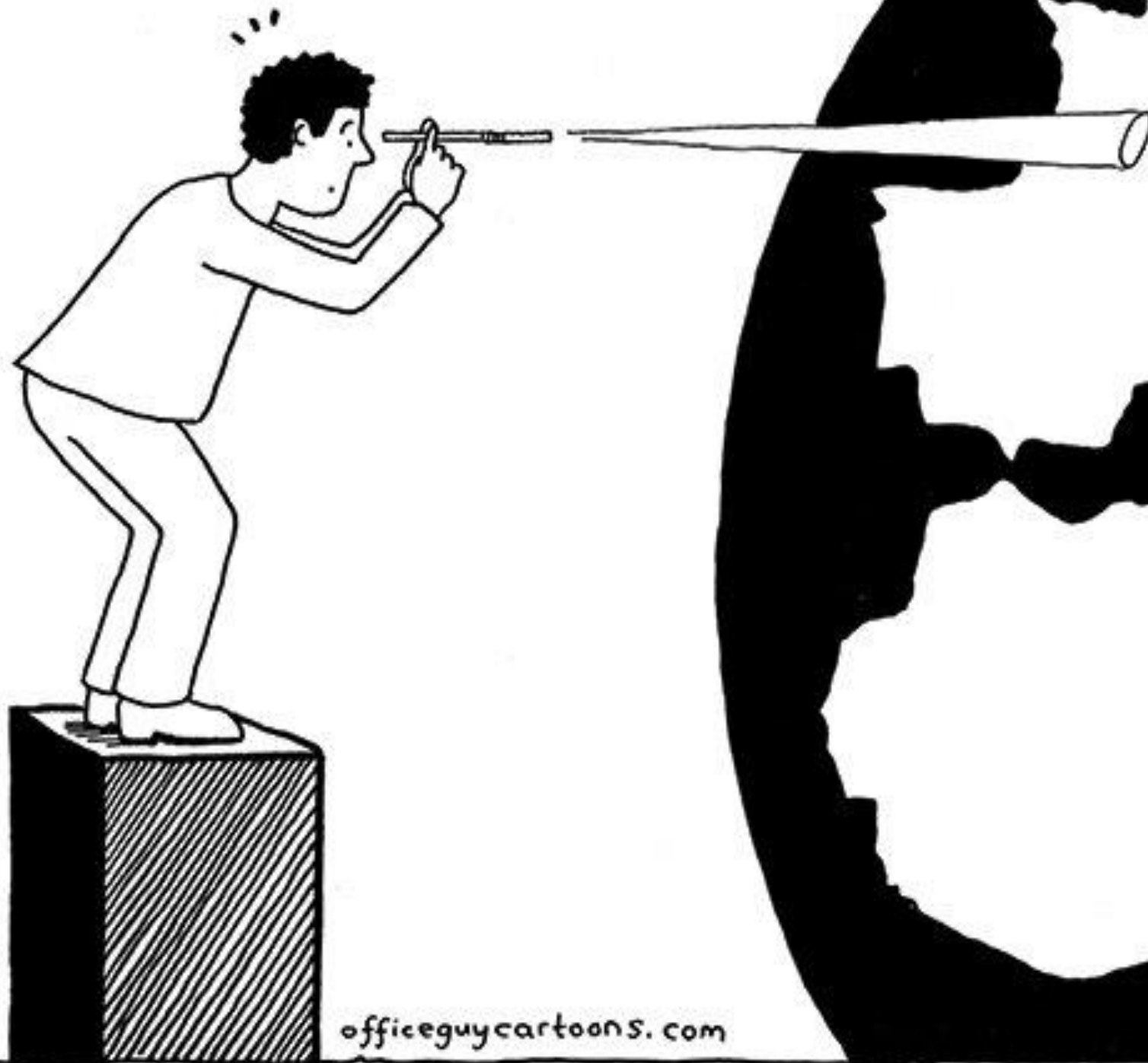
People's risk level can be overestimated;  
crisis response over-prescribed



# Why Data Collection & Analysis is Different Across Cultures

- Data methodologies not made for cultural minoritized individuals
- Historical trauma (and resulting mistrust) stemming from data
- Cultural Reporting Style
- **Cultural Idioms of Distress**

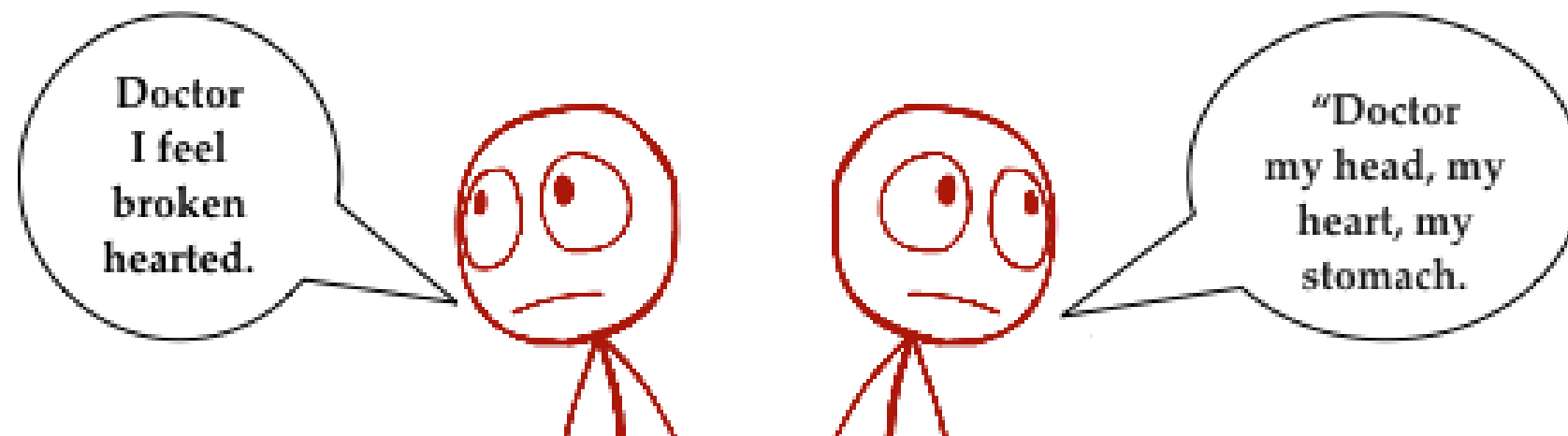
IF YOU'RE VIEWING THE WORLD THROUGH A STRAW,  
JUST IMAGINE WHAT YOU'RE MISSING.





# Culture affects client's idioms of distress

- Idioms of distress = cultural variations in the language or behaviors people use to express symptoms.
- These idioms of distress affect how people present their suicidal distress and whether and how they choose to seek services



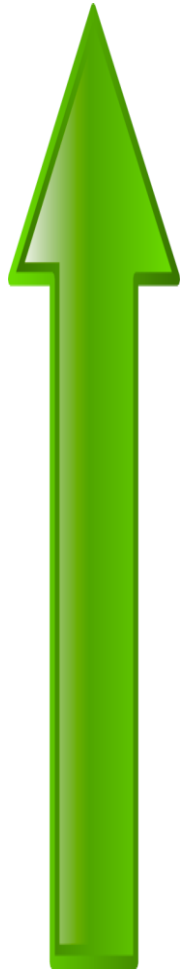
Both may indicate mental health referrals.

# Idioms of Distress

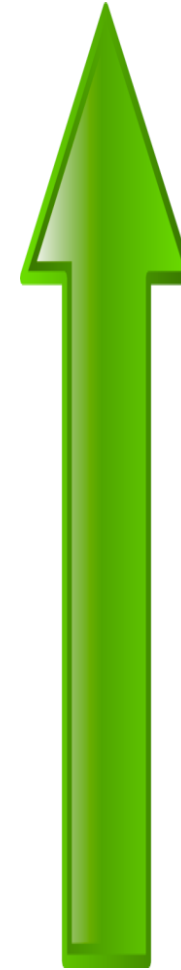
- Based on background, is there a behavior / thought / emotion / physical sign that this person is endorsing that is part of their suicidal distress even if at first glance, it appears to be totally unrelated?
- People usually report doing things that they don't realize are part of their distress
  - ▣ (ex. Someone who is depressed and suicidal doesn't seem sad, they just gets angry at people)
  - ▣ (ex. Someone who is anxious and ashamed of who they are who laughs and smiles in uncomfortable social situations)



# What does an idiom of distress mean for suicidal distress



You are identifying suicidal distress or warning signs that would normally be missed



## The Cultural Assessment of Risk for Suicide Measure – Adolescents (CARS-A)

### Idioms of Distress Items

**Instructions:** Please read the following statements and indicate how much you agree with them.



3	I hide my life difficulties from others	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
4	Recently, I have noticed frequent headaches, stomachaches, or pain in other parts of my body	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
5	Even little things seem to make me angry	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
26	Sometimes I feel so tired of life that I don't want to get up/wake up	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
27	Recently, I have noticed a change in my appetite	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
32	I have behaved in a way that puts me at risk (ex: had unprotected sex, used drugs/alcohol, did something illegal, gambled)	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
37	I feel so ashamed about something I did that I want to hide or disappear	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
38	In the past, I have hidden my thoughts about suicide from others	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
39	In the past, I have intentionally injured myself without anyone's knowledge	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree
44	When I get angry at something or someone, it takes me a long time to get over it	1 Strongly Disagree	2 <u>Disagree</u>	3 Agree	4 Strongly Agree



# Ratings of Sample Ads Idioms of Distress

## 2019: Men, 65+

	Ad A "Be Strong, Not Silent"	Ad B "Not a Solution"	Ad C "Not the Only Option"	Ad D "There is Hope"	Ad E "Let's Talk About It"	Ad F "Speak Up"	No response
Best Ad Overall	-	-	1	1	2	7	-
Best Image	-	-	1	-	-	9	-
Best Tagline	-	1	-	4	3	3	-
Best URL	-	-	1	3	1	3	2

# How much does this actually matter?

## Using Cultural Formulation to Resolve Diagnostic Uncertainty Among Ethnographically Diverse Patients

(Adeponle et al., 2012)

- 49% of patients with psychotic disorder diagnoses converted to nonpsychotic disorders
- 14% of PTSD cases were missed

# Why Data Collection & Analysis is Different Across Cultures

- Data methodologies not made for cultural minoritized individuals
- Historical trauma (and resulting mistrust) stemming from data
- Cultural Reporting Style
- Cultural Idioms of Distress



# **Different Approaches Needed**



# “Traditional” Data Approaches

- Experimental
- Quantitative
- Concerned with efficacy and high internal validity

# The Problem with “Traditional” Data Approaches

- Doesn't do justice to contextualism
- In diverse communities, complexity is the norm
- Methodological pluralism – no one single approach works



# Different Approaches to Data & Evaluation Needed

- Community Based Participatory Research
- Qualitative Methods

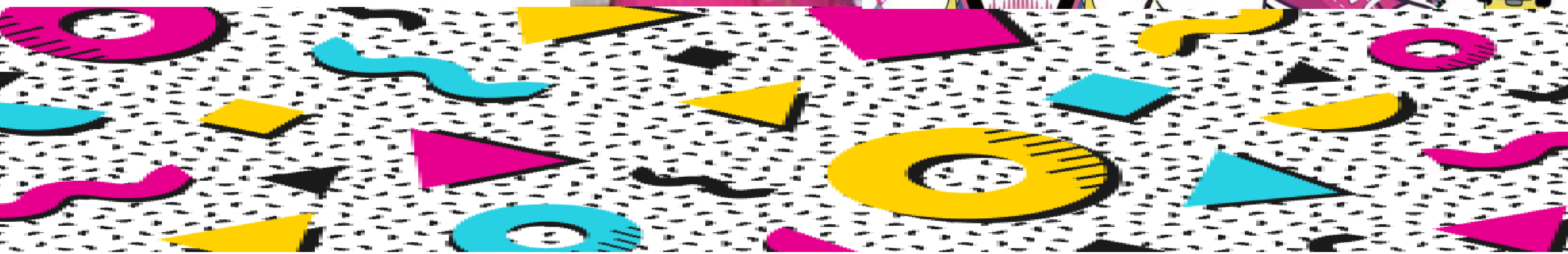
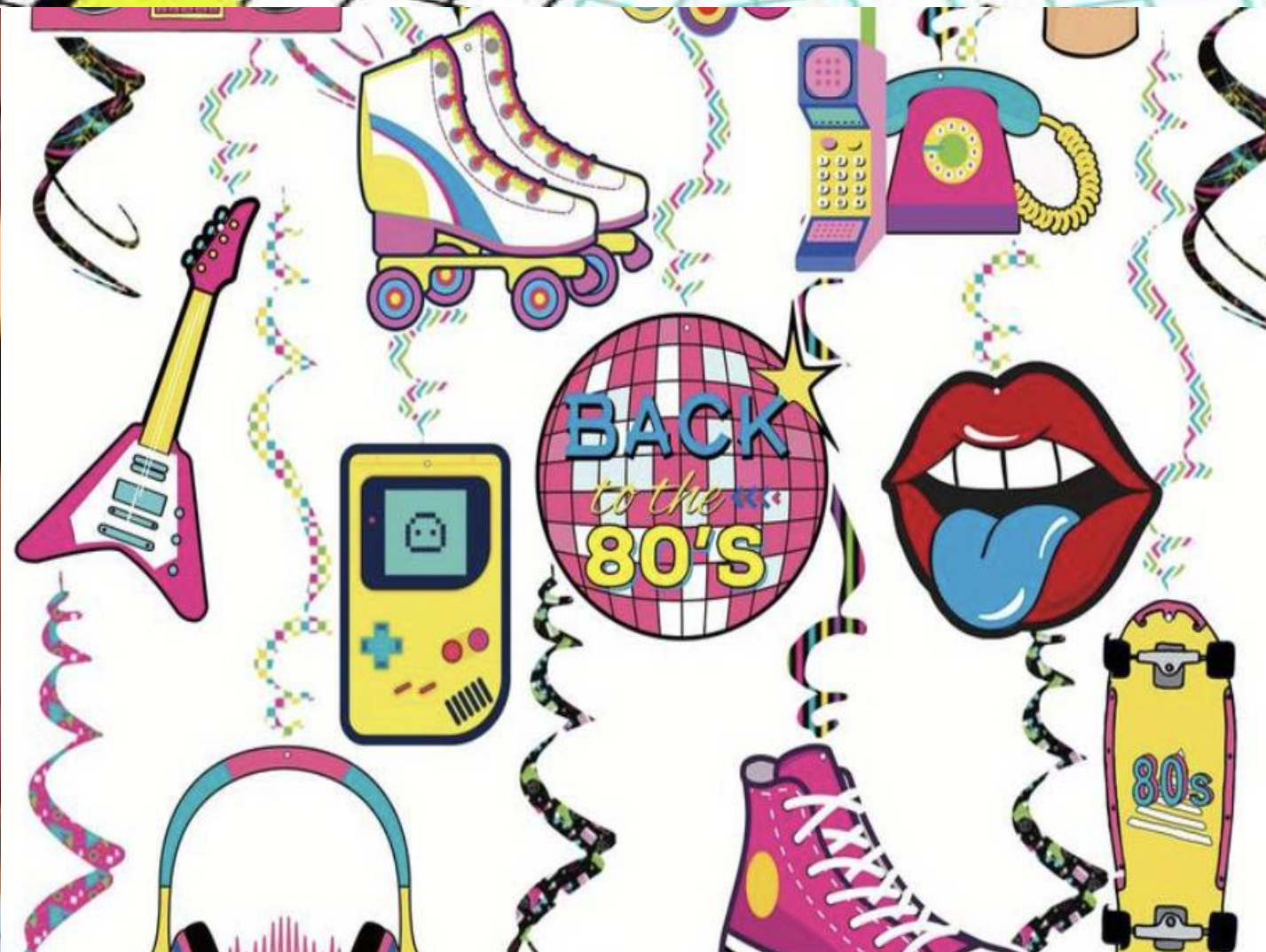


# **Honoring Cultural Lived Experiences & Ownership**

# RICK ASTLEY

NEVER GONNA  
GIVE YOU UP









# **Honoring Cultural Lived Experiences & Ownership**



*Community collaboration  
isn't an aspiration;  
It's a necessary foundation*

# How can we collaborate with communities around data & evaluation?

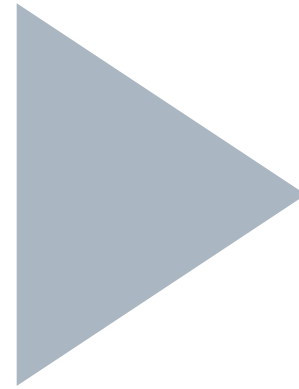
My failed attempt



<b>Challenges You May Encounter</b>	<b>Alternatives / Potential Solutions</b>
Ownership and control	Co-ownership
Trouble with Buy-in	Gaining buy-in – through partnership with trusted community members
Data, reporting, regulatory needs	Balance with community priorities
Reliance on “experts”	Local experts with lived experience
Maintain data integrity & validity	Flexibility: findings ways for communities to make changes that they need

*(Because of this  
suicide prevention  
program...)*

I feel like my  
cultural identities  
and values were  
supported.



*(Because of this  
suicide prevention  
program...)*

I felt in community  
with my brothers  
and sisters

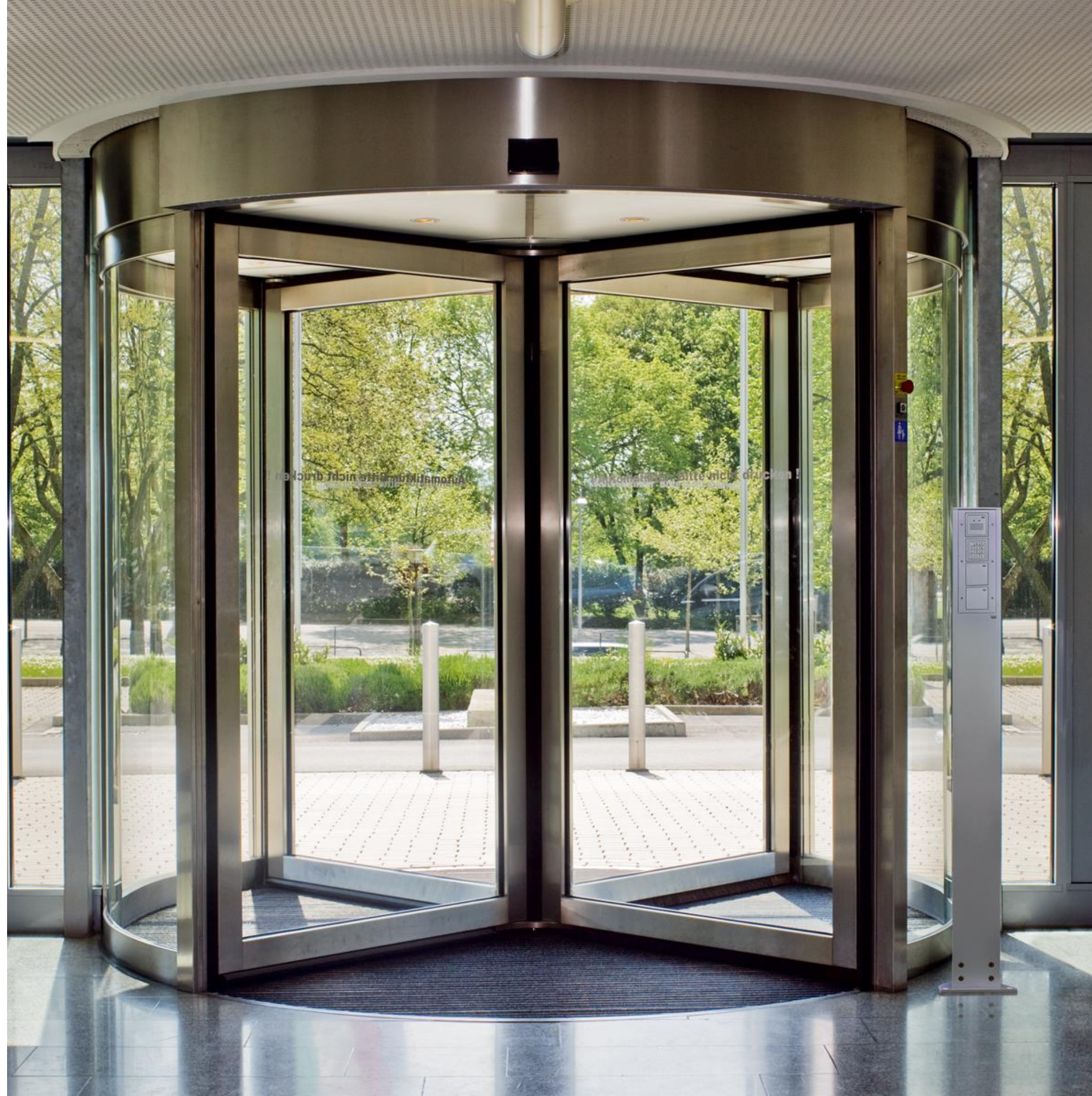
# Great, we've finished the data collection...

- A) Thanks! Good luck & see you later!
- B) Uh, don't forget to incorporate the data!
- C) What kind of role do I need to take to make sure this data is sustained in the community and is translated into change and empowerment?

The background of the slide is a close-up photograph of various wooden toys. On the left, there are several orange and red wooden blocks. In the center and right, there are numerous light-colored wooden human figures of different sizes, some standing upright and others lying down. The lighting is soft, highlighting the natural grain of the wood.

## Other types of research needed for the infusion of culture

- Community Based Participatory Research (CBPR)
- Participatory action research
- Phenomenological research







SAN MATEO COUNTY HEALTH

# BEHAVIORAL HEALTH & RECOVERY SERVICES

# Ongo Ngofua , Pea ke To'a Ma'ae Mo'ui Fakae'atamai

Tohi Ngaue ke Takanga Mo ia



Koe Ako ma'ae kau Memipa 'oe  
Komiuniti ki he Mo'ui  
Fakae'atamai 'oku Tuifio ai 'ae  
'Ulungaanga Fakafonua



# TOKA'I, PEA KE TO'A TA'OFI'AE TAONAKITA

Companion Workbook



Ko ha Ako 'oku tuifio ai 'ae  
'Ulungaanga Fakafonua ki  
hono Ta'ofi 'oe Taonakita ki  
'oua 'e hoko ki he kau Memipa  
'oe Komiuniti



# Qualitative & Mixed Methods

- Essential to the Infusion of Culture and to CBPR
- Support 3 core values of community & culture:
  1. Diversity (you can capture multiple viewpoints)
  2. The importance of context
  3. The notion of empowerment



# Qualitative Methods

- What people *say they believe, think or do*
- What people *actually do*
- What people *really think or believe*
- The context of all of the above

***“The kind of knowledge needed for practice in the field is likely to come, in large part, from hearing directly from people about the reality of their lives” (Orford, 2008)***

# Qualitative Methods

- Interviews
- Focus groups
- Written responses
- Observation
- Document analysis
- Cognitive Interviewing

# Qualitative Coding & Analysis

- Content analysis
- Thematic analysis
- Grounded Theory



# Process Evaluation, 2018

## Methods

*27 out of 37 potential stakeholders interviewed*

- Phase 1: stakeholders currently active in SPOC
- Phase 2: Individuals who were on the Strategic Planning Committee

*22 total focus groups*

- Anywhere between 1-3 stakeholders at a time

*Semi-structured interview process addressing:*

- SPOC Overall
- Cultural Competency of Suicide Prevention
- Specific Workgroups (4)
- Improvements and Suggestions



# Process Evaluation, 2018

## Results Related to Culture + Data/Evaluation

- Gaps in the collection of cultural outcome data
- Enhance cultural competency (including for data) through partnership building
- A need to use data to inform programming tailored for specific communities

### CULTURE AND DIVERSITY DATA TABLES

Description of the County's Approach to Culture and Diversity  
(Table 2.1)

Cultural Competency Efforts	Definitions	N=20
Translation in multiple languages of services	Interviews mentioned how translation of campaigns, crisis line, hotline cards, radio programs, print media, social media, ads, posters, suicide-prevention trainings, SACS services into other languages addressed cultural competency needs.	13
Outreach/attention to specific groups	Interviews mentioned how the county had conducted: <ul style="list-style-type: none"> <li>• Outreach to cultural groups/ethnicities in general (N=4)</li> <li>• An emphasis on reaching out to Hispanic population (N=2)</li> <li>• Ad campaigns which represented people</li> </ul>	8

# Examples of Qualitative Coding

<b>Cultural Considerations</b> (46 comments)	<u>Spirituality</u> <ul style="list-style-type: none"> <li>• Need to collaborate with spiritual/faith-based leaders – 8</li> <li>• Need to increase spirituality as a part of treatment – 7</li> <li>• Increase community outreach through churches – 1</li> </ul>	16
	<u>Language</u> <ul style="list-style-type: none"> <li>• Need services in immigrants’ language – 7</li> <li>• Services in languages besides English – 4</li> <li>• Increase access to services in Tagalog – 1</li> </ul>	12
	<u>Demographic Match</u> <ul style="list-style-type: none"> <li>• Need more Native American Staff – 7</li> <li>• More culturally-matched therapists (e.g., same race/ethnicity) – 1</li> <li>• Need more African staff – 1</li> </ul>	9
	<u>SOGI Data Collection</u> <ul style="list-style-type: none"> <li>• Change SOGI data collection across the BHSD system (e.g., no need to ask “sex assigned at birth” unless there is a medical reason) – 4</li> <li>• BHSD should guarantee that there is always a place for the true name of the trans/gender-nonbinary clients – 2</li> </ul>	6
	<u>Other</u> <ul style="list-style-type: none"> <li>• More cultural-focused services – 2</li> <li>• More cultural awareness for BHSD providers, especially given the predominantly Hispanic/Latino/a/x population in Dependency Wellness Court – 1</li> </ul>	3

# Examples of Qualitative Coding

## 3. Need for standardized system / tools / documentation (20 comments)

- Standardized system for screening & assessment, including tools (N=11)
  - Documentation burden / templates / improvements needed (N=6)
  - Need improvements on safety plan tool (N=3)
- we just don't have a uniform system throughout the whole, our whole system. So that's something that I think is a challenge for us. We need to get that going and get that in place.
  - Lack of standardization for procedures regarding assessment.
  - ...having a standardized tool. I think that would help us break down the barriers that exist right now between children's services and adult services, particularly related to the assessment of suicide risk. for example, for adult for clinicians who mainly work with adults that a lot of the fear about assessing children could be decreased if they felt like they had a really good tool that would allow them to follow.
  - Need some assessment tools that are easy to use and not cumbersome; there may be tools in the new EHR SmartCare.
  - IMO, the challenges are with thorough documentation in an environment that is understaffed and the staff that do exist are pressed for time. We need a consistent method of documenting encounters with suicidal clients; for example, a template. Somebody with time and administrative responsibilities needs to create this template, disseminate it, and create policies and protocol for assessing and documenting a suicidal client.
  - ...the thing that concerns me is like paper, creep.

# Examples

# CBPR / PAR

## VIETNAMESE ADVISORY GROUP

- Campaign messaging
- Language, terminology, tone
- Research screening
- Media outlet identification
- Materials creation
- Promotion and distribution





# Mixed Methods (Combination of Quantitative + Qualitative Data)

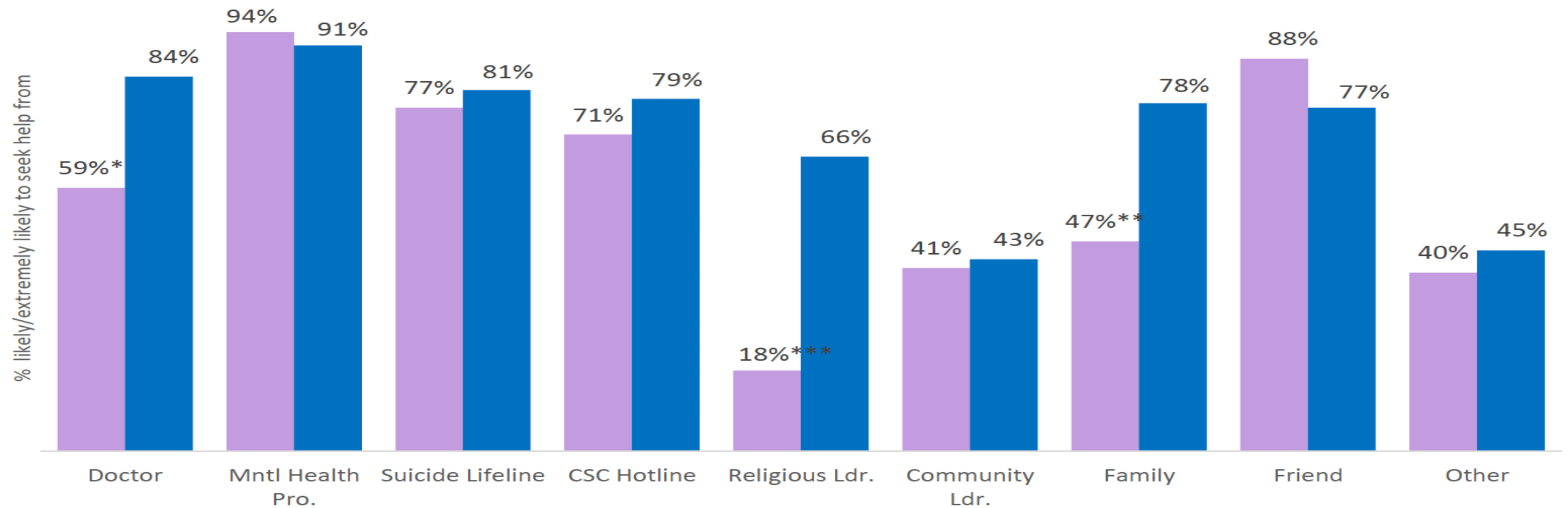


## Cultural Findings

### USA born Vietnamese compared to Foreign born Vietnamese

Imagine that you or someone you know is feeling suicidal and/or has mental health concerns, and all of the following resources are available. How likely would you be to seek help from ...

#### Behavior



\*p<.05; \*\*p<.01; \*\*\*p<.001

■ Born in USA (n=17) ■ Not born in USA (n=129)

# 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/Model of Suicide

#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*

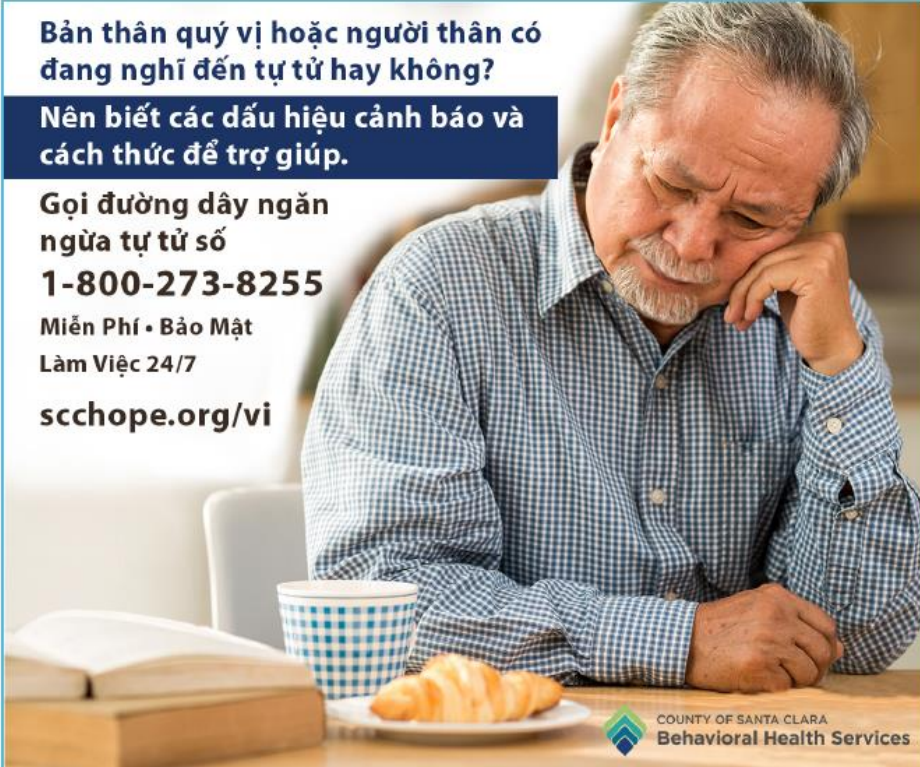
#4. Are there help resources for us?

*Cultural Preferences For Help  
Resources / Referral Access*

4 key concepts

**Bản thân quý vị hoặc người thân có đang nghĩ đến tự tử hay không?  
Nên biết các dấu hiệu cảnh báo và cách thức để trợ giúp.**

Gọi đường dây ngăn ngừa tự tử số  
**1-800-273-8255**  
Miễn Phí • Bảo Mật  
Làm Việc 24/7  
[scchope.org/vi](http://scchope.org/vi)



COUNTY OF SANTA CLARA  
Behavioral Health Services

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

# Culturally- Attuned Media Campaigns

**HAVING SUICIDAL THOUGHTS?  
Let's talk about it.**

**Call the Suicide & Crisis Hotline**  
**1-855-278-4204**

Trained volunteer counselors available 24/7  
Free and confidential  
[scchope.org](http://scchope.org)

Better Health for All



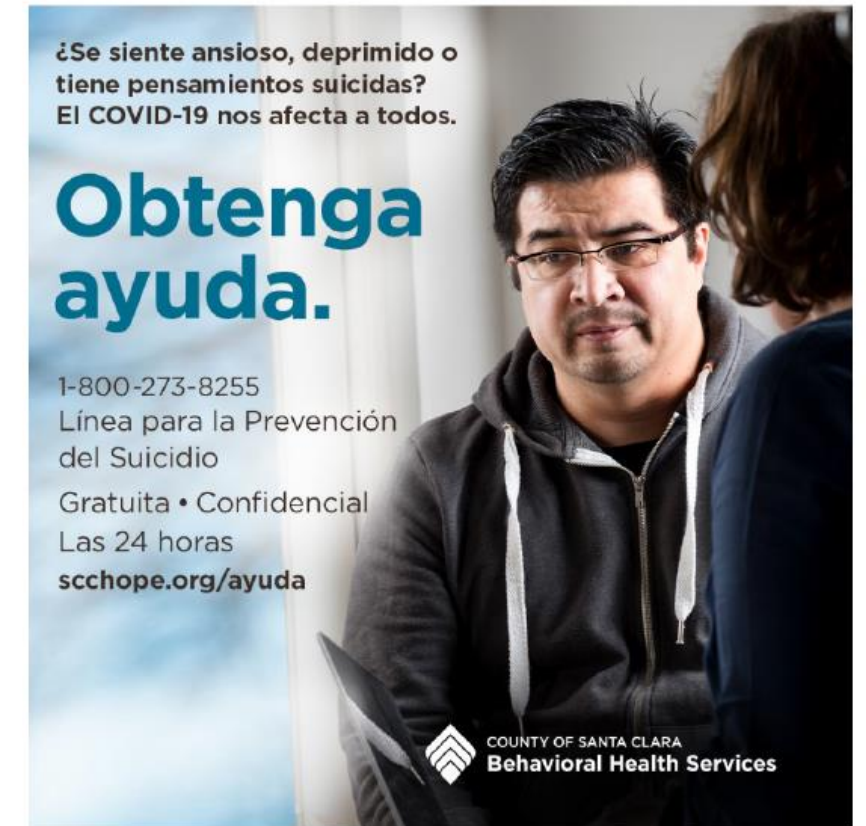
COUNTY OF SANTA CLARA  
Behavioral Health Services

**2019:** Men, 65+

¿Se siente ansioso, deprimido o tiene pensamientos suicidas?  
El COVID-19 nos afecta a todos.

**Obtenga ayuda.**

1-800-273-8255  
Línea para la Prevención del Suicidio  
Gratuita • Confidencial  
Las 24 horas  
[scchope.org/ayuda](http://scchope.org/ayuda)



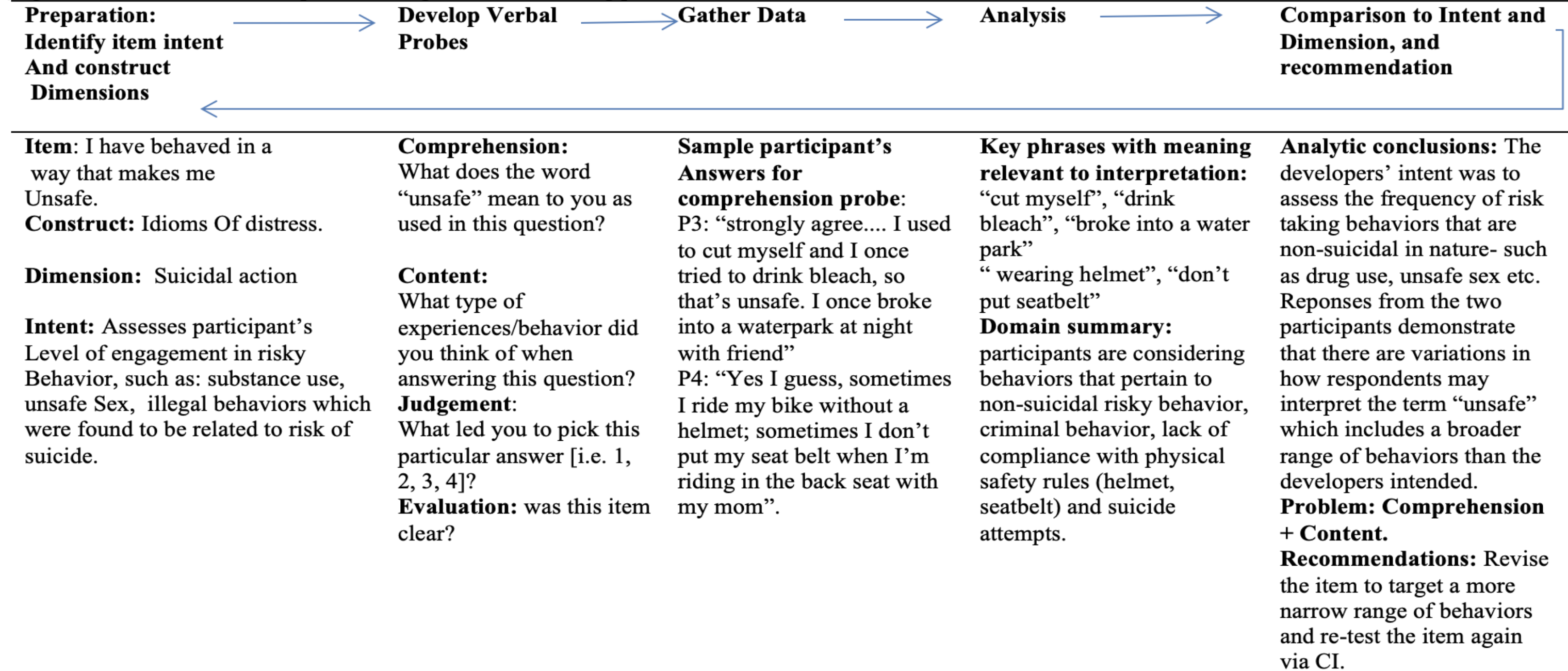
COUNTY OF SANTA CLARA  
Behavioral Health Services

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

# Cognitive Interviewing

## To Adapt Quantitative Items for Cultural Identities

Figure 2: An illustrative example of the cognitive Interviewing process



**Qualitative / Mixed Methods to  
Understand How to Tackle Opposition to  
DEI Efforts**

# 3 Focus Groups

## Focus Group Prompts for Input About Culture and Diversity

1. In your opinion, what cultural and diversity efforts have been working well in \_\_\_\_\_, and what needs improvement?
2. Some community stakeholders have expressed concern with supporting culture and diversity efforts using the limited funds that are available in \_\_\_\_\_.
  - a. Do you have any insight about the nature of these concerns?
  - b. Any suggestions about how to address culture and diversity work given these concerns?

## Community Survey Write-In Question

Do you have any suggestions for ways that \_\_\_\_\_ should change their approach to cultural responsiveness in their behavioral health programs and/or services?

**Community (Qualitative) Comments about Culture & Diversity in \_\_\_\_\_'s Services**

# Theme: Lack of Awareness of Diversity & Efforts

(8 comments)

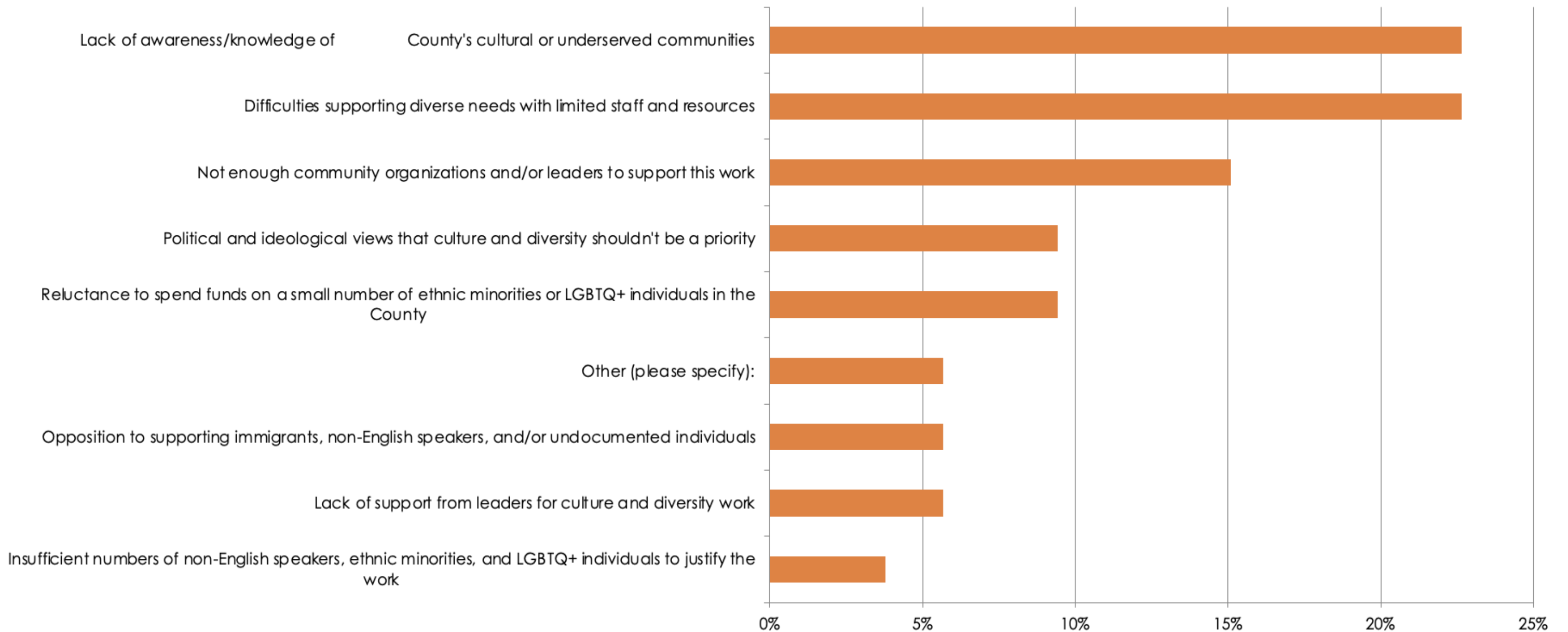
“There is no real diversity [in our county].”

“...myths of ‘Black people don’t live here’ or ‘Asian people don’t live here’.”

“If the community understood that the time and funding being spent was proportionate to the populations being served, they would have a better understanding and probably be more supportive of these efforts.”

I have no idea what \_\_\_\_\_’s current approach to cultural responsibility is.”

# Top barriers to being culturally responsive to and serving the mental health needs of ethnic minority and LGBTQ+ residents





Barrier to Culturally Responsive Services	Respondents Who Supported Funding Diversity Efforts	Respondents Who Opposed Funding Diversity Efforts
Political and ideological views that culture and diversity shouldn't be a priority	31.97%	9.43%
Reluctance to spend funds on a small number of ethnic minorities or LGBTQ+ individuals in the County	21.77%	9.43%
Opposition to supporting immigrants, non-English speakers, and/or undocumented individuals	19.73%	5.66%

# Recommendation #7

## To Increase Support for Diversity Work

Educate the General Population About...


1

...the presence of underserved and/or isolated cultural subgroups within \_\_\_\_\_

2

*(6 comments)*

...existing efforts to serve those cultural communities  
(i.e., \_\_\_\_\_)



**Translating  
Cultural  
Considerations  
Into Action for  
Suicide Prevention**



# Main Categories of Cultural Data

- Collection of cultural outcome data

## Example Outcome Measures for Downstream Efforts (providers & clinical organizations)

- What areas of suicide practice have you felt you need more training or support? Cultural competency in suicide management?
- Our organization is equipped to manage suicide risk in patients from underserved or marginalized groups (e.g., non-English speaking, low income, LGBTQ+, or racial or ethnic minority patients)
- For providers: I know how to incorporate culture and diversity into suicide assessment, prevention or management practices.

## Example Outcome Measures for Upstream Efforts (community outreach, training)

- I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced.
- I understand and can identify a number of ways in which culture affects mental health / mental illness.
- I feel prepared to help people from diverse cultural backgrounds with their suicidal distress.
- Please give us an example of how you feel prepared to help people from diverse cultural backgrounds with their suicidal distress.

# Main Categories of Cultural Data

- Collection of cultural outcome data
- Analysis of cultural identity / group differences

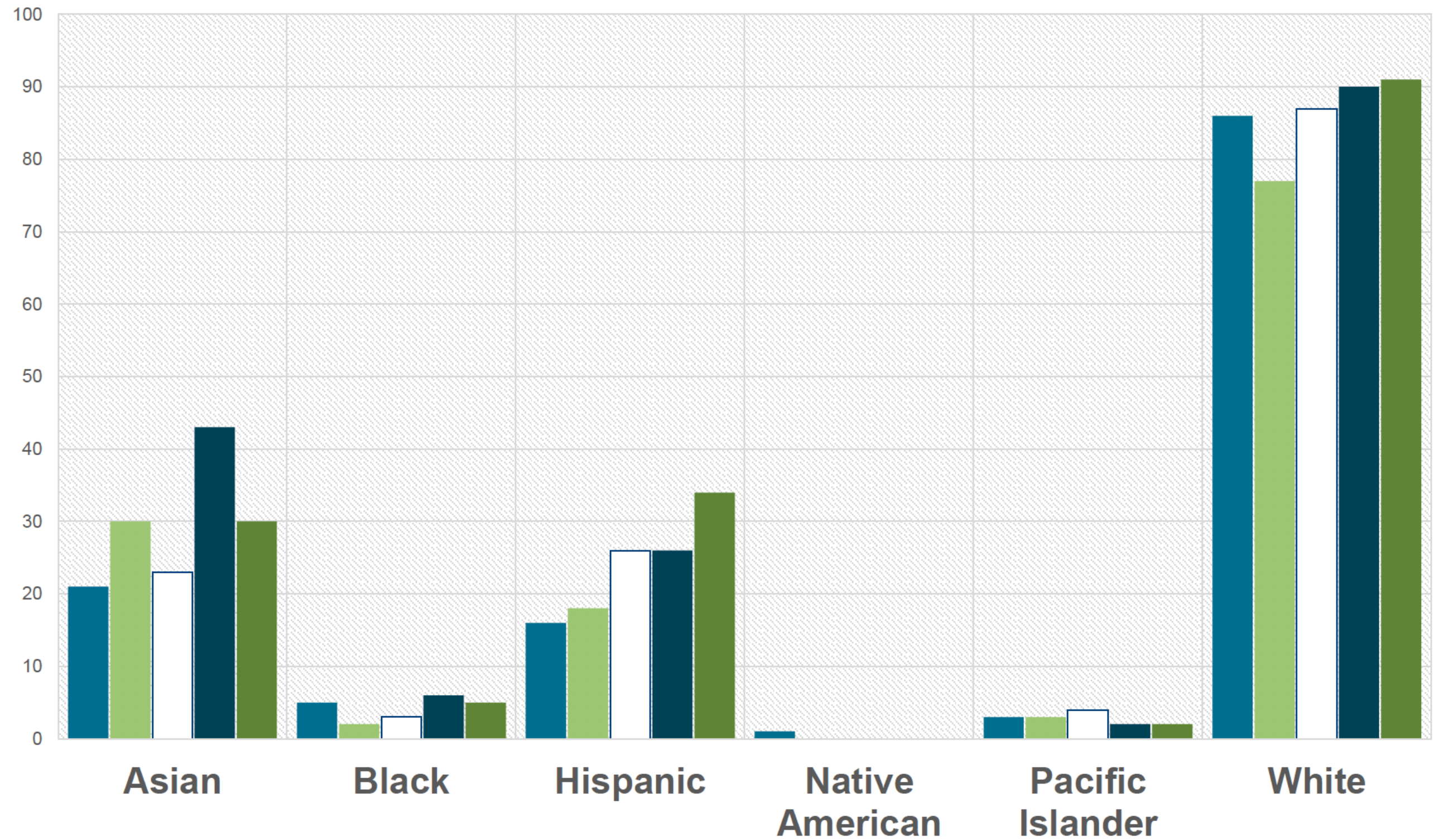
# Main Categories of Cultural Data

- Collection of cultural outcome data
- Analysis of cultural identity / group differences
- Use data to inform programming tailored for specific communities



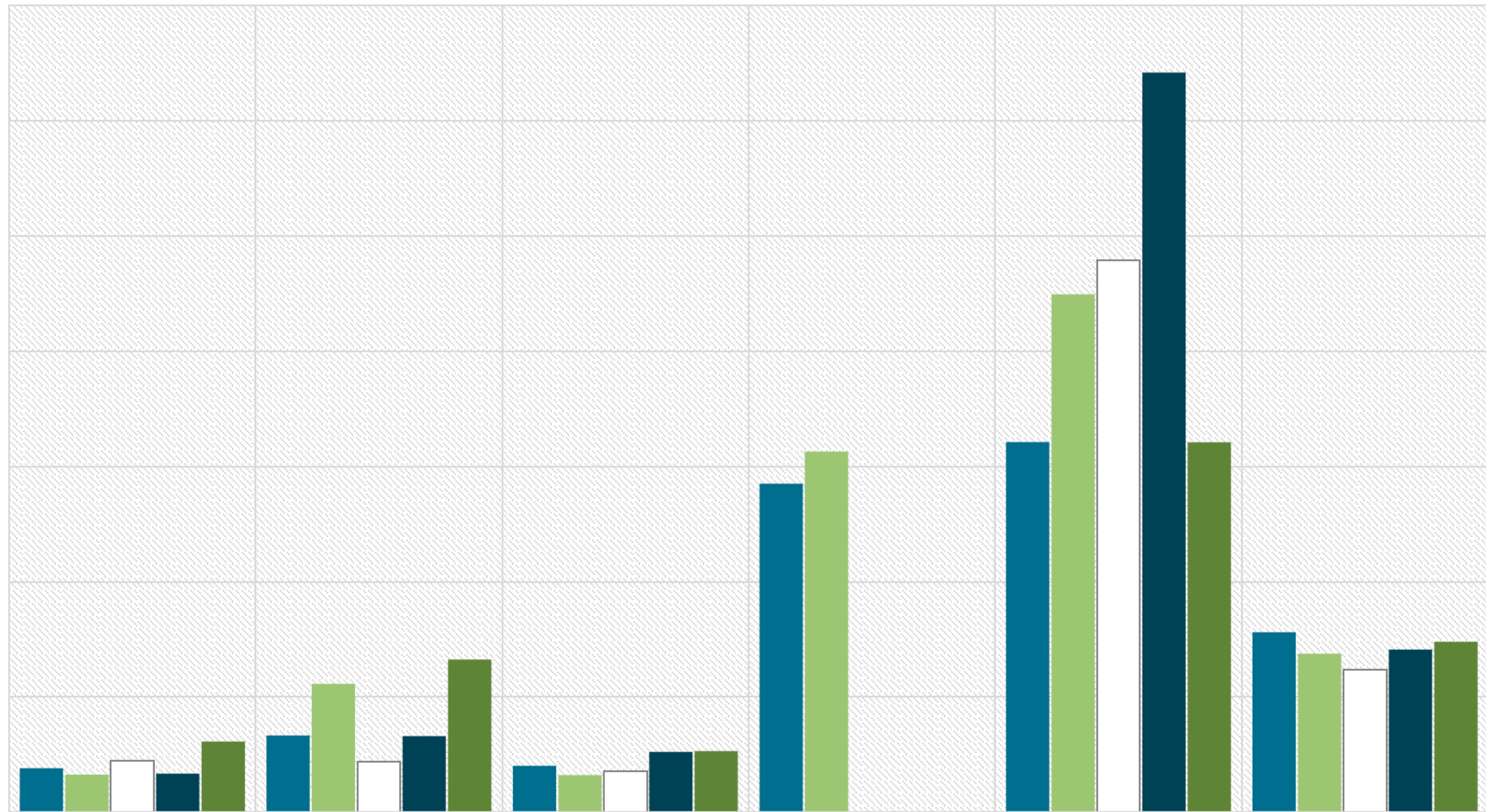
# Yearly Number of Suicide Deaths by Race/Ethnicity

■ 2016 ■ 2017 □ 2018 ■ 2019 ■ 2020



# Yearly Suicide Rate per 100,000 by Race/Ethnicity

■ 2015 ■ 2016 □ 2017 ■ 2018 ■ 2019





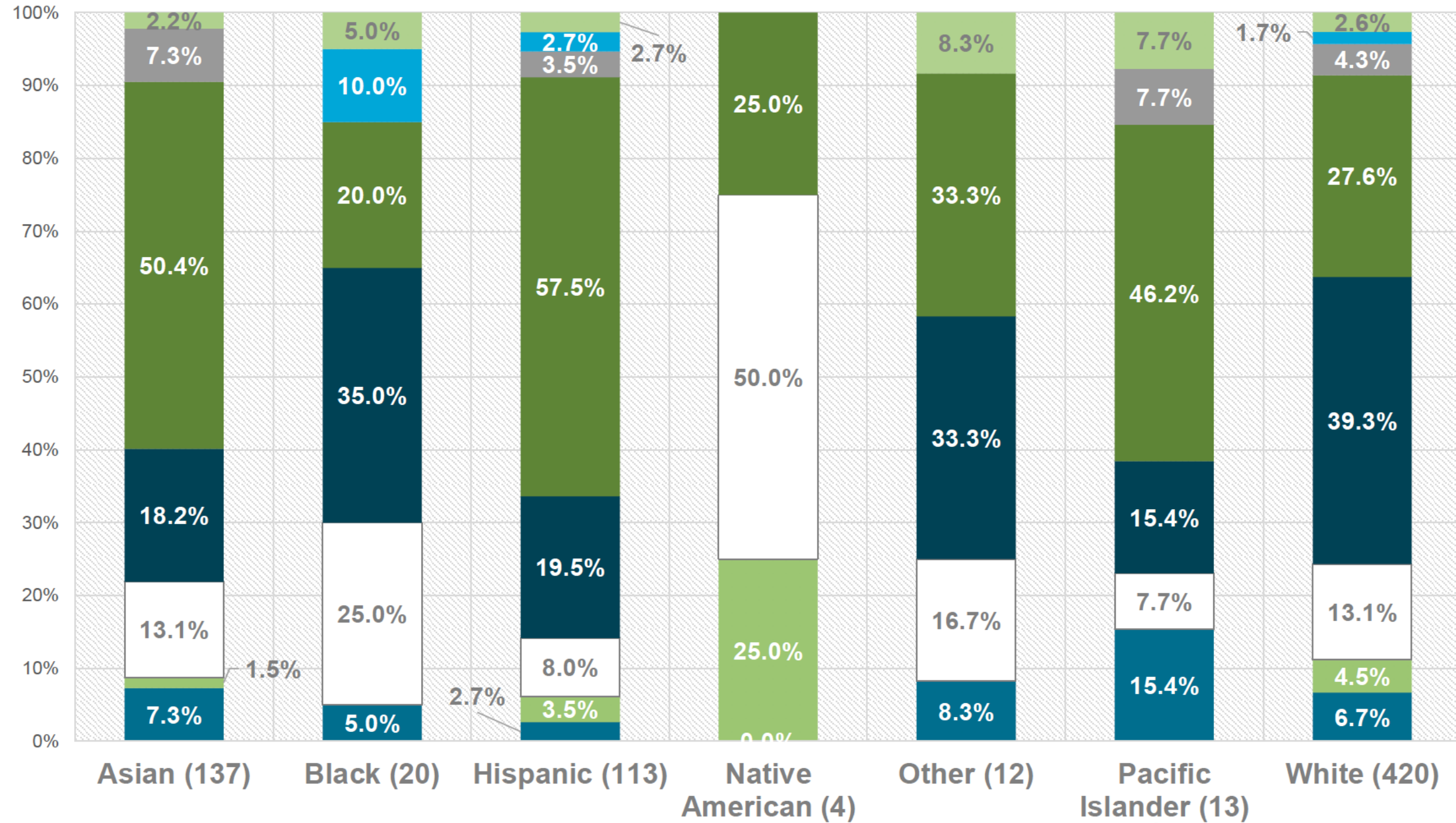
# Talanoa Community Roundtable

Pacific Islander Community Needs



## 2016-2020 Percent Method of Suicide by Race / Ethnicity

■ Asphyxiation 
 ■ Cutting / Stabbing 
 ■ Drugging / Poisoning 
 ■ Firearm 
 ■ Hanging 
 ■ Jumping 
 ■ Other 
 ■ Train Collision





# Community/ Clinical Roundtable

Hanging Means Restriction  
Community-level suicide prevention

## A Description of Resources Suicide by Ligature

## Resources

### Background

Suicide by ligature, also known as suicide by hanging, involves an individual using items to suffocate themselves.

- Hanging is the number one method of suicide in the County, exceeding firearms, and representing 40% of suicides in the County between 2018-2022<sup>[1]</sup>
- Suicide by ligature is very deadly, similar to firearms<sup>[2]</sup>
- The majority of suicides by hanging occur in the community, within people's homes and public spaces<sup>[3]</sup>
- Asphyxiation "games" that are common among youth encourage them to choke themselves until they pass out, which can lead to unintentional death

### Common Ligatures/Ligature Points

- Common ligatures include:
  - belts, ropes, cables, and scarves
- Common ligature points include:
  - beams, trees, ceiling fans, windows, doors/door knobs, and curtain or shower rods
- While these are common, there are still many other items that can be used in the home and completely restricting them is nearly impossible

There are many resources available in our County and nationally to support you and your loved one through a time of crisis, such as:

#### Suicide & Crisis Lifeline

For local area codes: 988  
For non-local area codes: 1-800-704-0900, Press 1  
Free, 24/7 support for anyone experiencing mental health distress, including:

- Thoughts of suicide
- Mental health or substance use crisis
- Just need to talk

#### Mental Health & Substance Use Services Call Center

1-800-704-0900

Free, 24/7 access to County services, including:

- Specialty mental health
- Substance use treatment or prevention
- Support for survivors of suicide
- General information, grievances, and appeals

#### Crisis Text Line

Text **RENEW** to **741741** (English only)

Envía **COMUNIDAD** a **741741** (Spanish only)

Free, 24/7 crisis support via text message.

#### Crisis Intervention Team (CIT) Officer

911

In emergency situations, ask for a C.I.T officer trained in mental health issues

[1] Baker, S. P. et al. (2013). Increase in suicide by hanging/suffocation in the U.S., 2000-2010. *American Journal of Preventive Medicine*, 44(2), 146-149.  
[2] County of Santa Clara Open Data Portal. ME-C Data Dashboard. (2022). ME-C Cases dataset [Dataset]. County of Santa Clara.  
[3] Gunnell et al. (2005). The epidemiology and prevention of suicide by hanging: A systematic review. *International Journal of Epidemiology*, 34(2), 433-442.

For more information, contact  
[SuicidePrevention@hhs.sccgov.org](mailto:SuicidePrevention@hhs.sccgov.org)



Suicide by Ligature: A Caregivers Support Guide

County of Santa Clara  
Suicide Prevention Program

## Helping a Loved One in Times of Suicidal Crisis

COUNTY OF SANTA CLARA  
Behavioral Health Services  
Supporting Wellness and Recovery

## Reducing the Risk of Suicide by Ligature

As a caregiver, you can take steps to reducing your loved ones risk for suicide by ligature. A few steps you can take include:

### Be Sensitive, Be Brave

- If your loved one is having thoughts about suicide, you can follow the Be Sensitive Be Brave approach:
  - *Be Sensitive:* Create a connection by sharing your worries for them, and actively listen to their current feelings and experiences  
*"I really do care about you, and I want to make sure you're safe, so let me ask..."*
  - *Be Brave:* Directly ask your loved one if they are having suicidal thoughts, and connect them with professional help and resources  
*"Are you having thoughts about suicide?"*
- If you are interested in attending a training about this approach, contact [evelyn.quintanilla@hhs.sccgov.org](mailto:evelyn.quintanilla@hhs.sccgov.org)

### Make a safe home environment

- Reducing common ligatures and ligature points in the home, while understanding that removing ALL ligatures and ligature points is nearly impossible. You can also help your loved one remove other unsafe items from their environment, such as sharp objects and medicines

### Use a Safety Plan

- If your loved one has received mental health care during their time in crisis, they should have created a safety plan. It is important to obtain a copy of this plan, and help your loved one use the coping skills and resources outlined in the plan
- If they do not have a current safety plan, you and/or your loved one can call in/text in the crisis line seen in the resources section of this brochure to obtain assistance with creating a plan and/or use available apps
  - Apps:
    - "Stanley-Brown Safety Plan" on App Store
    - "Safety Net" on Google Play Store

### Understand when to choose hospitalization

- We cannot monitor and care for our loved ones 24/7, nor can we remove all ligatures or ligature points from our homes. It can be helpful to bring your loved one to the hospital where they can receive 24/7 care in their time of crisis
- Hospitalization may be the safest option for your loved one if your loved one is showing:
  - Thoughts about suicide, a plan for suicide, an intention with an exact time/date, and have access to the means for their plan
  - Multiple suicide warning signs
- Your loved one could be kept at the hospital on an involuntary 72-hour hold if they are perceived by professionals as at risk to themselves or others. For adults, this is called a 5150. For minors, it is called a 5585

## Suicide Warning Signs

### Thoughts / Verbal

- Thoughts/statements that life is not worth living, thinking about hurting oneself, believing that others are better off without them, or having suicidal thoughts

### Feelings

- Hopeless, desperate, trapped, unbearable emotional pain
- Abandoned or betrayed
- No sense of purpose
- Sudden mood changes
- Feeling ashamed of oneself

### Physical

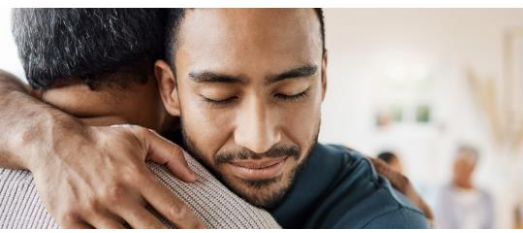
- Unbearable chronic pain
- Trouble coping with health changes

### Behavioral

- Giving away prized possessions
- Impulsive or reckless behavior
- Putting affairs in order
- Increased substance use
- Withdrawing from others
- Not caring for personal hygiene or health

### Situational

- Conflict with/rejection from one's family, support system, and/or community
- Exposure to trauma
- Discrimination or being treated unfairly because of who you are
- Not having others who understand you
- Trouble adjusting to a new culture
- Failure to meet expectations





**Suicide by Ligature: A Provider's Guide**

County of Santa Clara  
Suicide Prevention Program

**Combating the Rise  
in Suicide by Hanging**

 COUNTY OF SANTA CLARA  
Behavioral Health Services  
Supporting Wellness and Recovery





# Main Categories of Cultural Data

- Collection of cultural outcome data
- Analysis of cultural identity / group differences
- Use data to inform programming tailored for specific communities
- **Process Outcomes / Formative Assessment: Is there adequate cultural infusion in your suicide prevention coalition and work?**



# Process Evaluation, 2018

## Results Related to Culture + Data/Evaluation

- Gaps in the collection of cultural outcome data
- Enhance cultural competency (including for data) through partnership building
- A need to use data to inform programming tailored for specific communities

### CULTURE AND DIVERSITY DATA TABLES

Description of the County's Approach to Culture and Diversity  
(Table 2.1)

Cultural Competency Efforts	Definitions	N=20
Translation in multiple languages of services	Interviews mentioned how translation of campaigns, crisis line, hotline cards, radio programs, print media, social media, ads, posters, suicide-prevention trainings, SACS services into other languages addressed cultural competency needs.	13
Outreach/attention to specific groups	Interviews mentioned how the county had conducted: <ul style="list-style-type: none"> <li>• Outreach to cultural groups/ethnicities in general (N=4)</li> <li>• An emphasis on reaching out to Hispanic population (N=2)</li> <li>• Ad campaigns which represented people</li> </ul>	8

*Thank you for your time*

Support for people at risk for suicide or those supporting people at risk is available by calling the Suicide & Crisis Lifeline at 988

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al National Suicide Prevention Lifeline a 988.



# **CLOSING COMMENTS & NEXT STEPS**



*Thank you for your time*