

# A Review of Cultural Disparities Regarding Suicidal Behavior in At Risk

## Populations

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*Suicide is a ubiquitous phenomenon that permeates all cultures and socioeconomic strata. In recent years it has been determined that the prevalence of suicidal thoughts, suicide planning, and suicide attempts is significantly higher among young adults aged 18 to 29 years than among adults aged 30 years and older (Centers for Disease Control and Prevention [CDC], 2010). In conjunction with adolescence, culture and ethnicity have been regarded as influences of suicidal behavior. At risk racial/ethnic groups are classified as those with disproportionately high suicide attempt rates, among them being Latinos, African Americans, and American Indian/Alaska Natives. Cultural factors exist that may act as protectors or precipitants of suicidal behavior in certain racial/ethnic groups. Family, history, environment, identity, religion, and help seeking behaviors were recurring themes in the literature and were found to have disparate effects on manifestation of suicidality. By targeting these specific ethnic differences, culturally sensitive treatment and prevention approaches can anticipate higher success rates among suicidal individuals.*

**A**dolescent suicide remains a debilitating and tragic

phenomenon in the United States. Suicide is the third leading cause of death among adolescents, accounting for a greater number of fatalities than the next seven leading causes combined for 15 to 24-year-olds (Centers for Disease Control and Prevention [CDC], 2006). Distinct ethnic groups show unique patterns of suicidal behavior. "At risk" populations are those with elevated rates of suicide death, attempt, or ideation, among them being Latinos, African Americans, and American Indian/Alaska Natives. A mass survey conducted by the Centers for Disease Control and Prevention in 2006 showed that suicide attempts were highest among American Indian/Alaska Natives, followed by Latinas (CDC, 2006), yet in 2010 African American adolescents showed the highest likelihood for suicide attempts (16.2%) along with Hispanic adolescents (16.8%), as compared to their Caucasian peers (10.3%) (CDC, 2010).

Because of the statistical differences of suicide rates and the distinct suicidal backgrounds of minority populations, further research is necessary to explore suicidal behavior according to ethnicity and culture. This literature review explores three demographic groups at risk for suicide in the United States: Latinos, African Americans, and American Indian/Alaska Natives. The purpose of this study is to pinpoint the cultural context within which suicidal behavior occurs, to determine through relevant literature the mechanisms underlying varying rates of suicide by racial/ethnic group, and to suggest future preventive directions based on group-specific suicidal patterns, vulnerabilities, and immunities. This analysis will follow the model proposed by Sue (1991) and further explored by Phinney (1996), which puts forth the term "ethnicity" not to be used as a means of rigid categorization, but rather to represent aspects of psychological importance: 1) the cultural values, attitudes and behaviors that distinguish ethnic groups; 2) ethnic identity, or the subjective sense of ethnic group membership; and 3) the history and experiences associated with minority status, including powerlessness,

discrimination, and prejudice.

### **Suicidal patterns**

Latinos represent the largest minority population in the United States (14.1% of the U.S. population as of 2004, U.S. Bureau of the Census), and are also the fastest growing racial/ethnic minority group. Hispanic adolescents have shown a tendency to be at greater risk for depressive symptoms, suicide ideation, and attempts than other adolescents (Canino&Roberts,2001;Hovey & King, 1997; Zayas, Lester, Cabassa, & Fortuna, 2005). Yet Latino subgroups in the United States, the largest being Mexican Americans, Puerto Ricans, and Cubans, have shown varying rates of suicide (Ungemack & Guarnaccia,1998), with Puerto Ricans represented as having more-than-most instances of suicidal ideation (Fortuna, Perez, Canino, Sribney, & Alegria, 2006). One common factor between Latino subgroups is a history of immigration and transplantation, an important consideration when assessing mental health in this racial/ethnic group. A widely held belief assumes that patterns of immigration, acculturation, and sociocultural support systems ultimately shape patterns of depressive symptoms and suicidal behavior, as being a cultural transplant creates tension and conflict among psychologically-developing immigrant youth.

Suicide remains the third leading cause of death for African American 15-to-19-year olds in the United States (CDC,2006). Across the lifespan, the median age of suicide death is approximately a decade earlier for AfricanAmerican suicide victims than for other ethnic groups(CDC,2006).Yet a fairly common phenomenon occurring within this population may skew suicide statistics, and actually neglect to account for many yearly deaths by suicide. Victim-precipitated suicide, in which individuals provoke others into killing them instead of committing suicide themselves has been observed among many African American males (Klinger, 2001; Stack & Kposowa, 2011). The stigma

associated with suicide (weakness, vulnerability) results in a tendency for African Americans to seek death by homicide rather than suicide. As with Latino subgroups in the United States, differences also exist among African subgroups (e.g. rural South vs. urban Midwest, immigrants vs. descendants of African slaves in America). For example, Joe, Baser, Breeden, Neighbors, and Jackson(2006)found in the National Survey of American Life that Black immigrants of Caribbean descent in the U.S. had higher rates of suicide attempts than African Americans, and that Blacks in the Midwest were at a significantly higher risk for attempted suicide than those residing in the South. Overall, a slow increase in the rate of suicide and nonfatal suicidal behavior since the 1980's among young blacks has narrowed U.S. racial disparities in suicidal behaviors (Joe et al., 2006).

Among American Indians between the ages of 15 and 19, suicide accounts for nearly 20% of deaths (CDC, 2006). A particular phenomenon unique to the AI/AN populations is suicide clustering, a contagion in which several suicides occur during a short period of time. More so, life in an isolated environment with smaller and more tightly knit social sub-groups spawns greater exposure to suicidal behavior and an increased risk for the suicide contagion (Bechtold, 1988). It is important to note that suicidal behavior in American Indians predominantly takes the form of substance abuse and other life-endangering behaviors. In fact, the death rates for unintentional injuries combined among 10 to 19-year-old American Indian/Alaska Natives are 50% higher than the overall United States rates (CDC, 2006) and accidental death rates for Alaska Natives are five times the national average (Mohatt, McDiarmid, & Montoya, 1988). These rates may be representative of true accidental deaths, but may also conceal deaths resulting from undetected suicidal intent. In fact, in 1994 it was reported that Alaska's overall suiciderate was twice that of the national average (25.1 per 100,000 in 1989 and 19.3 per 100,000 in 1991, compared with the national rate

of 11.4 per 100,000) (Municipal Health and Human Services Commission, 1994).

The inevitable shift of cultural dynamics within populations over time creates disparities in determining racial/ethnic minority groups at highest risk for death by suicide (Goldston et al., 2008). As these rates and patterns fluctuate, the precipitants associated with suicide and the manner in which minority groups react to suicidal thoughts also change. To understand cultural protective and risk factors for suicidality means to understand how to efficaciously diagnose and treat potential self-injurious tendencies, and poses the greatest potential for reaching minority youth at risk.

### **Protective and Risk Factors**

Of the general established risk factors, depression accounts for the largest proportion of variance in suicidal behavior (Greening & Stoppelbein, 2002; Roberts, Roberts, & Chen, 1997). Yet culture-specific beliefs and behaviors can also act as either hazardous or preventative agents on self-injurious behaviors. Rigorous analysis of the literature has produced five salient motifs accounting for cultural disparities in suicidality: family, cultural environment, history, identity, and religiosity, each of which will be discussed in relevance to Latinos, African Americans, and American Indian/Alaska Natives in the subsequent sections.

#### **Family**

Unique social structures within the Latino population create conflictive psychological boundaries within the adolescent mind. Familial expectations (familismo), unity and cooperation are obligatory among Latinos; collectivism is enforced while the importance of individual achievements and identity is deemphasized (Goldston et al., 2008; Zayas et al., 2005). One fourth of Latino-American adolescents in a study by Hovey & King (1996) reported critical levels of depression and suicide

ideation, which through multiple regression analyses revealed family dysfunction as strongly predictive of depressive symptoms. On the other hand, higher scores on a responsibility to family subscale implicated strong familial connectedness as a disincentive for suicidal behavior (Oquendo et al., 2005). Hispanic domestic environments may emphasize certain assertiveness and male-dominant behaviors, or machismo, among sons while enforcing passivity and subservience, or marianismo, to daughters (Goldston et al., 2008). Lack of mutuality and connectedness between Latina mothers and daughters has also been attributed to high suicide risk (Zayas et al., 2005; Zayas & Pilat, 2008). The struggle between two feminine cultural ideals, that of a modest and traditional Latina and of a sexy and assertive American female presents a social pressure unknowable by older generations. For rapidly acculturating adolescents, the strain between authoritarian, conservative parenting and a laissez-faire American culture can result in psychological distress and confusion.

Family plays a role in moderating suicidal behavior among African American youth. A study by O'Donnell, O'Donnell, Wardlaw, and Stueve (2004) found that family closeness and parental support from families has been shown to predict depression and suicidal behavior over time. Increased family support and peer support are associated with decreased suicidality (Matlin, Molock, & Tebes, 2001), while deficits in family functioning and support are strongly associated with suicide attempts among low-income African American men and women (Compton, Thompson, & Kaslow, 2004). From a historical perspective, positive social and family connectedness has been an important coping mechanism for African Americans living in an adverse society and is consistent with greater values essential to African American culture, i.e. the interdependence of individuals and communalism (Harris & Molock, 2000; Matlin, Molock, & Tebes, 2001).



Though social support is undeniably important to mental well being among American Indian/Alaska Native adolescents, family was not emphasized as a component of potential suicidality. Rather, strength of the larger collective (i.e. tribe) is valued above the nuclear family, and will be discussed in the following sections. Familismo and familial connectedness proves to be a unique and protective stronghold against suicidal behavior for Latinos, yet stringent expectations, in particular machismo for young Latinos or complete subservience for Latina adolescents can prove detrimental. The same is true for African American youth; family cohesion and support reduces risk of suicidality, while dysfunction increases that risk. Overall, family acts as a predictive domestic unit, whether beneficial or harmful, for both Latino and African American adolescents.

## **Environment**

Emotional disturbances associated with immigration, and the various adaptations brought on from contact with a foreign culture, place the Latino population at an elevated risk for suicidal behavior (Goldston et al., 2008). The process of acculturation to American society and the stressors related to transitioning are positively associated with depression and suicidal ideation among Latino adolescents in particular (Hovey & King, 1996). Immigration is found to disrupt family ties, increase feelings of insecurity and loneliness among family members left behind, and induce additional stress and demands on immigrant family members, greatly increasing one's risk for suicidality (Borges et al., 2009). Additionally, Vega, Gil, Zimmerman, and Warheit (1993) deemed acculturative stress as an important factor in drug use and increased vulnerability for suicide attempts in Hispanic adolescents.

Deindustrialization in urban areas related to various socioeconomic difficulties such as lack of education, community resources, and employment have been attributed specifically to the urban African

American population as risk factors for suicidality (Kubrin, Wadsworth, & DiPietro, 2006). For example, Joe et al. (2006) found that blacks with less than a high school education were more likely to have attempted suicide. Other environmental components such as greater access to firearms, exposure to violence, and prolonged aggression or abuse from significant others also appear to place African Americans at a higher risk for suicide (Joe & Kaplan, 2001). Lasting effects of poor environment usually results in a sense of hopelessness, isolation, and looming realization of low socioeconomic status, all of which negatively affect the individual's psychological wellbeing and contribute to depressive symptoms. Life on an isolated reservation produces higher rates of suicide among American Indian/Alaska Native youth. Higher average rates of poverty, isolation, abuse, alcoholism, and other drug abuse are among the load of risk factors for reservation youth (Frantz, 1999). Perhaps the greatest risk factor for adolescents living on a reservation is the repeated exposure to a friend or family member's suicidal behavior, which may in turn result in the aforementioned phenomenon of suicide contagion (Bechtold, 1988). At the same time, tribal life can incite a desire to maintain cultural identity and create tight-knit community relations (Johnson & Tomren, 1999), known protective factors for AI/AN youth and mentioned in the following sections.

Although not widely mentioned in previous comprehensive literature as a prominent risk factor for suicide, environment undoubtedly poses a great hazard for young adolescents struggling to adapt to their surroundings. For Latinos, emigrating from a native country is not only a stressful process in and of itself, but acclimating to a foreign environment delivers a lasting psychological strain for the developing adolescent, especially when considering the inevitable divergence between immigrant and first-generation family ideals. Environment takes a different form when considering urban African Americans living in disadvantaged neighborhoods. Living among violence in a neighborhood with



generally poor physical appearance may incite hopelessness and a realization of poverty among adolescents feeling trapped in threatening surroundings. For American Indian/ Alaska Natives, isolated reservations create a unique communal environment that may either provide support for developing adolescents or may instigate alcoholism, abuse, or suicide clustering among young peers. Though, of course, heterogeneity of racial/ethnic groups means that not all members experience the same environment, the previously mentioned and more prominent shared surroundings play a role in psychological wellbeing.

## **History**

Two widely established stressors that have been linked to psychological distress in the AfricanAmerican population are racism and discrimination (Goldston, et al., 2008). Perceived discrimination has been associated with depression, increased substance use, and hopelessness among AfricanAmerican adolescents (Gibbons, Gerard, Cleveland, Wills, & Brody, 2004). Past historical abuses, including slavery, and the more recent civil rights movement, have presently resulted in greater awareness of social and economic inequalities and increased desperation among youth (Kubrin et al., 2006).

Due to historical trauma of forced relocation of AI/AN families and children in the late 1800s, and the subsequent stifling of traditional language, religion and cultural practices, a sense of intergenerational trauma created by this ethnic cleansing produced a pervasive feeling of demoralization and increased on going suicide risk within these populations (Goldston et al., 2008; Whitbeck, Adams, Hoyt, & Chen, 2004). As previously mentioned, the context of rural reservations foments a high prevalence of alcoholism, drug dependence, which in turn precipitates suicidal behavior (Beals et al., 2005). Furthermore, there is evidence that alcohol being introduced by white settlers into the AI/AN populations, and genetic inexperience of metabolizing alcohol for

these populations, largely contributes to the high rates of suicide by intoxication (Silk-Walker, Walker, & Kivlahan, 1988). Alcohol abuse at a young age is strongly associated with increased risk of suicidality, and a study by Wallace et al. (2003) reported that almost a quarter of American Indian eighth graders taking part in the Monitoring the Future national survey testified to drinking five or more drinks at a single sitting within the past two weeks.

A traumatic past is a risk factor for self-injurious behavior primarily among African Americans and American Indian/Alaska Natives. Though Latinos have undoubtedly faced hardship in the United States, unique periods of discrimination, prejudice, and suffering have been delivered upon the former ethnic groups. Historical injustices produce lasting effects: for African Americans, perceived bigotry, poverty, and economic immobility, and for AI/AN, life on government-bestowed lands, alcoholism, and substance abuse.

## **Identity**

Identity protects adolescents from suicidal behavior when fomenting a sense of belonging or collectivity, but becomes a risk factor when considering multiple identities competing for salience in the adolescent psyche. For African Americans, positive racial identity or racial centrality is associated with lower depressive symptoms and higher esteem (Sellers, Copeland-Linder, Martin, & Lewis, 2006). More so, African Americans who have attempted suicide feel more disconnected from their own ethnic group as compared with their non-suicidal peers (Kaslow et al., 2004). Yet mixed ancestry or biracial adolescents may have an increased risk for suicidal intent. Among a sample of biracial African American/White adolescents, lack of adherence to a concrete reference group, or identification with a White instead of a Black or bicultural reference group was positively correlated with lower global self-worth (Goldston et al., 2008).

A study by Roberts, Roberts, and Chen (1997) determined that mixed-ancestry (Hispanic and White) adolescents reported increased rates of suicidal thoughts (6.7% reported) and suicidal plans (10.3% reported) when compared to their Anglo peers (3.2% and 5.1% reported, respectively). Also, in a study by Olvera (2011), 45.5% of mixed-ancestry adolescents admitted to engaging in suicide ideation, compared with 34.8% of adolescents of solely Hispanic ancestry. American-born adolescents may be particularly sensitive to being labeled “different” because of their ethnic status, and may not receive consolation from immigrant family members who are more secure in their ethnicity (Olvera, 2011). Studies have shown that Hispanic youth suffer from many of the insecurities that come with discrimination and marginalization, yet they lack the sense of identity and belonging displayed by older-generation immigrants (Borges et al., 2010). Conversely, found that being Latino and self-identifying as such served as a proxy for cultural constructs protecting against suicide (Oquendo et al., 2005). That is, individuals accepting belongingness to the Latino group were found to possess the culturally driven protective factors associated with the Latino identity (i.e. family and religiosity).

There exists a much greater sense of identity and belonging among American Indian/Alaska Native tribes. Specifically, the degree to which an individual is embedded in traditional cultural values plays a large role in inspiring prosocial behaviors and preventing suicidality among American Indians and Alaska Natives (Whitbeck et al., 2004). Yet, lack of sense of ethnic identity, attributed as a result of past forced relocation and loss of language and culture, has also been deemed a risk factor for suicidality among AI/AN adolescents (Goldston et al., 2008). Growing up in the midst of persistent discrimination, torn between tradition and modernity, may also produce psychological stress among adolescents.

For adolescents in general, taking pride in and maintaining a cultural identity is difficult; with pressure from peers, family, and

society as a whole, reaching an agreement with the self can be virtually impossible. Positive racial identity and centrality is a protective factor for African Americans. Among Latinos, acceptance and endorsement of racial/ethnic identity is also associated with positive outcomes and more reasons to live. Involvement in traditional culture for AI/AN youth acts as a buffer against suicidality yet becomes a risk factor when active embedment in identity wanes. Biracial and immigrant adolescents possess an increased risk for suicidality that is mainly attributed to conflicting racial/ ethnic identities, insecurities, and perceived lack of belonging. Overall, attaining comfort in identity is the ideal achievement for at risk youth and offers protection from psychological stressors.

## **Religion**

Religion has been universally considered a mitigating force against suicidal behavior. Oquendo et al. (2005) found that Latino participants scored relatively high on the Reasons for Living Inventory (RFLI; Linehan, Goodstein, Nielsen, & Chiles, 1983), indicating particular cultural factors as deterrents from suicidal behavior. The exact protective factors implicated in this low rate of suicide ideation are associated with one's selfidentification as Catholic and thus, high moral objection to suicide (Oquendo et al., 2005). Eighty-seven percent of participants in a study by Cabassa, Lester, and Zayas (2007) reported that faith in God heals depression, and 77% agreed that praying to God for forgiveness would relieve depressive symptoms. The majority of Latino participants upheld firm, positive attitudes toward the role of faith in coping strategies, thus suggesting religion as a strong protective factor within this population (Cabassa et al., 2007).

African American youth have been consistently found to report more religious activities than other groups (Molock, Puri, Matlin, & Barksdale, 2006). For African American students, self-directed religious coping (the belief that God plays an indirect and passive

role in one's life) is positively associated with more hopelessness, depression and suicide attempts (Molock et al., 2006).

Contrastingly, a cooperative religious style, or the belief that the individual is in an interactive and symbiotic relationship with God, has been found to be positively associated with increased reasons for living (Molock et al., 2006), thus deeming religiousness as a deterrent for suicidal behavior in appropriate conditions.

Many AI/AN groups focus heavily on traditional healing ceremonies, rituals, and spirituality in their every day. A study by Novins, Beals, Moore, Spicer, and Manson (2004) found that the use of traditional healing ceremonies is positively linked to strength of American Indian/Alaska Native identity, which in turn is associated with lower risk of suicidal behavior. Similarly, a study by Garrouette, Goldberg, Beals, Herrell, and Manson (2003) found that commitment to cultural spirituality was significantly associated with a reduction in attempted suicide among a sample of 1,456 American Indian tribe members living on or near the Northern Plains reservations. Those with high levels of cultural spiritual orientation had a reduced prevalence of suicide compared with those possessing low cultural spirituality (Garrouette et al., 2003). Regular church attendance was the strongest negative correlate of attempted suicide identified for Inuit youth in a study by Kirmayer, Boothroyd, and Hodgins (1998). Those who attended church regularly were one-third as likely to make a suicide attempt than those who did not (Kirmayer et al., 1998).

Religious devotion appears to protect against suicide the Latinos, African Americans, and American Indian/Alaska Natives who take an active role in their beliefs. For Catholic Latinos, high moral objection to suicide, prayer, and religious coping skills make death by suicide an unpardonable alternative. Committed and active religious participation for African Americans protects against self-harm if a perceived relationship with God exists. Cultural

spirituality, and the adherence to beliefs and ceremonies associated with AI/AN tradition, reduces suicide attempts, strengthens ethnic identity, and promotes prosocial behavior among adolescents. For all three groups, religious devotion may play a role in the healing of depressive symptoms.

## Help Seeking

Help seeking is often regarded as its own predictor of suicide, but may also be considered the outcome of the battle between risk and protective behaviors. Those who possess a strong connection to community, religiousness, or identity, for example, will most likely seek professional help for an emotional disturbance before those who lack the former. At risk individuals may deny existence of a disorder to avoid seeking help, and may instead rely on informal outlets or coping strategies. This pattern is apparent: Latinos, Blacks, and American Indian/Alaska Natives each display particularly low rates of service utilization (BrelandNoble,2004;Frantz,1999;Katoaka,Stein,Lieberman, & Wong, 2003). A shared apprehension behind help seeking avoidance exists. Bearing the stigma associated with a psychological abnormality is perhaps the greatest obstacle that Latinos, African Americans, and AI/AN mutually face in receiving professional mental health services.

Among depressed Latino adolescents, both the use of denial as a coping strategy and the subsequent refusal of professional mental help were significantly correlated with suicidal ideation (Olvera, 2011). Apprehensions surrounding pharmaceutical depression treatments were expressed by Latino participants in a study by Cabassa et al.(2007),and 60% of participants reported thoughts of antidepressants as being addictive. Furthermore, Latino families are unlikely to seek mental health services as a first option in help-seeking behaviors and, because of their strong familial connectedness, most often turn to family (Cabassaetal.,2007). Infact, in a study by Kataokaetal.(2003), Latino youths were least



likely to receive crisis intervention in an institutional setting and least likely to be identified as suicidal compared to other ethnic groups, regardless of true suicidal intent that may have been left unreported.

Yet African American youths are perhaps the most underrepresented sub-group in outpatient mental health services (U.S. Department of Health and Human Services, 2001). The low rate of help-seeking behaviors of this population has been attributed to mistrust of the professional mental health institution. In particular the widespread publication of the Tuskegee experiment created long lasting effects on service utilization among African Americans because of the mass deception and systematic treatment withholding for syphilis by doctors (Breland-Noble, 2004). Other barriers include lack of health insurance and perceived threat of culturally inappropriate treatment or diagnoses may also act as service-utilization deterrents (Goldston et al., 2008). It appears that different measures such as the formerly mentioned victim-precipitated suicide maybe taken to avoid, at all costs, the stigma associated with being labeled “suicidal” (Klinger, 2001; Stack & Kposowa, 2011). For this reason, African American adolescents often seek out informal sources, creating among individuals a sense of social connectedness, which, for females, accounts in part for their lower rates of death by suicide (Nisbet, 1996).

Within the American Indian/Alaska Native communities, utilization of traditional healing services as a help-seeking behavior is common; less than 30% of American Indian adolescents and adults with a lifetime history of a mood disorder sought help from a mental health professional, yet 34% to 49% sought services from a traditional healer (Beal et al., 2005). The higher rate of traditional healing utilization may exist because of the stigma associated with psychiatric service utilization or possibly because of lack of

professional resources on the small and isolated reservations (Frantz, 1999;Novinsetal.,2004). Moreso, historical loss and a succeeding mistrust of the mental health field may contribute to AI/AN individuals' avoidance of formal services and desire for self-reliance in healing (Whitbeck et al., 2004).

Patterns of seeking help for depressive symptoms vary by racial/ethnic group, although each has reported wariness due to perceived stigmatization. Latinos rely on family and informal support sources above professional therapeutic and pharmaceutical treatment. Apprehensions toward mental health professionals based on past exploitation, along with a reliance on social networks for support, prevent AfricanAmericans from seeking formal help. American Indian/Alaska Natives rely on traditional healing for emotional disturbances, due in part by a lack of and cultural preference over mainstream professional services. Hesitancies toward help seeking pose a formidable impediment, as suicidal youth go unseen and untreated by those able to provide therapeutic intervention.

## **Discussion**

Among the various facets of cultural context that influence suicidal behavior in adolescents, family unity and the role of collectivism in one's daily life, environment, religiousness, cultural history, and strength of identity appear as recurring themes throughout the relevant literature. Although common precipitants and protectors exist between racial/ethnic groups, many extreme differences were highlighted throughout this paper. Treatment approaches to suicidal behavior among ethnically diverse individuals must be tailored to the unique needs of the collective, and should incorporate culturally relevant protective factors and coping mechanisms.

## **Implications and Suggestions for Treatment**

Familial connectedness among Latino youth is an important factor

when considering mental wellbeing: since Latinos rely heavily on family as a support structure, positive-influence members should be incorporated into suicide prevention efforts. Practicing religious activities in place of negative coping mechanisms was shown to be favorable among young Latinos facing emotional disturbances, and maybe an important component to consider for treating suicide risk (Cabassa et al., 2007). Unfortunately, immigration and acculturative stress often inhibit Latinos from seeking professional help, whether it is a language barrier, economic barrier, or general wariness of the health field preventing those in need from receiving therapy or intervention. There exists a great need for bilingual, anonymous mental health services for undocumented immigrants, focusing primarily on cultural understanding and openness to curtail negative help seeking attitudes.

African American adolescents, along with Hispanics, were perhaps the most underrepresented group in treatment interventions (Kataoka et al., 2003; U.S. Department of Health and Human Services, 2001). Factors to address in suicide prevention for this group include incorporation of informal sources of support (Nisbet, 1996), religion as appropriate (Molock et al., 2006), and culturally sensitive programs that foster openness and trust of mental health professionals while expunging perceived judgment. Integration into familial and community networks without creating a stigma weakness or instability, although important for all racial/ethnic groups, is perhaps more so for black individuals given the reduced rates of suicide among socially engaged individuals and the utilization of informal support sources in times of distress (Goldston et al., 2008; Joe et al., 2006).

Among American Indian/Alaska Native individuals, traditional healing approaches appear to be the most frequently sought means of treatment (Beals et al., 2005); therefore if integrated into professional treatment may perhaps increase success rates. Because of the high rate of associated fatalities, alcoholism and substance

abuse awareness and treatment should be the highest priorities in suicide intervention (Wallace et al., 2003). Isolated reservations place American Indian/Alaska Natives at a great psychological disadvantage compared to other minority populations due to extremely low access to professional mental health services (Johnson & Tomren, 1999). Significantly greater efforts should be made to introduce suicide prevention programs into these communities, focusing primarily on strengthening cultural identity, observing spiritual practices, and fortifying reservation-wide support systems to improve mental health and wellbeing.

### **Limitations and Future Directions**

An unfortunate hindrance to drawing conclusions about suicidal behavior in minority groups, in particular American Indians and Alaska Natives, is the recurring issue of small sample sizes. For example, Alaska Native data regarding suicidal behavior is often merged with American Indian data and therefore promoting an overall lack of understanding of their respective cultural differences. Further efforts should be made to recruit larger samples of minorities and isolate the population in question. Future research would also benefit from understanding within-group differences, since drawings significant conclusions from the entire African American population in the United States, for example, could result in overly generalized and possibly presumptuous interpretations. Also, many studies neglected to control for socioeconomic status and educational backgrounds, which undoubtedly affect cultural context and suicidal risk.

Future studies may also want to focus exclusively on mental health and depressive symptoms among mixed-ancestry adolescents, as this literature review only briefly mentions mixed-ancestry as relevant to racial/ethnic identity salience. Throughout the literature, conflicting racial/ethnic identities were deemed a source for psychological stress, confusion, and perceived alienation among biracial adolescents (Borges et al., 2009; Goldston et al., 2008;

Olvera, 2011). Contrastingly, the mention of race as a determinant of suicidal ideation suggests that personally identifying oneself as part of a larger, collective ethnic group may be somehow associated with less individual risk for suicide. Given the obvious heterogeneity of the young biracial population, further research is necessary to determine proper suicide prevention protocol.

Needless to say, treatment approaches must take into account every demographic and cultural characteristic when tailoring therapy to distinct populations. There are various factors to consider when referring to an ethnic group, and it is quite difficult to make robust conclusions when considering, for example, immigration status or rural versus urban settings. Yet an all-encompassing ideal prevails: to understand the individual, while keeping in mind factors such as family, environment, history, identity, and religion, that amalgamate to create the individual within the context of the larger racial/ ethnic group. The dire purpose remains: only through greater understanding and development of effective, culturally sensitive interventions, will professionals be able to successfully treat and prevent suicidal behavior among ethnically diverse adolescents.

This study precludes a comprehensive review of current tested suicide prevention strategies in racial/ ethnic minority populations. Suicidal patterns, risk and protective factors were discussed in terms of racial/ethnic considerations in suicide prevention and intervention. An evaluation of existing culturally sensitive treatments, and their level of employment of group-specific protective factors, is necessary to further mobilize the suggestions mentioned above.