

**IIMHL**  
International Initiative  
for Mental Health  
Leadership



**The College for Behavioral  
Health Leadership**

# Innovations in Youth Mental Health: Panel 1

June 15, 2022

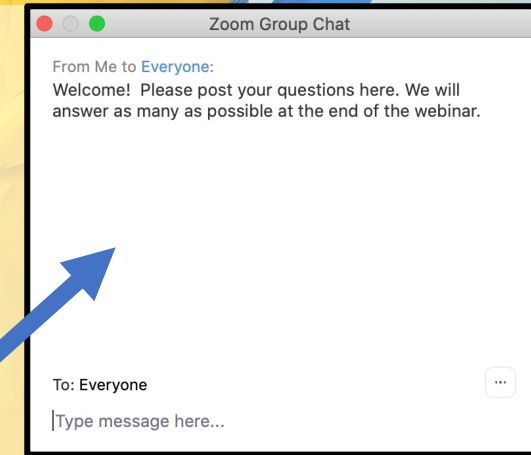
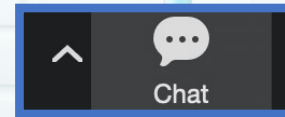
11:00am PT / 12:00pm MT / 1:00pm CT / 2:00pm ET

*Welcome! We will get started momentarily.*

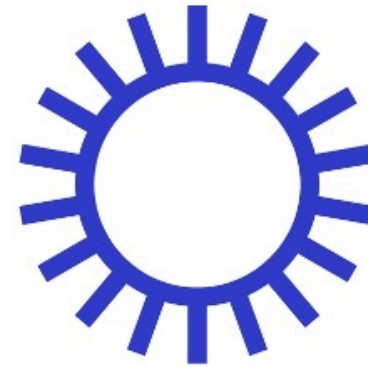
Please let us know who you are and where you are from in the chat box  
(click the chat icon at the bottom of your screen).

# Housekeeping

- We want to hear from you! Share your **questions, comments** and “**ah-ha’s**” via the **chat box**.
- A **recording and slides** will be available within 24 hours - We’ll email you.



# Welcome



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# Our Time Today

- Welcome
- Panelist Presentations
  - *Reading & Rhythm Changes Lives*
  - *The Power of Youth Emotional CPR*
  - *Culturally Relevant Interventions for Mental Health Providers Serving Hispanic and Latino Youths*
- Audience Q&A/Moderated Discussion

# Our Panelists



## Steven Angel

- Steven Angel is President, founder, and creator of programs of the Drumming for Your Life Institute (DFYL), a non-profit organization based in Los Angeles.
- Program Name - *Reading & Rhythm Changes Lives*

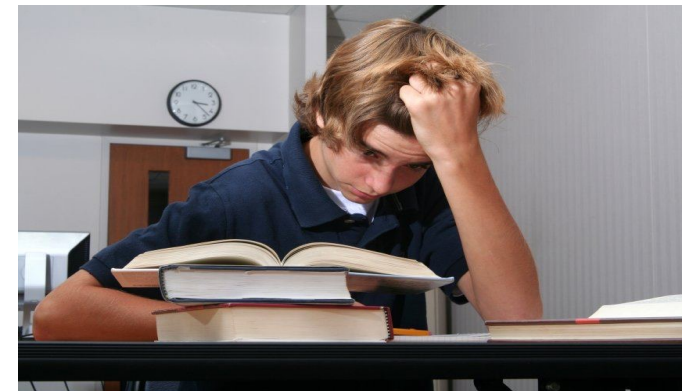
# The Literacy Problem is Huge

Reading and Rhythm is positively impacting reading skills through rhythm, building fluency, comprehension and confidence.

67% of 4<sup>th</sup> graders cannot read at basic level



85% of Juveniles are considered functioning illiterate



**10%** of high school graduates **can not read**



**21%** of US adults read **below the 5<sup>th</sup> grade level**



# **“THE DOUBTFUL INTERNAL VOICE”**

**PSYCHOLOGICAL COMPONENT THAT IMPEDES READING ABILITY**



- **When a student reads several words or a sentence.**
- **Student will read a passage and see a word coming up they don't know and repeat the word or words before it.**
- **When students repeat a word they said correctly, stumble over a word, or mispronounce a word.**
- **When students do not read at grade level it attaches a stigma of “cannot read” to the student.**



## **HOW IT WORKS: PROGRAM FEATURES**

- **PULSE BEAT**
- **READING & RHYTHM BEAT**
- **7 READING & RHYTHM RULES**
- **NON-LINEAR COMPREHENSION**
- **SEE IT, SAY IT, PLAY IT**
- **TECHNIQUES FOR VOCABULARY AND SPELLING**



# 1<sup>ST</sup> QUARTER TLA TEST SCORE RESULTS

## **Adult Second Language Learners**

ALMA Sites

21 Participants were pre and post tested

Fluency Average Increase: 71%

Comprehension Average Increase: 124%

## **K-6 Students**

St. Odilia School

19 Participants were pre and post tested

Fluency Average Increase: 64%

Comprehension Average Increase: 123%

## **8-12 Reading Level – Young Adults & Adults with severe mental health**

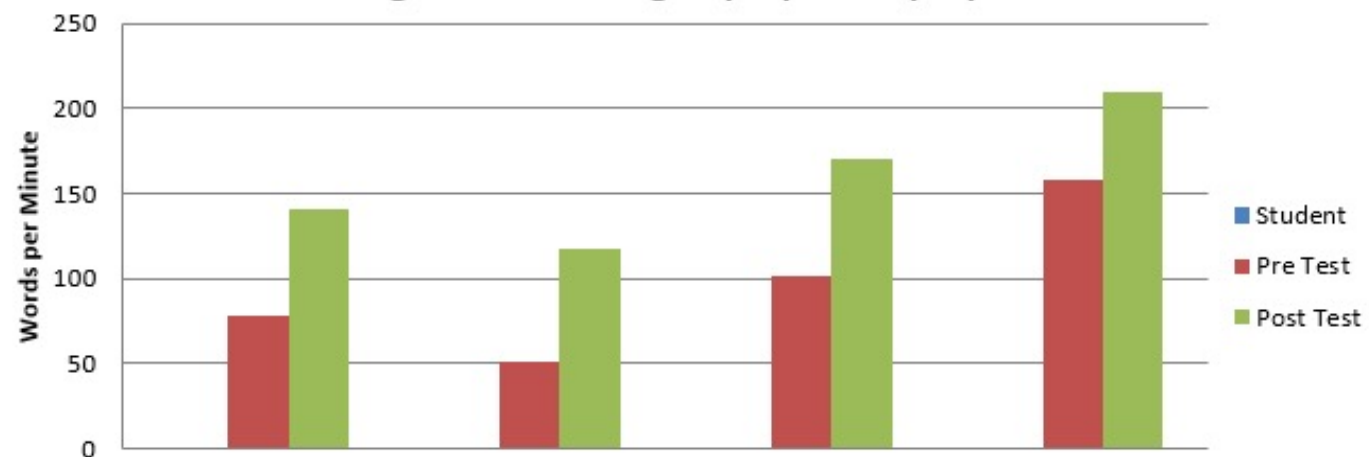
Multiple Sites

13 Participants were pre and post tested

Fluency Average Increase: 57%

Comprehension Average Increase: 88%

**Reading & Rhythm Test Scores:  
Central IEP-Rm 143 (6 weeks - twice a week)  
High School testing 10/25/21 - 12/06/21**



**Aimsweb Fluency testing - reading scores - Fall Measurement**

<u>Student</u>	<u>Grade Level</u>		<u>Post Test</u>	<u>%ile</u>	<u>Increase</u>	<u>%ile Increase</u>
	<u>Pre Test</u>	<u>%ile</u>				
Charles	78	1%ile	141	45%ile	81%	44%
Stanly	51	1%ile	118	22%ile	131%	21%
Andrew	101	11%ile	170	78%ile	68%	67%
Brandec	158	62%ile	210	99%ile	33%	37%

**Comprehension Results**

Charles	19	28%ile	40	94%ile	110%	66%
Stanly	6	1%ile	26	54%ile	333%	53%
Andrew	15	16%ile	34	81%ile	127%	65%
Brandec	25	50%ile	57	99%ile	128%	44%



## CONTACT INFO:

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# Our Panelists



## Oryx Cohen, MPA

- Oryx Cohen is the Chief Executive Officer of the National Empowerment Center. He serves as President of the Board for the Massachusetts Transformation Center and We R Hope, and is a master Emotional CPR trainer.

# Our Panelists



## Miranda Todt

- Miranda is the Board Secretary for We R H.O.P.E. and an Emotional CPR Trainer. She co-wrote the Youth Emotional CPR (eCPR) curriculum and has taught eCPR to youth around the world.

# Emotional CPR by and for Youth

Miranda Todt, [miranda@werhope.org](mailto:miranda@werhope.org)  
Oryx Cohen, [oryxcohen@gmail.com](mailto:oryxcohen@gmail.com)





## Emotional CPR: What, Why

Just as a person's physical heart needs attention in a cardiac crisis, a person's **emotional heart** needs attention in an emotional crisis.

**eCPR is a form of *heart-to-heart connection* for emotional resuscitation.**



# Three phases of the practice of eCPR

**C** = **Connect** with Compassion and Concern to open up Communication, especially heart-to-heart

**P** = **emPower** to experience Passion and Purpose

**R** = **Revitalize** increased energy, new life, creativity, hope, interest in people

# Intentions of eCPR

1. **Connect: I will connect through feelings first, respecting you as equally human, fully** listening with my eyes, ears, heart, and respect.
2. **Connect: I will hold space for my first feelings**, breathing into a deeper space of resonance, becoming aware of my broader feelings/thoughts.
3. **Connect: I will share** my broader feelings/thoughts and stay with you.

“Ting”

Chinese character for the verb “to listen”



耳 EAR  
十 TEN (10)  
目 EYE  
一 ONE (1)  
心 HEART  
王 KING (RESPECT)

## Intentions of eCPR (cont.)

4. **emPower**: : I will BE WITH you without fixing, judging, or advising you.
5. **emPower**: I am not sure what is best for **you**; together we explore the unknown.
6. **emPower**: **Together, we release the power to heal** that lies within us, moving towards our wellness.
7. **Revitalize**: **We authentically create new life, new Voice**, and new hope in the present moment, which is revitalizing.



## Development of Youth eCPR

- Involvement of young people (ages 17-26) in curriculum development process
- Collaborative effort by advisory board made up of youth and individuals who work with youth
- Development of curriculum and journal





## Adapting Emotional CPR for Youth

- Led by young people
- Different structure (5 days vs. 3 days, 2.5 hours vs. 4 hours)
- More videos/multimedia
- Music, movement, and dance
- More interactive exercises
- Simplified language
- Addition of journal



# Sample Journal Pages



YOUTH CPR

This journal belongs to:

[Dotted box for name]

## Journaling Prompt: Introduction

What is something interesting about yourself that you would like to share with the group?

### *Rose, Thorn, Bud...*

Rose: What is a highlight, a success or something positive that has happened?

Thorn: What is a challenge you experienced or something you can use more support with?

Bud: What is a new idea or something you are looking forward to knowing and understanding more?





## Video about Empathy







## The Spectrum of Youth Engagement

- **Youth Guided:** Youth and adult partners are aware and engaged as they explore the ideas and skills of youth leadership and begin to value youth experience as integral to the decision-making process.
- **Youth Directed:** Youth begin to make recommendations and fill steady, meaningful roles in decision-making bodies. Youth and adults collaborate to create and prioritize goals and develop strategies for positive change.
- **Youth Driven:** Youth have self-awareness and skills to initiate change, as well as the intrinsic motivation and sense of purpose to follow through. Youth have a mutually respectful relationship with adults and other youth in the community as they partner for the change desired by youth.



## Youth eCPR: Youth Directed & Youth Driven

- Youth filled meaningful decision-making roles on advisory board
- “Nothing About Us Without Us”
- December Youth eCPR Training - led entirely by youth; highest age of trainer was 26



**Object “To”**

**Recipient “For”**

**Resource “With”**

Style #1	Style #2	Style #3
<p>The adult is in control with no intention of youth involvement.</p> <p><b>The Objective</b> Personal growth of young people.</p> <p><b>The Byproduct</b> Conformity of young people and acceptance of the program as it is</p>	<p>The adult is control and allows youth involvement</p> <p><b>The Objective</b> Personal growth of young people.</p> <p><b>The Byproduct</b> Increased organizational effectiveness</p>	<p>There is a youth/adult partnership (shared control)</p> <p><b>The Objective</b> Increased organizational effectiveness.</p> <p><b>The Byproduct</b> Personal growth of young people and adults</p>



**Questions?**



# Our Panelists



## **Angel Casillas-Carmona, M.H.S.**

- Angel Casillos-Carmona currently stands as Project Manager for the National Hispanic and Latino Mental Health Technology Transfer Center (MHTTC), subsidized by SAMHSA, emphasizing the Hispanic and Latino populations in the United States and its territories.



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

*Culturally relevant interventions for  
mental health providers serving Hispanic  
and Latino youths*

Angel Casillas, MHS

Christine Miranda Díaz, PhD

Associate Project Director

# Acknowledgment

Presented in 2022 by the National Hispanic and Latino MHTTC

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

**The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:**

**STRENGTHS-BASED  
AND HOPEFUL**

**INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES**

**HEALING-CENTERED AND  
TRAUMA-RESPONSIVE**

**INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS**

**PERSON-FIRST AND  
FREE OF LABELS**

**NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR  
AND UNDERSTANDABLE**

**CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS**

# Objectives

- Discuss the mission, purpose, and scope of the National Hispanic and Latino Mental Health Technology Transfer Center (MHTTC) School-Based Mental Health Supplement.



**MHTTC**

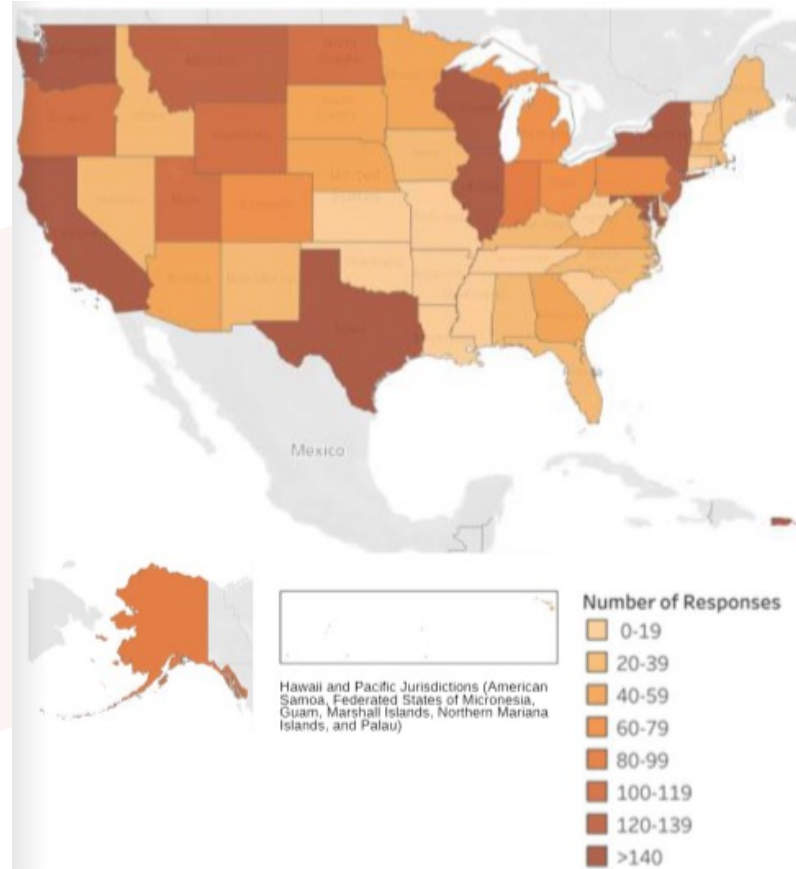
Mental Health Technology Transfer Center Network  
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# Why it hard about be a teen right now?

**What is hard about being a teen right now?**

# Identification of the Need

- The MHTTC Network conducted a needs assessment with about 2,500 key stakeholders, mental health organizations, and practitioners across US states and territories
- 80% females, 68% White, 54% Behavioral Health







## Problem to Solve

Top barriers in service provision identified:

- Stigma about mental health (40%)
- Language (33%)
- Lack of health insurance (29%)
- Lack of transportation (20%)
- Difficulties understanding culture (20%)

# Problem to solve

Hispanic and Latino Children and Youth May Experience

- Anxiety symptoms
- Depressive symptoms
- Post-traumatic stress symptoms
- Higher externalizing behaviors



(Chavez-Dueñas, Adames, Perez Chavez, & Salas 2019)

# Problem to solve

**Depending on their acculturation level and immigrant status, Hispanic and Latino children and youths may also face:**

- Limited English proficiency
- Legal status issues
- Family separation due to immigration
- Issues of loss and trauma due to the immigration process
- Loss of status in the community and loss of self-esteem due to undocumented immigrant status





**MHTTC**

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# What does mental health mean to you?

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## What does mental health mean to you?

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# Overview of program

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Our work focus on mental health and school-based mental health directed to Hispanic and Latino children and youths.

# Goal



Promote the dissemination and implementation of culturally responsive practices through the development of educational products and experiences aimed at expanding knowledge and skills among providers serving the mental health needs of Hispanic and Latinx communities and individuals

**Help reduce health disparities and access to care among Hispanic and Latinx individuals**

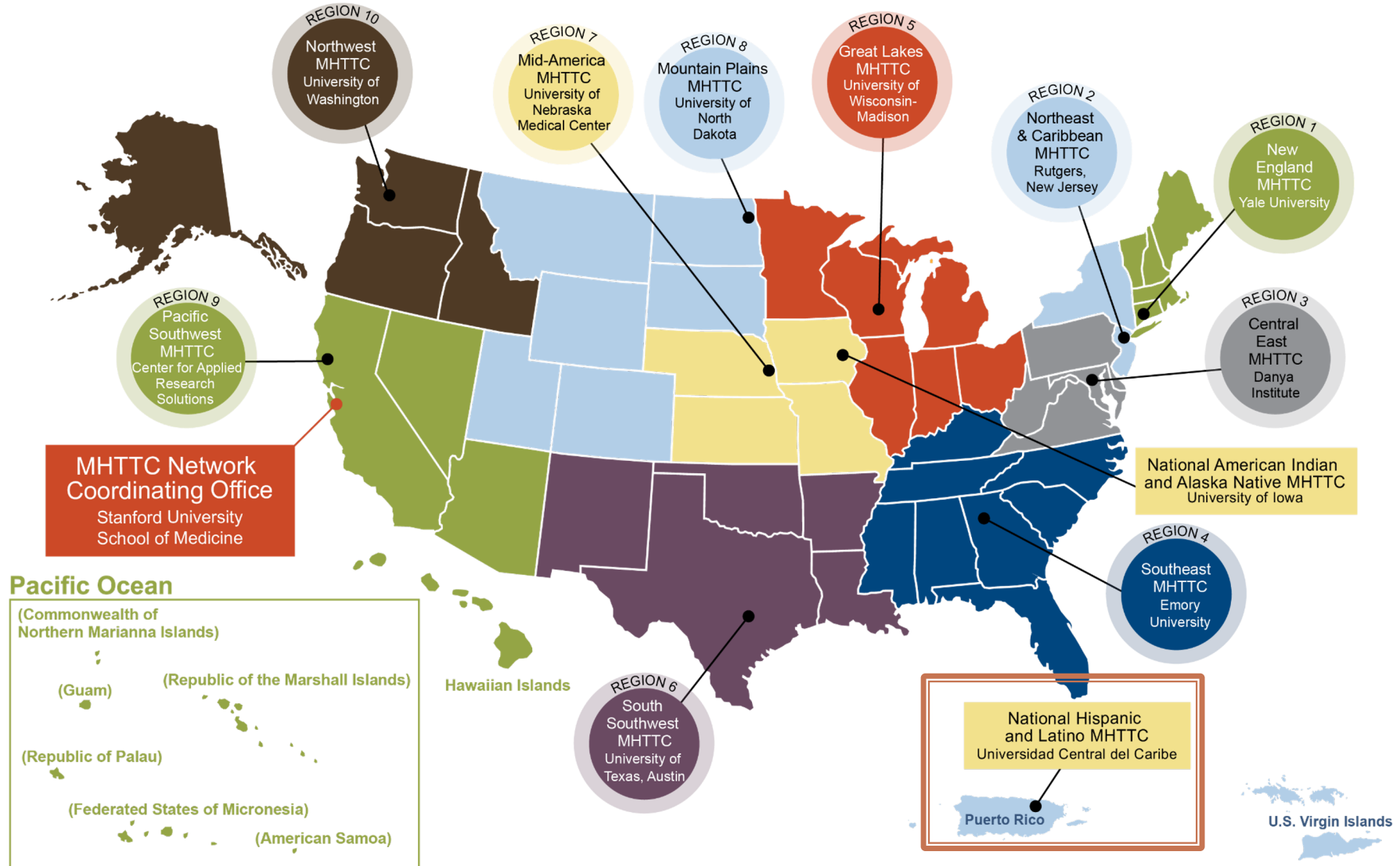


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**MHTTC Network**





## Overview of program:



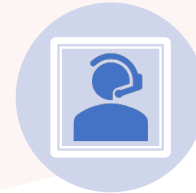
**NEEDS  
ASSESSMENTS**



**PRODUCTS**



**TRAININGS**



**TECHNICAL  
ASSISTANCE**

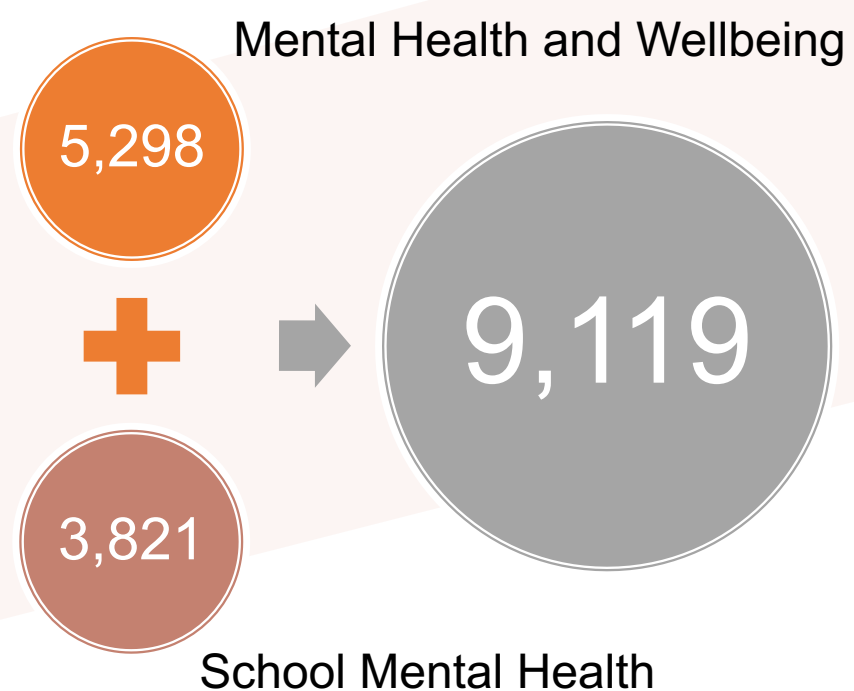
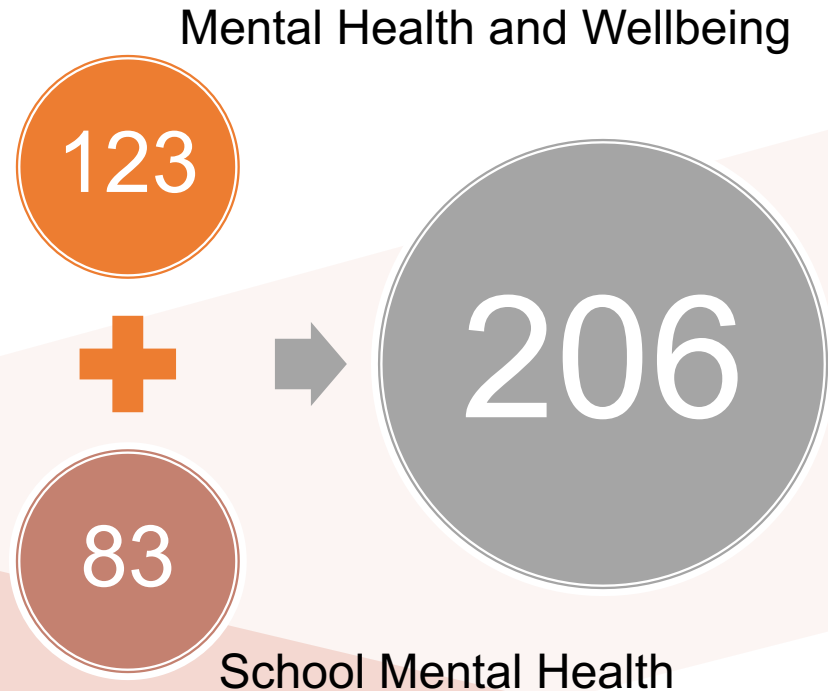


**SYMPOSIUM &  
CONFERENCES**

# Results 3.5 years of implementation

Number of events

Number of participants reached



# Results 3.5 years of implementation

- 41 Factsheets and Booklets and
- 1 Book





# MHTTC

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# Unaccompanied Minors

Basic Level  
May 2021


National Hispanic and Latino  
MHTTC  
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## TIPS WHEN WORKING WITH UNACCOMPANIED MINORS FROM GUATEMALA, HONDURAS, AND EL SALVADOR



Guatemala is part of the Northern Triangle (NT) region in Central America, along with Honduras and El Salvador. In 2015, El Salvador ranked 5th, Guatemala ranked 10th, and El Salvador ranked 15th among source countries of U.S. immigrants.

**Facts about the Guatemalan population**

- About 1.4 million (accounting 2%) of U.S. Hispanics and Latinos are of Guatemalan origin.
- Guatemalan children make up 48% of all unaccompanied minors arriving in the United States.
- Spanish is the official language of Guatemala, but only 60% of the population communicates primarily in this language.
- There are 23 officially recognized Amerindian languages, including K'iche, Kaqchikel, Q'eqchi, Mam, Garifuna, and Xinca.
- About 80% of Guatemalans practice some form of Christianity, particularly Roman Catholicism, and 13% are atheist or agnostic.
- Around 41% of Guatemalans has Mayan roots, and a smaller small percentage with non-Mayan indigenous and African origin.
- Mayas use their traditional medicine as primary care.
- Mayas have strong support systems in their family.
- Some Mayas may be open to a holistic treatment experience involving spirituality and physical health treatments.
- If a positive rapport is developed, Mayas are more likely to trust a professional and follow recommendations.

Basic Level  
May 2021


National Hispanic and Latino  
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## Northern Triangle Unaccompanied Children and Families Seeking Asylum: Traumatic Effects on Children's Attachment and Reunification



Unaccompanied minors from Guatemala, Honduras, and El Salvador make up 48%, 27%, and 14%, respectively, of all unaccompanied minors arriving in the United States. This population is at significant risk for psychological distress, including depression, anxiety, and posttraumatic stress, and is less likely to access culturally responsive mental health services, thus continuing to be undiagnosed or untreated. This can lead to negative outcomes, such as negative interactions at school and with authorities, increased disconnection from family and society, and exposure to the criminal justice system.

It is well documented that many children seeking asylum in the US have experienced trauma related to war or persecution. These traumatic events may occur while children are in their countries of origin (e.g., gangs and violence), during displacement from their countries of origin (e.g., coyotes, assaults, deprivation), or in the resettlement process in the US (e.g., hieleras (iceboxes) and detention), which have an impact on mental and physical health long after they have occurred. Furthermore, such experiences have an impact on the child's attachment style as well as emotional well-being.

The intersection of trauma with detention and the reunification processes in children may result in:

- PTSD or PTSD symptoms
- Fear of being returned to home country
- Shattered sense of safety
- Feeling criminalized
- Dysregulation of child's stress response
- Symptoms, behaviors, and biological measurements
- Internalized negative attributions
- Diminished hope, and expectations for future
- Difficulty with self-esteem regulation
- Functional impairments in key psychological, social, and academic areas



# MHTTC

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# Responding to COVID-19

**Suicide Prevention in Hispanic and Latinx Youth, the Impact of COVID-19 and Cultural Factors to Consider**

We would like to acknowledge Lillian Polanco-Román, PhD, Assistant Professor of Psychology at the New School for Social Research, New York, for her contribution to the development of this product.



**Changes in Trends of Suicide Deaths, Suicidal Thoughts, and Behaviors among Hispanic/Latinx Adolescents and Early Adulthood in the United States**


- Rates of suicide, suicidal behaviors, and suicidal thoughts in Hispanic/Latinx adolescents and early adulthood have increased over the last decade, particularly among females, for whom rates have more than doubled. [1] Because individuals of Hispanic/Latinx backgrounds are more likely to die by suicide by age 30 compared to other ethnicities, early identification and intervention is especially critical.
- Gender differences in suicide and suicidal thoughts/behaviors between males and females are observed such that males have higher rates of suicide, whereas females have higher rates of suicidal thoughts and behaviors. [1]
- Adolescents who identify as LGBT+ are at elevated risk for suicidal thoughts and behaviors compared to peers who identify as heterosexual. [2]

**Adolescents and Young Adults and Hispanic/Latinx Individuals are at Greatest Risk for Suicidal Thoughts During COVID-19 Pandemic**

- Literature has reported that individuals suffer from depression, anxiety, and disasters. [3]
- During the COVID-19 pandemic, Hispanic/Latinx (18.6%) reported a high level of COVID-19-related trauma and substance use to cope with emotions.
- Guessoum et al., (2020), reported increased suicide rates. The data of



**COVID-19 and the Impact of Intimate Partner Violence in Latinx Communities**



Latinx communities have been emotionally affected by the quarantine and isolation measures implemented during the COVID-19 pandemic. Increased stress and anxiety, job losses, school closings, disconnection from community resources and services, and a growth in intimate partner violence (IPV) have been observed. IPV refers to violence experienced by a partner, including spouses, ex-spouses, other intimate relationships [1, 2]. Statistics have shown that 1 in 4 women and 1 in 10 men in the United States have faced IPV in its different manifestations, including sexual violence, physical violence, and stalking at some point in their lives [3, 4]. In Latinx, these rates are similar. However, there are cultural factors that differentiate Latinx's IPV experiences.


**Staying home it's not always safe**

Home is where people often experience physical, psychological, economic, and sexual abuse. During the COVID-19 pandemic, some regions observed an increase in hotline calls pointing to a spike risk of facing gender violence, child abuse, stress and family conflicts during lockdown [5].

**Considerations for Hispanics and Latinx Experiencing IPV**

For Latinx and other immigrants, trauma associated with interpersonal violence can be compounded by immigration and acculturation issues. Clinicians should consider the following [6,7]:

- Cultural background can shape how women experience and respond to violence. For example, "Los transexiones se lavan en casa" a saying used by Hispanics and Latinx, seeking behaviors.
- Latinas and other immigrant women may be harassed or abused in their own culture.
- Experiences of threats regarding deportation in case of not having proper documentation (eg, visa).





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# Latino Indigenous Populations

Basic Level  
July 2020

National Hispanic and Latino MHTTC Mental Health Technology Transfer Center Network SAMHSA IRESA UCC

## 7 Tips to Engage in Mental Health Treatment the Guatemalan Maya Families Living in the United States

**Acknowledgments for their contribution in the development of this product:**  
**Javier Ramirez, MA, MA** - Program Director of Teen Family Services at El Nido Family Centers and a Lecturer on Latin American Studies and Chicano Studies at California State University Los Angeles.  
**Thelma Garcia** - Director of HIV Prevention Services for the East Los Angeles Women's Center and National Hispanic and Latino MHTTC Advisory Board Member.



**Three Facts of the Guatemalan Maya Families Living in the United States<sup>1</sup>:**

- Approximately, 864,000 Mayas from Guatemala have migrated to the United States of America from 2000 to 2017.
- About 60% of the population in Guatemala is *Ladinos* or mixed race. The majority of Indigenous people in Guatemala are K'iche (9.1%), Kaqchikel (8.4%), Mam (7.9%), Q'eqchi (6.3%), other Mayan (8.6%) and indigenous non-Mayan (0.2%).
- There are 23 officially recognized Indigenous languages, including K'iche, Kaqchikel, Q'eqchi, Mam, Garifuna, and Xinka.

**Seven Tips to Increase Engagement with Guatemalan Maya Families:**

1. A person born in Guatemala who came to the United States most likely will not identify with the terms Latina/o or Hispanic. They will feel more comfortable with their Maya identity and may prefer clinicians who acknowledge their Maya traditions and beliefs.
2. The vast majority of Mayas are Christian Catholics; however, they also practice traditional spirituality and use their traditional medicine as primary care, before they go to any western medical or psychological treatment. Mayas most likely will seek help from a traditional healer than a doctor or mental health provider. It is recommended to explore current and past help-seeking and the role of spiritual leaders.<sup>2</sup>

Basic Level  
January 2021

National Hispanic and Latino MHTTC Mental Health Technology Transfer Center Network SAMHSA IRESA UCC

## Engaging Mexican Indigenous Families, Children, and Youths in Mental Health Treatment

**Acknowledgments for their contribution in the development of this product:**  
**Javier Ramirez, MA, MA** - Program Director of Teen Family Services at El Nido Family Centers and a Lecturer on Latin American Studies and Chicano Studies at California State University Los Angeles.  
**Thelma Garcia** - Director of HIV Prevention Services for the East Los Angeles Women's Center and National Hispanic and Latino MHTTC Advisory Board Member.



**Facts of the Mexican Indigenous Populations Living in the United States**

- Mexicans represent 62% of all immigrants with Latin American origins living in the United States.[1]
- Indigenous people from Southeastern Mexico live in California. In this state, there are 23 different Indigenous Languages spoken, which represent 13 different Mexican states. Other states with significant Mexican descents include Arizona, Colorado, Georgia, North Carolina, and Texas.[2]
- Most adults are fluent in their Native Language and speak basic Spanish.
- Caregivers will speak with their children in their Native Language and Spanish.[1]
- Most Mexican Indigenous population are seasonal agricultural workers, live in crowded places with people who speak their languages, and come from the same region.[3]

**What you Need to Know When Treating Mexican Indigenous Populations Living in the United States**

- Language barriers, poverty, and lack of employment and health insurance increases mental health disparities.[4]
- Lack of Spanish-speaking and culturally responsive counselors or therapies and structural barriers hinder the use of mental health services among this population.[5]
- Serial migration leads to family separation, a traumatic event for all family members who may experience isolation and betrayal.[6]

Basic Level  
March 2021

National Hispanic and Latino MHTTC Mental Health Technology Transfer Center Network SAMHSA IRESA UCC

## Tips to Engage in Mental Health Treatment: The Indigenous Populations from the Northern Triangle

**By Javier Ramirez, MA, MA** Program Director of Teen Family Services at El Nido Family Centers and a Lecturer on Latin American Studies and Chicano Studies at California State University Los Angeles



**Indigenous Populations from the Northern Triangle Living in the United States**

- Central America is a multiethnic, multicultural, and multilingual region.
- The Northern Triangle (NT) is the region in Central America integrated by Guatemala, Honduras, and El Salvador. The region has a population of close to 30 million.
- The NT is the most impoverished region in the western hemisphere. The leading reasons for massive migration from the region are violence, government corruption, and food insecurity. The region tops the list of the world's deadliest region outside a war zone [1].
- In the region, violence is more related to gangs (Mara Salvatrucha and Calle 18). Gangs have control over towns and territorial areas where they tax residents and non-residents, and force the recruitment of young men and women in their areas of control.
- The region has the highest femicide rates in Latin America.
- Guatemalans represent the most significant number on migrant flow followed by Hondurans and Salvadorans [1].



# MHTTC

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# Implementation Science

Basic Level  
November 2020

National Hispanic and Latino  
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**SAMHSA** **UCC** **IRESA**

## La CLaVe (The Clue or Key) A Psychoeducational Tool to Reduce Treatment Delay in Latinx with First Episode Psychosis



Many Latinos with serious mental illness (SMI) and their family members fail to recognize the signs of a first episode of psychosis symptoms. In general, they have poor psychosis literacy which may lead to longer delays in treatment and longer Duration of Untreated Psychosis (DUP).<sup>1</sup> López and colleagues developed a psychoeducational tool known as *La CLaVe* to reduce DUP among Latinos.<sup>1,2</sup> *La CLaVe* was informed by conceptual models of health literacy.<sup>3</sup>

*La CLaVe* is a tool in Spanish that represents the symptoms of psychosis.<sup>2</sup>

C - false beliefs or delusions (*Creencias falsas*)  
L - disordered speech or thought disorder (*Lenguaje desorganizado*)  
A - hallucinations (*Alucinaciones*)  
v - seeing things that others do not see (*Ver cosas que otros no ven*)  
e - hearing sounds or voices that others do not hear (*Escuchar voces que no existen*)


*La CLaVe* uses plain language to guide individuals and caregivers to recognize the three domains of psychosis literacy (i.e., knowledge of psychosis, attributions to mental illness, and help-seeking behaviors).<sup>4</sup> *La CLaVe* uses popular Latin American music, video clips, or art. The purpose of using this guide with visual arts is to increase participant's knowledge and understanding of psychosis and self-efficacy skills to recognize the symptoms of psychosis in other individuals.<sup>1,2,4,5</sup>

Basic Level  
September 2020

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## Suicide Attempts and Culturally Responsive Approaches for Latinos



Suicide is a major public health concern as it is among the leading causes of death in the United States.<sup>1</sup> Death by suicide and suicide attempts need to be understood with the context of the person's culture and subculture, social position, and the cultural characteristics, values, and beliefs that can create risks for suicide or provide protective factors.

Latinos, in general, die by suicide at rates similar to other minority populations. Yet for Latinas —from 14 to about 18 years of age— the rates of suicide attempts have been higher than non-Hispanic White teen females and African American or Black teen females. From 1991 up to 2015, Latinas outpaced other adolescent girls in their rates of suicide attempts.<sup>2</sup>

Variables to consider include psychopathology, cognitive processes, affective processes, and adverse experiences.<sup>3</sup> In Latino populations it is important to consider:

- Acculturation gaps
- Acculturative stress
- Trauma experiences including immigration process
- Cultural values

**Culture as a Protective Factor**

**Familism:** Represents the value of close family interaction and emotions. Affection, loyalty, unity, and clear lines of emotional attachments are part of what add to the protective factors for Hispanic suicide.<sup>4</sup>

**Spirituality and Religion:** Religious beliefs that discourage suicide or one's personal beliefs about the value of living are protective factors.

## Complicated Grief: Cultural Considerations When Working with Loss in Hispanic and Latino Students and Their Families



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# Specialized Topics

**GENDER VIOLENCE  
AMONG LATINAS: KEY  
CONCEPTS AND CULTURAL  
CONSIDERATIONS**



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**TRAUMA-INFORMED  
CARE MODEL FOR  
IMMIGRANT  
HISPANIC AND  
LATINO CLIENTS**



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**STRESS MANAGEMENT DURING A  
QUARANTINE FOR MENTAL HEALTH  
PROVIDERS SERVING LATINO CLIENTS**



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## ¿Quiénes somos y de dónde venimos?

A Historical Context to Inform Mental Health Services with Latinx Populations

# DOWNLOAD BOOK





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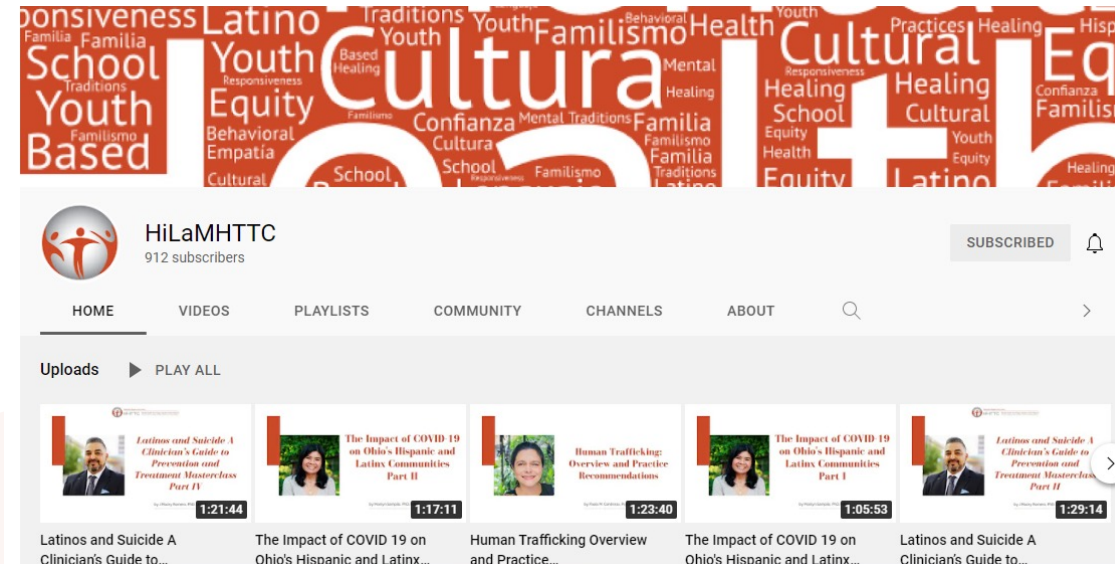
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Are there any ways we  
can help reduce stigma?

**Are there any ways we  
can help reduce stigma?**

# NHL MHTTC webpage:

<https://mhttcnetwork.org/hispaniclatino>



# NHL MHTTC YouTube Channel:

<https://www.youtube.com/c/HiLaMHTTC>





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**Don't forget to complete the  
evaluation**

**Thank you!  
¡Gracias!**

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# Q&A



What is the most important consideration to meaningfully engage youth when designing, developing, and implementing new programs to support youth?

# Q&A



Further explore key takeaways / lessons learned related to replicating programs?

# Q&A



**Please use the chat box or the “raise hand” feature to ask questions.**

# Contact

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