Navigating Culture and Bias in Pediatric Suicide Care

OCHA Summer Series

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Objectives

- Recognize how personal biases and experiences impact suicide care and implement reflective practice around unconscious bias
- Demonstrate knowledge of ethical dilemmas and applicable guiding ethical principles
- Apply key elements of the cultural theory of suicide to case conceptualization

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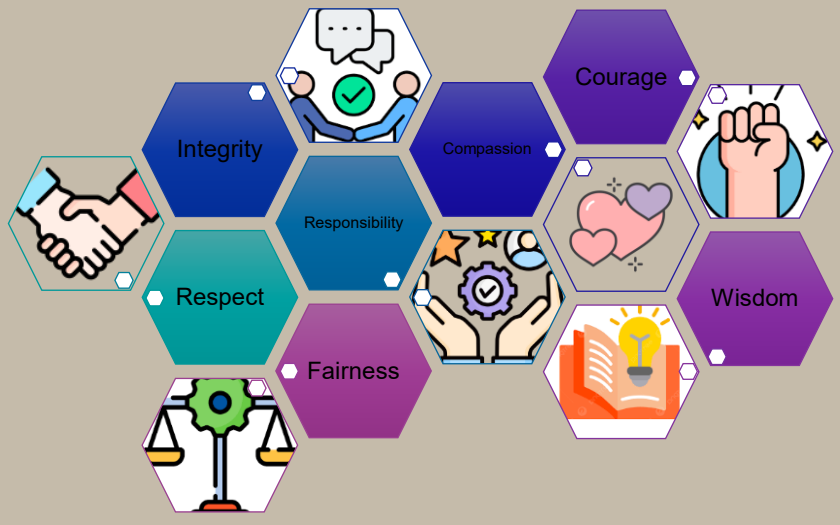
Principles of Ethical Decision Making



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How might bias show up in your approach to suicide care?







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What personal factors might influence what ***you*** carry into providing suicide care?

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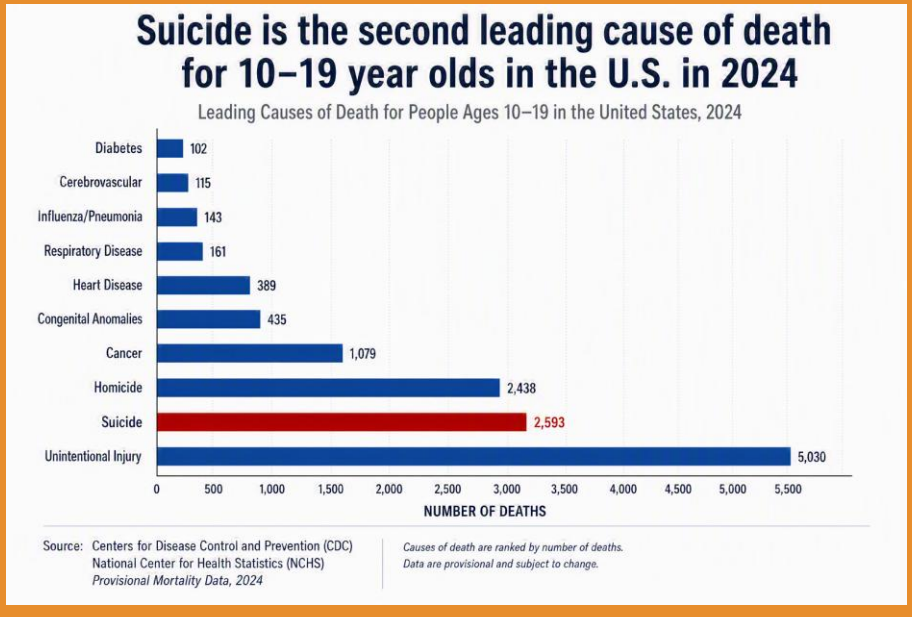
State of Youth Suicide

- Ongoing National State of Emergency in Children's Mental Health
- Since 2011, suicide has been the second leading cause of death in the United States for young people aged 10-14 years and 15-24 years
  - Only unintentional injury ranks higher in those age groups
  - Youth suicide rates are increasing nationally and in Ohio

- Suicide rates have increased even more rapidly among preteens, females, and minoritized youth
- Presentations to emergency care settings have been more frequent and more acute over time



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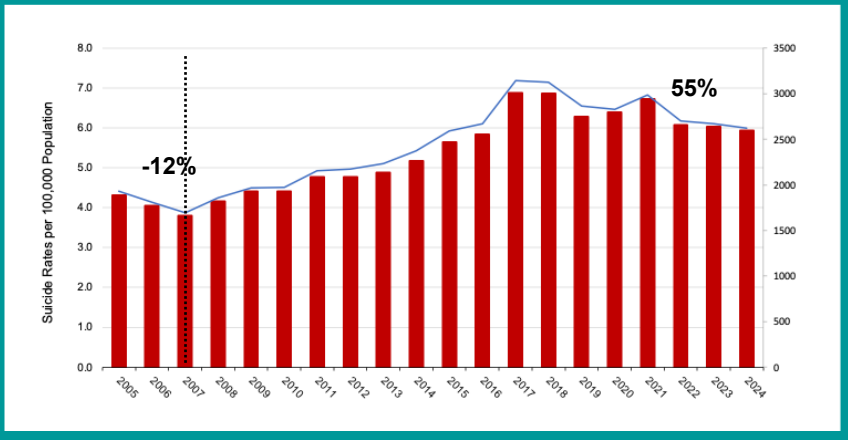
U.S. Youth Suicide Rate: Aged 10-19 Years, 2005 to 2024



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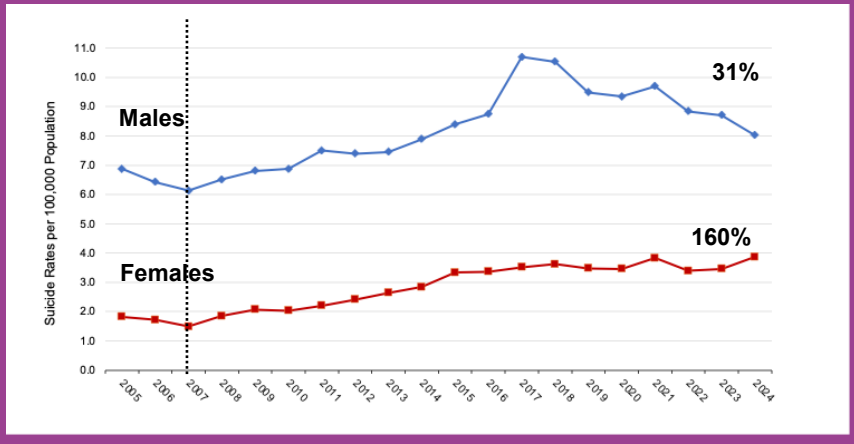
U.S. Youth Suicide Rate: Ages 10-19 Years, 2005 to 2024



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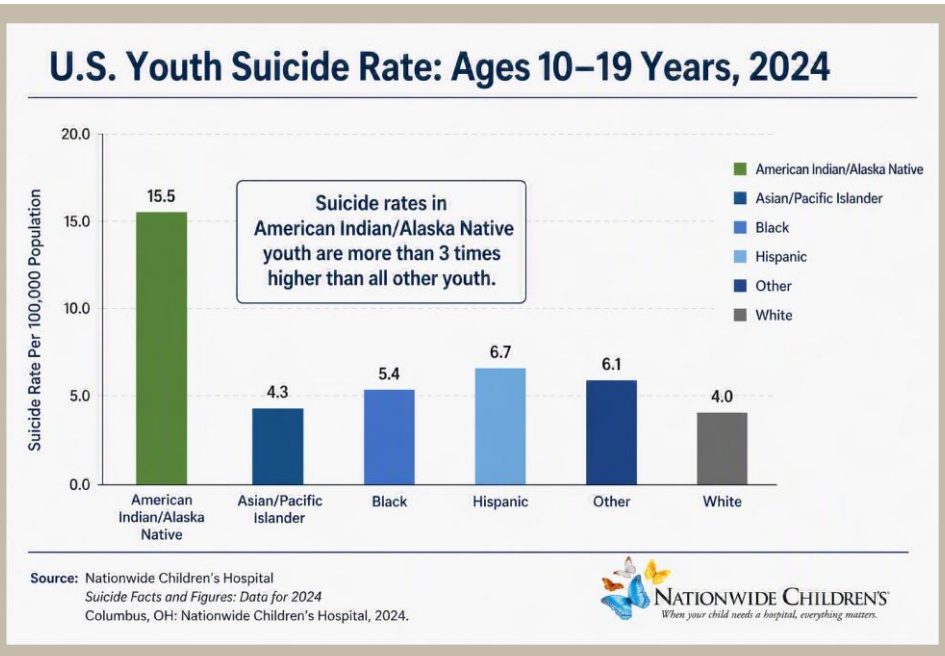

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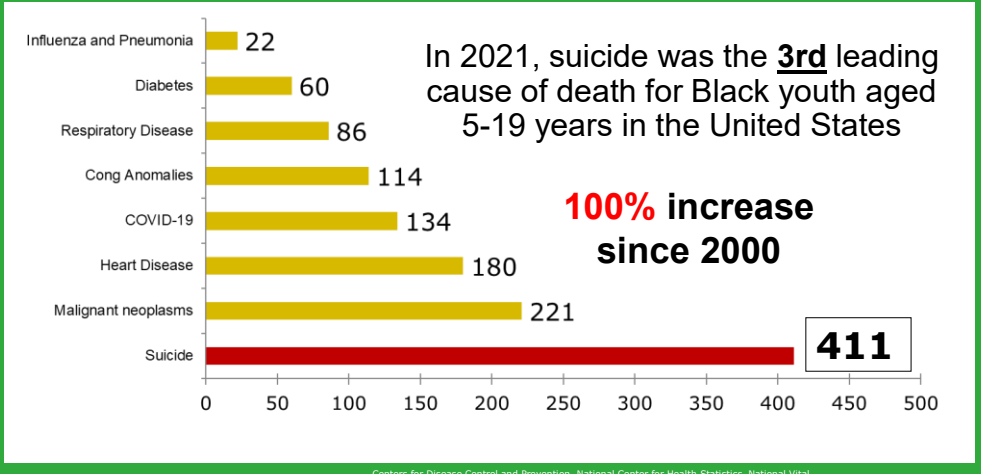
The Problem of Black Youth Suicide in the US



In 2021, suicide was the **3rd** leading cause of death for Black youth aged 5-19 years in the United States

100% increase since 2000

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Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Mar 29, 2023 7:35:55 PM

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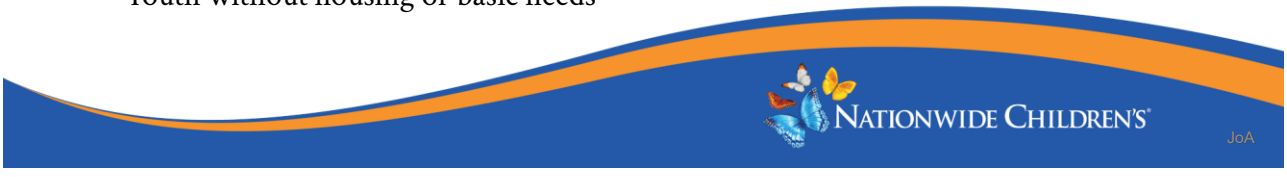
Groups at Increased Risk for Suicide

- LGBTQ+ youth
- Youth with a history of mood disorder, substance use, or suicide attempt
- Youth experiencing physical disability or chronic illness
- Youth involved in the juvenile justice system
- Youth exposed to maltreatment especially physical or sexual abuse
- Youth living in rural areas
- Immigrant and refugee youth
- Youth without housing or basic needs



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What are some common elements that drive heightened risk?

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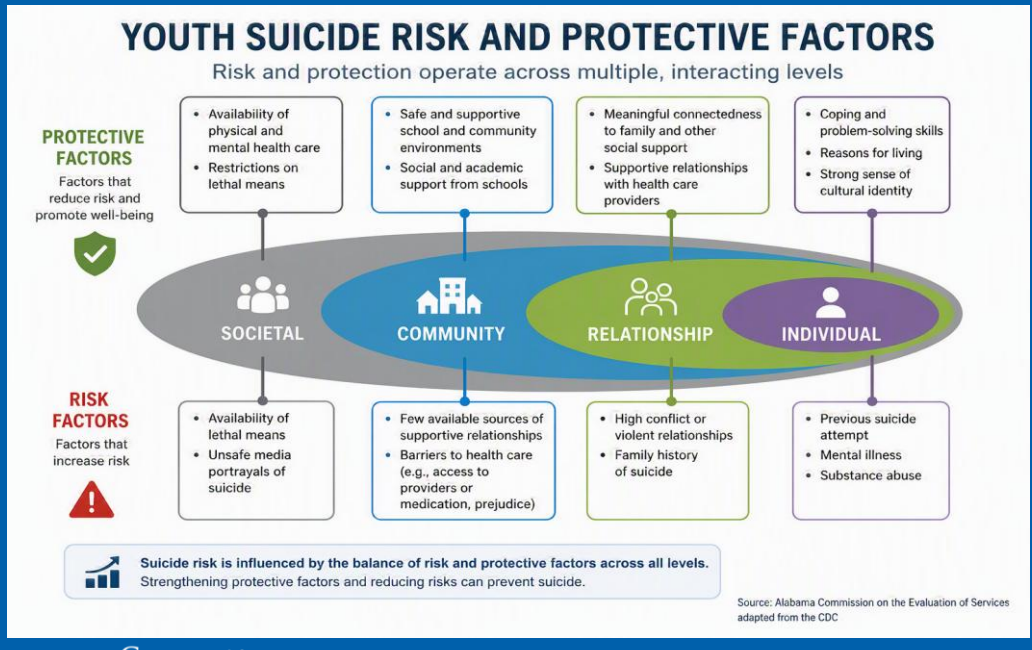

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Cultural Theory & Model of Suicide

- Resources to learn more:
- Chu, J. P., Goldblum, P., Floyd, R., & Bongar, B. (2010). The cultural theory and model of suicide. *Applied and Preventive Psychology*, *14*(1-4), 25-40.
- Ackerman, J. P., & Horowitz, L. M. (2022). Youth Suicide Prevention and Intervention: Best Practices and Policy Implications. Youth Suicide Prevention and Intervention | SpringerLink

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When your child needs a hospital, everything matters.

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Current Challenges in Reducing Suicide Risk

- Despite clear cultural contributions to risk, there is limited recognition of cultural variation, context, or approaches including:
  - Language and imagery used
  - View of risk factors and overall conceptualization
  - Measurement/assessment approaches
  - Treatment approaches
  - Inclusion of community, school, family, and faith

- These challenges likely contribute to reduced acceptability, engagement, trust, and effectiveness of current approaches

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Cultural Theory of Suicide (Chu, 2010)

- Emphasizes that culture and societal factors influence risk
- 95% of culturally specific suicide risk literature encompassed by 4 factors
  - Minority Stress
  - Idioms of Distress
  - Social Discord
  - Cultural Sanctions

- Model has several key takeaways:
  - Signs of suicide of expressed differently across cultures
  - Suicide may be precipitated by different stressors
  - Cultural meaning of emotions and behaviors are also culturally distinct

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Cultural Theory of Suicide (Chu, 2010)

- **Minority Stress**
  - Chronic stress experienced by individuals from marginalized groups due to discrimination, prejudice, or systemic barriers contributing to an increase in suicidal thoughts & behaviors
- **Social Discord**
  - Conflicts within relationships, families or communities that increases emotional distress and lead to a sense of alienation
- **Cultural Sanctions**
  - Cultural beliefs and norms that contribute to stigma, discourage help-seeking, or promote suicide as acceptable
- **Idioms of Distress**
  - The shared way suicidal thinking is experienced and expressed among cultural groups

Minority Stress

Minority Stress is chronic stress experienced by individuals from marginalized groups due to discrimination, prejudice, or systemic barriers contributing to an increase in STBs

- **Black youth**: Racial discrimination is associated with suicidal ideation through PTSD and depressive symptoms; perceived discrimination is linked to increased STBs among racial/ethnic minority adolescents (Baiden et al., 2022; Tynes et al., 2024)
- **Transgender and gender diverse youth**: Gender-based victimization and marginalization are associated with disproportionately high rates of STBs, with family support as a critical protective factor (McArthur et al., 2025; Campbell et al., 2024)
- **Latino/a youth**: Acculturative stress is associated with increased suicide risk; immigration policy stressors such as family detention are linked to 2- to 3-fold higher odds of suicidal ideation (Polanco-Roman et al., 2023; Roche et al., 2024)
- **Intersecting identities**: Youth experiencing discrimination across 2+ attributes have nearly 5x greater odds of suicidality; those with intersecting minoritized sexual and gender identities report the highest rates of suicidal ideation at 44–63% (Pearlman et al., 2023; Meng et al., 2025)

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Social Discord

How social, family and community support/conflict impacts risk of suicide:

Family conflict: Family dysfunction and hostile or controlling family interactions are associated with 2x the risk of adolescent suicidal behavior and self-harm (Pu et al., 2025; Hammond et al., 2025)

Culturally salient family processes: Family conflict may be especially impactful for Latino/a and Asian American youth, where family cohesion is highly valued; intergenerational cultural conflict can increase suicide risk (Gonzalves et al., 2023; Lee et al., 2023)

Family rejection of LGBTQ+ youth: LGBTQ+ youth experiencing family rejection are substantially more likely to attempt suicide, while family acceptance and supportive communication are strongly protective (DelFerro et al., 2024; Real & Russell, 2025)

Peer victimization and social exclusion: Bullying, victimization, and social exclusion significantly increase suicidal thoughts and behaviors; these experiences contribute substantially to elevated risk among SGM youth (van Geel et al., 2014; Liu et al., 2025)

Social connectedness as protection: Strong family communication and school connectedness reduce suicidal behavior and buffer against the effects of adversity (Arango et al., 2024; Lensch et al., 2021)

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Cultural Sanctions

Cultural attitudes & values shape suicide risk via culturally specific pathways:

- **Suicide acceptability as a risk factor:** Youth who believe it is acceptable to end one's life are 14x more likely to make a suicide plan; favorable attitudes toward suicide predict and moderate the impact of mental health problems on suicidal ideation (Joe et al., 2007; Tan et al., 2017)
- **Shame and perceived burdensomeness:** In Asian American youth, cultural emphasis on productivity, academic performance and family contribution means perceived failure or burden can elicit shame that contribute to STBs (Chu et al., 2014; Lee et al., 2023)
- **Religious and spiritual beliefs as cultural protection:** Cultural and religious beliefs that discourage suicide are protective against attempts; among Black emerging adults, religiosity reduces SI through hope and meaning (Goodwill & Hope, 2024). Black youth living in areas with higher density of religious organizations had a 30% lower risk of suicide. (Fontanella et al., 2026)
- **Community engagement and cultural connectedness:** Participation in faith-based and cultural activities reduces youth STBs; among Indigenous populations, cultural connectedness is a key protective factor (Svob et al., 2018)

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Idioms of distress

Shared cultural ways of expressing suffering that may signal suicide risk even when traditional symptoms are absent (Chu et al., 2020)

- **Reduced disclosure of suicidal distress:** Minoritized youth are less likely to disclose STBs due to stigma, fear of consequences, and mistrust of available supports (Shin et al., 2025; Sullivan et al., 2026)
- **Externalizing distress:** Depression and suicidality may present as irritability, aggression, or disruptive behavior, particularly among Black male youth, leading to under recognition of suicide risk (Barrie et al., 2026; Reck et al., 2024)
- **Somatic expressions of distress:** Physical complaints, panic, and anxiety symptoms may function as indicators of suicide risk among Latino/a and Asian American youth, especially in the context of acculturative stress (Reyes-Portillo et al., 2026; Bautista et al., 2025)
- **Culturally patterned suicide behaviors:** Suicide methods vary across racial & ethnic groups, reflecting cultural, structural, and environmental influences (Chi et al., 2026; Ormiston et al., 2024)

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Implications for reducing suicide risk

Seek to understand culturally specific risks/responses and protective factors

Consider intersectionality, acculturation, & racial-ethnic identities and meet youth where they are

Seek equity and advocate for systems change that recognizes cultural strengths

Providers should ask about culture!

Approach questions with humility vs assumptions

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Reflection

Take a moment to consider these questions →

How does culture influence the expression of suicidal thoughts and behaviors?

How might culture impact help seeking behavior?

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In what ways do suicide-related ethical dilemmas show up in your day-to-day work?

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Guiding Ethical Principles

- Beneficence & Nonmaleficence
- Fidelity & Responsibility
- Integrity
- Justice
- Respect for People's Rights

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Ethical Obligations

Competence	Privacy & Confidentiality	Human Relations	Documentation & Records
• Inadequate care • Boundaries of competence • Maintaining competence • Providing services in emergencies	• Limits of confidentiality • Disclosures • Minimizing intrusions on privacy	• Informed consent • Multiple relationships • Interruption of services	• Maintenance of records • What and where to document • Fees • Referrals

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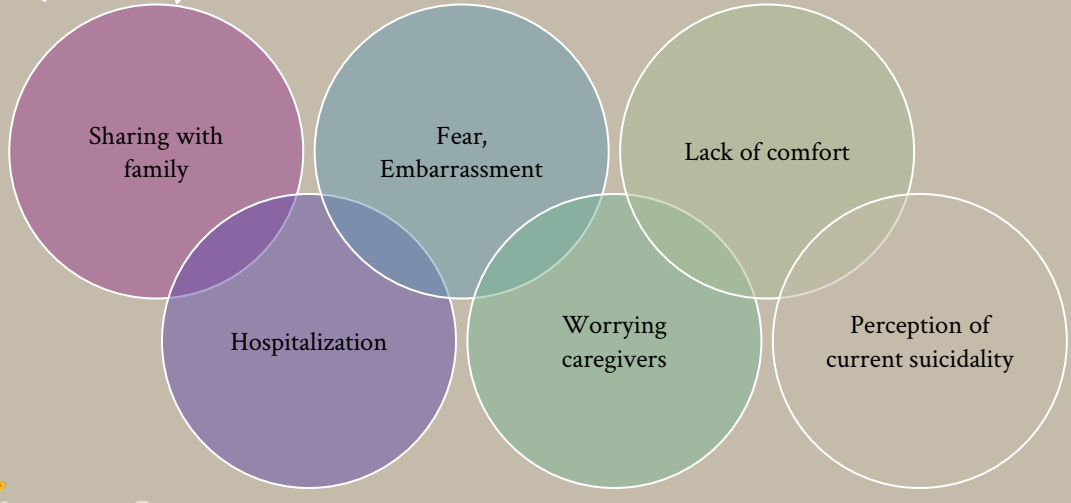
Navigating Disclosures: Patient Perspective (Fox et al., 2022)



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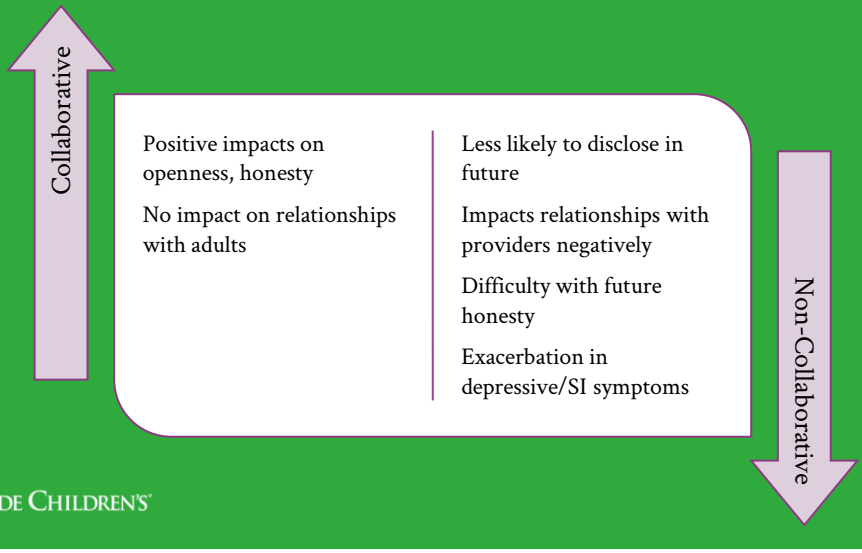
Navigating Disclosures: Patient Perspective (Fox et al., 2022)



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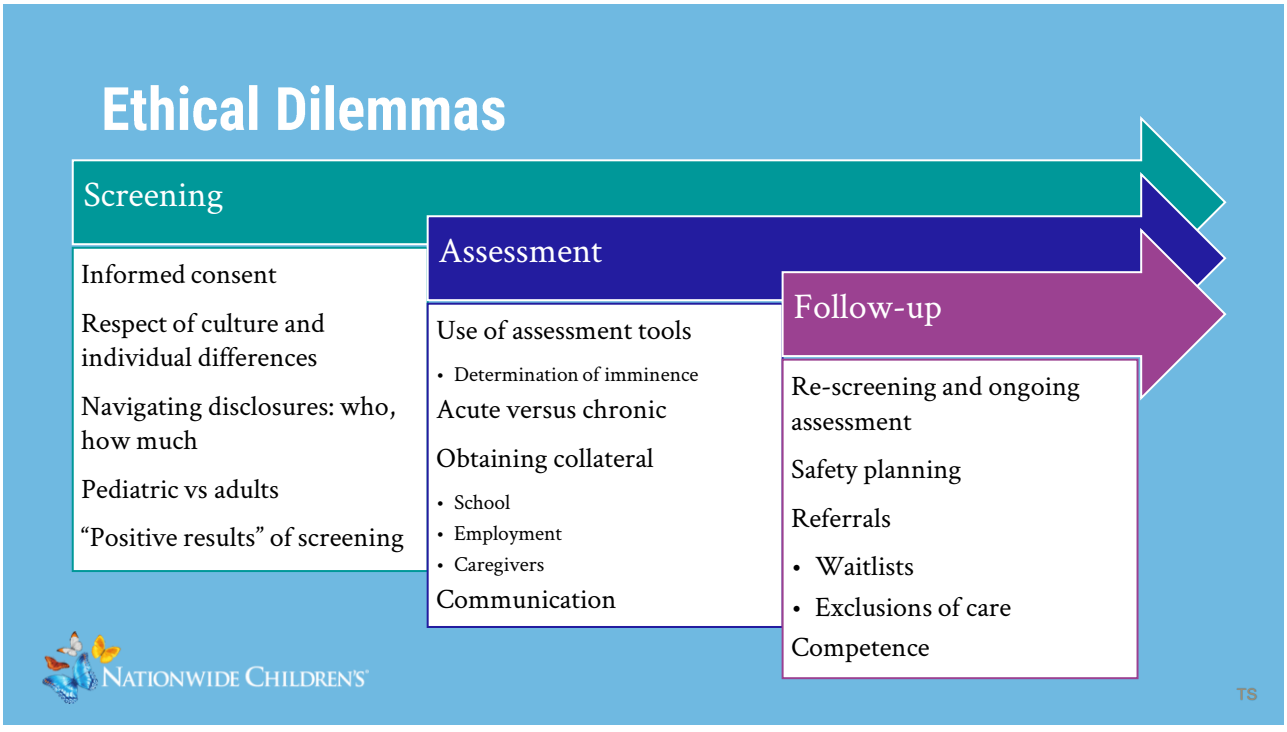
Ethical Dilemmas



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Case Conceptualization

- Determining level of risk
- Considering psychiatric admission
- Follow-up care based on setting
- Interrupting current services for specialty care
- Safety within school

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Case Conceptualization Example (Helms & Prinstein, 2014)

Lower risk

- Elevations in mood/anxiety symptoms
- History of passive ideation, nothing current

- Referral to appropriate community resources
- Share information only with adolescent's permission
- Promote communication between youth and caregivers

Higher risk

- Recent/Current ideation, with plan/means available
- Recent attempt unknown to family
- Recent aborted attempt with current access to means

- Break confidentiality regardless of youth preference
- Safety planning, access to means
- Consider need for inpatient stabilization
- Collaborate with current ongoing provider, if able

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Potential Biases

- Assumptions about suicidal patients:
  - Unable to make autonomous decisions
  - Have reduced decision-making capacity
  - May need to be protected from themselves
- Addressing own feelings about suicide
  - Understanding contemporary theories of suicidal
  - Personal exposure, patient experiences
- Necessity of inpatient hospitalization
  - Ignoring iatrogenic effects

Risky Health Behaviors

- Behaviors that may increase risk of injury or disease—substance use, reckless driving, sexual activity
  - Associated with risk factors of suicidality
- Determining what constitutes a harmful outcome
  - Frequency, intensity, duration
  - Seriousness of the behavior
  - Potential effect of behavior on patient or others
- Avoiding bias:
  - Informed knowledge on normative adolescent behavior
  - Understanding of protected minor rights

Considerations for Specialized Populations

Culturally Relevant Risk Factors

Trauma & Adverse experiences	Losing a loved one to suicide	Physical disability or illness
Distress related to LGBTQ+ identities	Distress from cultural experiences	History of being bullied or bullying others
Family mental health history	Rural vs. urban areas	Lack of feeling connected to others

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How intersection compounds risk

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Specialized Populations at High Risk for Suicide

Minority & Refugee Youth

- Youth of color are at **2x** higher risk for dying by suicide than their white counterparts.
- From 2018 to 2021, black youth saw the **largest increase** in suicide deaths (37%)
- In 2020, the suicide rate for refugee youth increased **11x** compared to the prior 10-year average.
- > ACE/trauma/discrimination, < resource access, < social connection/acceptance

LGBTQ+ Youth

- **4x** as likely to attempt suicide compared to straight/cisgender peers
- Transgender youth are at particular risk (**>50%** lifetime suicide attempt prevalence)
- Nearly **half** of LGBTQ youth in rural areas and small towns stated that their community was somewhat or very unaccepting of LGBTQ (compared to ¼ in urban areas)

Youth with Disabilities

- **4x** more likely to have attempted suicide
- Youth with multiple disabilities are **8x** as likely to have attempted suicide
- > Negative social interactions, < social connectedness, > feelings of being a burden, < life satisfaction

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Specialized Populations at High Risk for Suicide

Rural Areas

- In rural areas, youth are **2x** as likely to die by suicide than youth in urban areas
- > access to firearms, > rates of drug and alcohol use, < access to MH resources

Welfare System

- Youth in the welfare system have a **3.5x** higher suicide rate
- > likelihood of experiencing ACE/trauma, < access to resources

Juvenile Justice System

- Incarcerated youth die by suicide at a rate **2-3x** higher than that of the general population
- Incarcerated youth are **11%** less likely to disclose suicide intent
- > Social isolation, > likelihood of untreated MH conditions, >ACE/trauma

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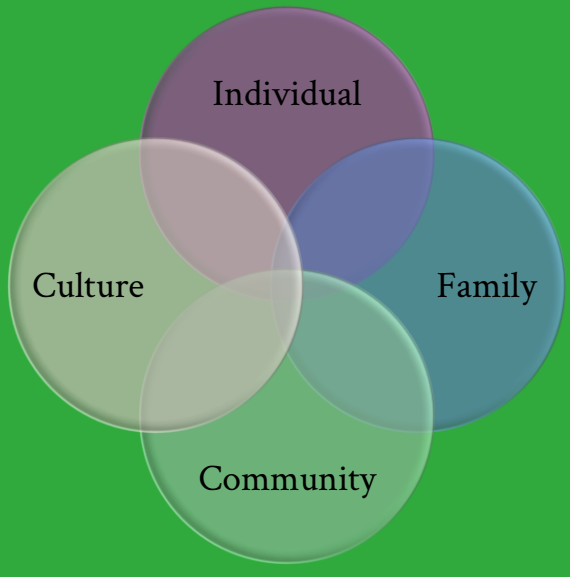
Mitigating Risk

- Collaborative safety planning
- Identifying protective factors
- Building strengths & resilience



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Challenges to Consider

- Barriers to resources/services
  - Program/provider ability to gain buy-in (trust)
  - Acceptance of help seeking behavior
  - Geographic location
  - Finances / transportation
- Stigma
  - Pressure to uphold cultural norms
  - Misinformation / lacking education / discrimination
- Access to means

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Gun Culture in the US

- Gun empowerment is a common reason behind owning firearms in most communities, empowering many physically and emotionally
- Owning a gun can be attached to the idea of being a "good" and patriotic American
- Gun ownership has shown to be a source of identity and moral meaning

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Access to Lethal Means

- Studies show that many suicide attempts:
  - occur during a **short-term** crisis.
  - are **impulsive**.
  - involve **less than 5-10 minutes** between suicidal thought and action.

90% of attempters do NOT go on to later die by suicide.

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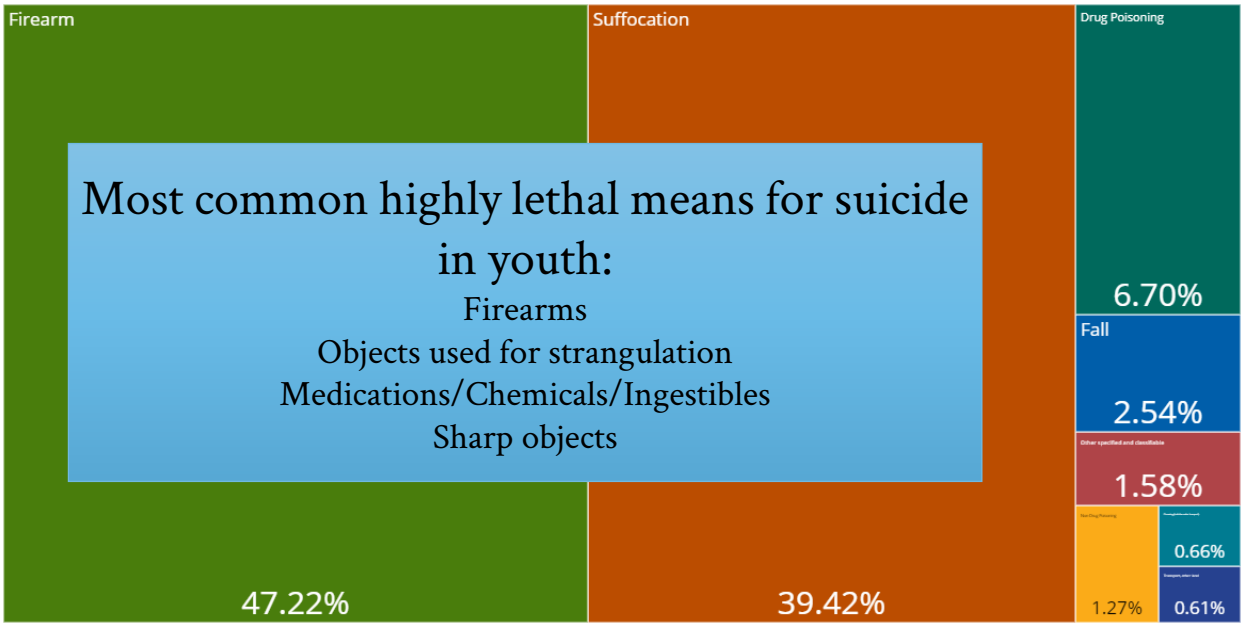

CDC, 2021; WISQARS

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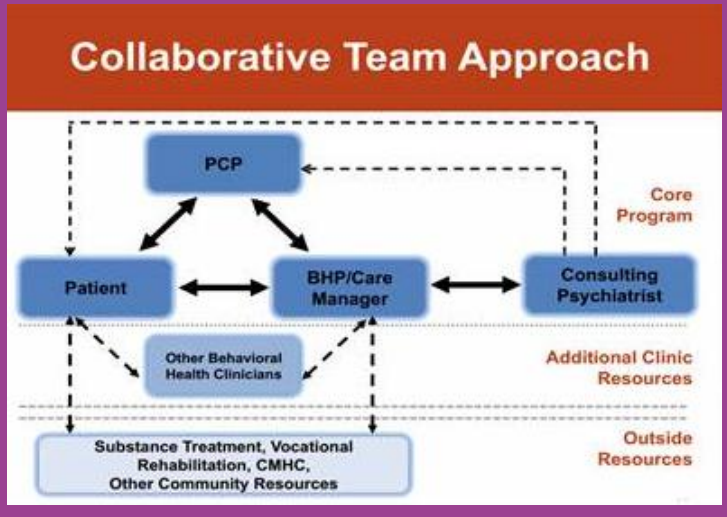

Source: Dr. McLean, University of North Dakota, 2023.

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Recommendations

- **Peer supports**: engaging community members
- **Collaborative Care**: Integrate mental health into primary care and EMT/paramedic services
- **Reduce Barriers when able:** transportation, access to internet connectivity/phone service for telehealth services, culturally appropriate services, socio-economics (insurance, realistic payment options), increase providers/availability, enhance infrastructure

In Summary—

- Assessment, conceptualization, and treatment of suicidality is multifaceted and filled with ethical questions
  - Competency, personal biases, and life experience impact our ability to provide care
- We can be better prepared to navigate ethical questions through:
  - Understanding legal and ethical obligations
  - Maintaining competency
  - Addressing biases and improving knowledge regarding risk factors pertinent to specific groups

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Further Learning

- Consider evaluating your feelings:
  - Implicit Association Tests for Self-Injury, Suicidality
    https://implicit.harvard.edu/

Questions?

Contact us: suicideprevention@nationwidechildrens.org