

Building Capacity for Suicide Prevention in Guam: Culturally Responsive Practices for Pacific Islanders and Asian Americans

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Abstract

The U.S. Territory of Guam, where 90% of the population is comprised of Pacific Islanders and Asian Americans, has some of the highest suicide rates in the world, particularly among youths and young adults. To increase Guam's capacity for culturally competent, community-based suicide prevention, the University of Guam created *I Pinangon* Campus Suicide Prevention Program, a federally funded initiative aimed at: (1) creating a campus environment with broad-based support for suicide prevention, (2) facilitating dialogue addressing the problem of suicide in Guam, (3) training members of the campus community to identify and respond effectively to individuals at risk for suicide, (4) reducing the cultural stigma associated with seeking help for mental health problems, (5) increasing student access to and participation in culturally responsive mental health support services, and (6) developing a stream of new university graduates with culturally competent suicide prevention knowledge and skills. Evaluation findings indicate that *I Pinangon* has been successful in the following areas: (a) providing education and training in suicide prevention to a large segment of the student population, (b) increasing the number of students utilizing mental health support services, and (c) helping to maintain a suicide-free campus community. The program can serve as a model for the development of culturally responsive suicide prevention services for Pacific Islander and Asian American populations in other communities. *Keywords:* Suicide Prevention, Pacific Islander, Asian American, Cultural Competence

The suicide completion rate for Pacific Islanders and Asian Americans residing in the United States is currently estimated at 5.4 per 100,000 population, approximately half the national average (Centers for Disease Control and Prevention [CDC], 2008). However, epidemiological data averaged across such a diverse population may substantially underestimate suicide risk among specific subgroups (Else, Andrade, & Nahulu, 2007; Leong, Leach, Yeh, & Chou, 2007; U.S. Department of Health and Human Services, 2001a). The U.S. Territory of Guam, where Pacific Islanders and Asian Americans comprise 90% of the population (U.S. Department of Commerce, 2004), represents a case in point.

Pacific Islander and Asian American Ethnic Groups in Guam

Guam is the southernmost island of the Marianas archipelago, located in the western Pacific region known as Micronesia, approximately 1,500 miles east of Manila and 1,500 miles southeast of Tokyo. The population is estimated at 180,865 (Central Intelligence Agency, 2011), of whom 50% are Pacific Islander and 40% are Asian American. Guam's Pacific Islander population is predominantly comprised of indigenous Chamorros (85%), but also includes members of several other Micronesian ethnic groups who have emigrated to Guam from the Federated States of Micronesia (Chuukese, 8%; Pohnpeian, 2%; Yapese, 1%; Kosraean, 0.4%),

the Republic of Palau (Palauan, 3%), and the Republic of the Marshall Islands (Marshallese, 0.4%). Guam's sizeable Asian American community consists primarily of immigrants from the Philippines (81%), as well as Korea (8%), China (5%), and Japan (4%) (U.S. Department of Commerce, 2004).

Suicide Trends in Guam

In the 1950s and 60s, suicides in Guam were fairly infrequent, with recorded incidence rates averaging 6 per 100,000 population, well below the U.S. national average at that time. During the 1970s and 80s, however, the number of suicides began to increase and by the 1990s had reached alarming rates, averaging 22 per 100,000, with a peak of 28 per 100,000 in 1999 (Hezel, 2001; Workman & Rubinstein, 2009). These incidence figures parallel the suicide "epidemic" occurring throughout the Micronesian region during this period (Hezel, 1989; Ran, 2007; Rubinstein, 1992a, 1992b), with suicide rates for young Pacific Islanders ranking among the highest in the world. While Guam's suicide rates have decreased in the past few years, averaging 14 per 100,000 between 2000 and 2007 (Guam Department of Mental Health and Substance Abuse [DMHSA], 2009), the number of suicides in Guam is still significantly higher than the U.S. national average of 11 per 100,000 (CDC, 2008).

When Guam's suicide rates are disaggregated by ethnicity, age, and sex, several interesting patterns emerge. First, the majority of suicides in Guam occur among Pacific Islanders, who account for 79% of Guam's suicide deaths, yet comprise only 50% of the population—remarkably, the suicide rate for Guam's Pacific Islanders is 23 per 100,000 (Guam Department of Public Health and Social Services [DPHSS], 2000-2007). Fewer of Guam's suicides are completed by Asian Americans (22%)¹ (DPHSS, 2000-2007), whose suicide rate is much lower than predicted by their representation in the population (40%). Nevertheless, the suicide rate for Asian Americans in Guam (8 per 100,000) (DPHSS, 2000-2007) is still higher than that for Asian Americans in the U.S. mainland (5.4 per 100,000) (CDC, 2008). Second, almost 60% of suicides in Guam are completed by youths and young adults below the age of 30 (DMHSA, 2009), which is in sharp contrast to the U.S. mainland where the vast majority of suicide deaths occur among adults age 30 and *above* (79%) (CDC, 2008). Third, 90% of suicides in Guam are completed by males (DMHSA, 2009), which represents a greater gender disparity than found in the U.S. mainland where 80% of suicides are completed by males (CDC, 2008). In fact, Guam's suicide rate for young males, age 15 to 24, has been reported as the fourth highest in the world (49 per 100,000) (Booth, 1999). Yet, suicide among females in Guam is also a critical concern—indeed, the suicide rate for young females in Guam, age 15 to 24, has been reported as the eighth highest in the world (10 per 100,000) (Booth, 1999).

Explanations for Guam's High Suicide Rates

Several factors have been identified that characterize suicide and suicidal behaviors in Guam. Guam Police Department (GPD) statistics for 2006 and 2007 indicate that over 75% of suicide-related incidents—classified as “suicide,” “attempted suicide,” “injured person,” and “person in need of service”—occurred in the context of interpersonal conflicts (i.e., family dispute, 41%; personal relationship problem, 35%); other circumstances associated with suicide-related incidents were far less common (e.g., financial difficulty, 4%; mental condition, 3%; school failure, 1%; problems with the law, 1%; grieving loss of significant other, 1%; suicide in the family, 1%) (DMHSA, 2009). GPD statistics for suicide deaths and suicide attempts in 2006 and 2007 highlight the key role played by alcohol consumption (31% of cases). Interestingly, only 16% of suicide deaths and attempts involved individuals with a recorded history of mental illness, and only 18% involved individuals with a recorded history of suicide attempts (DMHSA, 2009). These data correspond with research conducted in other parts of Micronesia indicating that suicide deaths tend to occur following a disruption or crisis in interpersonal relationships (Hezel, 1989, 2001; Rubinstein, 1992b, 1995), in contrast to the U.S. mainland, where the majority of suicide deaths are associated with serious mental health problems (Fleischmann, Bertolote, Belfer, & Beautrais, 2005). Another unique feature of completed suicides in Guam is the method—GPD and DPHSS data indicate that hanging is the method used in the vast majority of completed suicides in Guam (DMHSA, 2009; DPHSS, 2000-2007; Workman & Rubinstein, 2009), as it is in other parts of Micronesia, whereas firearms constitute the most common method used in the U.S. mainland (CDC, 2008).

Booth (2010) outlines several explanations for Guam's high suicide rates focusing on sociocultural factors. According to Booth, cultural and socioeconomic changes occurring in Guam over the past three decades (e.g., militarization, loss of land, loss of Chamorro language and culture, rapid economic development, westernization, high unemployment among youth, intergenerational conflict) have created an environment particularly conducive to suicide. Moreover, Booth contends that Guam's economic development has led to increases in migration from other parts of Micronesia, and a corresponding increase in Guam's suicide rates due to the high number of suicides within these immigrant communities. She explains that while rates of suicide are high throughout the Micronesian region, Micronesian immigrants to Guam have even higher rates of suicide than at home, possibly due to acculturative stress, high unemployment, and discrimination. Finally, Booth points to suicide contagion as a third contributing factor, highlighting the rise in suicides among men following the suicide death of former governor Ricardo Bordallo in 1990, and suicide pacts among Guam's youth in the late 1990s and early 2000s, both of which she claims have a continuing effect. Booth concludes that all of these factors combine together making young people particularly vulnerable to suicide for an extended period of time—she thus calls for suicide prevention efforts to support Guam's youth as they enter adulthood.

Barriers to Prevention

Despite increasing concern within the community regarding the frequency of suicide among Guam's youth and young adults, there continues to be a cultural stigma associated with

talking about suicide and seeking help for suicide-related behaviors, and a preference for keeping such problems within the family (Johnson, 2006). Moreover, mental health treatment in general is stigmatized, and thus self-referral for mental health services is relatively uncommon. Seeking help for family or relationship problems is also heavily stigmatized, which is equally concerning as such problems characterize the majority of suicide-related incidents in Guam (DMHSA, 2009). Among Pacific Islander males in particular, seeking help for mental health, family, or relationship problems tends to be viewed as a sign of weakness. These cultural factors complicate suicide prevention in Guam (Johnson, 2006), making it difficult to access at-risk populations.

The cultural stigmas associated with suicide and help-seeking in Guam parallel those within Pacific Islander and Asian American populations in the U.S. mainland. In a recent article highlighting the cultural context of suicidal behaviors among ethnic minority adolescents, Goldston, et al. (2008) argue that collectivist values, an emphasis on interdependence, and a fear of social shame can deter Asian American and Pacific Islander youth from sharing personal problems, thereby making it difficult for others to recognize when they are at risk for suicide. Goldston et al. report that Asian Americans are less likely to utilize mental health services than European Americans; moreover, when Asian Americans do seek mental health services, they are less likely to disclose suicidal ideation. These authors recommend that suicide prevention efforts within ethnic minority communities employ multifaceted, community-based interventions to address the sense of shame and stigma associated with mental health problems and help-seeking. As an example, they highlight the Western Athabaskan Natural Helpers Program, which successfully reduced suicidal behaviors on an American Indian reservation through implementation of a comprehensive, community-wide model employing community education, outreach screening, and clinical interventions, combined with a volunteer network of peer trainers, advocates, gatekeepers, and counselors (May, Serna, Hurt, & DeBruyn, 2005). This multifaceted approach employing a diverse range of community-based initiatives is akin to the model adopted by the authors of this paper for addressing cultural barriers to suicide prevention with Pacific Islander and Asian American populations in Guam.

Program Overview

To stimulate the development of Guam's capacity for culturally competent, community-based suicide prevention, the University of Guam (UOG) developed a suicide prevention program named *I Pinangon*, which means "awakening" in the Chamorro language and signifies the program's primary goal of raising awareness of the problem of suicide in our community. Through educating the University community about suicide prevention measures and practices, *I Pinangon* strives to decrease the incidence of suicide and suicidal behaviors both on campus and in the local community.

Grant funding was received from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to support the program's implementation. UOG was one of 22 college and university campuses funded in 2005 through the *Garrett Lee Smith Memorial Act Campus Suicide Prevention Grant Program* to create a suicide prevention program in alignment with the National Strategy for Suicide Prevention (U.S.

Department of Health and Human Services, 2001b). Funding was provided for an initial three-year period at \$75,000 per year beginning in 2005, and was renewed for an additional three years at \$100,000 per year in 2008, with in-kind matching funds from the University. Grant monies have been used to support: (1) salaries for the program director, associate program director, and two student program assistants; (2) contracts for the external evaluator, cultural consultants, graphic designers, and suicide intervention skills trainers; (3) development of websites, posters, brochures, and other informational materials; (4) evaluation data management; (5) travel to grantee conferences; and (6) office space, equipment, and supplies.

Suicidal Behaviors Among University of Guam Students

The University of Guam has a student population of approximately 3,600 and is the primary U.S. accredited institution of higher education in Micronesia. Fifty-one percent of UOG's students are Pacific Islander and 41% are Asian American (University of Guam, 2010), reflecting the ethnic distribution in the broader community. Data collected during the University's annual National Depression Screening Day (NDS) provide key indicators of suicidal behaviors within the student population. Between 2005 and 2010, NDS data collected from a total of 997 UOG students indicated relatively high rates of suicidal thoughts and behaviors, with 15% reporting suicide ideation within the past two weeks, and 11% reporting at least one suicide attempt within their lifetime. Moreover, 31% of screening day participants reported experiencing serious depressive symptomatology within the past two weeks. In addition, a recent study conducted in the student dormitories demonstrated significantly elevated levels of suicide ideation and moderately elevated levels of depressive symptoms in comparison with college students in the U.S. mainland, with group mean scores on the College Adjustment Scales (CAS) at the 76th percentile for Suicide Ideation and the 58th percentile for Depression (Twaddle, Lee, Mansfield, Sablan, & Mendiola, 2004, 2007).

Program Objectives and Activities

In order to maximize *I Pinangon's* reach within the UOG campus community, the program employed a multifaceted, community-based prevention model. The model was designed to access a wide range of students, including those who regularly engage in University activities, as well as students from more marginalized and at-risk populations. Program initiatives were developed following six objectives.

1. *Create a campus environment with broad-based support for suicide prevention.* The program's first priority was to raise awareness within the University community of the high rates of suicide occurring among Guam's youth and young adults, and to bring suicide prevention to the forefront of the University's agenda. To address this goal, a wide spectrum of activities have been implemented—from public forums, educational seminars, suicide prevention training workshops, and mental health screening programs, to poster campaigns, essay contests, and program websites—providing students with multiple opportunities to learn about suicide prevention throughout their university education. To ensure broad-based institutional support for

the program, staff, faculty and administrators are invited to serve as partners in suicide prevention activities relevant to their areas of expertise. For example, *I Pinangon* partnered with the University bookstore on a campaign aimed at reaching 100% of the student population by distributing an *I Pinangon* bookmark, listing crisis hotline numbers and other referral information, to every bookstore customer. Moreover, linkages have been established with instructors who teach the required course *College Success Seminar* to ensure that suicide prevention skills training is a part of the curriculum received by all incoming freshmen. Students are also encouraged to become actively engaged in suicide prevention campaigns through participatory projects, including theme and logo design contests, essay contests, student panels, and suicide prevention pledge drives. Campaigns have also been developed to encourage family involvement in suicide prevention, including: (a) development of a specialized brochure entitled *What Parents Should Know About Preventing Suicide* with guidelines for evaluating suicide risk and providing support and assistance to college-age children; and (b) *I Pinangon* participation in college orientation family nights during which program staff provide suicide prevention resources to incoming students and their families.

2. *Facilitate dialogue addressing the problem of suicide in Guam.* To combat the cultural stigma associated with the topic of suicide, *I Pinangon* strives to create frequent opportunities for open discussion, critical analysis, and creative problem solving directly addressing suicide and suicide prevention in a wide variety of forums on campus. Each September, *I Pinangon* staff organize *proclamation signings* where Guam's political leaders, University administrators, and members of the Student Government Association formally declare September as Suicide Prevention Month and affirm their commitment to the prevention of suicide on our island. The program also holds *suicide prevention public forums* facilitated by panelists from various community organizations. A *suicide prevention educational seminar series* provides opportunities for experts from the University and the community to present research and scholarship on suicide in the region—topics have included “Suicide in Micronesia,” “Stigma of Suicide,” and “Suicidal Behavior in the Asia-Pacific Region.” *Student film nights* showcase documentary and feature films addressing suicide, followed by discussion led by a panel of representatives from various student clubs and organizations. *Theatrical productions* dealing with the topic of suicide are staged in collaboration with the University's theatre department, with discussion among the audience, director, actors, and *I Pinangon* staff following each performance.

3. *Train members of the campus community to identify and respond effectively to individuals at risk for suicide.* *I Pinangon* offers two levels of suicide prevention training. Suicide Prevention Peer Support Training (SPPST) is conducted in 60- to 90-minute class sessions, where instruction is provided on national and local suicide statistics, common misconceptions about suicide, risk factors and warning signs, coping strategies, community resources, and basic skills for suicide prevention, including opportunities to practice skills through role plays. More advanced two-day workshops providing Applied Suicide Intervention Skills Training (ASIST) (Living Works, 2011) are held at the beginning of each semester for students in positions of leadership (e.g., resident assistants, teaching assistants, student

counselors, student club officers, student government members), as well as members of the University faculty and staff. Participants in these workshops are trained to serve as suicide first-aid caregivers prepared to recognize individuals at risk for suicide, to intervene and provide support, and to make referrals to community resources. To ensure that our suicide prevention training programs are culturally relevant, culture-specific suicide trends, risk factors, warning signs, and coping strategies are considered in all SPPST sessions and ASIST workshops. For example, suicide-related incidents in Guam tend to be associated with family disputes and personal relationship problems, rather than long-term mental health problems (DMHSA, 2009). Thus, our training programs teach participants to identify and reach out to youth experiencing interpersonal conflict, even if signs of depression or other mental health problems are not evident.

4. *Reduce the cultural stigma associated with seeking help for mental health problems.* Stigma reduction campaigns have been implemented utilizing posters, brochures, t-shirts, and the internet (e.g., program website, social networking sites). Our primary strategy has been to address cultural stigma directly by linking help-seeking with positive images in order to promote the message that seeking help for mental health problems is a positive act rather than a sign of weakness. All informational materials are developed in collaboration with cultural consultants and UOG students to ensure congruence with Pacific Islander and Asian American cultural values. One campaign created by a Chamorro artist featured a drawing of a strong Pacific Islander male with the heading “Even Warriors Sometimes Need a Helping Hand” (see Figure 1).

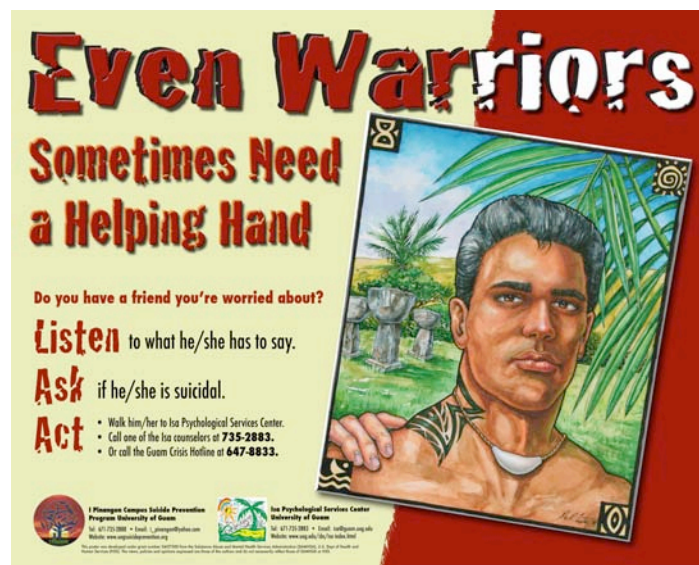


Figure 1. Poster Designed to Encourage Help Seeking among Pacific Islander Males

Another campaign utilized pictures of UOG student peer groups from a diverse range of Pacific Islander and Asian American cultures paired with the motto “To Inspire, Encourage, and Strengthen Life!” (see Figure 2).

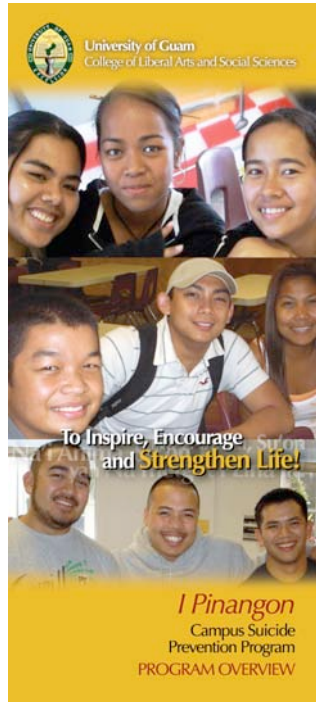


Figure 2. Brochure Featuring UOG Student Peer Groups

In a third campaign, UOG students were invited to design suicide prevention t-shirts incorporating the slogan “Life Happens—Getting Help is Okay” along with a list of resources where help can be obtained, including crisis hotlines and on-campus mental health services. The result has been that hundreds of students wear *I Pinangon* t-shirts around campus promoting help-seeking and advertising suicide prevention resources. The second phase of the “Life Happens” campaign employed the slogan “Life Happens—Let’s Talk About It” to promote participation in campus mental health services; this campaign included bookmarks distributed through the University bookstore and a poster series depicting positive images of students from diverse cultural backgrounds paired with the following phrases: (a) “Too Much Going On?”; (b) “Worried About Your Relationship?”; (c) “When Friends and Family Aren’t Enough”; and (d) “No Judgment, Just Support” (see Figure 3).



Figure 3. “Life Happens—Let’s Talk About It” Poster Featuring Positive Images of UOG Students

5. *Increase student access to and participation in culturally responsive mental health support services.* Several mental health support services have been developed. *I Pinangon* serves as a resource facility for UOG students, staff, faculty, and members of their families seeking suicide prevention information and assistance. *Isa* (“rainbow” in Chamorro) Psychological Services Center was created to provide on-campus mental health treatment to students and members of their families. Personal growth retreats (Smith, Smith, & Twaddle, 1998) and men’s and women’s support groups (Twaddle, Lee, Mansfield, Sablan, & Mendiola, 2007) are offered to students living in the student dormitories. Outreach mental health screenings, including *National Depression Screening Day* and *National Alcohol Screening Day* (see Figure 4), provide at-risk students with immediate referrals to campus and community-based treatment providers. Suicide postvention grief counseling is offered to individuals and families bereaved by suicide, and suicide postvention debriefing is provided to groups and organizations that have lost a

member through suicide. These support services are designed to be culturally responsive by incorporating Pacific Islander and Asian American cultural values. For example, interventions emphasizing the importance of interpersonal relationships, family, community, and culture are favored over individualistic models of behavior change that focus on the self. To increase students' comfort with accessing support services, a peer-facilitator model is used, with Pacific Islander and Asian American graduate and undergraduate students serving as counselors, group facilitators, outreach coordinators, and suicide prevention trainers.



Figure 4. National Alcohol Screening Day,
University of Guam, April 2009.

6. *Develop a stream of new university graduates with culturally competent suicide prevention knowledge and skills.* In addition to preventing suicide on campus, the program is aimed at preparing university graduates to promote suicide prevention in the broader community through their roles as family members, citizens, and community leaders, as well as through their professional work. By providing university students with suicide prevention knowledge and skills, including training in how to identify, assist, and refer suicidal individuals, *I Pinangon* plays a key role in the development of Guam's capacity for suicide prevention.

Evaluation: Key Performance Indicators

Program outcomes are continually evaluated through several key performance indicators, including student participation in program events, student utilization of mental health services, and student feedback at annual year-end surveys.

In its first five years, between October 2005 and September 2010, *I Pinangon* conducted 204 prevention activities with a total of 7,839 student participants. Of these students, 3,305

participated in *I Pinangon's* educational and outreach events, including public forums, educational seminars, exhibits, film nights, theatrical productions, and activity-based support groups. Another 2,658 students received formal training in suicide prevention skills, either through 60 to 90 minute SPPST sessions or two-day ASIST workshops. In addition, 1,876 students participated in the program's mental health screenings, with 930 of these participants referred for further evaluation. During this five-year period, the number of students who received treatment services for suicide-related behaviors and other mental health problems at the University's *Isa* Psychological Services Center increased by 664%.

In order to evaluate the reach of *I Pinangon's* activities, the program staff conducted year-end evaluation surveys in May of 2008, 2009, and 2010 with a total of 381 student participants. Of these participants, 78% reported that they were aware of *I Pinangon* Campus Suicide Prevention Program, 41% stated that they had heard about *I Pinangon's* events (e.g., public forums, educational seminars, training workshops), and 23% said that they had attended at least one of these events. In the 2010 year-end evaluation, 72% of participants indicated that they had seen *I Pinangon's* informational materials on campus, including *I Pinangon* brochures, posters, bookmarks, and t-shirts.

Naturally, the most important outcome measure for the program is the number of deaths by suicide among members of the University community. Prior to *I Pinangon's* implementation in 2005, the University of Guam did not collect formal data on suicide deaths. In the program's first year, when most program initiatives were still under development, one death by suicide was recorded. In the five years since, there have been no further suicide deaths recorded at UOG.

Discussion

These data suggest that *I Pinangon* has been successful in reaching a fairly large segment of the University of Guam student population. By employing a multifaceted, comprehensive, community-based prevention model aimed at addressing cultural barriers associated with suicide, *I Pinangon* has created a campus environment where the topic of suicide is openly discussed, substantial numbers of students receive training in suicide prevention skills, and students increasingly participate in campus mental health support services. Ultimately, this environment has contributed to the maintenance of a suicide-free campus community. With the knowledge and skills gained through *I Pinangon*, UOG students are better prepared to contribute to suicide prevention efforts on campus, and also have the potential to become advocates for suicide prevention within the broader community after graduation.

Conclusion and Recommendations

We hope that *I Pinangon* can serve as a model for other college campuses and communities wanting to prevent suicide and related mental health problems among Pacific Islander and Asian American populations. The program demonstrates the successful application of a multifaceted approach to suicide prevention on a university campus, integrating the National Strategy for Suicide Prevention with culturally responsive initiatives in order to prepare Pacific Islander and Asian American young adults to address suicide on campus and in the broader

community. Key findings include:

- Broad-based support for suicide prevention can be created on a university campus through implementation of a wide spectrum of activities that provide students with numerous opportunities to learn about and participate in suicide prevention.
- Dialogue addressing suicide within Pacific Islander and Asian American communities can be stimulated through a variety of educational forums.
- Culturally relevant skills training for suicide prevention in Pacific Islander and Asian American communities can be developed by emphasizing culture-specific suicide trends, risk factors, warning signs, and coping strategies.
- Cultural stigmas associated with mental health services can be reduced through informational materials providing culturally meaningful and positive images of help-seeking.
- Access to and participation in mental health support services by Pacific Islander and Asian American college students can be increased through development of culturally responsive interventions that incorporate Pacific Islander and Asian American cultural values.
- Universities can play a key role in preparing young adults to serve as advocates for community-based suicide prevention.

I Pinangon's culturally responsive model of suicide prevention for Pacific Islander and Asian American young adults can be replicated in a variety of educational and community settings, such as universities, colleges, high schools, churches, and youth groups. We recommend that all initiatives aimed at suicide prevention give considerable attention to cultural variables to ensure their effectiveness and sustainability within diverse communities.

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Notes

¹ Individuals who were identified as both Pacific Islander and Asian American were counted in both ethnic groups, and thus, the total contribution across ethnicities is greater than 100%.