

11-1-2017

## Without Warning? What Occupational Challenges Cause Suicide Among Minority Young Adults? A Literature Review

Follow this and additional works at: <https://nsuworks.nova.edu/occupation>

 Part of the [Occupational Therapy Commons](#)

### Recommended Citation

(2017) "Without Warning? What Occupational Challenges Cause Suicide Among Minority Young Adults? A Literature Review," *OCCUPATION: A Medium of Inquiry for Students, Faculty & Other Practitioners Advocating for Health through Occupational Studies*: Vol. 2 : Iss. 1 , Article 3.

Available at: <https://nsuworks.nova.edu/occupation/vol2/iss1/3>

This Article is brought to you for free and open access by the Department of Occupational Therapy at NSUWorks. It has been accepted for inclusion in *OCCUPATION: A Medium of Inquiry for Students, Faculty & Other Practitioners Advocating for Health through Occupational Studies* by an authorized editor of NSUWorks. For more information, please contact [nsuworks@nova.edu](mailto:nsuworks@nova.edu).

## **Without Warning? What Occupational Challenges Cause Suicide Among Minority Young Adults? A Literature Review by Yazmin Walker**

### **Abstract**

Suicide is a major public health concern within the United States. Suicide is the tenth leading cause of death for all age groups and the second leading cause of death among young adults aged 15-35. This literature review examines the increase of suicide death rates in young adults age 15-35, specifically young adult minority groups. African American, American Indian, Asian American and Hispanic American have unique occupational challenges that led to the act of suicide. In this review various protective and risk factors are examined to determine the best intervention and prevention measures required to address the epidemic of young adult minorities committing suicide. When healthcare professionals embrace a *doing, being, becoming, and belonging* frame of reference, utilize an occupational lens and implement the principles of Occupational Perspectives of Health (OPH), suicides can be averted. Creating interventions that emphasize the diversity of risk factors across young adult minority groups can help dispel the myth that suicides occur without warning.

*Key words: suicide, occupational challenges, minorities, young adults*

## Without Warning? What Occupational Challenges Cause Suicide Among Minority Young Adults? A Literature Review by Yazmin Walker

According to the Centers for Disease Control (CDC), suicide is the second leading cause of death among persons aged 15- 35years of age (2015). Amongst this age group the rise of ethnic minorities committing suicide has increased drastically. The ethnic minorities represented in these statistics are African Americans, American Indians, Asian, and Hispanics. Among American Indians/Alaska Native Americans aged 10 to 34 years of age, suicide is the second leading cause of death, which is 1.5 times higher than the national average (CDC, 2015). Hispanic students had a higher percentage of suicide attempts than white and black students. The percentage of minority young adults aged eighteen or older having suicidal thoughts in a twelve-month period were as follows: 2.9% among blacks, 3.3 % among Asians, 3.6 % among Hispanics, 4.8% among American Indians/Alaska Natives, and 7.9% among adults reporting two or more races (CDC, 2015). The purpose of this literature review is to address these alarming statistics of an increase in suicide ideation, attempts, and acts of suicide amongst minorities, and to explore the occupational barriers that lead to the cause of suicide amongst young adult minorities. This literature review will explore the Joiner (2005) Interpersonal-Psychological Theory of Suicide, differences amongst minority subgroups, young adult transitions and occupations, and common themes across these ethnic minority young adults. By examining occupational challenges that increase suicides amongst young adults, the myth of suicides occur without warning will be demystified. Research suggests individuals provide warning signs eight out of ten times and nearly all attempters have reported suicide ideation or plans before the attempt (Leenaars, 1997; Jalongo, et al., 2002). Discovering the warning signs and risk factors of minority suicides will assist healthcare professionals to provide targeted intervention techniques to minority populations to decrease the number of suicides. By becoming aware of these risk factors displayed differently in these minority groups, healthcare professionals can effectively create measures to divert minority young adults who are contemplating suicide.

### Methodology

This literature review was completed to determine what occupational challenges occur leading up to the act of suicide amongst minority young adults. The majority of the articles originated from the Health Professions Division Library at Nova Southeastern University (NSU) through an advanced systematic search of electronic databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed. Articles also found through Google Scholar, The American Journal of Occupational Therapy (AJOT), British Journal of Occupational Therapy (BJOT), American Journal of Orthopsychiatry, and Suicide and Life-Threatening Behavior. Research articles that were obtained from NSU's Health Professions Division Library, AJOT, BJOT, American Journal of Orthopsychiatry and Suicide and Life-Threatening Behavior were obtained through general search criterion and were further filter utilizing databases such as CINAHL. Keywords for search criteria included: *suicide*, *minorities*, and *young adults*. In total there were 60 articles that met the following inclusion criteria: a) publishing dates within the past 20 years (1995-2015), b) studies published in full text and in English language, c) studies that related to main topic, as well as the subtopics of young adult minority suicide, Joiners Interpersonal-Psychological Theory of Suicide, differences amongst minority subgroups, protective factors, life transitions, and acculturation and lastly, d) studies that related to occupational challenges in relation to suicide, occupational therapy and occupational science. The exclusionary criteria included: a) the studies were irrelevant to the

main topic of research or did not pertain to the subtopics, b) the studies were not available in full text, or were systematic reviews or research proposals and lastly, c) were not relevant to occupational challenges, occupational therapy or occupational science.

### **Young Adult Life Transitions and Occupational Roles**

Throughout this literature review, young adulthood will be defined during the ages of 15-34 thirty years of age. “Young adulthood includes unique biological, psychological, cultural, and sociological issues” (Leenars, 1997, p.16; Erikson, 1980; Fitzpatrick, Piko & Miller, 2008). Erikson (1963, 1980) defined the young adult psychological stage from the ages 18 to 40 years of age. This stage is called Intimacy vs. Isolation. During this stage, humans will find love or be alone. During this period, we explore relationships and define intimacy in our lives. If during this stage we avoid intimacy, fear commitment and relationship this can lead to isolation, loneliness, and depression. In order to find love and define relationships, one must determine who they are as a person before they can appreciate the uniqueness of another individual to complete the cycle of this stage and find love. If the identity crisis with one self is not resolved, then relationships during this stage in life will be avoided and often become narcissistic in nature (Leenars, 1997).

During young adulthood, there are typical occupations and roles that young adults engage in such as, visiting with friends, college student, employee, a member of a club or sports teams, shopping for pleasure, dining out, gardening, movies etc. (Lobo, 1999). Transitions are constantly occurring during young adulthood (Blair, 2000). Transitions in life that may occur during this adulthood period are stressful life events and instability in relationships (Joe, Canetto, & Romer, 2008; Joiner, 2005). Such life transitions may occur from school to workplace, or from the family of origin to the family of proliferation. The transition from adolescence to young adulthood represents the period of highest risk for the occurrence of new mental disorders, risky behaviors, self-injurious behaviors, which leads to an increase in suicide rates (Ialongo, et. al, 2002, Whitlock & Knox, 2007).

### **The Interpersonal-Psychological Theory of Suicide**

A common theoretical framework of The Interpersonal-Psychological Theory of Suicide (Joiner, 2005) served as the basis research studies included in this literature review. Joiner (2005) proposed three aspects of risks that lead a person to suicide: (1) a sense of perceived burdensomeness toward others; (2) feelings of thwarted belongingness; and (3) an acquired capability to self-injure. Human beings are social entities, and require social interactions with others (Davidson, Wingate et al. 2009). The inborn nature of all human beings is survival and existing (Christiansen & Townsend, 2010), why then do some humans, specifically, minority young adults seek to permanently terminate all social interactions and revoke their survival intuition. Joiner’s (2005) theory provides constructs that support this baffling question. One hypothesis is that during the time period of the ages of 15-34 years, many minority populations may experience, extreme inconsistencies, perceived inability to meet parental demands, peak onset of depression along with life transitions. These combinations of stressors are the perfect storm to create an internal struggle for survival. Therefore, if an individual perceives themselves as a burden on others, this may impede the basic human need to contribute and belong in a social group. Consequently, then, the idea of suicide may be entertained as a manner in which to relieve the perceived burdensomeness on others, and lack of belonging to a group or family (Garza & Pettit, 2010).

## Minority Subgroups

### A. African Americans

African Americans have experienced generations of prejudice, discrimination, poverty, social and cultural isolation and lack of community resources. Despite these cultural impediments, rates of suicide among African Americans have remained relatively low (Gibbs, 1997; Lincoln, Taylor, Chatter & Joe, 2012; Stansfeld, 2012; Walker & Bishop, 2005). This phenomenon has baffled researchers due to the apparent disadvantage status of African Americans and their uncommon use of suicide as a resolution to their tribulations (Gibbs, 1997). The statistics on African American suicide may be slighted due to cultural attitudes and the reporting of questionable and accidental deaths (Gibbs, 1997; Lincoln et al., 2012). Recent research has suggested that there has been a steady increase in African American suicide particularly, African American men (CDC, 2013; CDC, 2015; Gibbs, 1997; Joe & Kaplan, 2001).

Statistically, African Americans commit suicide much less frequently than whites, but they do so at much earlier ages (Garlow, Purselle & Heninger, 2005). African American suicides typically occur between ages 20 and 45, and virtually none above this age. In comparison to their white counterpart, suicide is high in young adulthood and peaks between ages 75-84 (Garlow, Purselle & Heninger, 2005; Gibbs, 1997, Ialongo, 2002). Within this age group of 15-24 in comparison to other racial groups, suicide is the third leading cause of death for African American men (National Center for Health Statistics [NCHS], 201). Willis, Coombs, Drentea, & Cockerham (2003) created a racial summary of African Americans who typically commit suicide. A few of the risk factors include: Occur more often under age 35, are likely to occur in the Midwest, Southeast, and Northwest, are likely to be young, male, single and never married, are less likely to occur in rural areas with less than a high school education, and firearm access in the home. (p. 425).

Previous literature has focused on protective factors that have seemed to shield this minority group from the tragedy of suicide as compared to their white counterparts. African American protective factors from suicide are religiosity, old age, living in a southern region and social support. Attending church has been associated with lower rates of suicide. Suicide rates within the African American community tend to decline with age, suicide rates tend to be lower in southern regions and in particularly in areas with less racial segregation, and lastly, social support has protected African Americans from suicide (Fitzpatrick, Piko, & Miller, 2008; Gibbs, 1997; Harris & Molock, 2010; Joe & Kaplan, 2001; Lincoln et al., 2012; Merchanr, Kramer, Joe, Venkataraman, & King, 2009; Molock, Matlin, Barksdale, Puri & Lyles, 2008; Walker, 2007, Walker & Bishop, 2005).

As African American individuals increase their association with mainstream culture they are at risk for losing cultural protective factors such as family cohesion and support due to increased family conflicts. As more African Americans begin to associate with mainstream culture there is a documented increase in attitudes of acceptance towards suicide. This acceptance of suicide is the result of experiencing hopelessness in their quality of life, which increase risks of suicidal behaviors. (Joe, Romer, Jameison, 2007; Walker, 2007).

African Americans have endorsed a “value for endurance, resilience, and persistence in the face of adversity” (Gibbs, 1997, p.74). This belief in hope, endurance and perseverance over obstacles through hard work and determination in the African American community has been labeled “John Henryism” (Willis, Coombs, Drentea, & Cockerham, 2003; Davidson, Wingate, Slish & Rasmussen, 2010). This John Henryism has also been an unstated protective factor within the African American community. This viewpoint of resilience in handling life challenges views suicide as an unacceptable solution (Davidson et al., 2010; Gibbs, 1997; Willis, et al., 2003).

Prevention and intervention techniques within the African American community should focus on social supports. These social supports safeguard against suicidal behaviors in African American young adults (Harris & Molock, 2000). Early intervention social supports are paramount to reducing young adult suicides. These social supports should include access to life options for African American youth. Life options include school-based intervention to increase high school graduation rates, job training, and training in skilled and technical occupations (Gibbs, 1997). Along with life options, early intervention programs should provide young adults with coping and stress management techniques that focus on cultural identification and unity (Joe & Kaplan, 2001). A vital aspect of social supports is the increased sense of belonging within the African American community. This feeling of belonging can be obtained from involvement in activities and groups with similar interests (Davidson et al., 2010).

The African American church is a social support that is central to African Americans. The church provides emotional and spiritual needs to the community. Molock et al., (2008) suggest the African American church has advantages to providing suicide prevention programs to the community. A model for this suicide prevention program is Helping Alleviate Valley Experiences Now (HAVEN). Key components of this program are key helpers, gatekeepers, a mental health resource directory, and community education curriculum. Access to firearms within the African American community has been attributed to increased suicide incidences in the community (Willis et al., 2003). Parents and family members can decrease the availability of firearms in the home especially in the residences of individuals with a history of depressive and suicidal tendencies. Health professionals can also screen young adults who have exhibited depressive and suicidal symptoms about the presence of firearms within the home (Joe & Kaplan, 2001).

Lastly, the public health community should emphasize encouraging African American communities and families to engage in “mental wellness promotion and mental illness prevention efforts, including suicide prevention” (Joe & Kaplan, 2001, p.117). Medical practitioners who treat African American young adults should routinely screen for suicidal ideations and make appropriate referrals, specifically those with a history of mental or substance abuse disorders (Ialongo et al., 2002). Without collaborative efforts to develop comprehensive public policies to address this public health concern of African American suicide, these rates will increase as the risk factors will inevitably outweigh the protective factors (Gibbs, 1997). Therefore, suicide prevention for African American young adults should focus on social supports, the feeling of belongingness, suicide intervention programs within the African American church, restricted access to firearms, coping and stress management skills, medical professional awareness and public policies.

### **American Indian**

Suicide is a critical well-being and public health concern for American Indian adolescents and young adults (CDC, 2013; CDC, 2015; Freedenthal & Stiffman, 2004; Joiner, 2005; Lipschitz, 1995; Novins, Beals, Roberts & Manson, 1999; O’Keefe et al., 2013). The peak for death by suicide in American Indian is in young adulthood (Joiner, 2005). Suicide is the second leading cause of death for American Indians aged 15-24 and is 2.5 times that national rate (Center For Native American Youth, 2014). Non-Hispanic American Indian/Alaska Natives accounted for the highest suicide deaths among all race/ethnic groups (16.5 per 100,000 population) (Parks et al., 2014). There are 566 federally recognized tribes in 35 states in the United States. In 2011, it was estimated 22 percent of American Indians/Alaska Natives lived on reservations or other US Census-defined tribal areas and 60 percent of American Indians/Alaska Natives lived in metropolitan areas (Center for Native American Youth, 2011). Due to the diversity of environments in which American Indians live,

forecasting the epidemic of American Indian suicide rates can be challenging, due to reservation or urban/city living. Freedenthal & Stiffman (2004) found lower rates of suicidal behavior in rural, off-reservation American Indian adolescents than rates reported for reservation reared American Indians. A hypothesis for these lower rates of suicides of adolescents living off reservations is urban-reared adolescents are more psychologically healthy because they had more opportunities for education and employment. These lower rates still do not account for the similar rate of suicide attempts of urban reared youth to reservation-reared youth. Therefore, urban-reared youth may not have an advantage, overall, in comparison to reservation-reared youth.

Furthermore, there is variation of suicide rates across tribal communities within American Indian tribes. Due to the diversity among the 566 federally recognized tribes there are differences in languages, social structure, emphasis on individuality, and gender roles (Novins et al., 1999). While the general rates of suicide of American Indians are high, suicide and suicide attempts rates vary across tribes. Novins et al., (1999) compared three American Indian regional tribes of Pueblo, Southwest, and Northern Plains. They found the Pueblo tribe had the most tightly-knit communities with strong social networks. This population was influenced the most when a friend committed suicide or engaged in suicidal behavior. These suicides within the Pueblo community often occurred due to feelings of being unsupported by family and friends and depressive symptoms.

The Southwest tribes were characterized by strong family, community and peer ties similarity to Pueblo American Indians. Southwest tribes have strong cultural prohibitions against thinking about death and suicidal ideation. Suicide ideation and attempts occurred in this community in homes without both biological parents. Lastly, the Northern Plains tribe highlighted individual achievement and a more ego-centered conception of self. Among the youth of this tribe, suicide ideation was associated with low self-esteem and higher levels of depressed affect and higher rates of suicide in comparison to the other two tribes in this research study. It can be hypothesized the higher rates of suicide amongst Northern Plains tribes is due to the lack of belongingness due to the focus on individualized achievement and ego-centered conception of self. These higher rates are seen when comparing the Apache tribe to the Navajo or Pueblo people; the latter tribes have greater focus on social integration (Joiner, 2005).

General protective factors identified within the American Indian community are: discussing problems with friends and family members, emotional health, cultural and spiritual orientation, and perceived connectedness to family (Borowsky, Resnick, Ireland & Blum, 1999; Garrouette et al., 2003; Hill 2006; Hill 2009). A surprising protective factor that was found by Scheel, Prieto & Biermann (2011) states American Indian college students have reduced incidences of suicide. This low number of suicidal ideation within American Indian college students may be due to the theory of hope; further research is warranted to support this protective factor of college enrollment in the American Indian culture.

Suicide risk factors vary across tribal communities within the American Indian population. General risk factors are depression, unintentional injury and violence behaviors, higher rates of poverty, sexual risk behaviors, isolation, tobacco, alcohol and other drug use, sociodemographic factors, loss of friend or family member to suicide and poor parent-child communication (Borowsky, et al., 1999; Freedenthal & Stiffman, 2004; Garrouette et al., 2003; Hill, 2006; Hill, 2009; Novins et al., 1999; Pharris, Resnick & Blum, 1999; Shaughnessy, Doshi & Jones, 2014).

Suicide prevention and screening programs within the American Indian population may be difficult to transfer from one American Indian tribal community to the other due to the vast amount of diversity. Prevention strategies within the American Indian community should be global and not generalized to specific a specific tribal community (Novins et al., 1999). Prevention strategies within

the American Indian community should center on developing positive self-identities in young adults and environmental improvements that create safe neighborhoods that do not allow poverty, separation, illness, or alcoholism to impact positive role models and images within the American Indian community (Lipschitz, 1995). Intervention measures should include tribal health programs, and address discussing problems with friends or family, emotional health and cultural spiritual connections (Borowsky et. al, 2007; Garrouette et al., 2003).

### **Asian Americans**

There has been a steady increase in Asian American suicides between the ages of 15-24. Within this age group Asian young adult men suicide rates rose from 10.9 deaths per 100,000 in 2010 to 11.9 deaths per 100,000 in 2013. Asian young adult women in this age group suicide rates accounted for 3.5 deaths per 100,000 in 2010 and 3.6 deaths per 100,000 in 2013. Among the 15-24-year old age group in 2013, Asian men and women had the second highest suicide rate for all racial groups preceded only by American Indian or Alaska Native men (NCHS, 2013). Overall suicide is the ninth leading cause of death for Asian Americans (Heron, 2015).

Family cohesiveness is a centrality to Asian Americans. Among Asian American college and university students living with a family member or partner has been notated as a protective factor. Especially, among Asian American young adults family relationships and group orientation are important values in Asian cultures (Wong, 2011a; Wong, 2011b; Wong, 2011c; Wong, 2012). Three main protective factors for Asian Americans are ethnic group identification, family cohesion and support (Asian American Psychological Association Leadership Fellows Program, Hijioka & Wong, 2012). These protective factors are seen predominately in Asian American young adult college students who are under cultural pressure to perform academically (Wong, 2011a; Wong, 2011,b; Wong, 2011c; Wong, 2012).

Suicidal ideation, attempts and suicides within the Asian racial group have been associated with certain risk factors, such as mental illness, history of lifetime psychiatric illness, social factors, chronic medical conditions, born in the United States, high levels of family conflict, perfectionism, academic pressures, high levels of discrimination, and acculturative stress (Asian American Psychological Association Leadership Fellows Program, Hijioka & Wong, 2012; Duldulao, Takeuchi & Hong, 2009; Hahm, Jang, Vu, Alexander, Driscoli, & Lungren, 2013; Kuroki & Tilley, 2012; Leong, Leach & Chou, 2007; Shang, Li, Li, Wang & Siegrist, 2014; Wong, 2011a; Wong, 2011b; Wong, 2011c; Wong, 2012). There are also racial differences within Asian American groups; Japanese Americans had higher suicide rates than Chinese Americans and Filipino Americans (Chu, Hsieh & Tokars, 2011; Leong, Leach, Yeh & Chou, 2007; Lester, 1994). Chinese Americans were more likely to report suicidal ideation in comparison to Vietnamese and Filipino Americans (Cheng et al., 2010). Kim & Kim (2008) found among Korean youth who attempted suicide certain risk factors, such as lack of family cohesiveness, parent-child conflict, intra-familial sexual abuse, psychotic disorders, depression, chronic disease, and alcoholism among family members.

Outreach efforts to prevent Asian American suicide should include cultural norms and cultural practices when developing intervention programs. Interventions addressing Asian Americans should address help-seeking behaviors within this racial group (Chu, Hsieh & Tokars, 2011). Clinicians should focus on key cultural factors when addressing suicide with Asian Americans such as acculturation, the need for academic perfectionism, family generational issues, religious and spiritual background (Leong et al., 2007). Intervention efforts should also focus on the academic balance of heavy workload and competition. Poor academic performance has been found to impair self-esteem within the Asian culture (Shang et al., 2014). Mental health counselors and

therapists at colleges and universities should focus on the assessment of family, academic, financial problems within Asian American populations, and family connectedness (Wong, 2011a; Wong, 2011b; Wong, 2011c; Wong, 2012).

### Hispanics

According to the U.S. Census Bureau (2015) Hispanics are the largest minority group in the United States, they represent 17 percent of the nation's total population and are projected to constitute 31 percent of the nation's population by the year 2060 (U.S. Census Bureau, 2014). Current literature on suicide has suggested that there has been a steady increase of suicide in the Hispanic population (Canino & Roberts, 2001; CDC, 2015; Garza & Petit, 2010; Humensky, Gil, Coronel, Cifre, Mazzula & Lewis-Gernandez, 2013; Joiner, 2005; Olvera, 2001; Roberts, Roberts, & Xing, 2007; Zayas, Lester, Canassa, & Fortuna, 2005; Zayas & Pilat, 2008). Particularly there has been a rise in suicide amongst Hispanic women. Documented risk factors in Hispanic suicides are familial conflict, acculturative stress, female gender, fatalism, sociocultural stress, minority stress, and psychological/depressive symptoms (Garza & Petit, 2010; Olvera, 2001).

Hispanic familism emphasizes upholding of family cohesion, obligation and intense attachment to relatives. Family is central to the individual's self-identity and social world (Zayas, Lester, Cabassa & Fortuna, 2005, p.278). The concept of familism has been thought to be a strong protective factor to safeguard Hispanic women against suicide (Garza & Pettit, 2010; Humensky, Gil, Coronel, Cifre, Mazzula & Lewis-Gernandez, 2013; Zayas, Lester, Cabassa & Fortuna, 2005). Researchers have suggested that the family unit is stronger than the individual themselves and is the most influential aspect in a Hispanic woman's life (Garza & Pettit, 2010).

During the developing adolescent years, Hispanic women may feel the challenge of maintaining cultural traditions and traditional gender roles, and integration into mainstream social norms and customs (Garza & Pettit, 2010; Zayas, Lester, Cabassa & Fortuna, 2005). This internal conflict is characterized as connection versus separation or relatedness versus autonomy (Garza & Pettit, 2010). Hispanic women are torn between the obligations to family and responding to the internal sense of autonomy that is developing during the adolescent years. The notion of accountability and responsibility toward the Hispanic family causes strain and psychological challenges in the developing adolescent Hispanic woman. The protective factor of familism then becomes a gateway to suicidal ideation among Hispanic women believing a breach in family uprightness has occurred due to the process of discovering who they are as an individual separate from their cultural background, in particular the adolescent-parental conflict, once parent and child are unable to (Garza & Pettit, 2010; Zayas & Pilat, 2008; Zayas, Lester, Cabassa & Fortuna, 2005).

These suicidal ideation and thoughts occur when Hispanic parents and children cannot reconcile their acculturative differences (Zayas & Pilat, 2008). Acculturative stress occurs due to the Hispanic adolescent wanting to adapt and embrace the new culture, which represents greater autonomy of young girls compared to their traditional Hispanic roles in which the adolescent girl is expected to live in a restrictive and authoritative environment (Zayas & Pilat, 2008; Zayas, Lester, Cabassa & Fortuna, 2005). Consequently, the feeling a perceived burdensomeness is then entertained, identifying "oneself as a drain on others thwarts a basic human need to contribute to and be valued in a social group... Burdensomeness toward loved ones is a strong predictor of suicidal ideation, regardless of one's sense of obligation toward family" (Garza & Petit, 2010, p. 569-570). Joiner (2005) refers to this adolescent feeling of burdensomeness to family, as a perceived inability to meet parental demands known as the "expandable child" theory. "Individuals who

perceive themselves as not measuring up and being a burden are prone to suicidal behavior” (Joiner, 2005, p. 111).

Interventions for Hispanic young adult women who are contemplating suicide should focus on coping skills and family (Canino & Roberts, 2001; Humensky et al., 2013; Zayas & Pilat, 2008; Zayas, Lester, Cabassa, & Fortuna, 2005). Coping skill interventions should include focus on the transition from adolescence to young adulthood and responding to the demands of meeting parent expectations and the need to find autonomy amongst mainstream culture. Interventions should be designed specifically to address coping skills to confront the psychological and psychosocial issues that arise during the life transition from adolescence to adulthood in Hispanic women. More importantly, the center of intervention with Hispanic women should include the family. Moreover, familism is an important role within the Hispanic community. Including family members in treatment for Hispanic women is important due to family being central to the Hispanic culture (Canino & Roberts, 2001; Humensky et al., 2013; Zayas & Pilat, 2008).

### Summary and Similarities Across Minority Groups

#### Belonging

Evaluating suicidal ideation, suicide attempts, and suicide across minority groups two prominent themes emerged as factors involved in minority suicide, which were the sense of belonging and acceleration. Maslow (1970) identified belonging as a universal characteristic of human beings and is a basic need. “Belonging is multidimensional and reflects the psychological, sociological, physical, and spirituality connections of individuals, families, or communities (Hill, 2009, p. 66). As stated previously, Joiner (2005) identified belongingness as a key component to suicidal ideation. Literature has shown that belongingness is a protective factor amongst members of minority groups (Asian American Psychological Association Leadership Fellows Program, Hijioka & Wong, 2012; Borowsky, Resnick, Ireland & Blum, 1999; Garrouette et al., 2003; Garza & Pettit, 2010; Gibbs, 1997; Harris & Molock, 2010; Hill 2006; Hill 2009; Humensky, Gil, Coronel, Cifre, Mazzula & Lewis-Gernandez, 2013; Fitzpatrick, Piko, & Miller, 2008; Joe & Kaplan, 2001; Lincoln et al., 2012; Merchanr, Kramer, Joe, Venkataraman, & King, 2009; Molock, Matlin, Barksdale, Puri & Lyles, 2008; Walker, 2007, Walker & Bishop, 2005; Wong, 2011a; Wong, 2011b; Wong, 2011c; Wong, 2012 & Zayas, Lester, Cabassa & Fortuna, 2005) individuals who perceive themselves as members of a community or group are less likely to have suicidal ideations. Once there is a disconnect from these social connections individuals feel as though they do not belong and there is a disconnection between these groups the concept of belongingness becomes thwarted (Joiner, 2005). The sense of belonging can be health promoting, in communities that offer social support (Hill, 2006).

#### Acculturation

Acculturation is the process in which an individual adapts to a new culture and begins to adopt a new culture and adopts values, transitions, beliefs and behaviors of the new culture while maintaining components of the culture of derivation (Cabassa, 2003). The process of acculturation can become stressful in minority groups when there is pressure to maintain the culture of origin values and tradition while adapting to the new culture (Zayas & Pilat, 2008). This difficult transition of adapting is defined as acculturative stress. Acculturative stress is related to the procedure of adapting to the beliefs, practices, and values of a dominant culture (Gomez, Miranda & Polanco, 2011). Stressors within minority groups are prejudice, discrimination, poverty, inadequate housing

and dysfunctional families (Canino & Roberts, 2001). Acculturative stress is associated with predictors of suicidal behavior, including depression and suicidal ideation, among adolescents and emerging adults (Gomez, et al., 2011; Roberts et al., 2007).

When surveying groups independently Gomez, Miranda & Polanco (2011) found familial acculturative stress was associated with previous suicide attempts in Asian and Black populations but not within Hispanic populations. Asian and African American young adults reported more ethnic discrimination in contrast to other ethnic minority groups. Asian-American young adults reported higher levels of acculturative stress, compared to other racial/ethnic groups (Gomez, Miranda & Polanco, 2011; Leong et al., 2007; Wong, 2011b; Wong, 2011c; Wong, 2012). In comparison, Hispanic individuals expressed more social acculturative stress; specifically perceived discrimination was linked to previous suicide attempt history. This perceived discrimination is associated with lower personal control, psychological distress, hopelessness, and sensation seeking is considered higher risk for suicide (Joe, Romer, & Jamieson, 2007). When connecting acculturative stress and belongingness, it can be theorized discrimination leads adolescents and emerging young adults to discover the meaning of belonging to an ethnic group (Cheng, et al., & Gomez, et al., 2011).

## Discussion

### Occupation and Suicide

The term occupation originates from Latin, which means “to occupy or to seize” (Christiansen & Townsend, 2010). To be occupied is to be engaged in meaningful and purposeful activities. When viewing humanity through an occupational framework, an understanding must be reached that occupation is “what people are doing, or want and need to do to survive, be healthy, and live well” (Christiansen & Townsend, 2010, p. 2). It can be speculated that individuals who commit suicide lost the meaning and purposefulness of their life and the need to “occupy” was absent or removed from them. Once an individual is unable to engage in the occupation of their choice suicide may then become an option. Davidson et al., (2009) established male professional athletes have higher suicide rates than the general population, and that along with psychosocial factors, injuries are the most commonly linked element to suicide among athletes. It can be inferred that once the male athletes’ occupation of engagement in sports is taken due to injuries there is a sense of meaningfulness lost in their life.

### Occupational deprivation

Depression and mental illness is a key risk factor for suicidal ideations and suicide among racial groups. Depression and psychological disorders were risk factors for all racial groups presented in this literature review (Asian American Psychological Association Leadership Fellows Program, Hijioka & Wong, 2012; Borowsky, Resnick, Ireland & Blum, 1999; Garrouette et al., 2003; Garza & Pettit, 2010; Gibbs, 1997; Harris & Molock, 2010; Hill 2006; Hill 2009; Humensky, Gil, Coronel, Cifre, Mazzula & Lewis-Gernandez, 2013; Fitzpatrick, Piko, & Miller, 2008; Joe & Kaplan, 2001; Lincoln et al., 2012; Merchanr, Kramer, Joe, Venkataraman, & King, 2009; Molock, Matlin, Barksdale, Puri & Lyles, 2008; Walker, 2007, Walker & Bishop, 2005; Wong, 2011a; Wong, 2011b; Wong, 2011c; Wong, 2012 Zayas, Lester, Cabassa & Fortuna, 2005). Occupational deprivation involves someone or something external to the individual is doing to depriving. The state of deprivation arises not as a result of boundaries distinctive within the individual, but due to forces outside his or her control (Whiteford, 2000; 2010). Social environment enables or constrains individuals with psychosocial disorders, for example in the case of individuals with schizophrenia,

the mental illness does not create the occupational deprivation but the social exclusions faced by people with schizophrenia because of the stigma of mental illness contributes to the experience of occupational deprivation (Whiteford, 2000; 2010). Therefore, in regards to individuals with suicidal ideation that have a history of mental illness their sense of belongingness and engagement in occupation could be deprived not by their own omission but due to societal restraints and stigmas against individuals who have mental illness.

### **Occupational balance/imbalance**

The extent to which an individual is able to organize and participate in occupation in a manner congruent with their aspirations and values is referred to as occupational balance. Occupational balance is an individual perception; it is not the equal distribution of time spent and engagement in occupations but pertains to an agreeable arrangement of occupations that lead to a sense of well being (Blackman, 2010). In comparison occupational imbalance is described as excessive time spent in one area of life at the expense of other areas, or the lack of congruence across one's occupations and values. As seen in Asian Americans pursuit for academic achievement and perfection there is an occupational imbalance, an inability to balance life and academic pursuits which has been researched to be a risk factor for suicide in Asian Americans (Wong, 2011a; Wong, 2011 b; Wong, 2011c; Wong, 2012). Occupational imbalance can also cause role overload and role strain, engagement in valued roles "with a need to live up to external expectations, contribute to a perception of imbalance (Blackman, 2010, p. 239). This role overload and perception of imbalance has been notated in all racial groups in regards to acculturation and living up to external expectations to assimilate into the new culture (Cabassa, 2003; Gomez, Miranda & Polanco, 2011; Zayas & Pilat, 2008). Specifically, research has shown Hispanic women have tremendous amount of role strain and imbalance in regards to familial roles. Hispanic women with suicidal ideation have the perception of the inability to meet cultural and parental standards may cause occupational imbalance and role strain thus leading to suicide (Garza & Pettit, 2010; Humensky, Gil, Coronel, Cifre, Mazzula & Lewis-Gernandez, 2013; Zayas, Lester, Cabassa & Fortuna, 2005).

### **Doing, Being, Becoming, and Belonging**

The field of occupational science provides occupational therapy with this scientific foundation by studying how humans engage in meaningful occupations (Pierce, 2014). A theory that has emerged from the study of occupation is Wilcock's (1998) Occupational Perspective of Health (OPH), this theory addresses the concepts of *doing, being, becoming and belonging*. Wilcock proposed as occupational therapist the profession has a unique perspective on understanding of occupation, which embraces the concept of "the things people do, the relationship of what they do to who they are as human beings, and that through occupation they are in a constant of becoming different (Wilcock, 1998, p. 255).

Leufstadius, Erlandsson, Bjorkman & Eklund (2008) completed a research study reviewing the use of meaningfulness in daily occupations between individuals with mental illness. The findings of this study show that the use of meaningful occupations as interventions with individual's mental illness was proven effective. By engaging in meaningful occupations these individuals felt a connection with others, the society and culture around them i.e. *belonging*. Engaging in meaningful occupations provides individuals with mental illness with a sense of self-identity and purpose, it provides a role within a group or community and occupies time by something that is meaningful which provides a sense of achievement which reflects someone as they are *Doing, being, becoming and*

*belonging* (Harvey & Pentland, 2010; Hitch, Leufstadius, Erlandsson, Bjorkman & Eklund, 2008; Pepin & Stagnitii, 2014a; Hitch, Pepin & Stagnitii, 2014b; Wilock, 1998).

In relation to mental illness and suicide OPH can be used as intervention measures to assist these individuals. Utilizing OPH occupational scientist can begin to research occupational risk factors, such as occupational imbalance, deprivation and alienation that lead an individual to commit suicide. In turn occupational therapist can utilize the research from occupational scientist to create prevention programs to engage individuals with suicidal ideation in meaningful occupations and debunk the myth suicide occur without warning (Fieldhouse, 2000; Custer & Wassink, 1990).

### Conclusion

This literature review has reviewed the epidemic of suicide within the young adult minority population. The time period of young adult years has been shown to be a vital period of transitions, self-identity and the attempt to discover love and partnership. If this time period is filled with turmoil, grief and strife it can have detrimental affects on an individual's psyche and lead to suicidal ideations (Erikson, 1963; Erikson, 1980; Fitzpatrick, Piko & Miller, 2008; Joe, Canetto, & Romer, 2008; Joiner, 2005; Leenars, 1997). During young adulthood there are typical occupations that occur, if occupational risks occur during this time period this may interrupt the engagement in meaningful activities (Ialongo, et. al, 2002; Whitlock & Knox, 2007).

The Interpersonal-Psychological Theory of Suicide (Joiner, 2005) provides insight on examining suicide across minority groups. This theory states that in order for an individual to complete a suicidal act there must be (1) a sense of perceived burdensomeness toward others; (2) feelings of thwarted belongingness; and (3) an acquired capability to self-injure. When looking across minority groups there are distinct differences and similarities in the act of suicide. African Americans have until recently had low rates of suicide but due to the lack of awareness of mental health services within communities, the concept of John Henryism, and lack of public health policies has propelled the acts of suicide within this community. In regards to American Indians the cultural deprivations of residing on reservations, poverty, drug and alcohol abuse and depression has led to American Indians having the highest rate of suicide among all minority groups. Asian Americans suicides have steadily been on the incline in recent years due to cultural norms of obtaining academic perfection among young adults. Lastly, Hispanic women are committing suicide at alarming rates after self-perceptions of not meeting cultural demands.

Although, each minority group has different intentions for committing suicide there are similarities across racial groups, belongingness and acculturative stress have been found as risks factors for all minority groups. Occupational scientist and occupational therapist can assist in being effective in addressing this epidemic in minority groups. By researching occupational factors that lead an individual to suicidal ideation, effective interventions can be created to divert these individuals from suicidal acts. Utilizing OPH and determining an individual means to *doing, being, becoming* and *belonging*, occupational practitioners can dispel the myths attached to committing suicide and begin to restore occupational balance into an individual's life.

### References

Asian American Psychological Association Leadership Fellows Program, Hijioka, S., & Wong, J. (2012). Suicide among Asian Americans. *American Psychological Association*. Retrieved from <http://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/suicide-fact-sheet.pdf>

- Backman, C.L. (2010). Occupation balance and well-being. In C.H. Christiansen & E.A. Townsend. (Eds.), *Introduction to occupation: The art and science of living* (2nd ed.). (pp. 231-249). Upper Saddle River, NJ: Pearson.
- Blair, S. E. E. (2000). The centrality of occupation during life transitions. *British Journal of Occupational Therapy*, 63(5), 231-237.
- Borowsky, I.W., Resnick, M.D., Ireland, M., & Blum, R.W. (1999). Suicide attempts among American Indian and Alaska native youth. *Archives of Pediatric and Adolescent Medicine* 153, 573-580.
- Cabassa, L.J. (2003). Measuring acculturation: Where we are and where we need to go. *Hispanic Journal of Behavioral Sciences*, 25, 127-146.
- Canino & G., Roberts, R, E. (2001). Suicidal behavior among latino youth. *Suicide and Life-Threatening Behavior*, 31, 122-131.
- Centers for Disease Control and Prevention (2013). CFC surveillance summaries: Youth risk behavior surveillance-United States, 2013. *Morbidity and Mortality Weekly Reports* 55 (4), 1-168.
- Centers for Disease Control and Prevention (2015). Suicide: Facts at a glance. *Injury Prevention & Control: Division of Violence Prevention*. Retrieved from [http://www.cdc.gov/violenceprevention/pub/suicide\\_datasheet.html](http://www.cdc.gov/violenceprevention/pub/suicide_datasheet.html)
- Center for Native American Youth: At Aspen Institute (2014). *Fast Facts: Native American Youth and Indian Country*. Retrieved from [http://www.aspeninstitute.org/sites/default/files/content/upload/Native%20Youth%20Fast%20Facts%20Update\\_04-2014.pdf](http://www.aspeninstitute.org/sites/default/files/content/upload/Native%20Youth%20Fast%20Facts%20Update_04-2014.pdf)
- Cheng, J.K.Y., Fancher, T.L., Ratanasen, M., Conner, K.R., Duberstein, P.R., Sue, S., & Takeuchi, D. (2010). Lifetime suicidal ideation and suicide attempts in Asian Americans. *Asian American Journal of Psychology*, 1(1), 18-30.
- Christiansen, C.H., & Townsend, E.A. (2010). An introduction to occupation. In C. H. Christiansen, & E. A. Townsend (Ed.) (2nd ed.), *Introduction to occupation: The art and science of living*. (pp.1-34). Upper Saddle River, NJ: Pearson.
- Chu, J.P., Hsieh, K.Y., & Tokars, D.A. (2011). Help-seeking tendencies in Asian Americans with suicidal ideation and attempts. *Asian American Journal of Psychology*, 2(10), 25-38.
- Custer, V.L., & Wassink, K.E. (1991). Occupational therapy intervention for an adult with depression and suicidal tendencies. *The American Journal of Occupational Therapy*, 45(9), 845-507.
- Davidson, C.L., Wingate, L.R., Rasmussen, K., & Sligh, M. (2009). Hope as a predictor of interpersonal suicide risk. *Suicide & Life Threatening Behavior*, 39(5), 499-507.
- Davidson, C.L., Wingate, L.R., Sligh, M., & Rasmussen, K. (2010). The great black hope: hope and its relation to suicide risk among African Americans. *Suicide and Life-Threatening Behavior*, 40(2), 170-180.
- Duldulao, A.A., Takeuchi, D.T., Hong, S. (2009). Correlates of suicidal behaviors among Asian Americans. *Archives of Suicide Research*, 13, 277-290.
- Erikson, E. (1963). *Childhood and Society* (2nd ed.). New York: W.W. Norton
- Erikson, E. (1980). *Identify and the Life Cycle*. New York: W.W. Norton
- Fieldhouse, J. (2000). Occupational science and community mental health: Using occupational risk factors as a framework for exploring chronicity. *British Journal of Occupational Therapy*, 63(5), 211-217.
- Fitzpatrick, K.M., Piko, B.F., & Miller, E. (2008). Suicide ideation and attempts among low-

- income African American adolescents. *Suicide and Life-Threatening Behavior*, 38(5), 552-563.
- Freedenthal, S., & Stiffman, A.R. (2004). Suicidal behavior in urban American Indian adolescents: A comparison with reservation youth in a southwestern state. *Suicide & Life-Threatening Behavior*, 34(2), 160-171.
- Garlow, S.J., Purselle, D., & Heninger, M. (2005). Ethnic differences in patterns of suicide across the life cycle. *The American Journal of Psychiatry*, 162 (2), 319-323.
- Garrouette, E.M., Goldberg, J., Beals, J., Herrell, R., Manson, S.M., & the AI-SUPERPFP (2003). Spirituality and attempted suicide among American Indians. *Social Science and Medicine*, 56, 1571-1579.
- Garza, M.J., & Pettit, J.W. (2010). Perceived burdensomeness, families, and suicidal ideation among Mexican women: Enhancing understanding of risk and protective factors. *Suicide and Life-Threatening Behavior*, 40(6), 561-573.
- Gibbs, J.T. (1997). African-American suicide: a cultural paradox. *Suicide and Life-Threatening Behavior*, 27(1), 68-79.
- Gomez, J., Miranda, R., & Polanco, L. (2011). Acculturative stress, perceived discrimination, and vulnerability to suicide attempts among emerging adults. *Journal of Youth and Adolescence*, 40 (11), 1465-1476.
- Harris, L.T., & Molock, D.S. (2000). Cultural orientation, family cohesion, and family support in suicide ideation and depression among African American college students. *Suicide and Life-Threatening Behavior*, 30(4), 341-353.
- Harvey, A.S., Pentland, W. (2010). Occupational deprivation: Understanding limited participation. In C.H. Christiansen & E.A. Townsend. (Eds.), *What Do People Do?* (2nd ed.) (pp.101-133).
- Upper  
Saddle River, NJ: Pearson.
- Heron, M. (2015). Deaths: Leading causes for 2012. *National Vital Statistics Reports*, 64(10), 1-93.
- Hill, D. (2006). Sense of belonging as connectedness, American Indian worldview, and mental health. *Archives of Psychiatric Nursing*, 20(5), 210-216.
- Hill, D. (2009). Relationship between sense of belonging as connectedness and suicide in American Indians. *Archives of Psychiatric Nursing*, 23(1), 65-74.
- Hitch, D., Pepin, G., & Stagnitti, K. (2014a). In the footsteps of Wilcock, Part one: The Evolution of doing, being, becoming, and belonging. *Occupational Therapy in Health Care*, 28(3), 231-246.
- Hitch, D., Pepin, G., & Stagnitti, K. (2014b). In the footsteps of Wilcock, Part two: The interdependent nature of doing, being, becoming, and belonging. *Occupational Therapy in Health Care*, 28(3), 247-263.
- Humensky, J.L., Gil, R., Coronel, B., Cifre, R., Mazzula, S., & Lewis-Fernandez, R. (2013). Life is precious: Reducing suicidal behavior in Latinas. *Ethnicity and Inequalities in Health and Social Care*, 6(2/3), 54-61.
- Ialongo, N., McCreary, B., Pearson, J.L., Koenig, A.L., Wagner, B.M., Schmidt, N.B., Poduska, J., & Kellam, S.G. (2002). Suicidal behavior among urban, African American young adults. *Suicide and Life-threatening Behavior*, 32(3), 256-271.
- Joe, S., & Kaplan, M.S. (2001). Suicide among African American men. *Suicide and Life-Threatening Behavior*, 31, 106-121.
- Joe, S., Canetto, S.S., & Romer, D. (2008). Advancing prevention research on the role of culture in suicide prevention. *Suicide & Life Threatening Behavior*, 38(3), 354-362.

- Joe, S., Romer, D., & Jamieson, P.E. (2007). Suicide acceptability is related to suicide planning in U.S. adolescents and young adults. *Suicide and Life-Threatening Behavior*, 37(2), 165-178.
- Joiner, T. (2005). Why people die by suicide. Cambridge, MA: Harvard University Press.
- Kim, H.S., & Kim, H.S. (2008). Risk factors for suicide attempts among Korean adolescents. *Child Psychiatry Human Development*, 39, 221-235.
- Kuroki, Y., & Tilley, J.L. (2012). Recursive partitioning analysis of lifetime suicidal behaviors in Asian Americans. *Asian American Journal of Psychology*, 3(1), 17-28.
- Leenaars, A. A. (1997). Rick: a suicide of a young adult. *Suicide and Life-Threatening Behavior*, 27(1), 16-27.
- Leong, F.T.L., Leach, M.M., Yeh, C., Chou, E. (2007). Suicide among Asian Americans: What do we know? What do we need to know? *Death Studies*, 3, 417-434.
- Lester, D. (1994). Differences in epidemiology of suicide in Asian Americans by nation of origin. *Omega: The Journal of Death and Dying*, 29(2), 89-93.
- Lipschitz, A. (1995). Suicide prevention in young adults (Age 18-30). *Suicide and Life-Threatening Behavior*, 25(1), 155-170.
- Lincoln, K.D., Taylor, R.J., Chatters, L.M., Joe, S. (2012). Suicide, negative interaction and emotional support among black americans. *Social Psychiatry and Psychiatric Epidemiology*, 47(12), 1947-1958.
- Maslow, A. (1970). *Motivation and personality*. New York: Harper and Row.
- Merchant, C., Kramer, A., Joe, S., Venkataraman, S., & King, C.A. (2009). Predictors of multiple suicide attempts among suicidal Black adolescents. *Suicide and Life-Threatening Behavior*, 39(2), 115-124.
- Molock, S.D., Matlin, S., Barksdale, C., Puri, P., & Lyes, J. (2008). Developing suicide prevention programs for African American youth in African American churches. *Suicide and Life-Threatening Behavior*, 38(3), 323-333.
- National Center for Health Statistics (NCHS). (2014). *Health United States, 2014: With Special Feature on Adults Aged 55-64*. Hyattsville, MD. 2015. Retrieved from [http://www.cdc.gov/nchs/data/14.pdf](http://www.cdc.gov/nchs/data/hus/14.pdf)
- Novins, D.K., Beals, J., Roberts, R.E., & Manson, S.M. (1999). Factors associated with suicide ideation among American Indian adolescents: Does culture matter? *Suicide and Life-Threatening Behavior*, 29(4) 332-346.
- O'Keefe, V.M., Wingate, L.R., Tucker, R.P., Rhoades-Kerswil, S., Sligh, M.L., & Davidson, C.L. (2014). Interpersonal suicide risk for American Indians: Investigating thwarted belongingness and perceived burdensomeness. *Cultural Diversity and Ethnic Minority Psychology*, 20(1), 61-67.
- Olvera, R.L. (2001). Suicidal ideation in Hispanic and mixed-ancestry adolescents. *Suicide and Life-Threatening Behavior*, 31(4), 416-427.
- Parks, S.E., Johnson, L.L., McDaniel, D.D., & Gladden, M. (2014). Surveillance for violent deaths- National violent death reporting system, 16 states, 2010. *MMWR Surveillance Summaries*, 63(1), 1-33.
- Pharris, M.D., Resnick, M.D., Blum, R.W. (1999). Protecting against hopelessness and suicidality in sexually abused American Indian adolescents. *Journal of Adolescent Health* 21, 400-406.
- Pierce, D. (2014). *Occupational Science for Occupational Therapy*. Thorofare, NJ: SLACK Incorporated.

- Roberts, R.E., Roberts, C.R., & Xing, Y. (2007). Are Mexican American adolescents at greater risk of suicidal behaviors? *Suicide and Life-Threatening Behavior*, 37(1), 10-21.
- Shang, L., Li, J., Li, Y., Wang, T., & Siegrist, J. (2014). Stressful psychosocial school environment and suicidal ideation in Chinese adolescents. *Social Psychiatry and Psychiatric Epidemiology*, 49(2), 205-210.
- Shaughnessy, L., Doshi, S., & Jones, S. (2004). Attempted suicide and associated health risk behaviors among Native American high school students. *Journal Of School Health*, 74(5), 177-182.
- Scheel, K.R., Prieto, L.R., & Biermann, J. (2011). American indian college student suicide: Risk, beliefs, and help seeking preferences. *Counseling Psychology Quarterly*, 24 (4), 277-289.
- Stansfeld, S. (2012). The complexity of explaining ethnic differences in suicide and suicidal behaviors. *Ethnicity & Health*, 17(1-2), 3-6.
- U.S. Census Bureau (2014). Facts for features: Hispanic heritage month 2014: Sept. 15-oct. 15. U.S. Census Bureau, Population Division.
- U.S. Census Bureau (2015a). Annual estimates of the Resident population by sex, race, and Hispanic origin for the united states, states and countries: April 1, 2010 to July 2014. U.S. Census Bureau, Population Division.
- Walker, R.L. (2007). Acculturation and acculturative stress as indicators for suicide risk among African Americans. *American Journal of Orthopsychiatry*, 77(3), 386-391.
- Walker, R.L., & Bishop, S. (2005). Examining a model of the relation between religiosity and suicidal ideation in a sample of African American and white college students. *Suicide and Life-Threatening Behavior*, 35(6), 630-639.
- Whiteford, G. (2000). Occupational Deprivation: Global Challenge in the New Millennium. *British Journal of Occupational Therapy*, 63(5), 200-204.
- Whiteford, G. (2010). Occupational deprivation: Understanding limited participation. In C.H. Christiansen & E.A. Townsend. (Eds.), *Introduction to occupation: The art and science of living* (2nd ed.). (pp.303-328). Upper Saddle River, NJ: Pearson.
- Whitlock, J., Knox, K.L. (2007). The relationship between self-injurious behavior and suicide in young adult population. *Archives of Pediatric and Adolescent Medicine*, 161(7), 634-640.
- Wilcock A. (1998). International perspective internationale Reflections on doing, being and becoming. *Canadian Journal of Occupational Therapy*, 65(5), 248-256.
- Willis, L.A., Coombs, D.W., Drentea, P., & Cockerham, W.C. (2003). Uncovering the mystery: factors of African American suicide. *Suicide and Life-Threatening Behavior*, 33(4), 412- 429.
- Wong, Y.J., Brownson, C., & Schwing, A.E. (2011a). Risk and protective factors associated with Asian American students' suicidal ideation: A Multicampus, national study. *Journal of College Student Development*, 52(4), 396-408.
- Wong, Y.J., Koo, K., Tran, K.K., Chiu, Y.C., Molk, Y. (2011 b). Asian American college students' suicide ideation: A mixed-methods study. *Journal of Counseling Psychology*, 58(2). 197-209.
- Wong, Y.J., & Maffini, C.S. (2011). Predictors of Asian American adolescents' suicide attempts: A latent class regression analysis. *Journal of Youth and Adolescence*, 40, 1452-1464.
- Wong, Y.J., Uhm, S.Y., Li, P. (2012). Asian Americans' family cohesion and suicide ideation: Moderating and mediating effects. *American Journal of Orthopsychiatry*, 82(3), 309-318.
- Zayas, L.H., Lester, R.J., Cabassa, L.J., & Fortuna, L.R. (2005). Why do so many Latina teens attempt suicide? A conceptual model for research. *American Journal of Orthopsychiatry*, 75(2), 275-287.

Zayas, L.H., & Pilat, A.M. (2008). Suicidal behavior in Latinas: Explanatory cultural factors and implications for intervention. *Suicide and Life-Threatening Behavior*, 38(3), 334-342.