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Racial and Ethnic Differences in Exposure to Suicide Prevention Messaging, Confidence in One's Ability to Intervene with Someone at Risk, and Resource Preferences

Rajeev Ramchand, Elizabeth Roth

Between 1999 and 2009, California lost between 2,800 and 3,800 of its residents to suicide each year. One concerning trend is that although African American and Asian/Pacific Islander California residents have a lower suicide rate than White residents, the suicide rate is increasing in these groups. Given these racial differences in suicide rates and trends, it is important to understand differences across racial and ethnic groups' exposure to suicide prevention messaging, preferences for suicide crisis services, and confidence in their ability to intervene with persons at risk of suicide. Such information may inform how suicide prevention programs differentially impact racial and ethnic groups, an area in which prior RAND work has pointed out that there is little available evidence.¹

Proposition 63 funded a multifaceted social marketing campaign for preventing suicide. One component of this campaign is a statewide mass media effort entitled "Know the Signs." Through various media outlets, Californians are presented with the slogan "Pain Isn't Always Obvious" and encouraged to visit the campaign website (www.suicideispreventable.org) to learn about the warning signs for suicide and resources available to help.

As part of its evaluation of activities funded under Proposition 63, in the spring and summer of 2013 RAND launched a statewide survey of 2,568 California adults ages 18 and older who were reachable by telephone (landline or cell phone). For the suicide prevention initiative, the survey was designed to estimate the proportion of Californians exposed to social media campaigns funded under Proposition 63, as well as to better understand Californians' preferences for suicide crisis services and confidence in their ability to intervene with persons at risk of suicide. We initially surveyed a random sample of 2,001 adults in the spring of

2013 and then surveyed additional African American and Asian American adults in the summer of 2013 to enhance the diversity of the sample so that racial/ethnic differences could be tested. In total, the sample included 1,014 White, 631 Latino, 401 Asian American, and 360 African American individuals, as well as 108 individuals who identified as another race or multiracial. Fifty-four respondents declined to report their race. Participants were allowed to choose the language of survey administration, including English, Spanish, Cantonese, Mandarin, Vietnamese, Hmong, and Khmer. A total of 305 Latino individuals completed the survey in Spanish; 254 Asian Americans completed it in an Asian language. We applied a weighting procedure to the data so that the results of the survey approximate those of the adult population of California. However, because our additional sampling of Asian Americans emphasized Chinese and Southeast Asian subgroups, the views of Korean, Filipino, Japanese, or other Asian groups residing in California may not be fully represented.

Exposure to Messages

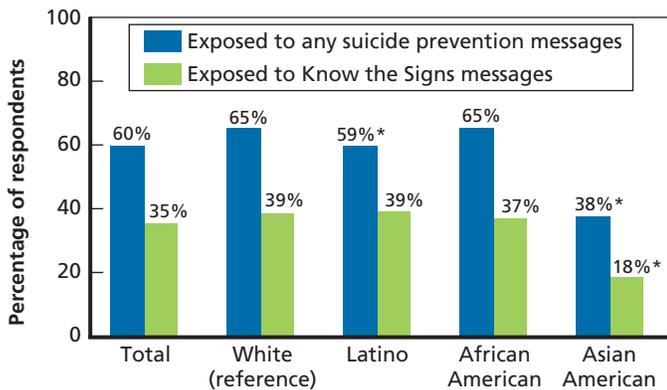
Thirty-five percent of adults recalled seeing or hearing a Know the Signs campaign slogan in the past year (see Figure 1); this was common across most racial/ethnic groups except for Asian Americans, of whom only 18 percent recalled seeing or hearing the slogan. It is possible that Californians were exposed to but did not recall the specific Know the Signs slogans. When asked more broad questions, 65 percent of Whites and African Americans reported hearing or seeing suicide prevention messages, but fewer Latinos (59 percent) and Asian Americans (38 percent) reported exposure to such messages. These results suggest that outreach is needed to racial/ethnic minorities, particularly California's Asian American community.

Resource Preferences

The survey asked respondents the following question: "If you were seeking help for suicidal thoughts and knew where to find resources to help, how likely would you be to use each of the

¹ See Acosta J, Ramchand R, Jaycox L, Becker A, Eberhart N. 2012. *Interventions to Prevent Suicide: A Literature Review to Guide Evaluation of California's Mental Health Prevention and Early Intervention Initiative* (TR-1317). Santa Monica, CA: RAND.

Figure 1.
Exposure to Suicide Prevention Campaign Messaging



NOTE: * indicates significantly different from White.

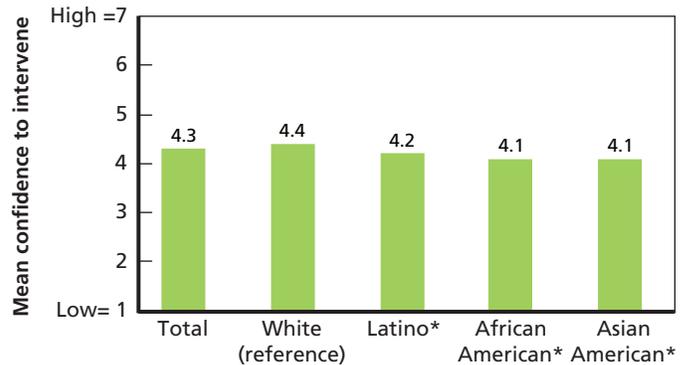
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following resources . . .” with a list of six options presented.² As shown in Table 1, some preferences differed by race/ethnicity. Latinos and African Americans are more likely to prefer to use text and web-based chat services than Whites. Latinos, African Americans, and Asian Americans are less likely to want face-to-face help from a family member or friend. This implies the need for a diverse array of crisis services and suggests the importance of targeting new crisis service technologies (chat, text) to minority groups.

Confidence to Intervene

Confidence to intervene refers to a person’s feeling of competence serving as a gatekeeper to identify, intervene, and refer people at

Figure 2.
Mean Confidence to Intervene, by Race/Ethnicity



NOTE: * indicates significantly different from White based on results from a weighted logistic regression model.

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risk for suicide to help. Seven questions were asked about confidence to intervene that were then combined for a total confidence score with values ranging from 1 (low) to 7 (high). Though there were some differences across racial/ethnic groups (i.e., Latinos, African Americans, and Asian Americans reported lower levels of confidence to intervene than Whites), these differences were small.

We note that this report presents overall comparisons across groups; some of the differences are likely due to differences in the composition of the groups with respect to language, education, and location. Thus, the results should be considered preliminary. We plan to conduct more-complex analyses that will control for these factors, which may aid in interpreting the results.

Table 1. Preferences for Help for Suicidal Thoughts, by Racial/Ethnic Group

Percentage of respondents selecting different help sources in response to: “If you were seeking help for suicidal thoughts and knew where to find resources to help, how likely would you be to . . .”

	Total	White	Latino	African American	Asian American
Visit a website for information about suicide risk or resources	66.4	67.9	68.3	70.2	56.3
Call a crisis line or hotline for advice about suicide risk and resources	62.3	62.9	65.0	68.4	50.1*
Text a crisis text line for advice about suicide risk and resources	42.8	34.8	53.7*	52.6*	35.7
Go to a web-based crisis chat service for advice about suicide risk and resources	46.1	41.9	50.9*	55.0*	41.7
Seek help face-to-face from family members or friends	72.3	77.2	66.8*	69.9*	68.2*
Seek help face-to-face from a counselor or other mental health professional	78.1	83.1	73.7*	78.6*	71.1*

NOTE: * indicates significantly different from White based on results from a weighted logistic regression model.

² The aggregate results for this question are presented in a separate fact sheet; see “Where Would California Adults Prefer to Get Help If They Were Feeling Suicidal?”

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RAND Health

This research was conducted in RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at <http://www.rand.org/health>.

CalMHSA

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

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