

Tip Sheet: Supporting Spanish-Speaking, Hispanic, and Latine Help-Seekers Through the 988 Suicide and Crisis Lifeline

Background

According to 2022 data from the U.S. Census, Hispanic and Latino individuals compose 19.5 percent of the U.S. population.ⁱ The U.S. population grew by 24.5 million from 2010 to 2022, with Hispanic Americans making up 53 percent of the increase, a share larger than any other racial or ethnic group.ⁱⁱ

“Hispanic” refers to individuals who speak Spanish or are descendants from Spanish-speaking communities, whereas

“Latino” describes individuals with ancestry in Latin America. “Latine” is the inclusive, gender-neutral term that replaces the masculine “o” and feminine “a” suffixes in “Latino” and “Latina.”ⁱⁱⁱ In 2022, Latino individuals made up 40 percent of the California population, or approximately 15.7 million people.^{iv}

Though not frequently used by Spanish speakers, Latinx is a gender-neutral term to that is also used to describe people with ancestry in Latin America.

Because of a variety of interconnecting factors, including elements of Latino culture, vulnerabilities migrant populations experience, limited access to care, and concerns about discrimination, many individuals in in Hispanic and Latino communities may perceive a lower need to reach out for mental health care.^v Thankfully, within the national and California 988 Suicide & Crisis Lifeline (988 Lifeline) Network, help-seekers reaching 988 can press “2” to be connected to a 988 Lifeline member center that offers specialized services in Spanish.

Despite this specialized service, some individuals who speak Spanish as their primary language and/or who identify as part of a Hispanic/Latino population may choose *not* to press “2” to use this option within 988. In those instances, they will be routed to a 988 Lifeline center where Spanish-speaking counselors



may or may not be available. Increasing the cultural competency of 988 centers across the board is an important priority because of the size and growth of the Hispanic and Latine population, but also because of their levels of risk.

According to the Centers for Disease Control and Prevention, the 2019 suicide rate per 100,000 people was 11.6 for Hispanic or Latino males and 3 for Hispanic or Latina females.^{vi} The 2023 National Survey on Drug Use and Health reports that Hispanic and Latine people have the second highest rate of

suicide attempts, more than double the rate of the White population. Of any ethnic group, Hispanic and Latino youth ages 12–17 had the highest rate of suicidal ideation (7 percent) and suicide attempt (4.2 percent) in the prior year.^{vii}





The following are tips for any 988 Lifeline member center supporting such individuals.

Considerations for staffing and training at 988 Lifeline member centers

- 988 Lifeline centers are encouraged to provide **specialized training** for their counselors and supervisors on culturally responsive crisis care practices for Hispanic and Latino help-seekers.
 - This training should build on the best practices outlined in the Suicide Safety Policy created by Vibrant Emotional Health as the national administrator of 988. That policy, combined with its integrated principles of active engagement and a commitment to use the least invasive crisis intervention possible, form the basis of consistent, high-quality care across the entire 988 Lifeline Network.^{viii}
- Workforce expansion efforts should also increase the **recruitment of Spanish-speaking staff** whenever possible.
 - In addition, 988 centers should strive to have a workforce that is as representative as possible of the populations they serve. This includes hiring staff and frontline counselors coming from different Latin American communities.
- 988 calls from Hispanic/Latine individuals often represent a **higher percentage of third-party help-seekers**. 988 counselors should follow best-practice standards on assessing risk of the third party, while also being particularly sensitive to challenges that individual may have in using support resources and referrals.
 - For example, a parent may be concerned about linking their child to services and/or seeking help from a school due to issues around **residency documentation**, privacy, access to insurance, and concerns about the mental health system.
- Discussions on **barriers to seeking support may be more sensitive** than for other 988 contacts, because the help-seeker may:
 - Have **limited access** to behavioral health specialists, especially those who speak Spanish.
 - Be part of a migrant population or reside in a **tight-knit community** where they are concerned about stigma or disclosure.
 - Have experienced an intergenerational tendency to **mistrust government/state systems**.



Lack of culturally affirmative and appropriate services can limit desire to disclose mental health issues or complete treatment.

- The overall 988 contact with a Spanish-speaking and/or Hispanic/Latine individual will often take longer to complete due to language barriers, complex situational concerns, or the additional time to creatively explore safety plan resource options.
 - **Longer average contact length and after-contact documentation** should inform staffing plans and the evaluation of counselor performance metrics.
 - Contact volume from Hispanic/Latine populations **may increase in September** due to the overlapping Hispanic Heritage Month and National Suicide Prevention Month. These events increase public health messaging and the promotion of the 988 Lifeline.

- Individuals from Hispanic or Latino populations may engage in, or benefit from, a longer narrative and **storytelling orientation** in the crisis intervention process.
- The individuals may also struggle with **issues of shame**. This can stem from coming from a cultural lens that emphasized machismo and from feelings of intergenerational guilt because their parents, grandparents, and extended family may have dealt with more significant challenges than the help-seeker perceives themselves to have.
- Hispanic/Latino individuals may wait longer to reach out for help because they **do not want to appear weak**, did not know of resources, or were afraid. As a result, their crisis situations may be particularly severe.
- Discussions on **isolation may be more literal**. For example, an individual may have only recently arrived in the United States, they may have no family nearby, and/or they may have no (or few) friends outside of work.



Tips for specific situational discussions

Strengthening storytelling through *el desahogo*

988 counselors recognize the impact of sharing experiences, and they know stigma can be a barrier to this process. This is also true for the Latine community, so it is important to recognize the creative ways those communities meet their needs and strengthen their connections. For example, Hispanic/Latine individuals often engage in self-care through *el desahogo* (the unburdening/relieving of our overwhelming story), in which they speak their truths and support their families, peers, and community members. They often come from a tradition of being part of a community of healers and storytellers, and *el desahogo es solo el comienzo* (storytelling is the beginning of the healing).

The varying ways language is used and understood by help-seekers

988 counselors are encouraged to remain open and curious about the use of language and how a culturally relevant interpretation may be more accurate than a literal interpretation. For example, a literal translation of “Necesito algo para calmar los nervios” may be, “I need something to calm my nerves.” Instead, we may interpret this as, “I need help with anxiousness.” Similarly, “Soy una persona muy nerviosa” means, “I am a very nervous person.” A culturally informed lens may understand this as, “I have anxiety.”

Asking questions to clarify what the caller is saying or requesting more information about can be a helpful approach to the situation. As a counselor, it is okay to ask for further information if you do not understand a phrase or word. A word can mean different things, depending on where in Latin America the caller is from or what dialect they speak. It is important for counselors to understand context, to make sure they connect the caller to the appropriate service.”

988 counselors may also listen for, validate, and help relieve feelings of burdensomeness. For example, a help-seeker may say, “La verdad en este momento estoy muy asustada de estar hablando contigo por

que no te conozco,” with the interpretation being, “The truth is that at this moment I am very scared to be talking with you because I don’t know you.”

Supporting help-seekers with distractions to ease distress and reduce access to lethal means

<p>Distractions</p> <p>Used to help people not think about the difficult thoughts/feelings they are experiencing.</p> <ul style="list-style-type: none"> • Can help comfort the person or give them a break from their current situation. • May include people or places that offer comfort in times of distress. • Does not include people they can talk to about their thoughts/feelings. (Those are personal supports.) • Includes people they can talk to who may assist the help-seeker with they have distressing thoughts/feelings. <p>Examples of distractions:</p> <ul style="list-style-type: none"> • Going to the beach, a park etc. • Playing video games (including with online friends). • Talking with a friend that they laugh with or can talk to about things other than their current suicidal thoughts/feelings. • Sleeping. • Watching YouTube/TV/movies. • Playing with a pet/taking a dog on a walk. 	<p>Distracciones</p> <p>Utilizado para ayudar a las personas a no pensar en los pensamientos/sentimientos difíciles que están experimentando.</p> <ul style="list-style-type: none"> • Puede ayudar a consolar a la persona o darle un descanso de su entorno o situación actual. • Puede incluir personas o lugares que ofrezcan consuelo en momentos de angustia. • No incluye personas con quienes se pueda hablar para procesar pensamientos/sentimientos. (Esos son <i>apoyos personales</i>.) • Incluye personas con quienes se pueda hablar para distraerse de los pensamientos/sentimientos angustiosos. <p>Ejemplos de distracciones:</p> <ul style="list-style-type: none"> • Ir a la playa, al parque, etc. • Jugar videojuegos (tal vez con amigos en línea). • Hablar con un(a) amigo(a) con el que se pueda reír o hablar de otros temas fuera de los pensamientos/sentimientos actuales de suicidio. • Dormir. • Ver Youtube/televisión/películas. • Jugar con una mascota/pasear al perro.
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<p>Coping Strategies</p> <p>Used to help people manage the thoughts/feelings they are experiencing.</p> <ul style="list-style-type: none"> Anything a person can do on their own to help them feel better in the moment. Does not include other people. <p>Examples of coping skills:</p> <ul style="list-style-type: none"> Breathing exercises Journaling/writing Taking a shower (grounding) Meditation (the Calm app is a great resource) Exercise or any type of physical activity Going on a walk outside Relaxation exercises Visualization Doing any type of art (drawing, painting etc.) Listening to music 	<p>Habilidades de Afrontamiento</p> <p>Utilizado para ayudar a las personas a manejar los pensamientos/sentimientos que están experimentando.</p> <ul style="list-style-type: none"> Incluye calque cosa que la persona pueda hacer por sí solo(a) para sentirse mejor en ese momento. No incluye a otras personas. <p>Ejemplos de habilidades de afrontamiento:</p> <ul style="list-style-type: none"> Ejercicios de respiración Escribir en un diario Tomar una ducha (como técnica para centrarse) Meditación (la aplicación de Calm es un buen recurso) Ejercicio o cualquier actividad física Ir a caminar fuera de casa Ejercicios de relajamiento Ejercicios de visualización Hacer cualquier tipo de arte (dibujar, pintar, etc.) Escuchar música
<p>Identified Means</p> <p>The help-seeker has shared that they have an identified way they would attempt suicide or engage in self-harm, and/or they have a plan to do so.</p> <ul style="list-style-type: none"> To help the person make the environment safe, the counselor needs to assess if the person has access to any means. The counselor should then help the person brainstorm ways to limit access to means. <p>Examples of questions to ask:</p> <ul style="list-style-type: none"> Do you own a firearm, such as a gun or rifle? <ul style="list-style-type: none"> If you have already asked this and they said “yes,” you can ask questions about how they can reduce access to their firearm. What other items do you have access to and may use to attempt to harm or kill yourself? What would make it harder for you to access and use these items? Make sure to ask about people who could help limit access to means. 	<p>Medios Identificados</p> <p>La persona que busca ayuda ha compartido que tiene una forma identificada en la que intentaría suicidarse, tiene un plan y/o tiene una forma identificada en la que podría autolesionarse.</p> <ul style="list-style-type: none"> Para ayudar a la persona a hacer su entorno seguro, el consejero necesita evaluar si la persona tiene acceso a algún medio. Segundo, el consejero debería ayudar a la persona a generar ideas sobre cómo limitar el acceso a esos medios. <p>Ejemplos de qué preguntar:</p> <ul style="list-style-type: none"> ¿Tiene un arma de fuego, como una pistola o un rifle? <ul style="list-style-type: none"> Si ya ha preguntado esto y han respondido “sí”, puede hacer preguntas sobre cómo podrían reducir el acceso a su arma de fuego. ¿Qué otros objetos tiene a su disposición y podría usar para intentar hacerse daño o matarse? ¿Qué haría más difícil para que pueda acceder y utilizar estos objetos? Asegúrese de preguntar acerca de las personas que podrían ayudar a limitar el acceso a esos medios.

<p>No Means</p> <p>The help-seeker has shared that they do not have an identified way they would attempt suicide and/or they have no plan.</p> <ul style="list-style-type: none"> • Making a safe environment may mean that it is free of suicidal ideation triggers. • The counselor can focus on how to create an environment for the person that makes them feel emotionally safe. <p>Examples of questions to ask:</p> <ul style="list-style-type: none"> • How can you avoid locations that may be unsafe for you right now? • Are there any individuals who may be unsafe for you to be around right now? • Are there things that trigger your thoughts of suicide that you can have safely removed from your environment? • Are there modifications to your environment (home, bedroom, etc.) that may help increase your feelings of emotional safety? 	<p>Sin Medios</p> <p>La persona que busca ayuda ha compartido que no tiene un medio identificado por el cual podría intentar suicidarse y/o no tiene un plan.</p> <ul style="list-style-type: none"> • Crear un entorno seguro puede significar que esté libre de desencadenantes de pensamientos suicidas y que lo(a) haga sentir emocionalmente seguro(a) a la persona que busca ayuda. • El consejero puede enfocarse en cómo crear un entorno que le haga sentir emocionalmente seguro(a) a la persona que busca ayuda. <p>Ejemplos de qué preguntar:</p> <ul style="list-style-type: none"> • ¿Cómo puede evitar lugares que puedan resultar inseguros para usted en este momento? • ¿Hay alguna persona con la que pueda resultar peligroso estar cerca en este momento? • Pregunte sobre los desencadenantes de pensamientos suicidas que se pueden eliminar del entorno. • Pregunte qué objetos se pueden añadir a su entorno (hogar, dormitorio, etc.) para ayudar a incrementar su sensación de seguridad emocional.
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Conclusion

As Spanish-speaking and Hispanic/Latine populations continue to grow in California and across the United States, 988 Lifeline centers are committed to continuing to serve these populations with cultural humility and culturally responsive care. Such care starts with implementing relevant training for 988 center staff. The 988 centers can also deepen their commitment to expanding their workforce so that it is increasingly representative of the populations 988 serves.

Such humble and responsive care recognizes that Hispanic and Latine help-seekers have unique cultural norms, stories, challenges, and strengths. It similarly recognizes that the 988 contact may take longer and may require sensitivity to differences in the interpretation of language as well as the need for more creativity in the safety planning and referral process stages of the contact. Through this process, those reaching out for help are more likely to feel engaged, supported, and safe. That was the experience of these two Spanish-speaking individuals who shared the following during their discussions with 988 Lifeline counselors who answered the line:

“No te conozco, pero siento que te eh visto en algún lado oh que eh hablado contigo en persona antes pero no. Igual gracias por tu apoyo.” [Translated: “I don’t know you, but I feel like I’ve seen you somewhere or I’ve spoken to you before, but I haven’t.”]

“Me hacía mucha falta hablar con alguien. Te agradezco tu paciencia y comprensión.”
[Translated: “I really needed to speak with someone. I am grateful for your patience and understanding.”]

ⁱ United States Census Bureau. (n.d.). *Quick facts: United States*. <https://www.census.gov/quickfacts/fact/table/US>

ⁱⁱ Krogstad, J. M., Passel, J. S., Moslimani, M., & Noe-Bustamante, L. (2023, September 22). *Key facts about U.S. Latinos for National Hispanic Heritage Month*. Pew Research Center. <https://www.pewresearch.org/short-reads/2023/09/22/key-facts-about-us-latinos-for-national-hispanic-heritage-month/>

ⁱⁱⁱ Campos, A. (2021, October 6). *What’s the difference between Hispanic, Latino and Latinx?* University of California. <https://www.universityofcalifornia.edu/news/choosing-the-right-word-hispanic-latino-and-latinx>

^{iv} Krogstad et al., 2023. <https://www.pewresearch.org/short-reads/2023/09/22/key-facts-about-us-latinos-for-national-hispanic-heritage-month/>

^v Breslau, J., Cefalu, M., Wong, E. C., Burnam, M. A., Hunter, G. P., Florez, K. R., & Collins, R. L. (2017). *Racial/ethnic differences in perception of need for mental health treatment in a US national sample*. *Social Psychiatry and Psychiatric Epidemiology*, 52, 929–937. <https://doi.org/10.1007/s00127-017-1400-2>

^{vi} Centers for Disease Control and Prevention. (n.d.). *Suicide rates, by sex, race, Hispanic origin, and age: United States, selected years 1950–2019* [Table]. <https://www.cdc.gov/nchs/data/hus/2020-2021/SuicMort.pdf>

^{vii} Substance Abuse and Mental Health Services Administration. (2023, January 4). *2021 National Survey on Drug Use and Health Annual National Report, Tables B.21B–B.22B*. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

^{viii} Vibrant Emotional Health. (2024, June 27). *988 Suicide & Crisis Lifeline suicide safety policy*. <https://988lifeline.org/professionals/best-practices/>