Adelante Journal
2024, Vol,. 4.

Translating Wellbeing Data for Local Hmong Youth into User-Friendly Report

Maria L Arriaga[1]

[1]*Child Development Department, California State University, Chico, Chico, CA, United States*

Abstract: After declining from 1999 to 2004 (females) and 2009 (males), rates of suicide in the U.S. for Asian American and Pacific Islander youth 10 to 19 years old have increased substantially (125% and 72%, respectively; Keum et al., 2024). The current study aimed to examine suicidal thoughts and behaviors and wellbeing experiences in Hmong youth in a rural, northwestern U.S. city. Accessing a small (N = 20), convenience sample of Hmong youth (mean age = 15.63), we explored aspects of well-being, experiences at school, connection with friends and family, physical activity, drug and alcohol exposure, knowledge about mental health, help seeking intentions, and suicidal thoughts and behaviors. Results indicated a relatively healthy sample with the majority (72.2%) reporting 3 or more days of at least 60 minutes of physical exercise, getting 7 to 8 hours of sleep per night (61.1%), never, rarely, or sometimes experiencing poor mental health (61.1%). Approximately one-third reported use of a substance adults would consider a drug (5.6% tobacco, 16.7% vape, and 33.3% alcohol). Interestingly, while no youth reported suicide ideation, half the sample reported a suicide plan. Statistically significant differences, in the expected direction, existed between youth who did and did not report a suicide plan. Briefly, t-Tests indicated youth with a suicide plan had lower mental health knowledge and feelings of belongingness and higher levels of distress. Descriptive statistics highlighted that our sample was relatively healthy-for example 72.2% reported 3 or more days of at least 60 minutes of physical exercise, 61.1% reported 7 to 8 hours of sleep per night, 66.6% reported that their mental health was not good never, rarely, or sometimes, and 33.3% reported use of a substance adults would consider a drug (5.6% tobacco, 16.7% vape, and 33.3% alcohol). Interesting statistically significant differences, in the expected direction, existed between youth who did and did not report a suicide plan. Briefly, t-Tests indicated youth with a suicide plan had lower health knowledge and behaviors (i.e., lower mental health literacy and help-seeking intentions) and lower feelings of belongingness (e.g., peer experiences, resilience, experiences with equity and diversity). Youth with a suicide plan demonstrated higher levels of distress (e.g., idioms of distress, academic stress, cultural sanctions, family conflict). This translational research (still in progress) aims to provide an accessible and actionable report to the leaders who work with these youth in the community.