Decolonizing the Interpersonal Theory of Suicide
With Filipinx American Clients

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Though Filipinx Americans continue to face high rates of suicide compared to their ethnic and racial counterparts, a culturally sensitive model that considers their unique Indigenous values and distinct sociocultural history has not yet been developed. This article decolonizes the Interpersonal Theory of Suicide (ITS) for use with Filipinx American clients. Culturally responsive strategies for counseling, community outreach, and research with Filipinx Americans who may be at risk for suicide are also outlined.

What is the public significance of this article?
Filipinx Americans may be at higher risk for suicide because of thwarted belongingness, perceived burdensomeness, and acquired capability that may stem from their unique Indigenous values and experiences of discrimination across multiple communities. This article decolonizes the ITS model and presents specific strategies for counseling, community outreach, and research with Filipinx Americans at risk for suicide.

According to the United States Census (U.S.) Bureau (2020), an estimated four million Filipino immigrants and American-born citizens reside in the U.S. With over 21.6 million Asian Americans in the United States, Filipino Americans represent the third largest Asian American ethnic subgroup, preceding individuals of Chinese and Indian descent (Jones-Smith, 2019; U.S. Census Bureau, 2020). Despite their prevalence in the U.S., Filipino Americans remain overlooked in medical and mental health studies due to overall aggregates of Asian American and Pacific Islander (AAPI) communities and high rates of acculturation (David & Nadal, 2013; Javier et al., 2007; Nadal & Monzones, 2010). Discounting the wellness and mental health experiences of Filipino Americans has deleterious consequences, as studies have pointed to higher rates of suicidal ideation and suicide attempts among Filipino Americans compared to other Asian ethnic subgroups (Maramba, 2013; Wolf, 1997). Filipino American youth were also significantly more likely to report symptoms of depression during adolescence and early adulthood compared to Chinese American youth (Park, 2017) and their White American counterparts (David, 2008, 2010; Javier et al., 2010). For the rest of this article, the gender inclusive term *Filipinx American* will be used throughout the article when referring to Filipino immigrants and Filipino Americans residing in the U.S. and the term *Filipinx* will be used to refer to Filipino individuals residing in the Philippines.

A Brief Filipino Sociocultural History

The Philippines is a large archipelago, a group of islands scattered in a body of water. Before Spanish colonization, the Philippines had its own set of government systems, rich cultural beliefs, and traditions (Agoncillo, 1974). These Indigenous Filipinx practices were largely replaced by western cultural practices, such as Catholicism, due to colonization (David & Nadal, 2013). Spain ruled the Philippines for three centuries until it was purchased by the United States during the Treaty of Paris in 1989 for the amount of $20 million (Espiritu, 2003). Consequently, Filipinx and Filipinx Americans are the only AAPI ethnic subgroup who have been subjugated to direct U.S. colonization (David et al., 2017; Ocampo, 2014a; Tuazon et al., 2019), which results in distinct cultural experiences that influence their wellness and mental health (Chan & Litam, 2021).

The colonization of the Philippines by Spain and the United States has uniquely influenced the sociocultural development of Filipinx and Filipinx Americans in ways not shared by other Asian American ethnic subgroups. Thus, the ways in which Filipinx and Filipinx Americans may communicate, understand, relate, and cope with one

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another reflect a combination of traditional Indigenous and western notions. For example, Filipinx and Filipinx American individuals may communicate through a myriad of indirect verbal and nonverbal cues (e.g., pointing with lips) that may be difficult to understand for non-Filipinx individuals (Sanchez & Gaw, 2007). In addition to the interplay of communication styles, Filipinx and Filipinx American spiritual, mental, physical, emotional, and physiological worldviews have roots that originate from their country's history of colonization. These influences include the American-style educational system and use of English language in the school setting (Ocampo, 2014a).

Rates and Predictive Factors of Filipinx and Filipinx American Suicide

Given the high rate of Filipinx immigration to the United States each year, mental health professionals must consider how suicide rates in the Philippines may affect Filipinx American suicide. The World Health Organization (WHO, 2021) documented suicide rates from 2019 to address suicide as a global epidemic, where the Philippines reported a crude suicide rate of 1.2 for females, 3.1 for males, and 2.2 for the general population per 100,000 people. Comparing the WHO data with a secondary data analysis conducted by Kuroki (2018), data from the 2010 survey of the U.S. National Vital Statistics System indicated a crude suicide rate of 1.8 for Filipinx American females, 6.7 for Filipinx American males, and 3.9 for the general population per 100,000 people, which suggests an increasing prevalence of deaths by suicide among Filipinx Americans. Understanding the overlap between social identities (e.g., race, gender identity, sexuality, social class, and geographic location) is critical when contextualizing predictive factors of suicide among Filipinx and Filipinx Americans. Among Filipinx Americans, additional risk factors for depression and suicide included being female, residing in a single parent household, lower parental education levels, poverty, smoking, and risky behavior within one's peer group (Javier et al., 2010; Willgerodt, 2008). The presence of family and relationship problems among Filipinxs (Redaniel et al., 2011) and Filipinx Americans (Hindin & Gultiano, 2006; Kuroki, 2015; Wolf, 1997) has also been identified as risk factors for depression and suicide.

Increased rates of depression and suicidal ideation have been linked to risk factors including the presence of lesbian, gay, bisexual, transgender, and queer (LGBTQ) identities among Filipinx (Manalastas, 2013; Manalastas & del Pilar, 2005) and Filipinx Americans (Nadal & Corpus, 2013). Compared to their heterosexual counterparts, gay and bisexual Filipinxs were over two times more likely to report suicidal ideation (Manalastas, 2013). Suicide metrics among Filipinxs in the Philippines reveal mixed outcomes in comparison with Filipinx Americans within the U.S. Surveys detailing mental health disparities and suicide have been largely missing or under-reported, particularly within the Philippines (Manalastas, 2016; Martinez et al., 2020; Redaniel et al., 2011). According to Martinez et al. (2020), this discrepancy is due, in part, to a culture of stigma on mental illness and mislabeling of deaths by suicide as other inaccurate labels (e.g., accidents).

Consistent with an observation by Nadal and Corpus (2013), studies that specifically focus on LGBTQ Filipinx Americans have been less common. Unfortunately, deaths by suicide are not typically recorded in disaggregated form for LGBTQ Filipinx

Americans and illuminate an alarming gap in suicide research. This disparate information is prominent in trends supported by LGBTQ advocacy organizations (e.g., Trevor Project; Williams Institute), which tend to collapse identity categorizations of LGBTQ Filipinx Americans into the larger Asian and Pacific Islander classifications. Studies detailed within the Philippines, however, have drawn from secondary data analyses to distinguish the prevalence of suicidal ideation, attempts, and behaviors among lesbian, gay, and bisexual Filipinxs. According to Manalastas (2016), lesbian and bisexual Filipinx women reported a higher prevalence of suicidal ideation and attempts in comparison with their heterosexual counterparts. Similar to the Manalastas (2016) study, Manalastas (2013) previously conducted a study on gay and bisexual, which indicated a higher prevalence of suicidal ideation for gay and bisexual Filipinx men living in the Philippines. Conversely, the Manalastas (2013) study did not indicate a higher level of suicide attempts among gay and bisexual Filipinx men.

Although Filipino immigrants and American-born citizens may endorse similar cultural values as Filipinos living in the Philippines, Filipino Americans navigate racialized spaces in the U.S. that uniquely contribute to experiences of discrimination (David & Nadal, 2013; Nadal et al., 2012; Ocampo, 2016). These experiences of discrimination may lead to higher rates of suicide among Filipino Americans (Javier, 2018). Despite the prevalence of mental health concerns, including depression, substance use, and suicide, among Filipino immigrants and Filipino Americans (Nadal, 2000, 2021; Tsai & Thompson, 2013), they are the least likely to seek professional counseling services compared to other racialized groups (David, 2010; Gong et al., 2003; Javier, 2018). Given the presence of severe mental health concerns linked to suicide and the tendency to underutilize professional healthcare services, it is of critical importance for mental health professionals to be prepared to best support the Filipino American community (Javier et al., 2018). To challenge the historical invisibility of Filipino Americans and address the influences of colonialism and racialized experiences for Filipino American communities, this article elaborates on three major goals: (a) provide an overview of social and historical implications of race, ethnicity, and colonialism for Filipino American communities; (b) outline key concerns of the interpersonal theory of suicide (ITS), as it relates to Filipino Americans; and (c) establish culturally responsive strategies for counseling, community outreach, and research with Filipino Americans who may be at risk for suicide.

Effects of Colonial Mentality

The Philippine's history of colonization has led some Filipinx and Filipinx Americans to experience *Colonial Mentality,* which is characterized by the "automatic and uncritical rejection of anything Filipino and an automatic and uncritical preference for anything American" (David & Okazaki, 2006, p. 241). The insidious endorsement of colonial mentality in Filipinx and Filipinx American individuals may occur through denigration of the Filipinx self, culture, or body; vilification of less Americanized Filipinx individuals; and acceptance of historical and contemporary oppression and maltreatment (David & Okazaki, 2006). These harmful mentalities have been linked to poorer mental health and lower levels of help-seeking behaviors among Filipinx Americans (David, 2010; Tuazon et al., 2019). For example, Filipinx Americans may struggle

to feel connected to their Indigenous heritage and experience feelings of shame, guilt, and low self-esteem because of socialized beliefs that endorse preferences for light skin and straight hair (Goh, 2008; Mendoza, 2013; Ocampo, 2014a).

Cultural and Religious Influences

Over 300 years of Spanish colonial role has resulted in a strong Catholic presence within many Filipinx and Filipinx American communities. Although Catholic virtues may serve as a protective factor for some, the presence of these traditional religious notions creates culturally specific barriers to wellness, help-seeking, and community connection for many Filipinx Americans. According to Redaniel et al. (2011), suicide and suicidal behaviors within the Filipinx community are under-reported due to its nonacceptance by the Catholic church and the associated stigma it brings to the family. These findings supplement the religious notion of "suffering in silence" (Wolf, 1997, p. 366) that was reported among second generation Filipinx American youth. In the U.S., lower rates of professional mental health help-seeking behaviors among Filipinx American individuals have been linked to higher levels of religiosity (Abe-Kim et al., 2004). Rather than pursuing mental health services, Filipinx Americans are more likely to seek spiritual guidance from their religious leaders and are far more likely to use medical doctors and folk support systems when they do seek help for mental health concerns (Gong et al., 2003; Nadal & Corpus, 2013). The presence of naturalistic beliefs that endorse Indigenous methods of healing may also shape the professional mental health help seeking responses of Filipinx (Samaco-Zamora & Fernandez, 2016) and Filipinx Americans (Tompar-Tiu & Sustento-Seneriches, 1995). For example, the Indigenous concept of "*bahala na*," which means "leave it to God," or "what may come, may come," represents a passive acceptance and fatalistic belief that may prevent Filipinx and Filipinx Americans from seeking professional mental health services (Tompar-Tiu & Sustento-Seneriches, 1995, p. 20). Indeed, Filipinx and Filipinx Americans who endorse a bahala na mentality may believe that they are powerless to change their circumstances.

Decolonizing the ITS

The notable rates of Filipinx and Filipinx American death by suicide indicate the need for culturally sensitive strategies that destigmatize professional mental health seeking and provide interventions to lower suicide rates amongst the Filipinx American community. The ITS (Joiner et al., 2009) asserts that people become capable of death by suicide when they habituate to the fear of death and dying through extensive amounts of pain, provocation, and suffering. One's acquired capability to enact lethal self-injury does not in itself lead to death by suicide. Rather, people desire death by suicide when the self-preservation need subsides and they concurrently experience feelings of perceived burdensomeness and failed belongingness (Joiner et al., 2009). The following section critically considers the unique sociohistorical, cultural, and religious nuances of Filipinx Americans that alter the implications of ITS.

Failed Belongingness

Failed Belongingness encompasses feelings of loneliness and social alienation (Joiner et al., 2009). Individuals experience failed belongingness when they feel disconnected, unwanted, or believe that they are not an integral part of their family, friends, or other valued communities (Joiner et al., 2009). Extant research has identified how the deleterious effects of social isolation greatly contribute to suicide (Joiner, 2005). Given the central position of family, values of interdependence, and social cohesiveness among Filipinx (Martinez et al., 2020; Roxas et al., 2019) and Filipinx American communities (Sanchez & Gaw, 2007), it is no surprise that poor family relationships significantly predicted rates of suicidal ideation and death by suicide among Filipinx (Quintos, 2017a, 2017b, 2019; Reyes et al., 2015) and Filipinx Americans (Choi et al., 2020).

The existing body of research clearly illuminates the influence of poor family relationships as a significant predictor of death by suicide among Filipinx communities (Quintos, 2019, 2017a, 2017b). In a study conducted with 608 Filipinxs who had attempted suicide, nearly 605 individuals attributed the reason to family problems (Quintos, 2017a). Poor family relationships were also identified as predictors of suicide among Filipinx Americans. The landmark study conducted by Wolf (1997) reported that 45.6% of Filipino female students experienced suicidal ideation in the past year and 23.3% of whom had attempted suicide at least once in the preceding year. Similarly, a longitudinal study conducted from 2014 to 2018 with Filipinx American and Korean American families in the Midwest ($N = 1,574$) indicated that 22% of 18- and 19-year-old Filipinx American youth reported suicidal ideation, which was twice as high as the national average of the same age group in 2017 (Choi et al., 2020). Both studies described intergenerational family conflicts and experiences of racial discrimination as significant contributors to mental health distress in Filipinx American youth (Choi et al., 2020; Wolf, 1997). Acculturation stress is also strongly associated with depression among Asian immigrants (Singh et al., 2017), and may contribute to experiences of failed belongingness as Filipinx American youth struggle to establish bicultural identities. Indeed, the presence of social support has been identified as a protective factor for suicide in Filipinx Americans (Kuroki, 2015).

Filipinx Americans may face additional challenges when it comes to achieving a sense of belongingness to their larger racial and ethnic communities. Indeed, the combination of Filipinx American history, culture, and phenotypical features is vastly different from other racial and ethnic groups who reside in the U.S. and contributes to the ongoing misidentification of Filipinx Americans (Ocampo, 2013, 2016). Filipinx Americans are thus relegated as invisible or unwanted within both AAPI communities and within the larger groupings of communities of color in ways that may create barriers to belongingness (Nadal et al., 2012). On one hand, Filipinx Americans may not feel a sense of belonging to AAPI communities, because they are not perceived as typically Asian or East Asian (Lee, 2020). On the other hand, Filipinx Americans may not be considered racialized minorities by communities of color because of their proximity to whiteness (Hancock, 2011). Consequently, Filipinx Americans are excluded from the larger discourse about race and ethnicity and may experience thwarted belongingness from both AAPI communities as well as from other communities of color (Hancock, 2011; Ocampo, 2016).

LGBTQ Filipinxs may be at higher risk for suicidal ideation and death by suicide, because the presence of Catholic values may not bode well for those with diverse sexual and gender identities. LGBTQ Filipinxs were disproportionally more likely to die by

suicide and reported greater rates of suicidal ideation compared to their heterosexual counterparts (Manalastas, 2013; Quintos, 2017a, 2017b; Reyes et al., 2015, 2017). In the Philippines, sexual identity and gender identity are not protected categories (Cheng et al., 2016) which place LGBTQ Filipinxs at risk for experiences of discrimination across community, work, education, and healthcare arenas (Austria, 2004; Manalastas & del Pilar, 2005). In the U.S., Filipinx Americans face painful experiences of homophobia, biphobia, and transphobia from their ethnic communities and families of origin (Mayeda & Pasko, 2012; Nadal, 2021; Nadal & Corpus, 2013; Nadal et al., 2012) as well as high rates of racial discrimination from the LGBTQ community (Choi et al., 2013; Giwa & Greensmith, 2012). These experiences of discrimination compound in ways that may contribute to higher rates of stress and places Filipinx Americans at increased risk for death by suicide and suicidal ideation (Nadal & Corpus, 2013; Nadal et al., 2012).

Perceived Burdensomeness

According to the ITS, *Perceived Burdensomeness* is characterized by low self-esteem and a belief that one is so flawed that their very existence results in a burden for their family, friends, and society (Joiner et al., 2009). Perceived Burdensomeness may be a particularly helpful perspective to understand the increasing rates of death by suicide in Filipinx Americans, because certain Indigenous Filipinx cultural values may align in ways that appear to culturally sanction death by suicide. For example, Filipinxs and Filipinx Americans may endorse the cultural value of *kapwa*, a collectivistic worldview in which the self is not distinguished from others in their community (David et al., 2017; Enriquez, 1994). The presence of kapwa may lead to experiences of perceived burdensomeness among Filipinx Americans with mental health issues who may struggle to disclose their challenges to their families or greater community for fear that they will become a burden. Similarly, *pakikisama* is a deep sense of belongingness to a group with expectations that one should dedicate all their efforts into pleasing group members (Bautista, 1999). This value may become problematic for Filipinx Americans who endorse self-defeating and harmful notions that their very existence creates a burden to their family or community. Pakikisama, which endorses acting in ways that benefit group members, may combine with perceived burdensomeness in ways that put Filipinx Americans at disproportional risk for death by suicide. To avoid burdening their families, Filipinx Americans with psychological distress and failed belongingness may remain silent about their problems. Finally, many Filipinx and Filipinx Americans may endorse *hiya*, a cultural value related to saving face (Gong et al., 2003) that has been conceptualized as both an emotion and a virtue (Lasquety-Reyes, 2016; Reyes, 2015). As an emotion, hiya may occur when an individual becomes embarrassed in front of others and refers to painful emotions or distressing feelings characterized by shame, embarrassment, or distress (Lasquety-Reyes, 2016; Reyes, 2015). When conceptualized as a virtue, hiya may be demonstrated when Filipinx Americans curb selfish impulses and desires for altruistic purposes, such as to maintain kapwa (Lasquety-Reyes, 2016; Reyes, 2015). Filipinx Americans may experience failed belongingness when cultural values to avoid being *walang hiya* (without hiya) contribute to silence about psychological distress and professional mental health services are not sought out to avoid embarrassing one's family.

Acquired Capability

Acquired Capability refers to the increased capacity for suicide that develops through repeated exposure of painful experiences (Joiner et al., 2009). Predictors for the capacity to complete suicide include a history of suicidal ideations and attempts, continuous experiences of traumatic events (physical, emotional, and sexual), or any fear-inducing behaviors as well as direct exposure to other's pain and injuries (Joiner et al., 2009). Whereas other AAPI immigrants may face instances of racial discrimination for the first time upon migrating to the United States, Filipinx Americans may be more acutely aware to the construct of racism (Alvarez & Juang, 2010; David et al., 2017, 2019). Comparative studies among AAPI groups have indicated that Filipinx Americans reported higher rates of perceived racial discrimination compared to other Asian American ethnic subgroups (e.g., Alvarez et al., 2006; Gee et al., 2007; Kuo, 1995) and have established that discrimination experiences among Filipinx Americans may vary depending on geographic location, education, and age (Nadal et al., 2015). The presence of racial discrimination may additionally increase rates of suicide among Filipinx Americans, as they face greater rates of physical assault and verbal harassment compared to other AAPI groups (Nadal & Corpus, 2013). Filipinx Americans may also habituate to death and dying as they are over-represented in the medical profession, especially within the field of nursing (Choy, 2003; Espiritu, 2016). Although Filipinx Americans comprise about 1% of the U.S. population, they represent more than 7% of the hospital and healthcare workforce (Martin & Yeung, 2020). Persistent exposure to death, dying, and pain may result in the habituation of fear and increase the acquired capability of death by suicide (Joiner et al., 2009), especially among Filipinx Americans (Daus-Magbual & Magbual, 2013).

Applying Decolonized ITS Interventions

Although ITS has advanced the conceptualization of suicidal ideation, its theoretical premise involves salient cultural nuances among Filipinx American communities. At its core, however, ITS may render an incomplete portrayal of Filipinx American experiences with suicide and Filipinx American communities' suicide prevention efforts. The accumulation of colonial trauma histories (David, 2013; David et al., 2017), internalized racism and white supremacy (David et al., 2019), and acculturative stress (Chan & Litam, 2021; Nadal, 2021; Tsai & Thompson, 2013) places Filipinx American communities in a vexing position between consciousness of Indigenous values and the prevailing mental health treatment approaches in the U.S. Due to the overarching healthcare systems and racialized structures in the U.S., Filipinx Americans may be predisposed to consistently pathologize themselves (David, 2013; Patel, 2016) or eschew crucial community supports (Javier et al., 2018).

Decolonizing strategies entail specific methods of addressing and dismantling colonialism within counseling practice (Singh et al., 2020) and focuses on detaching cultural modes of heritage and thought from Western imperialism (Mignolo, 2018; Fanon, 1952). The insidious effects of colonialism root out Indigenous values of communities through adopting Western values (Mignolo, 2018) and whiteness as pathways to health, success, and agency (David, 2013; Fanon, 1952). By inoculating Indigenous communities with these

values, they are taught to prioritize suffering and healing as an individualistic endeavor (Grande, 2015) that is predetermined by a historic system of well-being (Grande & Ormiston, 2016). Rather than harnessing Filipinx cultural values for the purpose of celebration, community, and self-determination, Filipinx Americans are taught to relegate their culture as inferior and ultimately adopt a problem-saturated viewpoint of Filipinx values (David, 2013). For many Filipinx Americans, this viewpoint often becomes a predominant source of psychological distress, identity confusion, and shame (David & Nadal, 2013; David & Okazaki, 2010; David et al., 2019).

Conversely, decolonization employs strategies that counter prevailing theoretical frameworks, such as ITS, as a limited explanation for pathological interpretations or interventions that diminish ancestral values and collective liberation (David et al., 2017; Grande, 2015). In this vein, decolonization calls for Filipinx American communities to draw upon ancestry, intergenerational values, cultural literacy, and community agency as a pathway to hope and suicide prevention (Javier, 2018; Javier et al., 2014, 2018). Decolonization creates visibility about the insidious effects of colonialism and requires a transformation of communal and systemic practices rather than merely understanding cultural values (Grande & Ormiston, 2016). To this end, the practice of decolonization is twofold: (a) restoring Indigenous values, consciousness, and history within Filipinx American individuals and communities (David, 2013; David et al., 2017) and (b) overturning the structural viewpoints that cultivate a Western, imperialist viewpoint (Grande, 2018; Mignolo, 2018).

Mental health professionals can begin decolonizing ITS interventions by integrating information from colonial histories and understanding the effects of colonial mentality when conceptualizing suicide interventions for Filipinx American communities. Because Filipinxs and Filipinx Americans were forced to assimilate into dominant Spanish and U.S. ideologies while rooting out their Indigeneity (David & Nadal, 2013; Nadal, 2021), decolonized ITS strategies may help clients challenge the harmful effects of colonial mentality and increase understanding of how colonial mentality and Indigenous values may contribute to feelings of thwarted belongingness and perceived burdensomeness. For example, mental health practitioners may explore whether the presence of Indigenous notions, such as kapwa, pakikisama, bahala na, and hiya, may contribute to feelings of helplessness, worthlessness, and silence about psychological distress. Given the notion of collective liberation and agency in decolonial praxis (Grande, 2015; Grande & Ormiston, 2016), mental health practitioners can collaborate with Filipinx American clients to identify specific, objective, and measurable goals designed to challenge the internalized assumptions of helplessness and isolation while fostering a greater sense of connection, community, and worth. By recognizing these nuances, mental health practitioners can externalize longstanding generations of colonialism among Filipinx and Filipinx American communities rather than identifying clients and patients as the sole culprit of psychological symptoms and suicidal ideation (David et al., 2017, 2019).

Decolonizing strategies that address the presence of thwarted belongingness and perceived burdensomeness may foster differentiation between Filipinx American and U.S. values (David et al., 2017, 2019; Tuazon et al., 2019) to enhance ethnic identity and promote family socialization (Choi et al., 2020; Juang et al., 2017). Of particular note, mental health practitioners can consider how ancestral values and Indigenous Filipinx cultural values embrace collectivism (David et al., 2017), particularly when the U.S. society prioritizes individualism as the driver for treatment. To add to this nuance within individual and family modalities, mental health practitioners can explore how specific family members have embraced white, Western, and U.S. cultural values and contextualize the barriers of collective liberation within families. The ability to navigate Filipinx and U.S. cultures can be leveraged as a cultural asset among families (Choi et al., 2020; Nadal, 2021). For example, family counseling sessions that help the entire family system establish a bicultural worldview may assist Filipinx Americans who struggle with acculturative stress and feelings of disconnect from navigating two distinct worlds (Chan & Litam, 2021).

In light of colonial mentality, decolonization in counseling and therapy also requires the cultivation of critical consciousness (David, 2013). Within the context of ITS, decolonizing the notion of thwarted belongingness requires attention on how colonialism masks as other oppressive forces to dominate, brutalize, and exclude communities (Mignolo, 2018; Muñoz, 2019). For example, mental health practitioners may challenge the notions of thwarted belongingness by countering racial hierarchies that weaponize AAPI identities (Tran et al., 2018; Yi et al., 2020) and link internalized racism with psychological distress and suicidal ideation (David et al., 2019). Exploring how the model minority myth, which positions Asian Americans as having universally achieved success, pits communities of color against one another, and obfuscates the role of White supremacy in systemic oppression (Poon et al., 2019), can help absolve Filipinx Americans from internalizing experiences of racial discrimination in ways that place the onus of blame on themselves (Chan & Litam, 2021).

Indeed, racial discrimination experiences among Filipinx Americans may vary based on geographic location, education, and age (Nadal et al., 2015). Decolonization strategies rely on expanding clients' viewpoints to include systemic and structural barriers that influence their cultural identity development (Singh et al., 2020). For example, mental health professionals can help Filipinx American clients explore how growing up in a predominantly White area may have hindered their ethnic identity development and perpetuated a colonial mentality that resulted in feelings of thwarted belongingness and perceived burdensomeness.

Mental health professionals and clinicians must be prepared to address notions of failed belongingness among LGBTQ Filipinx American clients by exploring how experiences of discrimination from LGBTQ communities are influenced by socially constructed notions of colorism and colonialism. This issue is especially relevant, given that colonialism pressures Filipinx Americans to adopt Western and white norms as pathways to success and promotes brutality and domination toward other marginalized groups across Filipinx American communities (David, 2013; Muñoz, 2019; Nadal & Corpus, 2013). Invoking such colonial strategies hinders possibilities for collective liberation and agency (Grande & Ormiston, 2016). Examples of decolonization strategies for LGBTQ Filipinx Americans may include discussions about how the dominant LGBTQ culture centers White norms and beauty standards in ways that negatively affects the mental health of Asian American communities (Choi et al., 2013; Giwa & Greensmith, 2012; Nadal & Corpus, 2013; Nadal et al., 2012). Given the over-representation of Filipinx Americans employed within the healthcare sector, mental health professionals must also decolonize interventions aimed at addressing acquired capability.

For example, therapists may facilitate conversations about how the cumulative effects of racial discrimination and persistent exposure to death, dying, and health disparities (Daus-Magbual & Magbual, 2013; Nadal et al., 2012; Singh et al., 2020) may contribute to higher rates of suicidal ideation and suicide attempts.

Decolonizing ITS Safety and Treatment Plans

Mental health professionals must be prepared to consider Filipinx American cultural notions that center family and Indigenous values when decolonizing ITS safety and treatment plans. Mental health professionals who fail to consider these factors may exacerbate distress and further harm Filipinx American clients by attempting culturally insensitive interventions that adhere to individualistic values and external locus of control (Chan & Litam, 2021; David et al., 2017; Wang & Kim, 2013). Understanding the pre-existing roles of family and community support are essential, as Filipinx Americans may initially rely on family members and social connections for referrals (Chan & Litam, 2021; Javier et al., 2018; Tuason et al., 2012).

Mental health professionals must consider collectivistic perspectives, harmony, and interdependence as influences for well-being and identity formation among Filipinx American clients (see Chan & Litam, 2021; Daus-Magbual & Magbual, 2013). Thus, safety plans must extend beyond individual strategies for coping and encompass the utilization and consideration of family and community supports. When counseling Filipinx Americans at risk for suicide, employing strategies that cultivate a deeper connection with family and community rather than solely focusing on strategies aimed at individual responses draws on culturally sensitive interventions and fosters collective agency. Mental health professionals may encourage Filipinx American families to interact together in new ways that promote meaningful and deep connections (David et al., 2017; Javier et al., 2014). In addition, mental health professionals can elaborate on how relationships with family and community members can serve as a key driver of suicide prevention care among Filipinx Americans (Javier et al., 2018). Points of connection or disconnection within these relationships can be harnessed in profound ways to promote community healing. Specifically, Filipinx American clients may incorporate a new family tradition where each person takes turns asking the following two questions aimed at promoting connection: "What is one quality you value in me?" and "What is one thing we have in common?"

Mental health professionals must recognize how Filipinx Americans may not benefit from treatment and safety plans characterized by individualistic notions (Daus-Magbual & Magbual, 2013). Instead, Filipinx American clients may benefit from counseling interventions that assess the presence of family and community supports, identifies and dismantles maladaptive family patterns, and explores how compounding stressors from multiple support systems may contribute to psychological distress (Kuroki, 2015; Nadal & Corpus, 2013). Mental health professionals can assess for the presence of family and community supports by asking questions, such as, "When you feel discouraged, to whom do you reach out?" and "Where do you go when you want to feel connected?" Maladaptive family patterns can be identified through reflective strategies that help Filipinx Americans identify the physiological sensations that are present when suicidal ideation is high and expanding an exploration of triggers to include family and community influences. For example, a gay Filipinx American client may note how feelings of suicidal ideation, characterized by specific somatic symptoms, tend to increase around the holidays when he feels a greater sense of thwarted belongingness and perceived burdensomeness from both his family of origin and religious communities. Identifying the compounding cultural, sexual, religious, and family stressors that contribute to suicidal ideation can help mental health professionals triage their care in culturally sensitive ways (Nadal & Corpus, 2013).

Decolonization approaches also promulgate the restoration of culture and Indigeneity, particularly for nations and communities that have been forced into assimilation and colonization (Grande, 2015), like Filipinx Americans. An example of a decolonized counseling intervention that may address suicidal ideation in Filipinx American clients could draw from David and Okazaki's (2010) validation of the Colonial Mentality Scale. Specifically, the Colonial Mentality Scale (David & Okazaki, 2010) could be administered to Filipinx American clients to inspire conversations about how the presence of colonial mentality may lead to psychological distress, symptoms, and suicide. According to Tuason et al. (2012), Indigenous healing practices in the Philippines historically drew from spirituality rather than religion, finding meaning in the supernatural, incorporating the use of faith healers, and seeking the wisdom of elders. With these practices in mind, mental health professionals may explore how Filipinx American clients can integrate spiritual and genealogical aspects into their lives to buffer the effects of suicide (David & Nadal, 2013; Samaco-Zamora & Fernandez, 2016). For example, mental health professionals may help Filipinx American clients deconstruct feelings of thwarted belongness by exploring how Indigenous practices can be incorporated in ways that foster a greater sense of spiritual community, connection, and well-being. Ultimately, decolonizing counseling interventions may empower Filipinx American clients to become more resilient by drawing from their own ancestry, families, and genealogical wisdom (David et al., 2017), in ways that mitigate perceived burdensomeness and thwarted belongingness.

Drawing upon the ITS aspects of acquired capability, generational transmission of culture can institute positive effects on well-being to reduce the effects of suicide. For example, Choi et al. (2020) postulated that Filipinx American youth demonstrated fewer symptoms and mental health disparities in response to racial socialization from parents. Increasing Filipinx American's critical consciousness and validating their social and cultural identities can buffer the risk of suicidal ideation by helping families, parents, and individuals respond to experiences of racial discrimination (David et al., 2019). In addition, families and communities preparing Filipinx Americans, especially youth, for exposure to colonialism and racism can institute long-term preventive measures across the lifespan, which would reduce the impact of acquired capability (Choi et al., 2018; David et al., 2017; Samaco-Zamora & Fernandez, 2016).

Community-Based Interventions for Addressing Filipino Suicide

Javier et al. (2018) established the importance of conducting outreach, assessing mental health needs, and designing community interventions for Filipinx American youth and their families. Javier's program, Filipino Family Health, uses an evidence-based

practice called "The Incredible Years" to strengthen parent–child relationships and enhance the social and academic success of Filipinx youth (Filipino Family Health, 2018; Javier, 2018; Javier et al., 2018). Mental health professionals are called to build on Javier's program and initiate community relationships that foster robust mental health initiatives among Filipinx American communities (see Chan & Litam, 2021; Daus-Magbual & Magbual, 2013; Javier et al., 2014). To enhance culturally sensitive interventions dedicated to practitioner and community responses to suicide, it is imperative for mental health professionals to engage in community outreach and provide mental health services across multiple systemic levels rather than relying solely on individual counseling interventions (Chan & Litam, 2021).

Because Filipinx Americans are less likely to seek help from mental health professionals, opportunities to explore cultural and personal stressors may be offered in Filipinx American community centers, rather than in professional mental health offices. Providing mental health services in familiar settings can promote accessibility for Filipinx Americans who tend to rely on their communities for referrals (Chan & Litam, 2021; Domingo et al., 2018; Tuason et al., 2012). Indeed, community partnerships and community engagement have shown positive outcomes for promoting access to healthcare and counseling services among Filipinx (Samaco-Zamora & Fernandez, 2016) and Filipinx Americans (Maxwell et al., 2012). Community outreach initiatives can also include education-based initiatives that empower Filipinx American youth to learn about their cultural history in ways that may challenge colonial mentality, ease acculturative stress, and cultivate a sense of ethnic identity pride. Finally, mental health professionals can establish community partnerships with existing Filipinx American organizations to facilitate opportunities for outreach and suicide screening within the Filipinx American community by other Filipinx Americans (Chan & Litam, 2021). Training Filipinx American community members and religious leaders to screen for suicide risk within the community can serve as a culturally responsive approach to decrease suicide, because it aligns with cultural help-seeking practices (Gong et al., 2003; Nadal & Corpus, 2013). Indeed, Javier (2018) asserted that offering education about mental health and disseminating accessible tools are meaningful strategies to connect with community members.

Future Directions for Research

Many established theories, including the ITS, fail to underscore culturally responsive practices that highlight social connections, community, and family development among Filipinx American communities. This disconnect in extant research is related to three distinct issues. First, research on mental health outcomes generally aggregate Filipinx Americans into the larger AAPI community, which may erase their distinct representation when enacting health policy measures and community initiatives (Nadal & Corpus, 2013; Nadal et al., 2012). Next, researchers often overlook the importance of cultural and sociological phenomena specific to Filipinx American communities in comparison with communities of color, Indigenous communities, and the larger pan ethnic grouping of Asian American as well as White communities (see David & Nadal, 2013; David et al., 2019; Javier et al., 2018; Ocampo, 2013). Finally, researchers methodologically overlook the use of family and community interventions as culturally relevant factors and practical mechanisms for suicide response among Filipinx communities (Reyes et al., 2015; Roxas et al., 2019).

Researchers are called to examine mental health and suicide outcomes among Filipinx Americans by exploring behaviors, education, and cultural dynamics situated within family and community relationships. Because family cohesion, belongingness, and kinship have surfaced as culturally salient constructs promoting well-being among Filipinx and Filipinx American communities (see Samaco-Zamora & Fernandez, 2016; Tuason et al., 2012), these relationships have far-reaching effects for understanding culturally sensitive interventions. Researchers can further explore the contributing factors that are present among Filipinx American families who openly discuss issues related to suicide and psychological distress. It is critical that researchers attune to how Filipinx American family members communicate about suicide, if at all, and how Filipinx American family members potentially assess for suicide risk to identify suicide-specific strategies. Next, researchers can examine the impact of documentaries, such as "Silent Sacrifices: Voices of the Filipino American Family" (Heras, 2001) to assess whether this educational tool increases suicide education and decreases the stigma of addressing mental health concerns within Filipinx American communities. Finally, researchers must broaden the impact of their research to implement health equity initiatives that draw from public health research and interventions. Specifically, researchers can explore how community outreach initiatives within Filipinx American communities may increase rates of help-seeking behaviors and healthcare access. To specifically understand barriers to accessing mental health services, researchers may identify culturally grounded experiences of stress and health promotion behaviors through qualitative investigations, needs assessments, and community focus groups that explore beliefs about suicide among Filipinx American communities.

Conclusion

Although a burgeoning agenda of mental health research on Filipinx American communities (e.g., Chan & Litam, 2021; Tuason et al., 2012, 2019) illustrates an urgent need to reform counseling practices and research to support Filipinx American clients, a paucity of research and literature remains. Due to social determinants of health along with the sociocultural history of Filipinx Americans, it is of paramount importance to decolonize traditional counseling modalities, obtain a firm understanding of colonialism and colonial mentality, decolonize family interventions, and engage in community outreach to better attune to suicide risks within Filipinx American communities (Ghimire et al., 2018; Javier et al., 2018; Samaco-Zamora & Fernandez, 2016). Mental health professionals can draw from these topics to strengthen their culturally responsive interventions with Filipinx American clients, families, and communities.

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