



# Differential associations between Social Anxiety Disorder, family cohesion, and suicidality across racial/ethnic groups: Findings from the National Comorbidity Survey-Adolescent (NCS-A)



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## ABSTRACT

The proposed research seeks to introduce a novel model relating Social Anxiety Disorder (SAD) and suicide outcomes (i.e., passive suicidal ideation, active suicidal ideation, and suicide attempts) in diverse adolescents. This model posits that family cohesion is one pathway by which suicide risk is increased for socially anxious youth, and predicts that the relationships between these variables may be of different strength in Latino and White subgroups and across gender. Data from a sample of Latino ( $n = 1922$ ) and non-Hispanic White (hereafter referred to as White throughout) ( $n = 5648$ ) male and female adolescents who participated in the National Comorbidity Survey-Adolescent were used for this study. Analyses were conducted using generalized structural equation modeling. Results showed that the mediation model held for White females. Further examination of direct pathways highlighted SAD as a risk factor unique to Latinos for active suicidal ideation and suicide attempt, over and above comorbid depression and other relevant contextual factors. Additionally, family cohesion showed a strong association with suicide outcomes across groups, with some inconsistent findings for White males. Overall, it appears that the mechanism by which SAD increases risk for suicidality is different across groups, indicating further need to identify relevant mediators, especially for racial/ethnic minority youth.

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## 1. Introduction

The majority of youth in community settings who contemplate or attempt suicide have a psychiatric disorder (approximately 70–90%) (Gould et al., 1998; Fergusson & Lynskey, 1995). While most studies of suicidality in adolescents emphasize the importance of depression as a risk factor, anxiety disorders also show a significant and consistent association with suicide outcomes (Bomyea et al., 2013; Cox, Drenfeld, Swinson, & Norton, 1994; Ferrada-Noli, Asberg, Ormstad, Lundin, & Sundbom, 1998; Kessler, Borges, & Walters, 1999; Kotler, Lancu, Efroni, & Amir, 2001; O'Neil Rodriguez & Kendall, 2014; Sareen, Houlihan, Cox, & Asmundson, 2005; Strauss et al., 2000). Social Anxiety Disorder (SAD; also referred to in the literature as Social Phobia) in particular, has received little attention even though there is a 19.9% prevalence of SAD among youth with a history of suicidal ideation and behaviors compared to a 7.0% prevalence rate of SAD among those without

(Nock et al., 2013). Some efforts have been made to identify mediators of the association of social anxiety and suicidality, such as loneliness (Gallagher, Prinstein, Simon, & Spirito, 2014), however such investigations are rare and further research is required to fully understand why risk for suicide is increased in socially anxious teens.

An important point of discussion for research investigating SAD as a risk factor for suicidality is the considerable comorbidity of SAD with Major Depressive Disorder (MDD). MDD is considered one of the most well-supported risk factors for suicide in adolescents (Shaffer et al., 1996), and comorbid depression and anxiety confers the highest risk for suicidality (Foley, Goldston, Costello, & Angold, 2006). Yet, in the context of comorbidity there is mixed evidence concerning the independent contribution of social anxiety to the development of suicide-related thoughts and behavior. For example, some studies from adult epidemiological samples have shown that SAD did not increase suicide risk above and beyond a diagnosis of MDD (Kessler et al., 1999; Strauss et al., 2000). However, there is a small body of literature suggesting that social anxiety plays an independent role in increasing suicide risk after controlling for other psychopathology in both adolescent and adult samples (Gallagher et al., 2014; Nelson et al., 2000; Nock, Hwang, Sampson, & Kessler,

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2010; Statham et al., 1998; Nock & Kessler, 2006; Sareen et al., 2005; Valentiner, Gutierrez, & Blacker, 2002).

Importantly, there are racial/ethnic disparities in rates and severity of both anxiety symptoms and suicidality. Among teens, Latino adolescents self-report the highest severity of social anxiety compared to other racial/ethnic groups (McLaughlin, Hilt, & Nolen-Hoeksema, 2007). Findings in adult samples reveal that Latino adults report greater impairment due to social anxiety compared to Whites, with some evidence to suggest that risk for social anxiety may be influenced by cultural factors specific to Latinos such as language use (Polo, Alegria, Chen, & Blanco, 2011). Further, Latino female adolescents in particular have been shown to be at significantly higher risk for suicidal thoughts and behaviors. Results from the 2015 Youth Risk Behavior Surveillance convey that Latino female adolescents report higher rates of suicidal ideation (25.6%), planning (20.7%), and attempts (15.1%) than other racial and ethnic groups (e.g., 22.8% and 18.7% of African American and White females reported suicidal ideation, respectively; 18.4% and 17.3% of African American and White females reported planning, respectively; and 9.8% and 10.2% of African American and White females reported an attempt, respectively) (Kann et al., 2016). Although these racial/ethnic disparities have been identified, investigation is needed to examine the cultural and contextual factors associated with the expression of SAD and possible links to suicidality among Latinos.

There are likely numerous mechanisms by which suicidality risk is increased among those with social anxiety. One possible pathway is dysfunction in interpersonal relationships. Interpersonal models of suicidality suggest that the construct of thwarted belongingness, which refers to a sense of isolation, loneliness, and perceived lack of mutually supportive relationships, contributes to one's risk for suicide (Joiner, 2005). This same construct has also been uniquely linked to social anxiety (Davidson, Wingate, Grant, Judah, & Mills, 2011), with consistent associations observed between social anxiety symptoms and perceptions of low social support in close relationships (Calsyn, Winter, & Burger, 2005; LaGreca & Lopez, 1998). Overall, the literature supports impairment in close relationships for individuals with SAD. First, there may be impairment related to clinical characteristics of the disorder such as avoidance and oversensitivity to criticism (American Psychiatric Association, 2013). These behaviors, in addition to negative cognitive schemata that increase fear of threat and rejection in social situations, result in dysfunctional interpersonal styles (Alden & Taylor, 2010) and related sequelae such as social isolation, exclusion, and a lack of connectedness. Although findings support that SAD primarily causes interference in domains such as friendships, school, and work, there are also data to suggest that socially anxious individuals experience dysfunction attributable to SAD in their relationships with family members (Davila & Beck, 2002). Socially anxious individuals exhibit conflict avoidance, avoidance of emotional expression, increased fear of rejection, and less assertion in intimate relationships often resulting in familial relationships characterized by interpersonal chronic stress (Davila & Beck, 2002).

Dysfunction in familial relationships, specifically conflict and poor communication, has been shown to be associated with suicide outcomes, and often, adolescent suicide attempts are precipitated by conflicts with parents or family members (Brent, Greenhill, & Compton, 2009; Gould, Greenberg, Velting, & Shaffer, 2003; Wagner, 1997). Conversely, connectedness with family has been found to be protective against suicide attempts (Qin & Mortensen, 2003) and several family-based interventions for youth with suicidality have targeted family relationships with favorable effects (Diamond, Wintersteen, & Brown, 2010; Pineda & Dadds, 2013). Given the importance of culture in shaping family processes, it is likely that such mechanisms may operate differently across racial/ethnic groups. It is also plausible that family and other cul-

ture related variables may differentially impact risk for suicidality among anxious ethnic minority youth.

As an example, family is given great importance in Latino culture and strain in family relations may be a particularly risky condition for Latino youth. Research has identified high levels of *familismo* (attitudinal familism), defined as emphasis on family centrality, loyalty, and cohesion, as a distinctive cultural dimension of Latino families (Sabogal, Marin, & Otero-Sabogal, 1987; Steidel & Contreras, 2003; Zinn, 2003). Evidence supports the protective role of perceived familial social support for Latinos for psychiatric disorders (e.g., depression) and general psychological distress, particularly in the presence of risk factors such as acculturative stress (Rivera, 2007; Rivera et al., 2008; Vega, Kolody, Valle, & Weir, 1991). Family processes have more specifically been implicated in explaining the remarkably high rates of suicidality among Latino female adolescents. Findings show that Latino female adolescents who perceived low levels of parental caring were at 2.5–5 times greater risk of experiencing suicidal ideation and 3.5–10.0 times greater risk of attempting suicide compared to Latino females who reported high levels of perceived parental caring (Garcia, Skay, Sieving, Naughton, & Bearinger, 2008). Still, the heightened suicide risk of Latino females remains relatively understudied, particularly from an empirical standpoint, and further testing of relevant familial processes is warranted. In light of evidence suggesting differential risk for suicidality for Latino females and the salience of family in this culture, it is possible that disruption in family cohesion may produce greater deleterious effects on psychological adjustment among Latino female adolescents.

Given this evidence, we posit that SAD may confer risk for suicidal thoughts and behaviors to the extent that symptoms disrupt family cohesion. We expect that this risk pathway may be particularly strong for Latino youth, given the centrality of family relations in this cultural group. As such, we aim to test race/ethnicity (i.e., Latino vs. non-Latino White status) as a potential moderator in order to better understand factors that may contribute to disparities in rates of adolescent suicidality. Further, we examine whether this risk pathway is equally salient across adolescent males and females. While we predict that the proposed model will hold across Latino and White subgroups of male and female adolescents, we believe that the associations between SAD, family cohesion, and suicide outcomes will be stronger for Latino female adolescents, a group who exhibits particularly high risk for suicide. Findings will provide data to inform meaningful and modifiable intervention targets for socially anxious youth with suicidal thoughts and behaviors. These data will also clarify whether there are unique risk factors for Latino female teens that need to be addressed in existing evidence based interventions.

Data from a subsample of adolescents comprised of Latino and White females and males who participated in the National Comorbidity Survey Adolescent (NCS-A) was used to examine the following hypotheses:

- 1 Within each racial/ethnic and gender subgroup (i.e., Latino females, Latino males, White females, White males), family cohesion mediates the relationship between SAD and suicidal thoughts and behaviors (i.e., passive suicidal ideation, active suicidal ideation, and suicide attempt), controlling for factors known in the literature to be related to variables in the model (i.e., age, parent-reported total family income, and Diagnostic Statistical Manual-IV (DSM-IV) lifetime MDD diagnosis (Brent et al., 2009; Cash & Bridge, 2009; Gunnell, Peters, Kamerling, & Brooks, 1995)).
- 2 Latino ethnicity and female gender will moderate the associations between SAD and family cohesion and between family cohesion and suicide outcomes, such that Latino female ado-

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