



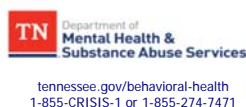
# Suicide and Asian-Americans/ Pacific Islanders

*NOTE: As stipulated by the Office of Management and Budget, the term "Asian" denotes a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, and "Native Hawaiian or Other Pacific Islander" as having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

- In 2015, suicide was the tenth-leading cause of death for Asian-Americans/Pacific Islanders and the second-leading cause of death for youth ages 15 to 34. In Tennessee it was the leading cause of death for Asian-Americans/Pacific Islanders between 15 and 24 between 2011 and 2015.
- At 6.66 per 100,000 population, the U.S. suicide rate for Asian-Americans/Pacific Islanders in 2015 was approximately half of the overall rate of 13.75.
- Between 2011 and 2015, there were an average of six suicide deaths among Asian-Americans/Pacific Islanders in Tennessee, at a rate of 6.19 per 100,000 (compared to the white rate of 18.71).
- Nationally, firearms were a factor in only 23% of Asian-American/Pacific Islander suicide deaths in 2015, with suffocation/hanging the leading method at 48%.
- Asians who immigrated to the United States as children have higher rates of suicidal ideation and suicide attempts than U.S. born Asians. However, Asian-Americans/Pacific Islanders who came as adolescents and adults have lower rates than either of those groups.
- Research has found that among Asian-Americans/Pacific Islanders, higher levels of identification, belonging to, and affiliation with ancestral culture—regardless of whether on the spiritual, material, intellectual, and emotional level—have been associated with a 69% reduction in the risk of suicide attempt. Traditional Asian religious beliefs such as Confucianism, Buddhism, and Taoism may contribute to reduced incidence of suicide within the Asian-American community since these faiths emphasize interdependence, interconnectedness, and the will of the group over the individual. However, suicide may be condoned if it protects the family from shame or disgrace.
- Family cohesion and parental support associated with lower levels of suicidal ideation and attempts among Asians/Pacific Islander youth. Meanwhile, high levels of family conflict, such as witnessing family violence or experiencing low levels of family support, have been associated with increased suicide risk.
- Discrimination can have a profound affect on the development and treatment of mental illness among this population group. Asian-American/Pacific Islander reporting that they are racially discriminated against have been found to be more likely to have a psychiatric disorder, experience suicidal ideation, and make suicide attempts.
- Due in large part to their cultural beliefs and values, Asian-Americans/Pacific Islanders are less likely to seek professional help for psychological distress, and they are less likely to disclose suicidal thoughts. They also are less likely to get a diagnosis of mental health problems because they tend to experience their problems through physical rather than emotional symptoms. Lack of access to treatment that is sensitive to their culture is also a barrier.
- When they do obtain professional help, Asian-Americans/Pacific Islanders generally drop out of treatment sooner than White, and immigrant Asian populations may be hampered in the U.S. mental health system by discriminatory attitudes and language proficiency issues. Asians are more likely to use informal support systems than formal services for help with mental health problems.
- In a national survey conducted in 2012, Asians/Pacific Islanders who reported suicidal thoughts or attempts were less likely than Hispanics, Blacks, or Whites to seek or receive psychiatric services.

Sources: Suicide Prevention Resource Center, Tennessee Department of Health, US Department of Health and Human Services, Centers for Disease Control and Prevention, the National Women's Health Information Center, *American Journal of Epidemiology*, *Journal of Community Psychology*, and *Aggression and Violent Behavior*.

Also see Sue, D.W. and Sue, D. (2003). *Counseling the culturally diverse: theory and practice*. 4<sup>th</sup> ed. New York: John Wiley & Sons, Inc., 334-35.



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