



**Tennessee Suicide
Prevention Network**

"Saving Lives in Tennessee"

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.

- Suicide was the ninth-leading cause of death for Asians/Pacific Islanders and the second-leading cause of death for youth ages 15 to 34. In Tennessee it was the second-leading cause of death for Asians/Pacific Islanders between 10 and 44 for the years 2008 and 2012.
- At 6.19, the suicide rate for Asians/Pacific Islanders of all ages was approximately half of the overall U.S. rate of 12.08.
- Between 2008 and 2012, there were an average of seven suicide deaths among Asians/Pacific Islanders in Tennessee, at a rate of 6.4 per 100,000 (compared to the white rate of 15.1).
- Nationally, firearms were a factor in only 22% of Asians/Pacific Islanders suicide deaths in 2012, with suffocation/hanging the leading method at 47%.
- Asians who immigrated to the United States as children have higher rates of suicidal ideation and suicide attempts than U.S. born Asians. However, Asians who came as adolescents and adults have lower rates than either of those groups.
- The national 2013 Youth Risk Behavior Survey found that Asians/Pacific Islander high school students report higher rates of suicidal behaviors than the general population of U.S. high school students.
- Research has found that among Asians, higher levels of identification, belonging to, and affiliation with Asian 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. Asians 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, Asians are less likely to seek professional help for psychological distress, and they are less likely to disclose suicidal thoughts. Asians 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, Asians 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*. 4th ed. New York: John Wiley & Sons, Inc., 334-35.

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