Suicide Among Asian Americans/Pacific Islanders

General Statistics

The Centers for Disease Control and Prevention report that, between 1999 and 2004, in the Asian American and Pacific Islander population:

- The suicide rate was 5.40 per 100,000, approximately half the overall U.S. rate of 10.75 per 100,000.[1]
- The highest rate, 27.43 per 100,000, was found among adult males 85 and older.[2]
- Suicide ranked as the eighth leading cause of death for all ages (compared to eleventh for the overall US population).[3]

During the 1980s, the Asian and Pacific Islander population more than doubled in the U.S., making it the fastest growing racial/ethnic group, followed by Hispanics. Three fourths of the Asian and Pacific Islander population growth has been due to immigration. This rapid growth is predicted to continue, with another doubling by 2009.[4]

Elderly Asian American/Pacific Islander women have higher rates of suicide than whites or blacks. For women aged 75 and older, the suicide rate for Asian Americans/Pacific Islanders was 7.95 per 100,000, compared to the white rate of 4.18 and the black rate of 1.18.[5]

Youth Statistics

- In the 12 months preceding the Youth Risk Behavior Survey, Asian American and Pacific Islander high school students were as likely as their black, Hispanic, and white counterparts to have attempted suicide.[6]
- From 2002 to 2005 suicide ranked as the third leading cause of death for those 15 to 24 years old.[7]

Mental Health Considerations

- One study found that Asian Americans and Pacific Islanders are significantly less likely than Caucasians to mention their mental health concerns to:
  - a friend or relative (12% vs. 25%),
  - a mental health professional (4% vs. 26%),
  - or a physician (2% vs. 13%).[8]
- Asian Americans do not access mental health treatment as much as other racial/ethnic groups do, perhaps due to strong stigma related to mental illness. Emotional problems are viewed as shameful and distressing and this may limit help-seeking behaviors. Asian Americans also tend to rely on family to handle problems.[9]
- Asian American and Pacific Islanders are concerned about negatively affecting their social network which keeps them from seeking help.[10]

Ethnic and Cultural Considerations

- For nearly half of Asian Americans and Pacific Islanders, access to the mental health care system is limited due to their lack of English proficiency and to a shortage of providers with appropriate language skills.[11]

- Many Asian American and Pacific Islander cultures view the psychological and physical as highly interconnected, unlike the common view in Western cultures. Asian Americans and Pacific Islanders may be more likely to express emotional distress through physical problems and to believe that physical problems cause emotional disturbances.[12]
- In Asian Americans, suicide risk increases with age. Some explanations for the increase are related to difficulties adapting to the U.S. culture. Elders are not treated with the level of respect of their native cultures and may feel burdensome. Many Asian American men who are in the U.S. without their families are isolated not just from family but also culture.[13]

Strengths and Protective Factors

- Confucianist, Buddhist, and Taoist beliefs may contribute to lower suicide rates among Asian Americans, since they emphasize interdependence and interconnectedness and the group over the individual. On the other hand, suicide may be condoned if it protects the family from shame or disgrace.[14]

Notes

The term "Asian Americans and Pacific Islanders" includes many racial, ethnic, and cultural groups. We used the term because the majority of data and research use this category.

The Suicide Prevention Resource Center (SPRC) collaborated with the Suicide Prevention Action Network (SPAN) USA to produce fact sheets on suicide in various American populations – American Indians/Alaska Natives, Asian Americans/Pacific Islanders, Black Americans, and Hispanic Americans. All facts sheets are available at www.sprc.org.

The National Strategy for Suicide Prevention emphasizes that cultural appropriateness is a vital design and implementation criterion for suicide prevention activities. SPRC and SPAN USA hope these fact sheets advance the work of those continuing to strive for cultural effectiveness.

References

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[2] Ibid.

[3] Ibid.

[4] Frisbe, P. W., Cho, Y, & Hummer, R. A. (2001). Immigration and the health of Asian and Pacific Islander adults in the United States. *American Journal of Epidemiology, 153*(4), 372-80.

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[14] Ibid.

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