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A Silent Epidemic: Prevalence of Suicide Among Asian American Adolescents

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The suicide rate among Asian American adolescents has sharply increased in recent years. This article examines the factors which influence suicidal ideation, predictors of suicide, and treatment approaches for Asian American adolescents. It is imperative that mental health professionals understand the risk factors which may predict suicidal ideation. Predictors of suicide for Asian American adolescents include mental health issues, family dynamics, and academic and societal expectations and perceived pressures. Asian American adolescents report higher levels of depression and anxiety than their European American counterparts. The risk of suicide is likely to decrease when Asian American adolescents have supportive families. In academic settings, the model minority image can be detrimental to the mental health of Asian American adolescents which may lead to depression and potentially suicide. Social identity and religious beliefs are societal factors which may contribute to the incidence of suicide among Asian American adolescents. Mental health practitioners should be knowledgeable about these unique suicide prevention and intervention strategies to help reduce the incidence of suicide among Asian American adolescents. The Collaborative Assessment and Management of Suicidality (CAMS) model can be utilized by mental health professionals for suicide risk management and prevention with Asian American adolescents. Intervention programs which may be effective for Asian American adolescents at risk for suicidality include the Penn Resiliency Program (PRP), BeyondBlue, Problem Solving for Life (PSFL), and Depression in the Classroom.

Keywords: Adolescents, Asian American, Depression, Collaborative Assessment and Management of Suicidality, Suicide

According to Humes, Jones, and Ramirez (2011), the term *Asian Americans* refers to a panethnic group that incorporates an exceedingly diverse group of populations, with ancestral roots in East Asia, Southeast Asia, and/or South Asia. Approximately 50 distinctive Asian American ethnic groups, comprised of over 2% of the general population which communicate in a variety of different languages, reside in the United States (Baruth & Manning, 2003). Asian Americans and Pacific Islanders include the following cultures: Vietnamese, Korean, Chinese, Asian Indian, Filipino, and Japanese. Pacific Islanders are considered Hawaiians, Guamanians, and Samoans. Thus, each ethnic group varies in distinct lifestyles, cultures, histories, and views and interpretations of mental health and suicide (Baruth & Manning, 2016).

Kuroki (2016) highlighted the importance of examining the ethnic variation in suicidal behaviors among Asian Americans. Suicide rates were examined for the six largest Asian American groups: Filipino, Japanese, Vietnamese, Indian, Chinese, and Korean. The findings indicated that suicide rates for Indian and Filipino American females (1.5-1.8 per 100,000) were smaller than for Korean and Japanese American females (8.1-5.0 per 100,000). Korean and Japanese American males had the highest suicide rates when compared to males of the other aforesaid Asian groups.

Suicide has been rising at an alarming rate among Asian Americans (Duldulao, Takeuchi, and Hong, 2009; Heron, 2011). Kisch, Leino, and Silverman (2005) found that when compared to European Americans, Asian Americans had a higher rate of suicidal thoughts. Duldulao et al. (2009) found that Asian American women had

elevated rates of suicide (15.9%) when compared to the general United States population (13.5%).

In the United States, suicide is the 10th leading cause of death among all racial groups (American Foundation for Suicide Prevention, 2015); however, for Asian Americans suicide is the 8th leading cause of death (Xu, Kochanek, Murphy, & Tejada-Vera, 2010). Among Asian Americans, suicide is the second leading cause of death for individuals aged 15-24 and the third leading cause of death for individuals aged 25-34 (Heron, 2011; Xu et al., 2010). Asian Americans aged 20-24 had the highest suicide rate (12.44 per 10,000); furthermore, the suicide rate for Asian-Americans (6.10 per 10,000) is about half that of the national suicide rate (11.5 per 10,000) (American Foundation for Suicide Prevention, 2015; Heron, 2011; Xu et al., 2010).

The suicide rate among Asian American adolescents has sharply increased in recent years. For Asian Americans between the ages of 15-19, suicide is the second leading cause of death (Wong & Maffini, 2011). However, suicidal ideation is understudied among Asian Americans (Leong, Leach, Yeh, & Chou, 2007). Therefore, in this article, we will specifically examine the factors which influence suicidal ideation, predictors of suicide, and treatment approaches for Asian American adolescents.

Suicidal Ideation

Asian Americans are more likely to contemplate and attempt suicide in comparison to their European American peers (Anderson, Lowry, & Wuensch, 2015; Chu, Hsieh, & Tokars, 2011). While mental illness plays a role in suicidal ideation for Asian Americans, it is not the predominant risk factor (Chu, Chi, Chen, & Leino, 2014; Wong, Uhm, & Li, 2012). Suicidal ideation is a sociocultural response (Chu et al., 2014), meaning social and cultural factors are directly related to ideation in Asian Americans. Often, Asian Americans hide their ideations and are the least likely demographic to seek professional help (Chu et al., 2011). Asian Americans who have serious suicidal ideations may underestimate the importance of their condition; and, as a result, are less likely to receive the appropriate level of attention and support (Chu et al., 2011). According to Cheng et al. (2010), mental health professionals must first understand the risk factors that predict suicidal ideation; then

subsequently develop proper prevention and intervention plans.

Predictors of Suicide

Among adolescent Asian Americans, there are many factors that can predict suicidal ideation and suicide. The role of mental health issues, family dynamics, and academic and societal pressures as predictors of suicide among Asian American adolescents will be examined.

Mental Health

With the increased rate of suicide among Asian American adolescents, it is imperative to explore the issue of depression. Among Asian Americans, depression can create a fear of bringing shame and discord within the family. In collectivistic cultures, such as Asian cultures, a strong emphasis is placed on the family unit and individual accomplishments and failures reflect the family. Furthermore, research has demonstrated that Asian cultures show less tolerance for mental disorders than European cultures; the diagnosis of a mental disorder reflects a deviation from the social and cultural norms (Botha, Shamblaw, & Dozois, 2017). This stigma of psychological disorders and perceived shame on the family unit may elevate levels of depression among adolescents, thus increasing the probability of suicide. This is further enhanced because individuals with more collectivist values tend to be easily influenced by and adhere to perceived social and cultural norms.

These collectivist views can further exacerbate depression because Asian American adolescents may be less likely to seek treatment and to use medication for depression and other psychiatric disorders, therefore suffering longer and more severely which may ultimately lead to suicide. However, factors which inhibit help-seeking behavior for depression include lack of willpower to seek treatment, lack of financial resources, and lack of culturally competent services (Dieu, 2016). Asian American adolescents are also more concerned with saving face and preserving the family name, thus believing that admitting to suffering from depression may cause them, as well as the entire family unit, to seem unfavorable to others in society. It can then be inferred that Asian American adolescents who do not adhere to collectivistic values are more likely to seek treatment, take medication, and feel less shame

about suffering from depression, could decrease the incidence of suicide.

Asian American adolescents report higher levels of depression and anxiety than their European American counterparts. Prolonged anxiety is a major predictor of depression. According to Arora, Wheeler, Fisher, and Barnes (2017), Asian American adolescents who experience symptoms of anxiety are also more likely to struggle with depression one year later. There may be a positive relationship between the length of incidence of depressive symptoms and the severity of the depression; the longer one is depressed, the more depressed one is likely to become. Thus, it is important to reduce anxiety and depression, as well as prevent these disorders from occurring in the future, particularly to protect against the occurrence of suicide. Protective factors which may mitigate anxiety and depression include parental, peer, and teacher support, and engagement in school activities

Family Dynamics

The family unit is an important factor in the lives of Asian American adolescents which may have positive and negative effects on psychological well-being. Asian American adolescents who experience intergenerational conflict within their families are up to 30 times more likely to be at risk for suicide (Chu et al., 2017). According to Huang, Calzada, Cheng, Barajas-Gonzalez, and Brotman (2016), parents who place value on independence reduce the incidence of behavioral problems and increase the incidence of positive adaptive behavior among Asian American children. Immigrant parents usually experience some level of acculturation in which they adopt beliefs and behaviors of Western society. Children of parents who do not acculturate are more likely to experience mental health and behavioral problems. Conversely, when parents adopt more authoritative styles of parenting through acculturation, such as being responsive and nurturing to their children, this may lead to lower levels of mental health and behavioral problems. Mental health and behavioral issues, or lack thereof, can transfer from childhood into adolescence, which may be an indicator of how parenting and family dynamics affect adolescents.

According to Campos, Ullman, Aguilera, and Schetter (2014), families who are supportive, close, and warm may contribute to optimal mental health in Asian American adolescents. Therefore, the risk

of suicide is likely to decrease when Asian American adolescents have supportive and close-knit families. However, Asian American adolescents who believe that there is no social support within the family and the community may experience adverse mental health. Asian American adolescents who feel close to their family, without expressions of love, mutual understanding, guidance, and availability to do fun activities, may suffer psychologically.

Asian parents may have high standards for their children pertaining to the necessity of retaining cultural traditions and values if these parents do not acculturate into Western society. The pressure to retain their family's culture while attempting to individually acculturate into Western society may have negative consequences for Asian American adolescents. If Asian parents demonstrate more disapproval rather than support and acceptance, then Asian American adolescents are more likely to experience internalized guilt, which may lead to psychological distress and later suicide (Wong & Maffini, 2011).

Pressures

Academic. The importance some Asian cultures, such as the Chinese, place on educational success may have an adverse impact on the well-being of Asian American adolescents who experience alienation in school. Asian American girls experience stricter parental control over their school activities and social lives. While these adolescents may have positive experiences and relationships in school, the strict nature of Asian parents may precipitate stress and lead to a decrease in psychological well-being. Asian American girls are also more likely to be subject to social pressures in school, such as feeling pressured to wear fashionable clothes or express interest in boys, which is the antithesis of their parent's cultural values (Wong & Maffini, 2011).

The model minority image of Asian Americans, particularly in academic settings, can be detrimental to Asian American adolescents' mental health, especially if they cannot meet their peers' and teachers' standards. When peers and teachers expect Asian American students to excel in science and math, to be studious, and set the precedent for the grading curve, Asian American adolescents who do not or cannot meet these standards can be negatively affected, potentially becoming depressed

and possibly considering and committing suicide. These students may perform poorly on tests and decide not to ask for help from teachers when they are struggling academically since they are usually expected to exceed academic standards. Over 99% of Asian American adolescents have experienced this stereotype at least once (Kiang, Witkow, & Thompson, 2016); however, this model minority image can have positive effects as well. For some students, the model minority stereotype can lead to higher perceived academic performance, school valuing, positive relationships, and self-esteem (Kiang et al., 2016).

Societal. Individual well-being is often linked to one's interpersonal relationships in Asian cultures, and the negative consequences of thwarted belongingness, or lack of sense of belonging, may lead to a gradual suicide risk in Asian American adolescents (Carrera & Wei, 2017; Wong & Maffini, 2011). All individuals have a social identity, and some individuals' identity may also include racial and ethnic factors; for Asian Americans, having a strong racial and ethnic identity can protect against the discrimination and prejudice experienced from others in society. This enhanced social identity tends to decrease Asian Americans' rates of attempted and completed suicide (Ai, Nicdao, Appel, & Lee, 2015). However, when looking at the effects of discrimination paired with racial ethnic identity, from a cultural standpoint, some Asian Americans may be more likely to identify more with Westernized culture because they may experience guilt or embarrassment about their own culture (Ai et al., 2015). This could be even more prevalent among Asian American adolescents who are torn between retaining their family's culture and adopting Westernized culture and societal norms.

Another aspect which may contribute to the incidence of suicide among Asian American adolescents is religious beliefs; pressure from family, friends, and peers to adhere to a specific religion can be detrimental to the mental health of any adolescent. This may also be enhanced by the beliefs of the religion in question about suicide. Buddhism is especially popular among Asian cultures, such as Chinese, Taiwanese, Japanese, and Mongolian, and is the third largest religion practiced in the United States following Christianity and Judaism. In Buddhism, taking one's life rather

than attempting to purify the mind and achieve nirvana leads to the rebirth into a lower level of life and future anguish (Lizardi & Gearing, 2010). Other religions common among Asian cultures are Taoism and Confucianism, which also hold negative views of suicide (Chu et al., 2017). If Asian American adolescents follow this belief system, they may be less likely to attempt and complete suicide; however, if they do not possess strong religious beliefs, or hold no value in religion at all, they could be more likely to attempt and complete suicide.

Treatment

Treatment is an integral part of working with any population suffering from depression and suicidal ideation. However, it is imperative to discuss treatment modalities and treatment plans for Asian American adolescents since they contemplate and attempt suicide more often than their European American counterparts. As a result, practitioners must have prevention and intervention plans in place to reduce the incidence of suicide among this population. This section of the article includes discussion regarding the utilization of the CAMS model, what counselors should consider culturally when working with suicidal Asian American clients, and the utilization of other therapies and intervention programs to prevent and reduce the incidence of suicidality.

CAMS Model

The CAMS, or Collaborative Assessment and Management of Suicidality, model may be an effective approach when engaging in risk management and prevention for Asian American adolescents (Choi, Rogers, & Werth, 2009). The CAMS model is used to foster deeper meaning of the risk factors and feelings of suicide for the client, as well as help to differentiate between reasons for living and wanting to die. The mental health professional and the client work collaboratively to identify the risk factors leading to the client's feelings and desires of suicide, including psychological pain, stress, hopelessness, and self-hatred. The mental health professional and client also work to develop a plan for maintaining the safety of the client and resolution of the issues related to the suicidality of the client. This model can be beneficial for Asian American adolescents because it provides a framework to enhance the

understanding of cultural factors that may be related to suicidality in multicultural clients (Choi et al., 2009).

The CAMS model also assists the mental health professional with distinguishing between depression and the suppression of positive feelings which may be evident in some Asian cultures by identifying factors that clients feel good about in their lives (Choi et al., 2009; Kim-Goh, Choi, & Yoon, 2015). As previously discussed, acculturation can also have an influence on how Asian American adolescents express distress. This model can help clients and mental health professionals understand how many Asian American adolescents view depression and suicide based on the clients' level of acculturation into Western society.

Cultural Considerations

Mental health professionals should remain cognizant of their own views and knowledge of different cultures, and acknowledge any biases or stereotypes they may possess about Asian Americans. For example, mental health specialists who perceive Asian Americans as shy may form an inaccurate assumption about Asian American clients who exhibit social withdrawal behaviors, rather than exploring the behavior on a deeper level. Thus, problems with suicidal clients may be ignored, such as an assumption by a counselor that all Asian American adolescents come from supportive families and therefore overlook any possible suicidal ideation (Kim-Goh et al., 2015).

Mental health professionals should also be cognizant of the fact that reluctance from a client to disclose information does not mean that the client is not invested in therapy. Individuals from collectivistic cultures tend to avoid expressing their emotions and feel as though sharing negative emotions and behaviors with others may bring shame upon their family. Mental health specialists who view this behavior as unresponsive or an unwillingness to engage in therapy risk harming the counseling relationship and the client (Kim-Goh et al., 2015).

Other potential barriers to consider are the client's level of acculturation and how that can impact the client's worldview in regard to depression, suicide, and psychological services; in addition to intergenerational conflicts and family dynamics. Thus, a mental health professional who

possesses multicultural competency and knowledge about the different Asian cultures and the coinciding complexities is likely to work more effectively with Asian American clients who suffer from suicidality (Kim-Goh et al., 2015).

Language barriers may also contribute to incongruence within the therapeutic relationship, which may lead to client resistance among Asian Americans. In addition to linguistic communication barriers, nonverbal forms of communication may be problematic. For example, not having a bilingual practitioner proficient in casual and social forms of the language, may cause a rift between the client and mental health professional (Kim-Goh et al., 2015).

Asian American clients often prefer a more direct approach to therapy, rather than focusing on their own insight; however, each client is different, and the mental health professional must take this into consideration when beginning therapy with an Asian American adolescent. For suicidal clients who want direct advice or quick solutions to their problems, Westernized methods of therapy may not be congruent with what they desire. Thus, this could also lead to a withdrawal by the client and a further internalization of the suicidal thoughts (Kim-Goh et al., 2015).

Mental health professionals can utilize the Multidimensional Model for Developing Cultural Competence, which focuses on the core elements of cultural competence, culturally responsive services, and the specific race or culture to which the services apply (Substance Abuse and Mental Health Services Administration, 2014). Asian Americans are included in this model, which contributes to its effectiveness with Asian American adolescent clients. Additional suggestions for providing thorough and culturally competent mental health services for Asian American adolescents include developing culturally-specific questionnaires and trauma assessments, visiting the clients at home to improve family involvement, utilizing acupuncture or other practices for detoxification, and emphasizing relationship building for clients (Substance Abuse and Mental Health Services Administration, 2014).

Therapies and Interventions

A therapeutic approach that has proven to be effective with Asian American adolescents is cognitive behavioral therapy (CBT). According to

Kim-Goh et al. (2015), this form of therapy can be used with clients who have been dealing with long-term conflicts within themselves or with others, such as parents. CBT is used to bring forth negative thoughts, understand those thoughts, and change them into more positive thoughts; the same process is utilized for negative or irrational behaviors. Other forms of therapy that can be used with Asian American adolescents are acceptance and commitment therapy, dialectical behavior therapy, and mindfulness-based therapy, as these methods fit well with Asian cultural beliefs and values pertaining to mental health (Hall, Hong, Zane, & Meyer, 2011). The concept of mindfulness has roots in Buddhism and Asian practices, and has been gaining support among mental health practitioners as a viable treatment for depression, anxiety, trauma, and other mental health problems (Hall et al., 2011; Kim-Goh et al., 2015).

According to Dieu (2016), the Penn Resiliency Program (PRP), BeyondBlue, Problem Solving for Life (PSFL), and Depression in the Classroom are several intervention programs that can be effective for Asian American adolescents who suffer from depression and suicidality. The PRP is a program that integrates positive psychology and optimism through cognitive therapy to help adolescents become aware of their thoughts, determine how helpful these thoughts are, and work to make the thoughts more helpful and accurate. This program helps to enhance coping skills among adolescents, which can be beneficial for depressed or suicidal adolescents. The program has been evaluated among various ages and cultural backgrounds, making it an appropriate and effective intervention for Asian American adolescents. BeyondBlue is a program which aims to strengthen bonds between the family, community, and school, which are protective factors of suicide and depression in Asian American adolescents. BeyondBlue also gives adolescents more access to school and community services, and provides opportunities for Asian American adolescents to seek help and enhance their resiliency and coping skills.

PSFL is another cognitive behavioral approach for Asian American adolescents used to help them confront stressors rather than internalize the distress and become withdrawn. PSFL teaches problem-solving skills and how to acquire positive attitudes toward solving problems and coping with stressors.

This program helps to address Asian American adolescents' use of avoidant behavior when problem solving, which lessens the desire to internalize their distress due to fear of bringing shame upon the family. PSFL may also help to increase Asian American adolescents' assertiveness and foster a newfound sense of empowerment and self-advocacy. Depression in the Classroom is used to increase teachers' and school staff's knowledge of depression through lectures, which can lead to a wider support system and comfortability for Asian American adolescents who are struggling with depression and may be contemplating suicide. These lectures also address cultural factors, including Asian cultures; thus, Asian American adolescents can directly benefit from this intervention program (Dieu, 2016).

Implications

The first step in developing suicide prevention and intervention strategies for Asian Americans is to understand their risk factors for suicide. Factors associated with mental health and help-seeking attitudes which impact Asian Americans include acculturative stress, ethnicity, gender, a sense of hopelessness, marginalization, and familial and intergenerational conflicts (Atkinson & Gim, 1989; Chen, Sullivan, Lu, & Shibusawa, 2003; Chung, 2001; Suinn, 2010). Barongan (2008) found additional identifying risk factors that contribute to suicide among Asian Americans which include feelings of remorse, seclusion, or inadequacy; pressure to meet high academic expectations (i.e. perfectionism); discrimination; questioning one's sexual orientation; previous suicide attempts or thoughts of suicide; loss of a loved one; an inability to appropriately express feelings; and deficient skills in problem solving. Therefore, it is imperative to educate the public and mental health professionals about these cultural and adaptation issues of Asian Americans.

Limited research is available when examining the relationship between acculturation and suicide (Chen et al., 2003; Cho, 2003; Miller, Yang, Hui, Choi, & Lim, 2011; Suinn, 2010). Research suggests that there is a strong relationship between identification with an individual's culture of origin and suicidal ideation (Cho, 2003). Asian Americans who experience a high level of acculturation conflict may benefit from seeking social support with those that share similar

experiences (Miller et al., 2011; Shim & Schwartz, 2008; Suinn, 2010). Also, it is important to educate Asian families about the acculturation gap and help them normalize, recognize, and validate that part of immigrating to a new culture is adjusting to the new ways of life. This, in turn, may help to alleviate stress experienced by Asian American parents and adolescents (Lee, Choe, Kim, & Ngo, 2000; Lee, Su, & Yoshida, 2005).

Conclusion

In recent years, the suicide rate among Asian American adolescents has sharply increased. However, this population continues to remain understudied and undertreated by mental health specialists. It is imperative that mental health professionals understand the risk factors that predict suicidal ideation. Furthermore, they must become knowledgeable about suicide prevention and intervention strategies to help reduce the incidence of suicide among Asian American adolescents. In order to further understand the complexity of suicidality among adolescent Asian Americans, it is important for research to be increased in this area.

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