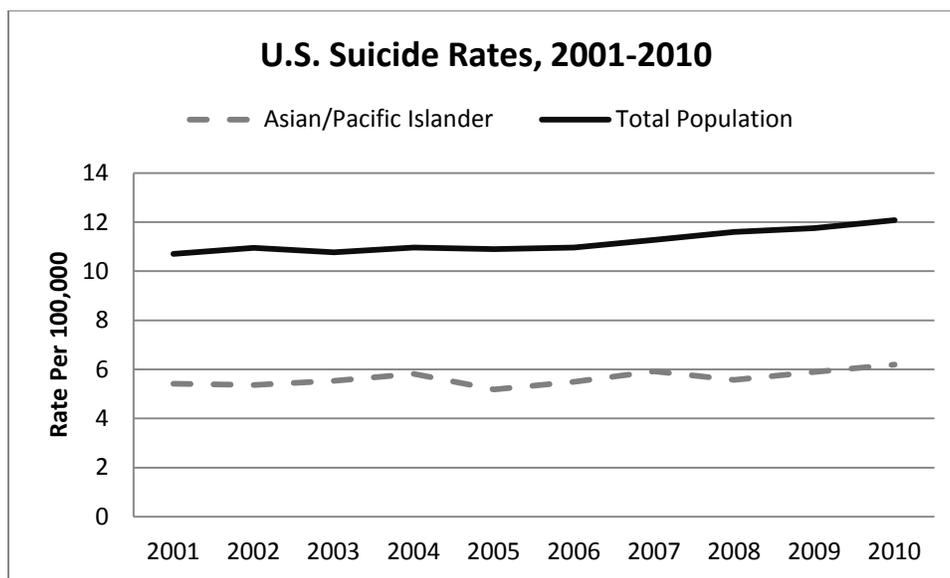


# Asians, Pacific Islanders, and Native Hawaiians



This fact sheet is one in a series that summarizes data and research on suicidal behavior among particular racial and ethnic populations.\* The Office of Management and Budget (OMB) defines *Asian*<sup>†</sup> as 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.<sup>1</sup> In 2010, Asians comprised 4.8% of the U.S. population and Native Hawaiian or Other Pacific Islanders comprised 0.2%.<sup>2, 3</sup>

The national suicide mortality data set combines Asians, Native Hawaiians, and Other Pacific Islanders into one group, which is why we present combined data below. Whenever possible, however, we present separate data for each of these groups. However, we are not able to provide data on people in these groups who are of multiple racial/ethnic backgrounds because the national suicide data sets put all people of multiple races into a single category.



Source: CDC, 2010 Fatal Injury Reports.

## Mortality Data

The Centers for Disease Control and Prevention (CDC) reports the following statistics:<sup>4</sup>

- 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.
- Suicide was the 10th leading cause of death for Asians/Pacific Islanders and the 2nd leading cause of death for youth ages 15 to 24.

\* Visit <http://www.sprc.org> for the other fact sheets on suicide among different racial/ethnic populations.

<sup>†</sup> Because most of the Federal data sources used in this sheet use the term *Asian* rather than *Asian American*, we are using *Asian* throughout the sheet.

## Suicide Deaths: Rates per 100,000

Age	Asian/Pacific Islander Rates		U.S. Rates	
	Males	Females	Males	Females
Total	9.42	3.43	19.78	4.99
15-24	10.41	3.42	16.90	3.89
25-34	11.49	4.14	22.50	5.34
35-64	11.45	4.69	27.64	8.21
65-84	13.90	4.04	26.89	4.36
85+	29.76*	6.57*	47.33	3.27

\* Number of deaths too low for precision

According to a recent report, Native Hawaiians living in Hawaii who were between the ages of 15 and 44 had a significantly higher suicide death rate than the other three main racial/ethnic groups, but those over 45 had a much lower rate than Whites, the same rate as Japanese, and a higher rate than Filipinos.<sup>5</sup>

## Suicidal Behavior

### Adults

Asian, Native Hawaiian, and Other Pacific Islander adults ages 18 or older who responded to a national survey reported similar rates of suicidal behavior compared to adults in the total U.S. population.<sup>6</sup>

### Results of 2011 National Survey of Drug Use and Health

"In the past year have you:"	Asians	Native Hawaiians & Other Pacific Islanders	Total U.S. Population
Had serious thoughts of suicide	2.9%	*	3.7%
Made suicide plans	1.0%	0.2%	1.0%
Attempted suicide	0.9%	0.2%	0.5%
Gotten medical attention for a suicide attempt	0.7%	*	0.3%

\* No reliable estimate was possible due to an inadequate number of responses.

The *lifetime* prevalence of *suicidal ideation* and *suicide attempts* of Asians has been placed at 9.02% and 2.55%, respectively. Those rates are lower than in any other racial/ethnic group.<sup>7</sup>

Asians who immigrated to the United States as children have higher rates of *suicidal ideation* and *suicide attempts* than U.S. born Asians. Asians who came as adolescents and adults have lower rates than either of those groups.<sup>8</sup>

### Youth

Asian and Native Hawaiian and Other Pacific Islander high school students report higher rates of suicidal behaviors than the general population of U.S. high school students:<sup>9</sup>

**Results of 2011 Youth Risk Behavior Survey of high school students:**

<b>"In the past 12 months have you:"</b>	<b>Asians</b>	<b>Native Hawaiians &amp; Other Pacific Islanders</b>	<b>Total U.S.</b>
<b>Had serious thoughts of suicide</b>	18.9%	16.7%	15.8%
<b>Made suicide plans</b>	14.4%	13.4%	12.8%
<b>Attempted suicide</b>	10.8%	9.9%	7.8%
<b>Gotten medical attention for a suicide attempt</b>	4.5%	*	2.4%

\* No reliable estimate was possible due to an inadequate number of responses.

In addition, more Asian female students reported suicidal thoughts and behaviors than Asian male, White female, or White male students. The numbers of Native Hawaiian and Other Pacific Islander female and male students were too low to determine reliable rates.

<b>"In the past 12 months have you:"</b>	<b>Asians</b>		<b>Whites</b>	
	<b>Females</b>	<b>Males</b>	<b>Females</b>	<b>Males</b>
<b>Had serious thoughts of suicide</b>	21.1%	17.1%	18.4%	12.8%
<b>Made suicide plans</b>	15.6%	13.3%	13.7%	10.6%
<b>Attempted suicide</b>	15.0%	7.0%	7.9%	4.6%
<b>Gotten medical attention for a suicide attempt</b>	5.1%	4.0%	2.2%	1.5%

In a national population-based study, about 62% of Asians who attempted suicide reported that their first suicide attempt occurred when they were under 18 years of age.<sup>10</sup>

In a survey of students attending high schools in Hawaii, Native Hawaiians had a significantly higher lifetime prevalence rate for suicide attempt (12.9%) than non-native Hawaiian students (9.6%).<sup>11</sup> In another survey of Hawaiian high school students, Native Hawaiians (11.5%) and Filipinos (13.6%) had more than twice the rate of suicide attempts in the past 12 months than Caucasians (5.6%).<sup>12</sup>

**Strengths and Protective Factors**

Across all populations, some of the most significant protective factors are:<sup>13, 14</sup>

- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

In addition, research has shown the following to be among the most significant protective factors in Asian, Native Hawaiian, and Other Pacific Islander populations:

**Cultural identification:** Among Asians, higher levels of identification with Asian culture, such as a sense of belonging and affiliation with spiritual, material, intellectual, and emotional features of Asian culture, have been associated with a 69% reduction in the risk of suicide attempt.<sup>15</sup>

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**Family relationship:** Among Native Hawaiian and Other Pacific Islander youth, strong and supportive family relationships and higher levels of family cohesion, family organization, and parental bonding have been related to lower risk of lifetime suicide attempt.<sup>16</sup>

Among Asians, family cohesion and parental support were associated with lower levels of suicidal ideation.<sup>17,18</sup>

**Help seeking with native healers:** Although Native Hawaiian youth do not seek help for their mental health problems from physicians as often as other groups, they do seek help from Native Hawaiian healers more often than other groups.<sup>19</sup> Youth who had stronger Hawaiian cultural identification were more likely to use Native Hawaiian healers for mental health issues.<sup>20</sup>

### **Risk Factors**

Across all populations, some of the most significant risk factors are:<sup>21, 22</sup>

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to a means to lethal means

For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups, problems at work, financial hardships, legal difficulties, and worsening health.

In addition, research has shown the following to be among the most significant risk factors in Asian, Native Hawaiian, and Other Pacific Islander populations:

**Family conflict:** High levels of family conflict, such as witnessing family violence or experiencing low levels of family support, have been associated with suicide risk in Asian and Native Hawaiian populations.<sup>23, 24</sup>

Among Asian youth and college students, family problems and conflict, especially parent-child conflict, play a very significant role in increasing risk for suicidal ideation.<sup>25, 26</sup>

Family conflict created greater risk for suicidal behavior among less acculturated Asian adolescents compared to those who were very acculturated.<sup>27</sup>

**Acculturation:** A study of Native Hawaiian youth found a small but statistically significant risk for attempting suicide in adolescents who had greater affiliation with Hawaiian culture. This may be due to increased cultural conflict and stress of being culturally Hawaiian in a Western environment.<sup>28</sup>

One 10-year study of high school youth found that the high rate of suicidal behavior among Pacific Islanders, including Native Hawaiians may be related to cultural conflict and stress in acculturating. Non-Hawaiian Pacific Islanders living in the United States have had to deal with cultural barriers that cause loss of ethnic identity. Native Hawaiians have had to deal with colonialism similar to other native peoples, which has led to a significant change in values and a negative effect on family structure, health, and well-being.<sup>29</sup>

**Discrimination:** *Asians* reporting that they are racially discriminated against have been found to be more likely to have a psychiatric disorder.<sup>30</sup>

Immigrant *Asian* populations may be hampered in the U.S. mental health system by discriminatory attitudes and language proficiency issues.<sup>31</sup>

*Asian* college students who perceive discrimination report higher rates of suicidal ideation<sup>32</sup> and suicide attempts,<sup>33</sup> and *Asian* adults who perceive discrimination have also reported higher rates of suicidal ideation and attempts.<sup>34</sup>

Mental health services access and use: 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. Two studies found that *Asian* adults and college students were less likely than other racial groups to seek professional psychological help for suicide ideation<sup>35, 36</sup>

*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 Whites.<sup>37</sup> *Asians* are more likely to use informal support systems than formal services for help with mental health problems.<sup>38</sup>

In a large national survey, *Asians/Pacific Islanders* who reported suicidal thoughts or attempts were less likely than Hispanics, Blacks, or Whites to seek or receive psychiatric services.<sup>39</sup>

***Percentages of adults who did not seek or receive any psychiatric services in the year prior to having suicidal thoughts or attempts:***

	<b>Asian/Pacific Islanders</b>	<b>Hispanics</b>	<b>Blacks</b>	<b>Whites</b>
Suicidal Thoughts	84.1%	61.6%	59.7%	42.8%
Suicide Attempts	70.1%	45.7%	57.8%	24.1%

The “model minority” myth that Asians are the most successful (academically, economically, and socially) of all the racial/ethnic minority groups in the United States not only hides the racism and discrimination that many experience, but it also masks the psychological issues Asians deal with and perpetuates the stigma that keeps them from seeking mental health services.<sup>40</sup>

Poor academic achievement: Two studies of Asian college students in the United States found that poor academic performance and anxiety about performing well enough was a major risk factor for suicidal ideation.<sup>41, 42</sup>

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