



**Tennessee Suicide  
Prevention Network**

*"Saving Lives in Tennessee"*

## Suicide and Asian-Americans/ Pacific Islanders

- Between 1999 and 2004 there were 27 reported suicides among Asian-Americans and Pacific Islanders (AA/PI) in Tennessee, at a rate of 6.56 per 100,000. This is higher than the national AA/PI rate of 5.40 per 100,000, which itself is roughly half of the overall U.S rate of 10.75 per 100,000.
- During this period, suicide was the fifth-leading cause of death among AA/PIs in Tennessee (as compared to the eighth-leading cause nationally) and the fourth-leading cause of death within the 10-24 age group (as compared to the second-leading cause nationally).
- Firearms were the most common means of death employed by AA/PI suicide victims in Tennessee between 1999 and 2004, used in 37% of the deaths. Suffocation was the second-most common method at 25.9%. Nationally, firearms were a factor in only 27.4% of AA/PI suicide deaths, with suffocation the leading method at 42.3%.
- The highest rate occurs among males over the age of 85, at 27.4 per 100,000.
- Asian American women have the highest suicide rate among women 65 or older. For women over the age of 75, the AA/PI suicide rate is roughly twice the white rate and over six times the black rate. It has been suggested that the stress of cultural adaptation and the relative lack of respect for the elderly in Western cultures may be a factor in the rise of suicide risk with age.
- During the 1980s, the United States' AA/PI population doubled, making it America's fastest-growing racial/ethnic group, followed by Hispanics. Three-fourths of this population boom can be attributed to immigration. The rapid growth in the nations AA/PI is expected to continue, with another doubling by 2009. Post-traumatic stress disorder is common in the AA/PI refugee community.
- According to the CDC's most recent Youth Risk Behavior Survey, AA/PI high school students were just as likely as black, white, and Hispanic teenagers to consider and attempt suicide.
- Mental health support is generally not socially acceptable within Asian-American/Pacific Islander (AA/PI) cultures, and many troubled or suicidal individuals wait to seek treatment until symptoms reach crisis levels. They are significantly less likely to share their mental health concerns with friends, relatives, doctors, or mental health professionals.
- Nearly one out of two Asian American/Pacific Islanders will have problems using mental health treatment because they do not speak English or cannot find services that meet their language needs.
- Many AA/PI cultures regard the mind and body as interconnected, unlike most Western cultures. Members of this group may be more likely to express emotional distress through physical complaints and to attribute the cause of emotional problems to a physical ailment.
- 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.

Sources: 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., 334-5.

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