Suicide Prevention and Intervention for Asian American and Pacific Islander College Students

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Today's Presentation

- Who is AAPI?
- What we know
- Barriers to Care
- Risk and Protective Factors
- Populations with Specific Vulnerabilities
- Three Levels of Prevention
- Suicide and Depression Intervention Skills
- Recommendations
- Discussion/Questions

Who is AAPI? (AANHPI)

- Difficult to discuss as a cohesive group: 50 distinct ethnic groups
- Over 20 major religions:

  e.g. Hinduism, Buddhism, Sikhism, Catholicism, Taoism, Confucianism, Protestant Christianity, animism, and polytheism.
- Recent immigrants to 4th generation AANHPIs in the U.S.
- Complex set of social realities for individuals and communities
- Need to disaggregate data

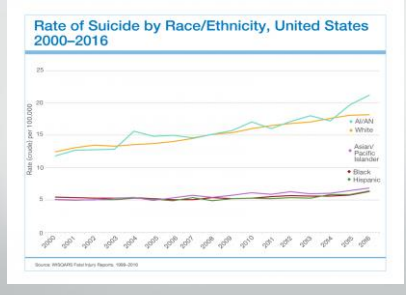
APA 2018
SAMHSA 2016

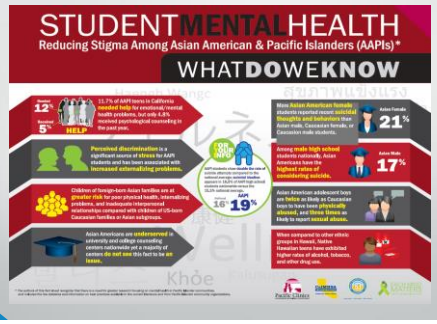
College Population

- API college students demographics
  - Many are first generation college
  - Wide gaps in social class
  - Different retention issues
  - Underserved, related to model minority myth
- International Asian college students
  - Particular stressors
  - Increased stigma and unfamiliarity with MH services
  - May have different idioms of distress

What we know

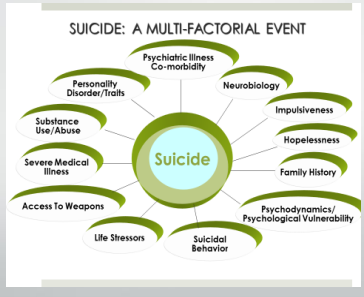
- 2nd leading cause of death for AA aged 15-34
- Among all AA, those aged 20-24 had highest suicide rates (APA, 2018)
- Low mental health utilization rates
- Specific vulnerabilities such as PTSD, exposure to intimate partner violence, untreated mental illness





Barriers

- Stigma
- Economic
- Idioms of Distress
- Acculturative Stress
- Access to culturally competent care (cultural and linguistic)
- May wait longer to access services – may explain higher acuity



Risk and Protective factors (with all populations)

- Impulsivity (vs. self-restraint)
- Substance abuse (vs. healthy coping skills)
- Significant loss
- Interpersonal isolation (vs. strong social support)
- Burden to others (vs. healthy responsibility towards others)
- Health problems (vs. good health)
- Physical pain
- Legal problems
- Other psychosocial stressors (i.e., academics)
- Shame (vs. self compassion)
- Static risk factors (vs. current protective factors spiritual/moral beliefs against suicide, hopefulness, motivation for tx, etc.)

Factors Associated With Suicidal Thoughts & Attempts Among Asian-Americans (APA, AAPA 2012)

Risk factors	Protective factors
Mental Illness: The presence of depressive and anxiety disorders is one of the best predictors for suicidal thoughts.	**Ethnic group identification:** A strong identification with one's ethnic group is a protective factor against suicide attempts.
Social Factors: Family conflict, viewing one's self as a burden to others, and experiences of discrimination predict increased suicidal thoughts and attempts.	**Family cohesion and support:** Strong family cohesion and parental support are protective factors against suicidal thoughts for adults and adolescents, respectively.
Chronic Medical Conditions: Men with chronic medical conditions are at greater risk for suicidal thoughts than those without chronic medical conditions.	

Population specific vulnerabilities

- Southeast Asian Americans
- South Asians
- Pacific Islander Populations

- Social context
- Immigration and history
- Specific vulnerabilities
- Health disparities

Southeast Asian Americans

- Socioeconomic context
- Family stressors
- Intergenerational transmission of trauma
- Among Southeast Asians, 33.7% of Vietnamese, 42.9%of Cambodians, 46.5% of Laotians, and 47.5% of Hmong adults (25 years or older) reported having attended college, but not earning a degree.

API American Scholarship Fund 2011

South Asian Americans

- 4.3 million South Asians live in the U.S. The population:
  - Includes people with ancestry from Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and the Maldives and members of the South Asian Diaspora across the world
- Common Mental Health Concerns for South Asian American Women
  - Depression, anxiety, PTSD, eating disorders, substance abuse and suicide
  - Level of depression correlates with family conflict, lack of self-esteem, and a deficit in social support
- International students from India constitute the second largest international student population with 13.6%

Migration Policy Institute, 2016

AAPA 2015

NHPI

- Origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
- Race group most likely to report multiple races (2010)
- 2015 U.S. Census Bureau estimate: 1.3 million Native Hawaiians/Pacific Islanders
- Education attainment and retention concerns:
  - 47.0% of Guamanians, 50.0% of Native Hawaiians, 54.0% of Tongans, and 58.1% of Samoans entered college, but left without a degree (2011)
  - 21.5% of Native Hawaiians/Pacific Islanders have a bachelor's degree (vs. 34.2% of Non-Hispanic whites). 6.5% of Native Hawaiians/Pacific Islanders have obtained graduate degrees (vs.13% of whites)

API American Scholarship Fund 2011

US Census 2010

Office of Minority health 2015

LGBTQ

- Higher rates of suicidal behavior
- Depression linked with risky sexual behaviors

- Bullying
- Family rejection
- Impact of language differences
- Intersectionality

- PFLAG and potential culture shift
- Impact of acculturation on acceptance patterns

Asian International students

- Research highlights specific needs, specific barriers
- Growing numbers, changing campus demographics
- Unfamiliarity of mental health systems in US
- Stigma

- Focus on Prevention, early intervention
- Informal and culturally relevant ways of addressing mental health

Undocumented

- Growing number but invisible community
- Current climate impact
- Inadequate access
- Undoc students on campus

Veterans

- Higher rates of suicide attempts
- Access to firearms
- Stigma

Men and Masculinity

- Asian American men who endorsed masculine gender role norms reported higher levels of depressive symptoms, supporting the notion that pressure to conform to gender role norms can be detrimental to Asian American men's psychological health.
- Gay Asian American men who experience their racial group as being devalued were more likely to report depressive symptoms and were also more likely to engage in risky sexual behaviors than those who did not view their racial group as devalued.

SAMHSA 2016
Shiu et al., 2016

Three levels of Prevention

Primary: health promotion, education, changes in environment

- Consultation and committee meetings
- Increasing awareness of mental health issues

Secondary: focused strategies for early detection, at risk pops

- Staff and faculty trainings for identifying and responding to students in distress
- Trainings for peer mentoring programs
- Outreach to targeted populations

Tertiary: relapse prevention and rehabilitation

- Individual and group therapy, skills based workshops
- Satellites: drop ins

Suicide Prevention Skills

- Increase awareness
  - Campus culture, family, religious or spiritual communities
  - Orientation to psychotherapy, crisis centers
  - Increase awareness of mental health and chronic disease connection
- Gatekeeper training
  - Trainings for faculty, staff, and peer programs
- Care for caretakers

Suicide Intervention Skills

- CBT and other models to treat depression and hopelessness
- Problem-solving with focus on the problems that triggered most recent ideation/attempt
- Increase patients' adaptive use of social support
- Increase use of and compliance with adjunctive medical, substance abuse, psychiatric and other social interventions
- Identify and decrease suicidal ideation and behavior
- Adapting for effectiveness
  - Cultural competence trainings for mental health professionals
  - Cultural adaptation of treatment models
  - Provide alternatives to formal mental health treatment
  - Provide alternatives to family support

Adapting risk assessments

- Improve screenings in primary care settings
- Review literature of risk and protective factors for different subgroups
- Explore cultural differences in the expression and communication of distress
- AAPI may interact with assessment forms differently

The assessment of suicidality can be **therapeutic** in itself and strengthen the working alliance.

Clinical Considerations

- Suicide is frequently a symptom of untreated depression
- Suicide is preventable. Most suicidal people desperately want to live but are frequently unable to see alternatives to their problems.
- Suicidal ideation is often a *process* and not a static occurrence.
- Ideation is a *symptom* not a permanent state. A sustained prevention program is needed. (**Cognitive model: deficit in *coping***)
- ~ 80% of suicidal individuals convey warnings of suicidal intentions. Other people are either unaware of the significance of these warnings or do not know how to respond to them.
- Talking about suicide does not cause someone to be suicidal. Open, honest conversations can help reduce stigma and relieve feelings of isolation.

Safety Planning

- Safety planning
  General:
  - Collaborative safety plan co-constructed by therapist and client
  - Building therapeutic alliance
  - Instilling hope
  - Psychoeducation
  - Problem-solving
  - Build coping skills
  - Is *not* a "no-harm contract"
- Address specific diagnoses/issues, consider level of care
- Consult
- Document
- http://my3app.org/

Interventions targeting protective factors

- Self Reliance
  - How can self reliance be honored in and out of therapy?
- Social Support
  - Explore the quality of support, open and closed doors for MH talk
- Insight and Meaning
  - Values identification, gratitude
- Desire not to Hurt or Burden Others
  - Compassionately explore potential impact of suicidal behavior

Limitations in research

- Heterogeneity, inadequate samples
- Limited cultural validity in assessments, reducing clinical utility
- Insufficiently addresses intersectionality

Recommendations

- Campus wide efforts (not only CAPS)
- Consider the most urgent needs of your community
- Increase buy-in (to address the need)
- Use a multidimensional approach to outreach
- Meet students where they are at
- Form a consultation team
- Risk assessment adaptations

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Resources

- http://www.sprc.org/resources-programs/framework-recommendations-colleges-universities-support-mental-health-students
- http://www.cccstudentmentalhealth.org/resources/psa-reducing-student-mental-health-stigma.php
- http://crdp.pacificclinics.org/resources/crdp/document/tips-working-aapi-communities
- https://www.bu.edu/awship/2018/04/02/2017-asian-womens-action-for-resilience-and-empowerment-intervention-stage-i-pilot-study/
- http://www.sprc.org/sites/default/files/spark-talk/resource_lgbt.pdf