

A Socio-Cultural Study of Suicide Attempters among Chinese Immigrants in New York City

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Summary of Findings

Description of study sample:

This was a pilot qualitative study with a sample of 31 participants who had attempted suicide after their immigration to the U.S. and were in treatment at various mental health clinics in the City of New York. Nineteen of the participants were women, predominantly middle-aged, while five of the twelve male participants were under the age of thirty. Seven of the participants came as undocumented immigrants; the majority of them were men. There was a small group of older adults, including three who attempted suicide in their senior years.

Significant issues and themes:

Data was primarily obtained from interviews with individual participants. The following are key issues and themes compiled from analysis of the transcripts:

History and nature of suicidal attempts

Half of the male participants sustained serious injuries from their suicide attempts and required medical attention. The majority of the female participants sustained minor injuries or was stopped by others in the midst of their attempts. About one-third of the participants attempted suicide twice. One third of the female participants and over half of the male participants never received mental health treatment until after their suicidal attempts.

Only two female participants reported that they made non-lethal suicide attempts prior to their immigration to the U.S., and one participant reported having a family member who had committed suicide.

Stressors after immigration

There were many commonalities among the participants in terms of their immigration experiences and negative life events preceding their suicidal attempts. Acculturation difficulties -- which included the language barrier, lack of job options and support network, harsh working conditions and ineligibility for medical coverage -- were perpetuating stressors that undermined the participants' physical and mental health. Difficulties with maintaining employment due to failing health exacerbated the pressure to support their families for some, and the obligation to repay smuggling fees for others. For many of the female participants who married their spouses to gain immigration opportunities to the U.S., their marital relationships were major disappointments marked

by neglect, rejection, emotional and physical abuse, and stresses related to their dual role of breadwinner and parent in their families.

Untreated depression as shaped by cultural values and systemic barriers

The multitude of acculturation stressors and the negative life events were significant correlates for Major Depressive Disorders suffered by four-fifths of the participants. The major symptoms reported were insomnia, anxiety, and somatic complaints such as dizziness, chest pain and stomach problems. A small group of participants also suffered from auditory delusions that were congruent with their depressed and anxious moods. Many of the participants did not recognize their symptoms as the onset of a mental illness, and sought medical treatment for the symptoms. However, they did not get sufficient psychoeducation and support from their primary care physicians to seek psychiatric care. The small group of participants who sought psychiatric treatment did not comply with their medication regimen because of a lack of medical insurance, inadequate understanding of the nature of their mental illness, and the side effects that interfered with their ability to work and maintain a steady income.

The correlation between the participants' psychiatric disorders in the U.S. and their personal and family histories of mental illness was insignificant.

Help-seeking behavior as shaped by cultural values and systemic barriers

The stressors faced by the participants were exacerbated by cultural values associated with help-seeking behavior prevalent among the Chinese immigrant population. The premium value placed on immigration accomplishments -- exemplified by stable family life for women and financial well-being for men -- became serious impediments for the participants to seek help or receive support (in the case of those who did) for their negative life events. Life role responsibilities such as maintaining jobs and harmonious spousal relationships were perceived as personal obligations that could be fulfilled via hard work and discipline. In the case of the undocumented immigrants, the inability to work and pay their debt for their smuggling fee was perceived as irresolvable dilemmas. Thus the participants' sense of helplessness and hopelessness perpetuated by their vicious cycle of work and illness was impacted further by their sense of failure in the eyes of family and friends in their home country.

In terms of seeking help outside of the family prior to their mental illness and suicidal attempts, the participants generally reported that they were either not familiar with services they were eligible for, or they were concerned of their immigrant status and the stigma of getting help from women's shelter or mental health clinics. Those who did not reside in the vicinity of the Chinese immigrant enclaves also faced additional barriers of accessing services. Overall, the female participants were more resourceful and willing to reach out to others and explore service availability, but they were more limited in terms of making changes in their lives due to their family obligations.

Significant variables in the stabilization of mental illness symptoms and suicidal behavior

All of the participants reported improvement in their mental status despite the fact that negative life events and stressors abated only for about a third of them. Only a small number of them experienced suicidal ideations after they settled into treatment with their current mental health clinics, and those attempts coincided with the occurrence of more

negative life events, such as health problems and loss of loved ones. It seemed that the key variable in the progress of their treatment was their significant relationship with their workers who had become their confidante and advisor. The majority of them expressed great appreciation of their workers who applied for benefits and services for them and, in turn, accepted the workers' psychoeducation and recommendation for medication compliance. As a result of receiving benefits and becoming free of the pressure to maintain their jobs, the quality of life for two-thirds of the participants has improved. However, the participants are now faced with a new stigmatized role of having a mental disability and lacking the ability to be a "productive" member of their family and community.

Limitations of the Study

Due to the small sample size, the generalization of the study's findings is limited. The study also did not explore personal vulnerability issues, such as personality traits of impulsivity and aggressiveness and adverse childhood events that may heighten the individual's sensitivity to stress and/or undermine his coping mechanism during times of emotional distress.

Conclusions

The findings of the study substantiated the complexity of understanding suicidal behavior. With this sample of Chinese immigrants, their suicidal attempts have to be examined as an interplay of individual, social, and cultural issues. However, the commonality of their issues, which is immigrant and ethnic-specific, should illuminate future directions in suicide prevention in the Chinese immigrant community. Given the common multitude of insurmountable stressors faced by the participants and their unyielding struggles to seek work and care for their families, it is important to validate the strengths and resilience of Chinese immigrants as a first step to de-stigmatize mental illness and suicide in our community. While there is a need to collaborate with primary care physicians in providing mental health education and referral to patients who seek treatment with their somatic symptoms, there is a greater need to expand bilingual and culturally relevant mental health services in the community. The findings not only validated the high quality of services provided by our community mental health workers, but also illuminated their elaborate commitment and involvement in the recovery process of their clients. Our community needs to recognize the contribution of our mental health workers and support the recruitment and training of new professionals in this field.