

# **ELDERLY ASIAN WOMEN SUICIDE PREVENTION SKILLS TRAINING WORKSHOP**

Wednesday, June 2, 2010



# Presenters

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# Workshop Objectives

- Increase awareness of suicide risk factors among elderly Asian women
- Identify general and culture-specific symptoms of depression among elderly Asian women
- Apply active listening skills in a cultural relevant context to engage and support the person in distress
- Explore suicide ideation in culturally appropriate language
- Create a safe plan for the person in distress

# Suicide Affects Everyone

- Unresolved and pervasive feelings of guilt, loss, anger, and other strong emotions are common among survivors of suicide:
  - “What could I have done to prevent the suicide?”
  - “Why did he/she not come to me for help?”
  - “What was he/she thinking before ending his/her life?”

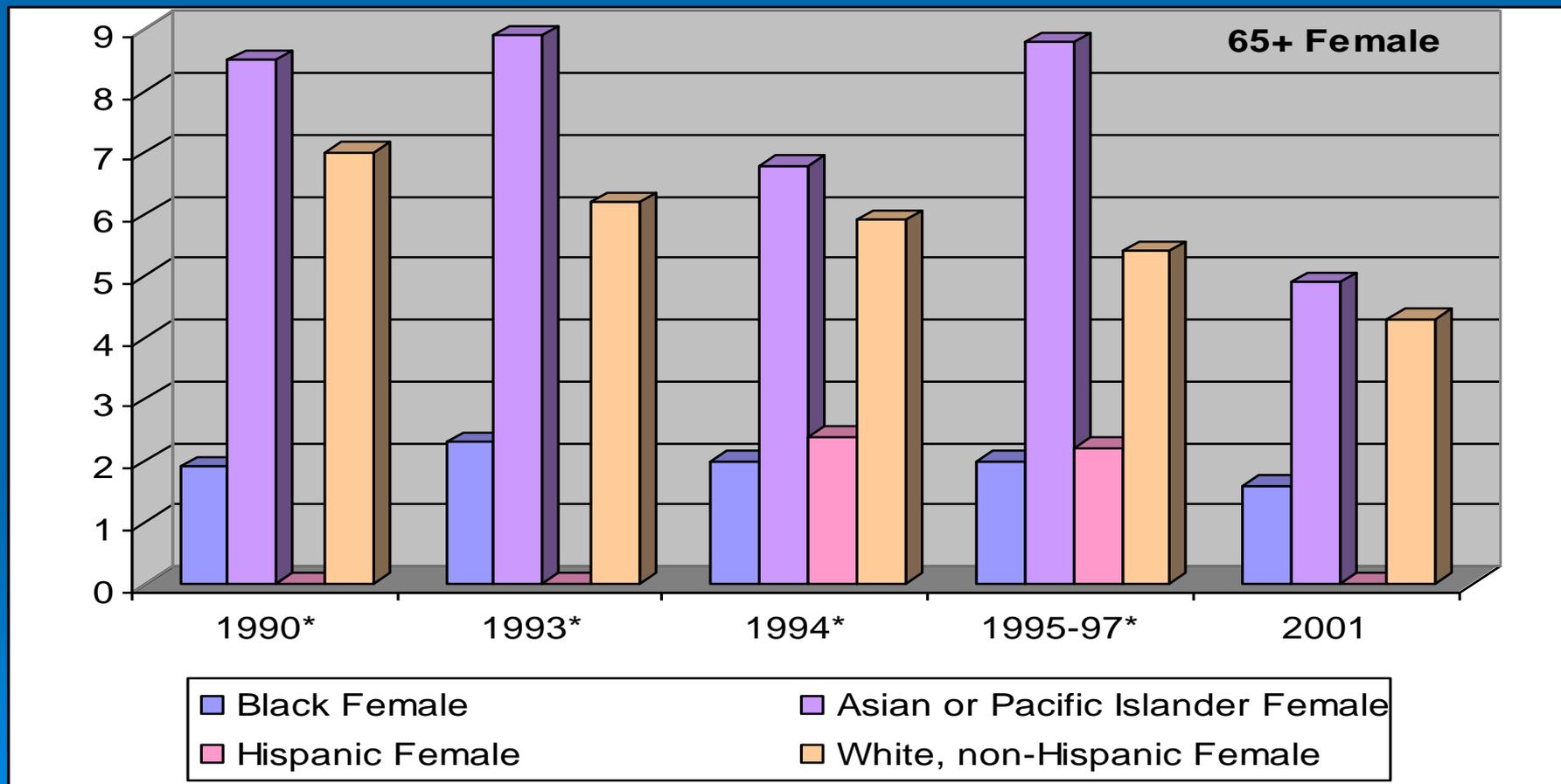
Among persons aged 15 to 24 and those older than 65, Asian females are at the greatest risk of suicide compared with women from all other racial groups

**Source: National Center for Health Statistics: Health United States, 1995; US Public Health Service, 1996**

A decorative graphic consisting of several sets of concentric circles in a lighter shade of blue, scattered across the bottom right portion of the slide.

# API females age 65 and over have highest suicide rates

Detailed Race, Hispanic Origin: United States, Selected Years 1990 - 2001



# Suicide Risk Factors among Elderly Asian Women

Suicide is a culmination of the interplay of biological, psychological, social and cultural issues.

**Biological risk factors:** untreated depression and other mental illnesses such as PTSD that impairs judgment and impulse control, exacerbates sense of despair and suicidal ideation; chronic illness.

**Psychological risk factors:** personality traits that affect problem-solving and help-seeking behavior; family history of suicide.

# Suicide Risk Factors among Elderly Asian Women

**Social risk factors:** isolation exacerbated by acculturation difficulties; lack of financial resources; lack of knowledge of mental health symptoms and access to cultural competent mental health care; lack of psychoeducation by primary care physicians.

**Cultural risk factors:** lack of family support at the end stage of life; feelings of shame as a “burden” to others; stigma in seeking mental health services.

# Warning Signs of Suicide

- Changes in personality – sad, withdrawn, irritable, anxious, tired, apathetic
- Changes in sleep pattern, constant fatigue, insomnia, frequent nightmares
- Changes in eating habits – loss of appetite and weight or overeating
- Loss of interest in friends, hobbies or activities previously enjoyed
- Anxiety about health, money, status
- Loss of loved one or other life changing events
- Feelings of helplessness, hopelessness
- Feelings of overwhelming guilt, shame, self-hatred
- Talk and preoccupation with illness, death and dying
- Previous suicide attempts

# Time to Gather Together

A Tribute to Elderly Asian Women



# How You Can Help

- Recognize the warning signs of depression and suicide risk factors
  - Recognize your own discomfort in approaching someone who may be having suicidal ideation
  - Take the person's response seriously
  - Do not leave the person who you feel is "high risk" alone
  - Get help immediately
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# Myths about Suicide

- People who talk about suicide won't really do it
- Suicide attempts are just ways of getting attention
- Talking about suicide will give the person the idea
- Once someone thinks about suicide, there is nothing that can be done to help
- Anyone who tries to kill him or herself must be crazy

# Engaging Elderly Asian Women in Conversation

## Communication Style of Elderly Asian:

- Expression of emotions is minimized
- Affective lexicons and narrative of occurrences are used to indicate general states of well-being or distress
- Specific emotions and thoughts are often camouflaged by focus on somatic symptoms, detailed description and problem-solving discussion

# Helpful Engagement Skills

- Active listening – reflection and validation of presented complaints and concerns
- Inquire about daily routine and activities (culturally relevant conversation that denotes care and concern)
- Ask about history of immigration and identify themes of strengths and resilience
- Offer some words of comfort and reassurance without probing for emotions that may be a source of shame from a cultural perspective

# Helpful Exploration Skills

- Ask for clarification of meanings associated with the affective lexicons that were used
- Listen for feelings of helplessness and hopelessness and a sense of burden to others (suicide risk factor)
- Inquire about existing support network and plans for the future (suicide protective factor)



# Creating a Safe Plan

Emphasis on cultural obligation and minimization of personal humiliation:

- Offer to contact a family member or trusted professional
- Reframe the importance of seeking help as an honorable act to others who care

# Role Play and Discussion



# Resources

- The New York Coalition for Asian American Mental Health  
[www.asianmentalhealth.org](http://www.asianmentalhealth.org) (212) 720-4524  
Referrals information
- Asian LifeNet (1-877-990-8585)  
Assessment and referral information.
- The Samaritans of New York  
24-hour Suicide Prevention Hotline (1-212-673-3000) (English)
- National Suicide Prevention Hotline  
1-800-273-TALK
- Asian American Suicide Prevention and Education  
[www.aaspe.net](http://www.aaspe.net)

# Thank You for Your Participation

For more information or to join NYCAAMH as a member:

- [www.AsianMentalHealth.org](http://www.AsianMentalHealth.org)
- Joy Luangphaxay, LMSW  
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