Help-Seeking Tendencies in Asian Americans With Suicidal Ideation and Attempts

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Among rising concerns surrounding heightened suicide in certain subgroups of Asian Americans, it is important to understand the help-seeking rates and pathways among Asian Americans experiencing suicidality. This study examined perceived need for care, help-seeking behavior, and chosen sources of care among Asian Americans compared with Latinos in the National Latino and Asian American Study who reported a history of lifetime suicidal ideation, suicide attempts, or mental disorders without history of suicide. Consistent with existing literature in Caucasians, suicide attempts in Asian Americans and Latinos were related to greater help seeking and perceived need beyond that of mental disorders only. However, Asian Americans with suicide attempts still reported lower perceived need and help-seeking behaviors compared with Latinos. In contrast to both the existing literature and Latinos in this study, Asian Americans with suicidal ideation were no more likely to perceive a need for help or seek help than Asian Americans with a mental disorder without history of suicide and were less likely to seek and perceive a need for help than Latinos with suicidal ideation. These findings point to the idea that Asian Americans who have serious suicidal ideation or attempts may underestimate the importance of their condition and do not receive the level of attention and support needed. Findings also show that Asian Americans with suicidal ideation and attempts prefer seeking help from nonprofessional rather than professional sources of help, other than medical professionals. Clinical implications for outreach, assessment, and management of suicide are discussed.

Keywords: Asian Americans, suicide, help seeking, Latinos, service utilization

Epidemiological studies that find lower suicide rates in ethnic minority groups compared with Caucasians (Caucasian males in particular), in combination with the idea of Asian Americans as a well-adjusted “model minority,” have contributed to a lack of research attention toward Asian Americans and suicide (Lester, 1994; Oyserman & Sakamoto, 1997). Recently, however, research has pointed to increasing concern about heightened suicide rates in certain Asian American subgroups. One particularly consistent finding of subgroup elevations has been with Asian American older adults who have reported high levels of suicide or death ideation (Bartels et al., 2002; Leong, Leach, Yeh, & Chou, 2007) and have reported suicide rates up to 10 times higher among Chinese than Caucasian elderly women (Leong et al., 2007; McKenzie, Serfaty, & Crawford, 2003). In San Francisco alone, the highest rates of completed suicide among any demographic group were found in older Chinese men and women (Shiang et al., 1997).

Elevated suicide concerns are indicated in not only Asian American older adults but also younger adults. When suicidality was examined among college students, Asian Americans displayed a higher frequency of contemplating and attempting suicide compared with their Caucasian peers (Kisch, Leino, & Silverman, 2005; Muehlenkamp, Gutierrez, Osman, & Barrios, 2005). Asian American young adults and college students have also reported greater risk for suicide than Caucasians on the Positive and Negative Suicide Ideation inventory, Beck Hopelessness Scale, and Suicidal Probability Scale (Chang, 1998; Muehlenkamp et al., 2005). More specifically, Chinese and Koreans students have exhibited higher levels of suicidal
ideation compared with Caucasian students (Duranceaux & Cassaundra, 2009). Heightened suicide is also evident in completed suicides among Asian Americans ages 15 to 24 years who show a higher proportional mortality rate by suicide than Caucasian youths (Choi, Rogers, & Werth, 2009; Leong et al., 2007; Liu, Yu, Chang, & Fernandez, 1990).

Seeking Help for Suicide

Germane to concerns of heightened suicide and underestimated need for Asian Americans is the issue of service connection and help seeking. Mainstream literature on help seeking for suicide among Caucasian populations indicates that suicide is related to increased help-seeking behavior and perceived need for help. For example, studies performed with mostly Caucasian samples have shown that individuals with suicidal ideation, intent, or plan are more likely to perceive a need for help and seek help than individuals without suicidal ideation, intent, or plan (Mojtabai, Olsson, & Mechanic, 2002; Pirikis, Burgess, & Meadows, 2001a, 2001b). Kuo, Gallo, and Tien (2001) found that 91.0% of predominantly Caucasian community participants from Baltimore who reported recent suicide attempts used a mental health service to treat their mental health problems compared with 34.8% of participants without a recent history of suicidal attempts. Pagura, Fotti, Katz, and Sareen (2009) also showed that in the past year, Canadians with suicide attempts sought help more frequently than people with suicidal ideation, who in turn sought help more often than people with a mental disorder but no suicidal ideation or attempts (60%, 40%, and 28%, respectively). Specific qualities of suicidality such as severity or recency of risk can predict help-seeking behavior. For example, not only do people who have attempted suicide seek help more often than people with suicidal ideation only (Pagura et al., 2009), but psychiatric service utilization has been shown to escalate in the week, month, 90 days, and year prior to suicide (e.g., Renaud et al., 2006).

Seeking Help for Suicide Among Asian Americans

Currently, little is known about whether these trends in help seeking for suicide among Caucasian populations apply similarly to Asian Americans who are typically less likely to seek help for mental health concerns. In fact, a search of the literature yielded few studies examining how often or from where Asian Americans with suicidal ideation or attempts seek professional help. As such, the following review pulls from research on Asian Americans’ experience of suicide and help seeking for general mental health issues to inform possible trends on help seeking for suicide among Asian American groups.

There are some indications in the suicide literature that Asian Americans may be “hidden ideators” less likely to disclose thoughts of death and suicide to others in their lives. For example, Morrison and Downey (2000) found that ethnic minority groups were more likely than nonethnic minorities to keep their suicidal ideation private on intake questionnaires and in clinical interviews, unless directly queried by their therapist. Other than this one study (which included only 17 Asian American individuals, or 37% of the ethnic minority sample), literature conjecturing about the presence of “hidden ideation” in Asian Americans has been predominantly nonempirical or observational in nature. Presumably, seeking help for a clinical concern like suicide requires some level of willingness to report those concerns to a mental health care provider. As such, “hidden ideation” would have important implications for help seeking. It is likely that Asian Americans who experience suicidal ideation will be less likely to disclose their suicidal thoughts and concomitantly less likely to seek the help they need.

An examination of the general mental health literature shows that Asian Americans consistently seek help at lower rates than any other racial or ethnic demographic; it is possible that this service underutilization will extend to Asian Americans with suicidal ideation and attempts as well. In fact, reluctance to use mental health services is present in Asian Americans nationwide, regardless of factors such as education or Asian subgroup (Matsuoka, Breux, & Ryuujin, 1997; U.S. Department of Health and Human Services, 2001; Zhang, Snowden, & Sue, 1998). In a national and statewide comparison using data obtained from the Inventory of Mental Health Organizations and General Hospital Mental Health Services, Asian Americans were 3 times less likely to seek mental health
services compared with the Caucasian population (Matsuoka et al., 1997). Similar results were found using data from the National Latino and Asian American Study (NLAAS) in which only 8.6% of 2,095 Asian Americans used some type of mental health service compared with 17.9% of the general population (Abe-Kim et al., 2007). Rather than seeking help from mental health professionals, Asian Americans are more likely to work out problems on their own or seek support from friends or family (Narikiyo & Kameoka, 1992; Zhang et al., 1998). In addition, within Asian American groups, factors such as English-language proficiency can play an influential role in attitudes regarding help-seeking behavior. Asian Americans who are more proficient in English may be more aware of the need for help, more positive toward the idea of seeking help, and more likely to seek help (Le Meyer, Zane, Cho, & Takeuchi, 2009). It is currently unknown whether Asian Americans with suicidal ideation and attempts display similar help-seeking behaviors to that of Asian Americans in the general literature unlikely to seek help for their clinical concerns.

Seeking Help for Suicide Among Latinos

Because of the nascent point of help-seeking literature on suicide for Asian Americans, comparison of Asian Americans with another ethnic group for whom more research is available will provide valuable information to further this body of knowledge. Such a comparison may inform whether existing outreach, assessment, and intervention efforts can be cross-fertilized for Asian American communities.

Latino/as are a particularly good comparison group for Asian Americans because of several similarities in matters of suicide and help seeking. First, both groups have a low likelihood to seek help for mental health problems and unequal access to mental health treatment (U.S. Department of Health and Human Services, 2001). Second, both Latinos and Asian Americans have a tendency to experience mental health issues in somatic terms (Hulme, 1996; Mak & Zane, 2004), which may influence how and whether mental health problems are presented when seeking help. Finally, both ethnic groups espouse interdependent self-ways with an emphasis on family, where the preference is to handle issues privately before seeking help elsewhere (Narikiyo & Kameoka, 1992; Pomales & Williams, 1989). The influence of these family factors on suicide is evidenced by literature showing family conflict as a culturally specific suicide risk factor for Latinos and Asians (Cheng et al., 2010; Fortuna, Perez, Canino, Sribney, & Alegría, 2007).

Yet, suicide in Latinos and Asian Americans is different in several important ways that may inform the current research. The practice of emotion inhibition, for example, is more pronounced among Asian cultures (Leong & Lau, 2001), whereas mutual disclosure and personalismo (being personable) is emphasized among Latino groups (Ponce & Atkinson, 1989). Asian Americans who are less expressive may be less likely to disclose problems and seek help than Latinos, who do not carry this cultural value. Moreover, economic disadvantage, lower education level, and legal status are concerns more salient for Latinos than Asian Americans and may be related to less familiarity with options for help and lower likelihood to seek help (Le Meyer et al., 2009; Leong & Lau, 2001; Ponce & Atkinson, 1989). Alternatively, these socioeconomic factors may cause strain within Latino families and necessitate increased use of formal supports outside the family unit.

Clearly, there are indications for both similarities and differences between Asian Americans and Latinos in help seeking for suicide. To further this meaningful comparison, literature on Latinos’ help-seeking behavior for suicide is reviewed. Unlike the research on Asian Americans, there exists a small body of literature examining help seeking for suicide among Latinos. One study found that Latinos who reported suicidal ideation or attempts were 55% as likely as Caucasians to seek mental health services in the year that they experienced either suicidal ideation or attempts (Freedenthal, 2007). Similar reduced rates of mental health service use were found among Latino students who were part of a school district suicide prevention program (Kataoka, Stein, Nadeem, & Wong, 2007). Although a majority of the students who contacted the school-based suicide prevention program received care, Latino students were less likely to seek help outside the program. Beyond findings of lower help-seeking rates, other studies have characterized differences in the types and patterns of help sought by Latinos with suicide (Freedenthal,
For example, in contrast to findings of increased help-seeking behavior among Caucasians with suicide attempts compared with ideation (Pagura et al., 2009), rates of service use among Latinos with history of attempts were only faintly higher than Latinos with suicidal ideation (Freedenthal, 2007). Overall, the literature provides support for the finding that Latinos with suicide are less likely to use mental health services than their Caucasian counterparts.

Pathways of Help Seeking for Suicide

In our current investigation of help seeking among Asian Americans and Latinos with suicide, it is important to ground our examination in theoretical understandings of the pathways by which underserved populations such as Asian Americans are connected with help sources. Increasingly, attention has focused not only on the solitary act of making contact with services but rather on critical points of service access at multiple steps in the help-seeking pathway.

Cauce et al. (2002) drew from works of multiple researchers to establish a three-stage model of help seeking for mental health problems that can be extended to clinical issues of suicide (modified and depicted in Figure 1). Central to this help-seeking process is the recognition that ultimate contact with mental health services is preceded by (a) problem recognition: awareness of a problem and a perceived need for help; (b) the decision to seek help; and (c) the selection of a source for help. Each stage of this help-seeking process is influenced by cultural and contextual factors that are relevant to Asian American groups. Cultural norms, for example, may dictate the symptom severity threshold or contextual situation that triggers recognition of a need for help. Cultural practices may also affect the types of sources of help that are acceptable and the least stigmatizing. For these reasons, it will be important to capture help-seeking behaviors at each step of this model for underserved Asian Americans; this process-based examination will lend itself to a detailed understanding of critical junctures (and possible points of intervention) in the help-seeking pathway for suicide in Asian Americans.

The Current Study

Using the Cauce et al. (2002) model as a framework for capturing the help-seeking tendencies of Asian Americans, this study captured three critical points of the help-seeking process among Asian Americans who reported a history of serious suicidal ideation or suicide attempts. In particular, Asian Americans and Latinos in the NLAAS who reported history of serious suicidal ideation, suicide attempts, or a mental disorder without suicide ideation or attempts were compared to examine their perceived need for care, the proportion that seek help, and chosen sources of care. Several demographic variables shown to influence suicide and help-seeking behavior and variables that may account for any differences between Asian Americans and Latinos on help seeking for suicide were included as possible covariates: age, gender, language proficiency, age at immigration, education level, financial status, and worries regarding legal status.

Method

Participants and Procedure

This study performed a secondary data analysis of the NLAAS, a nationally representative household survey conducted from May 2002 to December 2003 that interviewed noninstitutionalized Latinos and Asian Americans living in the United States. NLAAS used a stratified probability sample design including three phases of core sampling, high-density supplemental sampling, and second-respondent sampling. See Alegria et al. (2004) or Cheng et al. (2010) for further sampling design details.

The total NLAAS sample included 2,554 Latino individuals (577 Cuban, 495 Puerto Rican, 868 Mexican, and 614 other Latino) and 2,095 Asian Americans (600 Chinese, 520 Vietnamese, 508 Filipinos, and 467 other Asian) ages 18 and older. Participants were placed into three suicide categories based on their response to screening questions on the World Health Organization Composite International Diagnostic Interview (Kessler & Ustun, 2004). The first group—individuals with a history of suicide attempts—included 56 Asian Americans and 117 Latinos who responded positively to “Have you ever attempted suicide?” The second category—those with history of suicidal ideation but no attempts—included 135 Asian Americans and 146 Latinos who answered affirmatively to “Have you ever seriously thought about committing suicide?” but negatively to “Have you ever attempted suicide?” The third category—respondents with mental disorders without history of suicide—included 222 Asian Americans and 478 Latinos who reported no history of suicidal thoughts or attempts, but did meet Diagnostic and Statistical Manual of Mental Disorders criteria for major depressive disorder, dysthymic disorder, generalized anxiety disorder, panic disorder with agoraphobia, posttraumatic stress disorder, or social phobia. Participant demographic information is included in Table 1.

Measures

Age, gender, English-language proficiency (“How well do you speak English?” 1 = poor, 2 = fair, 3 = good, or 4 = excellent), age at immigration (0 = U.S. born, 1 = less than 12 years, 2 = 13–17 years, 3 = 18–34 years, and 4 = 35+ years), education level (1 = 0–11 years, 2 = 12 years, 3 = 13–15 years, 4 = 16+ years), financial status (“In general, would you say you have/your family living here has 1 = more money than you need, 2 = just enough for your needs, or 3 = not enough to meet your needs?”), and worries regarding legal status (“Do you avoid seeking health services due to fear of immigration officials?” yes or no; Vega et al., 1998) were used in data analyses as possible covariates because of their association with suicide, help-seeking behaviors, or differences between Asian Americans and Latinos in the literature.

Perceived need for help. Participants who responded positively to the question “At any time in your life, did you think that you should talk to a medical doctor or other health professional about problems with your emotions, nerves, mental health, or your use of alcohol or drugs?” were coded as perceiving a need for mental health assistance some time in their lives.

Help-seeking behavior. Respondents answered yes or no to questions that assessed whether they had ever sought help in their lifetime from nonprofessional sources (online support groups, self-help groups, or hotlines), mental health professionals (counselors, social workers, psychiatrists, or psychologists), medical professionals (general medical practitioners, nurses, or occupational therapists), religious/spiritual advi-
Table 1
Demographic and Help-Seeking Behavior Characteristics Between Three Suicide Groups Among Asian Americans and Latinos

<table>
<thead>
<tr>
<th>Variable</th>
<th>Asian Americans</th>
<th>Latinos</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>Mental disorders only</td>
</tr>
<tr>
<td></td>
<td>characteristics</td>
<td>(n = 222)</td>
</tr>
<tr>
<td>Gender (%)</td>
<td>Female 58.10* a</td>
<td>54.50** a</td>
</tr>
<tr>
<td></td>
<td>Male 41.90</td>
<td>45.50</td>
</tr>
<tr>
<td>Age (years)</td>
<td>38.88 (14.57)**</td>
<td>41.10 (14.91)a</td>
</tr>
<tr>
<td>Education (%)</td>
<td>0–11 years 12.80</td>
<td>15.30** a</td>
</tr>
<tr>
<td></td>
<td>12 years 14.80</td>
<td>14.40</td>
</tr>
<tr>
<td></td>
<td>13–15 years 28.30</td>
<td>26.60</td>
</tr>
<tr>
<td></td>
<td>16+ years 44.10</td>
<td>43.70</td>
</tr>
<tr>
<td>Language proficiency1</td>
<td>2.91 (1.06)*</td>
<td>2.77 (1.09)abc</td>
</tr>
<tr>
<td>Immigration age (%)</td>
<td>U.S. born 32.30</td>
<td>30.20</td>
</tr>
<tr>
<td></td>
<td>&lt;12 years 18.20</td>
<td>14.40</td>
</tr>
<tr>
<td></td>
<td>13–17 years 6.10</td>
<td>6.30</td>
</tr>
<tr>
<td></td>
<td>18–34 years 29.90</td>
<td>31.10</td>
</tr>
<tr>
<td></td>
<td>35+ years 13.60</td>
<td>18.00</td>
</tr>
<tr>
<td>Financial status (%)</td>
<td>More than need 15.20</td>
<td>14.80** a</td>
</tr>
<tr>
<td></td>
<td>Just enough 55.70</td>
<td>56.00</td>
</tr>
<tr>
<td></td>
<td>Not enough 29.10</td>
<td>29.20</td>
</tr>
<tr>
<td>Legal status worries (%)</td>
<td>2.50*</td>
<td>4.50*</td>
</tr>
<tr>
<td>Perceived need for help (%)2</td>
<td>28.80*</td>
<td>23.90** a</td>
</tr>
<tr>
<td>Overall help seeking (%)3</td>
<td>46.30*</td>
<td>43.20*</td>
</tr>
<tr>
<td>Number of help sources sought1</td>
<td>0.53 (1.41)***</td>
<td>0.39 (0.97)**</td>
</tr>
</tbody>
</table>

Note. For continuous variables, ANOVAs and t tests were performed. For categorical variables, omnibus and pairwise comparison chi-square tests were performed. Values with different subscripts indicate a significant difference between two suicidal groups on the variable in question at p < .05. * Values are means and standard deviations. ** English-language proficiency and gender were included as covariates in comparisons between Asian Americans and Latinos with mental disorders only on perceived need for help. *** English-language proficiency and gender were included as covariates in comparisons between Asian Americans and Latinos with mental disorders only on help-seeking behavior. Education level and age of immigration were included as covariates in comparisons between Asian Americans and Latinos with suicidal ideation on help-seeking behaviors. 1 Age, gender, education level, English-language proficiency, age at immigration, financial status, and worries about legal status were not indicated for inclusion as covariates in any comparisons between Asian Americans and Latinos on number of help sources.
sors or other healers, or had a hospital admission, took medications, or had psychotherapy. An aggregate variable was created to reflect lifetime help-seeking behavior for a mental health problem from any of the listed help sources.

**Number of help sources.** An aggregate variable was created to represent the total number of different types of help sources (from those listed above) an individual sought for mental health assistance in their lifetime.

**Results**

Table 1 shows a summary of demographic and help-seeking behavior characteristics, along with any differences on help-seeking variables between the suicidal ideation, suicide attempt, and mental disorders only groups for Asian Americans and Latinos separately. Table 1 also depicts Asian American versus Latino group differences on help-seeking variables after controlling for possible demographic third-variable confounds.

A series of logistic regressions were performed to determine group differences between the three suicide groups on perceived need for help and help-seeking behavior after controlling for the influence of possible third-variable confounds (age, gender, English-language proficiency, age at immigration, education level, financial status, and worries regarding legal status). Only variables that were significantly different between suicide and help-seeking groups (determined by a series of one-way analyses of variance [ANOVAs], t-tests, and chi-square analyses) were included as covariates. For pairwise comparisons between suicide groups within regression analyses, suicide category membership was dummy coded. Each group was rotated to serve as the baseline or comparison group. Regressions were performed separately for Asian American and Latino groups.

**Perceived Need for Help**

Analyses yielded significant overall logistic regression models with correct-classification rates of 73.0% for Asian Americans ($\chi^2 = 25.76, p < .001$) and 60.3% for Latinos ($\chi^2 = 34.17, p < .001$) in predicting respondents’ perceived need for help. English-language proficiency was significantly related to perceived need for help among Asian Americans but not Latinos. Gender was also related to perceived need for Asian Americans. Greater English proficiency and being female was associated with a greater likelihood to perceive a need for help.

Asian Americans with suicide attempts were more likely to perceive a need for help than the mental disorders only but not the suicidal ideation group. In addition, Asian Americans with suicidal ideation were no more likely to perceive a need for help than the mental disorders only group. In contrast to Asian Americans, the regression for Latinos showed pairwise differences between each of the three suicide attempts, suicidal ideation, and mental disorders only groups after controlling for demographic variables. Latinos with suicide attempts were more likely to perceive a need for help than Latinos with suicidal ideation, who in turn perceived a greater need for help than Latinos with mental disorders only. Results are shown in Table 2.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Asian Americans</th>
<th>Latinos</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR</td>
<td>95% CI</td>
<td>Wald</td>
<td>OR</td>
</tr>
<tr>
<td>Gender(^a)</td>
<td>1.75(^*)</td>
<td>[1.10, 2.77]</td>
<td>5.55</td>
<td></td>
</tr>
<tr>
<td>Language proficiency(^b)</td>
<td>1.48(^**)</td>
<td>[1.18, 1.85]</td>
<td>11.60</td>
<td>1.11</td>
</tr>
<tr>
<td>Suicide ideation(^c)</td>
<td>1.28</td>
<td>[0.78, 2.09]</td>
<td>0.98</td>
<td>1.53(^*)</td>
</tr>
<tr>
<td>Suicide attempt(^d)</td>
<td>1.94(^*)</td>
<td>[1.03, 3.68]</td>
<td>4.17</td>
<td>3.04(^***)</td>
</tr>
<tr>
<td>Suicide attempt(^e)</td>
<td>1.52</td>
<td>[0.78, 2.96]</td>
<td>1.50</td>
<td>1.99(^**)</td>
</tr>
</tbody>
</table>

\(^a\) 1 = male, 2 = female. \(^b\) English proficiency: 1 = poor, 2 = fair, 3 = good, 4 = excellent. \(^c\) 0 = no, 1 = yes. \(^d\) p < .05. \(^e\) p < .01. \(^***\) p < .001.
Help-Seeking Behavior

Analyses yielded significant overall regression models with correct-classification rates of 64.2% for Asian Americans ($\chi^2 = 20.66, p < .001$) and 64.2% for Latinos ($\chi^2 = 67.64, p < .001$) in predicting respondents’ actual help-seeking behavior. Language proficiency was significantly related to help-seeking behavior among Asian Americans but not Latinos, with English proficiency associated with a greater likelihood to seek help. Among Latinos, immigration age was not a significant predictor of help-seeking behavior.

Asian Americans with suicide attempts were more likely to seek help from any source than both suicidal ideation and mental disorders only groups, after controlling for demographic variables. Asian Americans with suicidal ideation, however, did not seek help more often than the mental disorders only group. Similar to the Asian Americans, Latinos with suicide attempts also sought help more often than Latinos with suicidal ideation and mental disorders only. Contrary to the Asian Americans, however, Latinos with suicidal ideation also sought help more often than Latinos with mental disorders only, $t(593) = -5.51, p < .001$, and suicidal ideation groups, $t(261) = 2.19, p < .05$. Latinos with suicidal ideation also contacted more help sources than Latinos with mental disorders only, $t(622) = -2.75, p < .01$. Results are shown in Table 1.

Chosen Sources of Help

Chi-square and logistic regression analyses were performed to compare the proportion of Asian Americans versus Latinos who sought assistance from different individual help sources after controlling for possible demographic third-variable confounds. Only demographic variables significantly related to the ethnic and help source groups were considered possible confounds included as covariates in analyses. Results are shown in Table 4.

In the mental disorders only category, Asian Americans were less likely than Latinos to use mental health professionals (odds ratio [OR] = 1.95, $p < .001$, 95% CI [1.35, 2.83]), medical professionals (OR = 2.60, $p < .05$, 95% CI [1.11, 6.10]), psychotherapy (OR = 1.61, $p < .05$, 95% CI [1.06, 2.45]), and

Table 3
Logistic Regression Analyses for Predicting Help-Seeking Behavior

<table>
<thead>
<tr>
<th>Variable</th>
<th>Asian Americans</th>
<th>Latinos</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Language proficiency</td>
<td>1.42</td>
<td>[1.17, 1.72]</td>
</tr>
<tr>
<td>Immigration age</td>
<td>1.08</td>
<td>[0.92, 1.27]</td>
</tr>
<tr>
<td>Mental disorders without history of suicide as baseline group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide ideation</td>
<td>0.96</td>
<td>[0.62, 1.49]</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>2.18</td>
<td>[1.17, 4.05]</td>
</tr>
<tr>
<td>Suicide ideation as baseline group</td>
<td>2.26</td>
<td>[1.18, 4.37]</td>
</tr>
</tbody>
</table>

a 0 = U.S. born, 1 = less than 12 years, 2 = 13–17 years, 3 = 18–34 years, and 4 = 35+ years. b English proficiency: 1 = poor, 2 = fair, 3 = good, 4 = excellent. * 0 = no, 1 = yes.

*p < .05. **p < .01. ***p < .001.
Table 4
Percentages of Chosen Sources of Help Between Asian Americans and Latinos Within Three Suicide Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mental disorders only</th>
<th>Suicidal ideation</th>
<th>Suicide attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian American</td>
<td>Latino</td>
<td>Asian American</td>
</tr>
<tr>
<td></td>
<td>(n = 222)</td>
<td>(n = 478)</td>
<td>(n = 135)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(n = 56)</td>
</tr>
<tr>
<td>Hospital admission</td>
<td>1.90</td>
<td>5.40</td>
<td>2.20**</td>
</tr>
<tr>
<td>Nonprofessional help</td>
<td>10.90</td>
<td>7.30</td>
<td>13.10</td>
</tr>
<tr>
<td>Mental health professionals</td>
<td>24.30***b</td>
<td>36.20</td>
<td>30.40***c</td>
</tr>
<tr>
<td>Medical professionals</td>
<td>19.10***d</td>
<td>41.70</td>
<td>27.80</td>
</tr>
<tr>
<td>Religious/spiritual advisor or other healer</td>
<td>23.40</td>
<td>24.10</td>
<td>19.40</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>25.10***e</td>
<td>31.90</td>
<td>27.30***f</td>
</tr>
<tr>
<td>Medication treatment</td>
<td>17.20***g</td>
<td>32.40</td>
<td>17.20***h</td>
</tr>
</tbody>
</table>

*a* Gender and education level were included as covariates.  
*b* Gender and English-language proficiency were included as covariates.  
*c* Education and age at immigration were included as covariates.  
*d* Gender and financial status were included as covariates.  
*e* English-language proficiency was included as a covariate.  
*f* Age at immigration was included as a covariate.  
*g* Gender, English-language proficiency, and financial status were included as covariates.  
*h* Education level was included as a covariate.  
*i* Education level and financial status were included as covariates.

Asterisks denote significant chi-square pairwise comparisons between Asian American and Latino groups on a particular source of help within each suicide group (mental disorder without history of suicide, suicidal ideation, and suicide attempt).

Asian Americans with suicidal ideation were the group that showed markedly different patterns in help seeking. In contrast to the existing literature and Latinos with suicidal ideation in this study, Asian Americans with suicidal ideation were no more likely to perceive a need for help or seek help than Asian Americans with mental disorders only. Asian Americans with suicidal ideation were also less likely to seek and perceive a need for help than medication treatment (OR = 1.78, \( p < .05 \), 95% CI [1.11, 2.85]). In the suicidal ideation category, Asian Americans were less likely than Latinos to seek help from all sources besides medical professionals: hospitalizations (\( \chi^2 = 7.92, \ p < .01 \)), mental health professionals (OR = 2.87, \( p < .001 \), 95% CI [1.61, 5.14]), psychotherapy treatment (OR = 2.08, \( p < .05 \), 95% CI [1.13, 3.82]), and medication treatment (OR = 4.35, \( p < .001 \), 95% CI [2.06, 9.23]). Asian Americans with suicide attempts were less likely than their Latino counterparts to contact all professional help sources besides medical professionals and hospitalizations: mental health professionals (\( \chi^2 = 12.16, \ p < .001 \)), psychotherapy treatment (\( \chi^2 = 11.91, \ p < .01 \)), and medication treatment (OR = 3.67, \( p < .01 \), 95% CI [1.47, 9.16]).

**Discussion**

**Asian Americans With Suicide Attempts**

Similar to existing literature with Caucasians, Asian Americans and Latinos with a history of suicide attempts were more likely to accurately perceive a need to seek help for mental health needs than people with mental disorders without suicide. Across ethnic groups, suicide attempts appear related to greater help seeking and perceived need beyond that of mental disorders only. Yet, it is important to note that Asian Americans with suicide attempts (64.3%) still sought and perceived a need for help less often than Latinos with attempts (89.7%). Overall, 35.7% of Asian Americans with suicide attempts had never sought any help in their lifetime. These low help-seeking rates are attributable to both lower perceived need and fewer decisions to seek help along the modified Cauce et al. (2002) help-seeking pathway. Outreach or education efforts are needed to reach over a third of Asian Americans who have attempted suicide but have not received the help they need.

**Asian Americans With Suicidal Ideation**

Asian Americans with history of suicidal ideation were the group that showed markedly different patterns in help seeking. In contrast to the existing literature and Latinos with suicidal ideation in this study, Asian Americans with suicidal ideation were no more likely to perceive a need for help or seek help than Asian Americans with mental disorders only. Asian Americans with suicidal ideation were also less likely to seek and perceive a need for help than
their Latino counterparts. On the Cauce et al. (2002) pathway, these low rates of help seeking are attributable to both lower perceptions of need and fewer decisions to follow through with a need for help.

These findings point to two possible explanations. First, Asian Americans with suicidal ideation may underestimate the importance of their condition and do not receive the level of support they need. This phenomenon may be reflective of hidden ideation, the notion that Asian Americans who have sought help at a college counseling center conceal suicidal thoughts on their intake forms (Morrison & Downey, 2000). The present study shows that hidden ideation may extend to earlier stages of the help-seeking process where Asian Americans with suicidal thoughts are less likely to take initial steps of perceiving a need for help and following through with a help-seeking decision, despite a heightened state of need.

Alternatively, Asian Americans may have different ways of understanding and coping with suicidal thoughts. In other words, the meaning that Asian Americans assign to the experience of suicidal ideation may influence help-seeking behavior. For example, Asian Americans who associate suicidal thoughts with passing ideas—a mindfulness technique with origins in Asian cultural practices—and anticipate that things will improve may perceive such thoughts as less distressing and in need of help (Ji, Nisbett, & Su, 2001; Kabat-Zinn, 2003). Although the cultural script theory of suicide provides some direction for this work (Stice & Canetto, 2008), little research has addressed the meaning of suicide in Asian Americans thus far. Future research on cultural meanings is needed to unravel intermediate steps between Asian Americans’ experience of a suicidal thought and the perception of need for help.

Number or Variety of Help Sources

Contrary to Latinos, Asian Americans with suicidal ideation did not seek help from a greater number of sources than the baseline mental disorders only group. At first glance, these results repeat earlier implications that Asian Americans with suicidal ideation are less likely to seek help than their Latino counterparts. However, contact with fewer help sources could denote an improved help-seeking outcome: greater likelihood to complete treatment. Contact with greater help sources, in turn, may indicate receipt of ineffective treatments or premature termination from several different help sources. Similarly, the finding that Asian Americans and Latinos with suicide attempts sought help from a greater number of help sources than the mental disorder only groups may indicate greater perceived need and help seeking. However, these data may equally indicate that suicide assistance encountered is ineffectual or a poor cultural fit, causing these ethnic minorities with suicide attempts to bounce from one help source to another without receiving sufficient help. Future research should assess additional information about reasons for the number of sources sought to draw more definitive conclusions.

Where Asian Americans With Suicidal Ideation and Attempts Seek Help

Asian Americans with suicidal ideation and attempts showed a preference for nonprofessional rather than professional sources of help. In particular, Asian Americans with suicidal ideation or attempts were less likely than their Latino counterparts to seek help from mental health professionals, psychotherapy, or medications, but not from religious/spiritual or other healers or nonprofessional sources such as online support groups, self-help groups, and hotlines. In addition, Asian Americans with suicidal ideation were hospitalized less often than Latinos with suicidal ideation. The only professional help source that Asian Americans contacted with equal frequency to Latinos was medical professionals. These findings suggest that lower rates of help seeking among Asian Americans with suicidal ideation or attempts (compared with their Latino counterparts) were driven by a particular pattern in the Cauce et al. (2002) help-seeking pathway—a lower likelihood to contact professionals other than medical professionals.

One consistent finding across our investigation pertained to English-language proficiency as related to a greater likelihood to perceive a need for help and pursue help among Asian Americans. This finding is consistent with literature showing that as Asian Americans become more versed in English and familiar with mental health, they are more likely to recognize a men-
tal health need and seek help (Leong & Lau, 2001; Meyer, Zane, Cho, & Takeuchi, 2009).

Finally, this study yielded interesting information about moderating factors of observed cultural differences in help-seeking tendencies. The comparison of Asian Americans with Latinos not only provided an anchoring point to identify the relatively lower rates of help seeking among Asian Americans with suicidal ideation and attempts, but it also allowed for contextualization of help-seeking disparities within contributing cultural factors. Current results ruled out the possibility that help-seeking differences between Asian Americans and Latinos are attributable to socioeconomic challenges such as economic disadvantage, lower education level, or concerns about legal status, as analyses either controlled for or eliminated the possibility that these variables carried a confounding influence. The cultural practice of emotion inhibition, however, was not measured in the current data set and warrants future research to explore this and other cultural factors such as optimistic bias as possible reasons for observed ethnic differences in help seeking for suicide. Optimistic bias among Asian Americans—the expectation that negative psychological outcomes are more likely to happen to others than to themselves (Chang, Sanna, Kim, & Srivastava, 2010)—may account the lower help seeking among Asian Americans with suicidal ideation or attempts and should be examined or controlled for in future studies.

Limitations

Current results must be recognized within the context of several limitations. First, because the NLAAS was administered only to Latinos and Asian Americans, results cannot accurately address how Asian American help seeking compares with that of Caucasians. However, the current data about Asian Americans related to Latinos provide a valuable point of reference, as Latinos have been shown in a handful of studies to have lower rates of help seeking for suicide than Caucasians.

Second, study methodology involved a retrospective self-report of lifetime suicidal ideation, suicide attempts, and help-seeking behaviors. In this query, positive endorsements of suicidal ideation or attempts were not linked with specific incidents of help seeking. As such, it is unknown whether data captured help seeking for the problem of suicide. A similar lack of connection between the perceived need and help-seeking variables also limits our ability to definitively conclude that these help-seeking tendencies lie along the same pathway. Typically, one would expect that perceived need for services is a prerequisite for actually seeking help. Current data showing higher rates of help-seeking behavior than perceived need raise the concern that the two concepts are not directly linked in this study. However, it is possible that interdependent Asian American and Latino families influence an individual to seek help (a coercive rather than voluntary process, according to Cauce et al., 2002), in the absence of that person’s own recognition of the need for help.

Despite these limitations, it remains highly likely that participants’ responses did represent help-seeking behaviors for their greatest mental health-related difficulty—suicide. Future research is needed to capture a timeline of help seeking linked specifically with suicidal ideation and attempts and perceived need for help linked with help-seeking behavior for the same suicide-related problems. The current study is the largest examination of help-seeking tendencies among suicidal Asian Americans to date, and capturing the lifetime occurrences of both suicide and help seeking presents an important advance in the cultural suicide literature.

Implications

Current data suggest that low help seeking among Asian Americans stems not only from one’s decision to seek help but also earlier stages of the help-seeking pathway process: one’s perception that help is needed. As such, outreach efforts should address barriers to access and barriers to Asian Americans’ awareness of an impending suicide crisis situation. Several implications for public health and mental health provision are indicated.

First, suicide prevention outreach efforts are needed to target the concerns of suicidal Asian Americans. Given current findings that English-language proficiency is related to greater help seeking, it may be possible that Asian Americans with limited English proficiency are less exposed to services in their language of choice. Outreach to these communities with education about detection of a mental health crisis and
available resources may increase willingness to seek help. Outreach efforts may also address stigma and shame that may contribute to hidden ideation and the tendency to ignore the need for help in the presence of suicide. At the same time, it is important to recognize that little is known about the meanings Asian Americans ascribe to the experience of suicidal thoughts or attempts. Regardless, providers should recognize that Asian Americans with suicidal thoughts or attempts who seek help have overcome barriers to do so and may be reluctant to remain in treatment. As such, clinical efforts to actively monitor, assess for suicide using multiple modalities, and attend to culturally specific factors in risk management will be important.

Findings also showed that suicidal Asian Americans prefer nonprofessional over professional help sources—a trend particularly important for development of outreach and intervention efforts. Research with predominantly Caucasian populations indicates that professional interventions such as psychotherapy can be particularly valuable for de-escalating and preventing a crisis of self-harm (e.g., Wenzel, Brown, & Beck, 2009). If these findings also hold true for Asian Americans, outreach encouraging contact with mental health professionals in situations of suicide risk may be important to prevent self-harm. At the same time, Asian Americans’ disinclination to contact professional help sources may signify that existing professional efforts at managing suicide risk are culturally incongruent with expectations. Clearly, more research is needed to evaluate and adapt suicide risk management efforts for application with Asian Americans.

In contrast to mainstream research on professional interventions, research has been equivocal in the effectiveness of nonprofessional sources such as hotlines, online support groups, or self-help groups, for reducing suicide risk or incidence (e.g., Gould, Kalafat, Harris-Munfakh, & Kleinman, 2007; U.S. Department of Health and Human Services, 1999). However, these studies have been performed with Caucasians with little known about the effectiveness of nonprofessional help among Asian Americans. Thus, it may be prudent to extend risk management and referral efforts to the nonprofessional sources that Asian Americans are more inclined to pursue. Providing information about psychotherapy as a potential help source may increase suicidal Asian Americans’ connection with professional help sources that can aid improvement in ideation or attempts. Collaboration between professionals and nonprofessionals (e.g., ministers, healers) can also provide systemic community approaches that may be indicated for Asian American groups (American Psychological Association, 2002). Alternatively, risk management strategies such as coping skill enhancement and safety plans can be more systematically infused into hotlines or online or self-help support groups.

It is also important to note that Asian Americans’ decreased contact with professionals did not extend to medical professionals. Although medical professionals are more likely to see suicidal Asian Americans, assessment and management of suicide risk are not typically emphasized within the context of a medical visit. As such, training of medical professionals to regularly assess and manage suicide risk will be important in reaching suicidal Asian Americans. These medical providers should also consider referrals to psychotherapy when appropriate, where more comprehensive risk management can be accomplished.

It is likely that a multifaceted approach toward outreach, education, and intervention will be required to increase service utilization among Asian Americans with suicidal ideation and attempts who are not receiving the help they need. Given the paucity of studies on culturally competent suicide risk assessment and intervention, investigation of effective risk management strategies for Asian Americans among professional and nonprofessional help sources will be particularly important for future research.

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