

Cross Cultural Newsletter

9th May 2014

Dear Members

Once again I write to inform you that we had a very successful meeting on the 29th April. About 70 of our members attended. The attendance was despite the fact that this was a repetition of the talk given at the SIGMA for GP's in March. The topic for the evening was "**Suicide Prevention within the Chinese Community**". The speakers were **Mr Patrick Au**, coordinator for Asian Mental Health Services of ADHB; and Associate **Professor Elsie Ho** of the University of Auckland.

Patrick started the talk by differentiating the terms suicide and suicidal attempt. He then updated information on epidemiology on suicide among Chinese both local and overseas. With this, he described at length about culture impacts on suicidality; important information for clinicians to bear in mind during their assessments. With these background factors discussed and taking into account the cultural sensitivity towards suicide among the Chinese, Patrick expounded on the techniques of assessment; and elaborated on intervention and post-vention. Finally, both he and Prof Elsie Ho described the research project they are undertaking for ADHB on suicide intervention for Chinese.

According to Patrick, suicide refers to completed ones whilst attempted suicide belongs to the category of Para-suicides. The topic for the evening concentrated on the former.

As to epidemiology, Patrick presented the latest statistics updated to 2013. Suicide in China constitutes the 5th highest cause of death in China, being 2.3 times more than the global rate. Contrary to belief, rural rates are higher than urban; and female gender exceeds the male ones. The highest age group is between 15 to 34, likely caused by the one child policy which started in the late 1980's and affecting the ability of individuals to be adept at making decisions in life or tolerate stresses. (The single child is often more protected and treasured). Family disharmony is another likely cause.

In Auckland, the most recent statistics show that the Chinese population constitutes the fifth largest group of "avoidable mortality". It is also of interest to note that within the 3 DHB's, ADHB has the highest rate of Chinese suicides. As to the trend, the highest peaks were in 1999 and 2003. Again female gender exceeds the male ones. The figure does not come as a surprise as a survey conducted among the Asian youths in 2007 showed that 13% reported having depression and 8% had plans to kill themselves. The method of suicide varies, with poisoning (by pesticides) most frequent, followed by hanging, OD, charcoal burning, jumping from height and drowning in this order.

Culture beliefs and values, especially those relating to the collective orientation, concepts about health, and stress coping styles all contribute to the modification of suicidal behaviours: viz in the triggering, the dynamics and the methods of suicide. In the arena of collectivism, stressful events usually arise from strains in interpersonal relationships. It comes therefore with no surprise that deteriorated spousal relationships, infidelity, rejection by family and feeling being a burden to the collective whole are the commonest triggering factors.

In a collective society in which honour and status rank among the most important pursuits in an individual's life, loss of face caused by events such as loss of status (by financial losses, demotions, and loss of job); or having breached the cultural taboo bringing shame to the collective whole such as having sexual orientation problems (homosexuality), all become significant triggers. Similarly, in a collective society in which harmony is highly valued; and one which frowns on the open expression of emotions, suicide becomes a method whereby an individual feeling aggrieved would utilise to convey their anger, helplessness; or to escape from cultural pressure and crying for help. Vengeance is a common dynamic behind suicidal behaviours especially in the female - an example is found in the "red pyjama suicides" in which an oppressed woman would dress up in red as a signal of vengeance--it is believed that after death, dressing in red makes the individual a fierce ghost. Such a suicide would bring pressure to bear on the perpetrator(s).

Culture also modifies the actual attempt. Shame often has the act masqueraded by endeavours to dress the action such as an accident (such as falling into the water whilst fishing) or as getting lost and dying as if due to exposure. More importantly, because of collective obligations, suicidal mothers often would not leave their children behind - murder-suicides.

Having expounded on cultural impact, Patrick embarked on another arena of suicide - risk assessment. Across the cultures, guideline for the general population still applies-viz assessing the risk and protective factors. Balancing these factors would give one the potential for suicide. As to imminence of acting out on the suicidal wishes, Patrick presented a hierarchy model with increasing risk of acting out as one advances down the hierarchy, viz: suicidal thoughts, planning, and preparation, in this order. Whilst in some individuals, it might take a long time to reach the end stage; some individuals only take a short time. This is especially so when drugs are involved or the individual suffers from any disorder affecting reality testing, or impulse control. Having outlined the general risk assessment techniques, Patrick described some special techniques to elicit and explore risk in the Chinese who would often feel shameful to divulge. These included indirect vs direct exploration and using paper/pencil techniques.

Finally, Patrick described intervention and post-vention strategies. In the former, treatment of any existing mental disorder such as depression; providing social support; exploring any hidden dynamics and dealing with these; and more importantly reframing and positively reinterpreting cultural concepts seen as encouraging them to take their lives are deemed pertinent. (An example was given by Patrick at the beginning of the talk about a saying from Confucius which could be easily misconstrued as promoting the suicide concept:- "*A devote scholar and the man of virtue will not seek to live at the expense of harming their virtue. They will even sacrifice their lives to preserve their virtue.*" In this the word "sacrifice" can be reinterpreted as putting their lives in peril in order to defend virtue—not necessary dying by their own hands.

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Post-vention included heeding and listening to the hidden message behind the attempt, dealing with such; the rendering of material and tangible support (including financial); and more importantly, rallying the social support of the collective whole.

Finally, Patrick and Prof Ho described and discussed their research project and invited the audience to give suggestions. (Please send for the DVD for details.)

The evening again ended with much post-meeting discussion among our members.

S Wong

For Cross Cultural Interest Group

For a more accurate rendition of the presentation, please request the DVD from Diane Evans at dianee@adhb.govt.nz - please send a \$2 stamp to help cover costs.

Hope you all had a Happy Easter



Some Celebrations in April 2014



Spring Outing during Qingming Festival



Bangkok Songkran Festival 2014
Khao San Songkran Splendours 2014



Hanuman: The Mighty Ape of the Hindu Epics



Malaysian Mukah Kaul Festival



Philippines Magayan Festival

HIGHLIGHTS OF THE NEXT FEW SESSIONS:

By the time you receive this newsletter, the flyer about our May meeting would have been out. The topic is ***“Asian People’s Experiences and Views of Mental Health Services provided by Counties Manukau Health”***: *discussions on Research findings and research methods.* “

In June, we are trying to organise a panel discussion following the presentations by a GP, a mental health professional, and a consumer regarding on ***“Closing the interface between primary and secondary services for Asians - pros and cons.”*** This topic is timely in the light of the DHB’s interest on the subject. But please note that although the presentation could provide information for reference, by no means would this purport to represent the official or majority views.

In July, please do not forget that **Dr Ingo Lambrecht** would continue to talk to us about ***“EFT, a culture intrinsic therapy for mental health”***.

The following two sessions would likely be on ***“Mental Health Practice in Singapore—impression of a New Zealand Psychiatrist”*** and a revisit of ***“Ethno-psycho-pharmacotherapeutics—implications for practice.”***

Thank you once again for supporting our group. On behalf of the group, I look forward to seeing you all again in our May meeting.

Preview of next session

Flyer has been emailed for the Tuesday 27th May meeting!!
“Asian People’s Experiences & Views of MH Services by Counties Manukau Health”

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link [http://adhb.intranet/Mental Health/Resources/CrossCulture.htm](http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm)