Suicide and Depression among Asian and Pacific Islanders in Later Life: 1992 to 2003

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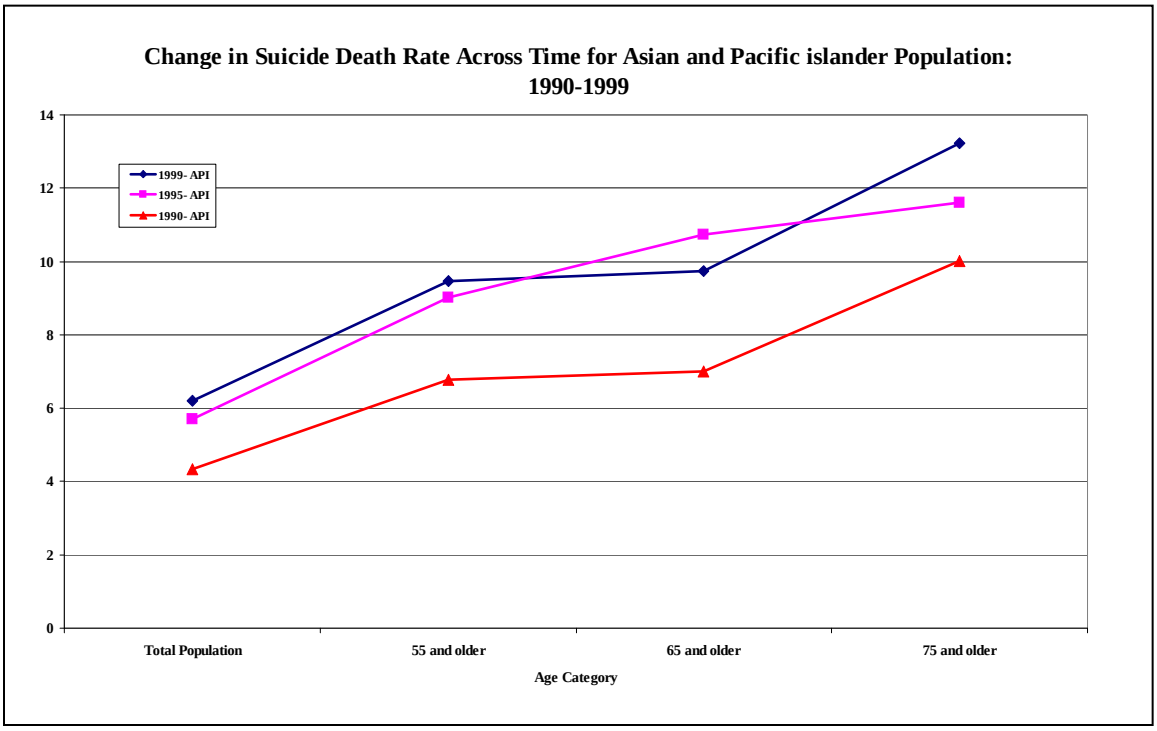
Introduction

Older Americans represent a population at increased risk of both suicide and depression. While the risks and prevalence of suicide among elders is a well established topic in the research literature, less work has been done among the minority populations of Asians and particularly among Pacific Island populations. Pacific Islanders represent a particular concern as they report high suicide rates at all ages. Because of the small numbers of both Asian and Pacific Island (API) deaths in any given year, these groups are often understudied in the mental health literature as they represent specific methodological challenges in establishing both prevalence and occurrence rates of depression and suicide. The research presented in this paper extends earlier work examining mortality data for these populations employing two independent sources on mental health outcomes. Pooled mortality data from files released by NCHS for a period from 1992 to 2003 examine gross patterns of suicide among these populations and examine suicide rates by detailed race and ethnicity which were first made available on the 1992 data files. The paper also uses pooled data from the National Hospital Discharge Survey for the same period to examine patterns of hospital admissions for these populations where there is a diagnosis of depression or other mental health condition.

Comparative issues for Asian and Pacific Islanders and other racial groups

- API elderly populations, like elderly Whites reflect increasing risks of suicide by age.
- African American and American Indian elderly reflect low and relatively flat rates of suicide by age.
- Suicide rates among API elderly populations tend to be intermediate between whites and other racial groups.

When looking at these trends across time we find that suicide rates among elderly Whites have consistently declined between 1990 and 2003 for all ages, representing a positive finding, particularly among while men who typically face the highest risks of suicide. In contrast, suicide rates among elderly Asian and Pacific Islanders have risen between 1990 and 2003 for all ages with the most striking increase is seen among those 75 years of age and older. While these rates remain lower than those seen for Whites, the trend is disturbing and requires further examination.



Findings

Analysis from these sources finds that suicide rates among API elderly are not higher than those seen among elderly in the US more generally and, in fact, suicide rates among API elderly between 1990 and 2003 remain intermediate to other groups. They are lower than those seen for white elderly but they are higher than those seen for other racial groups. Nonetheless, API rates are markedly higher than those seen for African American and American Indian elders and as such are more related to rates seen for Whites.

While the rate of API elderly suicide is lower than that seen for Whites by age, but the pattern of suicide by age is similar to that seen for whites. Other racial groups have very

different by age rate profiles. As elderly whites consistently have the highest rates of late life suicide, this argues that this similarity required greater policy and mental health attention to API elders.

The examination of change across time presents more striking concerns. Suicide rates among White elders have declined between 1990 and 2003, but rates among API elders have increased steadily during the same period, particularly among the oldest old API population aged 75 and older.

Conclusions

Analysis from these sources finds that while the risks Asian and Pacific Island elderly face in terms of both depression and suicide are less than those found among White US populations, the rates are increasing across time for API populations while it has declined among other racial groups for the same periods. The reasons for this observed increased risks among API elderly across time need to be determined through quality of life and mental health provision patterns among API populations. The results from this analysis provide a framework that can be used in the development of both policies to address these concerns and to help develop additional analysis using newly emerging data resources.