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Revisiting the immigrant paradox: Suicidal ideations and suicide attempts among immigrant and non-immigrant adolescents



Alexander T. Vazsonyi Ph.D. ^{*}, Jakub Mikuška MS, Zuzana Gaššová MS

University of Kentucky, United States

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ABSTRACT

The current study examined the immigrant paradox in suicidal ideations and attempts, whether rates and correlates varied across immigrant/non-immigrant youth in a nationally representative sample of 7,287 Swiss adolescents (10.2% 1st generation immigrants, 10.3% 2nd generation, and 16.1% mixed parentage; $M_{\text{age}} = 17.45$, $SD = 1.85$, 46.6% females). Known risk and protective factors for suicidal ideations and attempts (depressive symptoms, family and peer connectedness, and demographics) were used as correlates, and their effects were compared across groups. About 27% of youth thought about suicide in past 12 months, while 5.5% reported attempting suicide once in their lifetime. After controlling for known predictors and nationality, being an immigrant adolescent (1st, 2nd generation, or mixed parentage) lowered the risk for suicidal ideations as compared to native Swiss youth; immigrant status was unrelated to attempts. Findings provide mixed support for the immigrant paradox; both immigrant and native youth would benefit from effective intervention strategies.

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Understanding how immigrant status may affect youth mental health is becoming increasingly essential as immigrant populations in the Western world grow. Immigrant youth in particular face large socio-psychological stressors related to effects of traumatic events leading to migration such as witnessing war (Aragona, Pucci, Mazzetti, Maisano, & Geraci, 2013; Feuerverger, 2011), separation from family (Geltman et al., 2005), limited language proficiency (Carhill, Suarez-Orozco, & Paez, 2008), discrimination or low socioeconomic status (Norredam, Olsbjerg, Petersen, Laursen, & Krasnik, 2013; Spallek et al., 2014). Immigrants often settle in poorer neighborhoods that expose them to chronic stressors, such as community violence (Ozer & McDonald, 2006) or limited social resources (Portes & Rumbaut, 2001). Given the stressors related to immigration and acculturation, one might suspect that immigrants are at greater risk for mental health problems. On the other hand, immigrants may be exposed to circumstances that may benefit their mental health, like having strong family bonds (Fazel, Reed, Panter-Brick, & Stein, 2012), religious beliefs (Anglin, Gabriel, & Kaslow, 2005), or ethnic identity pride (Lee, 2005).

Few studies have examined the relationship between the youth immigrant status and suicidal ideations or attempts. As suicide is the second leading cause of death among young people aged 15–29 (WHO, 2014), adolescent suicidality remains

^{*} Corresponding author. Department of Family Sciences, 316 Funkhouser Building, University of Kentucky, Lexington, KY, 40506-0050, USA.
E-mail address: vazsonyi@uky.edu (A.T. Vazsonyi).

a major public health concern. Clinicians have suggested that suicidality falls on a continuum of increasing severity ranging from suicidal ideations (thinking about being dead/killing oneself) through suicide attempts (self-harming behaviors intended to result in death) to completed suicides (Bridge, Goldstein, & Brent, 2006). Although most attempts do not result in suicide, nor is every suicide preceded by an attempt, a prior suicide attempt has been found to be a major risk factor for suicide completion (Marttunen, Aro, & Lonnqvist, 1992; WHO, 2014). Known warning signs of suicide attempts include suicidal thoughts or ideations. Thus, to prevent suicide of young people, improving our understanding about the developmental course of nonlethal suicidality remains paramount. Large challenges or stressors in the lives of youth generally precipitate depressive symptoms as well as suicidality (Hovey, 2000), and immigration and acculturation may be such stressors. Few empirical studies have explored the resources immigrant youth draw upon as they contend with mental health problems. Research suggests that perceptions of social support are principal for youth health outcomes (Almedom, 2005); poor interpersonal relationships with parents and peers were found to be risk factors for suicidality (Borowsky, Resnick, Ireland, & Blum, 1999; Kaminski et al., 2010; Lai & McBride-Chang, 2001). Moreover, previous research has identified other risk factors for youth suicidal ideations and attempts including age (risk decreases from adolescence to young adulthood; Lewinsohn, Rohde, Seeley, & Baldwin, 2001; older adolescents being in greater risk than younger ones; Lipsicas & Mäkinen, 2010), sex (being a female increases the risk; Gould, Greenberg, Velting, & Shaffer, 2003; Jiang, Perry, & Hesser, 2010; Lewinsohn et al., 2001; Ponizovsky, Ritsner, & Modai, 1999; van Leeuwen, Rodgers, Régner, & Chabrol, 2010), and depression (Dugas et al., 2012; Farabaugh et al., 2012; Thompson, Mazza, Herting, Randell, & Eggert, 2005). This then defines the focus of the current study, which examined whether the immigrant paradox pertains to suicidal ideations and attempts and tested known predictors of both suicidal ideations and attempts across groups of immigrant and non-immigrant youth residing in Switzerland, one of the European countries with the highest rate of foreign born individuals (Eurostat, 2012).

1. Immigrant paradox and suicidality in Europe

It may be expected that immigrants are at greater risk for health problems, given the stressors they experience. This assumption has been described as the stress hypothesis (Berry, Kim, Minde, & Mok, 1987). However, immigrants often tend to show better mental health outcomes than their native-born peers in spite of their poorer socioeconomic status. This counterintuitive finding has been referred to as the immigrant paradox (García Coll & Marks, 2011; Sam, Vedder, Ward, & Horenczyk, 2006). This term also refers to the finding that 1st generation immigrants often have better outcomes than the 2nd generation, even though it is intuitively expected that the 2nd generation would do better due to typically having more social and economic resources (Jasso, Massey, Rosenzweig, & Smith, 2004). Selective migration (Jasso et al., 2004; Urquía & Gagnon, 2011), also known as cultural integration hypothesis (Marks, Ejesi, & García Coll, 2014), is a popular hypothesis to explain immigrant paradox. The rationale behind the hypothesis is that immigrants are a self-selected group of people with strengths to endure the re-settlement who are migrating in search for opportunities. National policies of the host country may further eliminate the number of eligible immigrants, favoring the more resilient ones. In this perspective, 1st generation immigrants are viewed as a selected, motivated, and resilient group. However, these positive motivational forces may be lacking in the later generations (Marks et al., 2014). Furthermore, the process of acculturation may be more difficult for 2nd generation than for their parents, because they in effect need to accommodate to two cultures - the culture of the host country and their peers, as well as the culture of their parents (Abad & Sheldon, 2008). When these cultures are very different, the process may be more complex, causing more stress and leading to increased potential for suicidality.

The immigrant paradox has been reported mostly in research implemented in the United States (e.g., Guarini, Marks, Patton, & García Coll, 2013; Ortega, Rosenheck, Alegria, & Desai, 2000; Pena et al., 2008), and to a lesser extent in Europe. Sam, Vedder, Liebkind, Neto, and Virta (2008) hypothesize that this disproportion may be related to the differences in immigration policies in USA and Europe, but also to the fact that the early immigration to the United States was mostly voluntarily, while the immigration to Western Europe held a different nature. Following World War II, immigrants to Europe came from previously colonized countries, following by a sizable wave of immigrants recruited for work (many of whom remained), labor seekers, and involuntary immigrants fleeing from conflict regions. The few studies that have examined the immigrant paradox in European youth focused on mental health provide mixed evidence, some favoring immigrants (Hackett, Hackett, & Taylor, 1991; Sam & Virta, 2003), others less so (Janssen et al., 2004; Reijneveld, Harland, Brugman, Verhulst, & Verloove-Vanhorick, 2005); still other work has found no differences between immigrant and native populations (Virta, Sam, & Westin, 2004) or found different results for different adjustment outcomes (Sam et al., 2008).

Research examining immigrant paradox in relationship to suicidal ideations and attempts is scarce. To our knowledge, there has been only one empirical study that explored suicidality across multiple immigrant groups (of ages 15 and over) in Europe, and its results are inconclusive (Lipsicas et al., 2012). The authors found that 27 of 56 studied immigrant groups (20 different countries, excluding Switzerland) had significantly higher attempted suicide rates than native populations; although 25 groups had similar rates, and 4 had significantly lower suicide rates than members of the host populations. Another study, a systematic literature review, did not find any patterns of suicide among immigrants (>16 years old) in Europe (Spallek et al., 2014). However, the authors suggested that suicidality may depend on cultural factors as well as suicide risk in the country of origin; some evidence has indicated that immigrants from high suicide risk countries, including Northern and Eastern Europe,

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