

Self Harm in South Asians from Epidemiology to Intervention

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Asian women in suicide epidemic

Vittoria D'Alessio
and Polly Ghazi

WHEN she was 16 Baljit's father charged at her with a kitchen knife, intent on slitting her throat. Her brother restrained him, but then joined his father and mother in beating Baljit daily for two months while keeping her a prisoner in their Birmingham home.

Forced by her family to abandon her studies as a trainee nurse, Baljit eventually took an overdose in despair. Her crime was to fall in love. She was a Sikh, he a Muslim, and their union brought shame and dishonour on the family.

Baljit's case is symptomatic of an alarming rise in attempted suicides among Asian women, torn between traditional family customs and the more liberal values of British society. New figures reveal that over the past decade suicide rates have been three times higher among 16- to 24-year-old women of Asian origin than those with English parents.

The most common — and painful — method of death chosen by women was to set themselves alight, mimicking the traditional Hindu custom of a wife sacrificing herself on her husband's funeral pyre.

A separate study found that in Birmingham, one in 60 Asian women have made a serious attempt to take their own lives.

Women's groups and health experts say they are being inundated with cries for help from Asian women shunned by their communities when they try to escape violence inflicted by

Death rate soars to three times average

family or husbands. And they warn that these suicide rates will continue to rise unless more counselling services and refuges for women from ethnic minorities are made available.

The high level of self-inflicted death among young Indian, Pakistani and Bangladeshi women is particularly alarming, because overall suicide rates for Asian-born Britons are much lower than the national average.

An unpublished study by the Health and Ethnicity Unit, funded by the North West and North East Thames health authorities, reveals that, over the past 10 years, for every 100,000 women aged between 16 and 24 in England and Wales, 7.5 of Asian origin committed suicide compared with 2.5 of British origin.

Among women aged 25 to 34, the suicide rate among Asian women was almost twice as high as those with parents of British origin — 7.5 compared with 4.2 in 100,000. Over 34, the difference in suicide rates among women from different backgrounds virtually disappears.

The study also reveals that young Asian women who killed themselves tended to be married and did not usually have a

history of psychiatric illness. By contrast, women of British origin who kill themselves live alone and suffer depression.

Women's campaigners lay most of the blame for high suicide rates among young Asian women on family conflict. They argue that second and third-generation young British Asian women are finding it difficult to accept their parents' values, particularly over arranged marriages. And they fear that the popularity among Asian men of religious fundamentalism — with its emphasis on women's traditional role — is exacerbating the conflict.

Pragna Patel, of London-based Southall Black Sisters, one of only a dozen counselling groups for Asian British women, says: 'We need to raise these issues within the Asian community, where women's rights are not considered important. But it is also up to the State to stop ignoring the needs of Asian women. It is no good saying they don't want to interfere in Asian culture — they must give Asian women the same support that British women get.'

In the past few years the centre has seen a steady increase in attempted suicides among the 1,000 young west London Asian women who seek its help every year. It is a pattern repeated nationwide.

Pat Crew, multicultural co-ordinator of the Samaritans, says the charity is receiving growing numbers of calls from suicidal Asian girls. 'They see their white counterparts and the freedom that is afforded them



Place of safety: Sadhna Issar, of Southall Black Sisters, counselling a young woman. Photograph by Sue Adler.

and they rebel. They feel they are in a time warp,' she said.

In Huddersfield, Dr Asha Razdan, assistant consultant psychiatrist at St Luke's Hospital, warns that a growing number of Asian teenage girls, are either attempting suicide or suffering from eating disorders.

And in Birmingham, a recent study on Asian suicide victims admitted to Dudley Road Hospital found that the number of women who had tried to kill themselves had risen fourfold between 1976 and 1989.

For many Asian women, the only alternative to giving in to parental demands is to make the painful decision to cut all family

ties. Baljit (not her real name), now 26 and living in west London, has not spoken to her parents for three months. She has decided to divorce the violent man her parents eventually forced her to marry. Her experience is typical, say counsellors at Southall Black Sisters, of the 50 women who come to them for help every week.

Baljit said: 'After I took the overdose, my parents stood by my hospital bed trying to make me sign a letter saying I would not see my boyfriend again, but I refused. When we got home my dad said, "OK, I'll kill you myself", and the beatings started again. Then my dad sent

round two vanloads of boys from the Sikh Youth Federation to my boyfriend's flat. Their aim is to protect Sikh women's honour. They said they would kill him unless I agreed not to see him again — so I gave in.'

Four months later Baljit was taken to a house in a London suburb and introduced to a Sikh businessman 13 years her senior. 'Three days later I was married.'

'Later,' she said, 'he started hitting me. The only thing I can do now is get out of the marriage and try to make a new life for myself, without my husband and family.'

Patel believes Asian women

will only get the support they need if police, social workers and politicians change the approach to Asian communities.

'They usually deal with a single community leader, who always a man and represents traditional views. Women's views are ignored. Social workers and police times fail to protect women for fear of an interference with traditional values.'

Southall Black Sisters and other Asian women's groups in Britain are often criticised by nationalist Asian leaders who deny that they value the rejection of Hindu and Sikh customs.

'Standing up for women's rights does not mean we're rejecting our culture. We're

Mental Health Disparities

- Ethnic minorities:
 - Less access to, and availability of, mental health services
 - Less likely to receive needed mental health services
 - Those in treatment often receive a poorer quality of mental health care
 - Underrepresented in mental health research
 - Experience a greater burden of disability

Cautions

- Ethnic minority groups “are largely missing from the efficacy studies that make up the evidence base for treatments...well-controlled efficacy studies examining outcomes of mental health care for minorities are rarely available... There is *some*, albeit limited research, that *some* EBTs are appropriate for *some* ethnic groups (Miranda et .al., 2005)
- Imposition of EBTs on another cultural group can be considered a new form of “cultural imperialism” (Bernal & Scharron-del-Rio, 2001)



BACKGROUND

- Depressive disorders are common in women of Pakistani origin living in UK.
- We assessed whether this could be attributed to high levels of social stress.



CONCLUSIONS

- The findings did not support the expectation that events and difficulties resulting from direct racial discrimination and harassment would be important in depression
- Rather we gained insight into the isolated and very difficult situations experienced by depressed women of Pakistani origin in UK
- For some their lack of social support and limited use of English further reduced their chances of dealing with these adequately.

Severity & Presentation of Depression:

Severe, 9 out of 44 depressed reported suicidal ideas in 2 self harm seriously contemplated nearly all presented with somatic symptoms

The Manchester HOPE study

Research Questions

- Compared to white Europeans do people of Pakistani origin also living in Manchester, UK :
 - Experience more depressive disorder?
 - Is depressive disorder more persistent?
- If so, can the persistent depressive disorder be attributed to more persisting social difficulties and/or less successful access to helping agencies?

Two phase survey of population-based sample

- Inner city **Manchester**
- 396, 000
- 1000 each random from GP lists
- Followed by six month prospective cohort study



High rate of depression among Pakistani women

- Social isolation
- Language difficulties, don't speak English fluently
- Unemployment
- Lack of satisfactory confiding relationship
- Rarely leave home, and then only accompanied by husband or other family member

Conclusion – GP contacts for depressed subjects only

Compared to white Europeans depressed people of Pakistani origin

- Visit the GP more often
- Consult for anxiety/depression at similar rate
- Consult for multiple bodily symptoms more often
- Less likely to receive appropriate treatment

This suggested an intervention ...

- Begin with developing informal network**
- Engage women with culturally acceptable social contacts**
- Include psycho-education**
- Later encourage to seek mental health treatment through primary care**
- Also encourage, through training, a positive therapeutic response from primary care**

Developing and testing a culturally sensitive intervention for depressed Pakistani women in UK

SITARA

ستاره

SOCIAL SUPPORT AND ANTIDEPRESSANT RANDOMISED CONTROL TRIAL



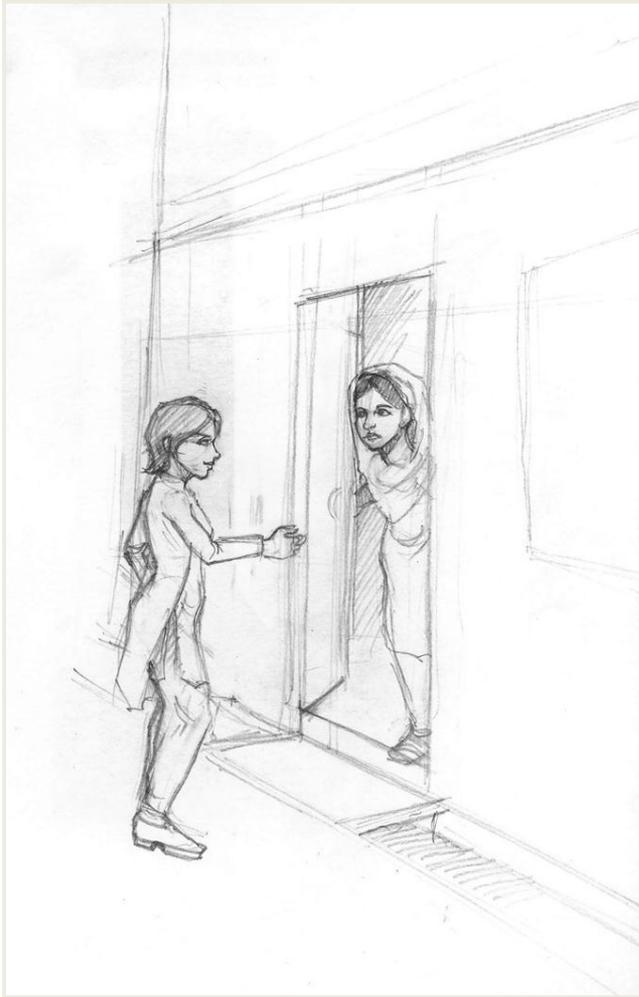
Pakistani
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Engagement Session



- Home visit by the research assistant
- Provide detailed information about the study.
- Dispel apprehensions
(Confidentiality)
- **Time keeping**

ACTIVITIES SESSIONS: 4

RELIGION



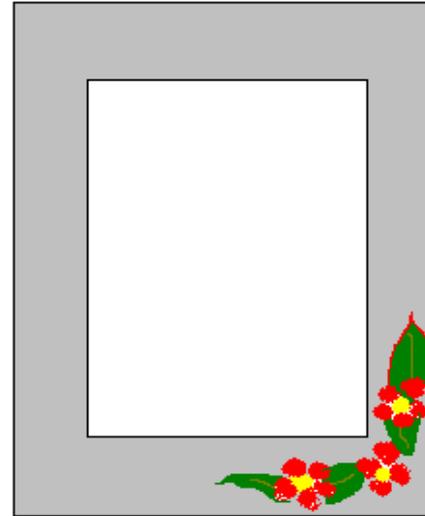
BEAUTICIAN



EXERCISE



GLASS PAINTING



Outside Sessions

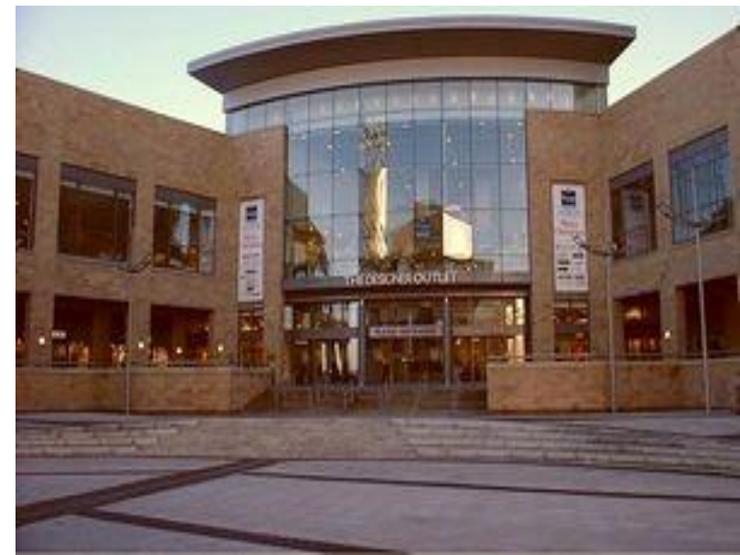


MANCHESTER
1824

The University of Manchester
The Manchester Museum



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SALFORD QUAYS



Final Session



- Goodbye session
- Planned as a party
- All dressed up
- Exchange contacts
- Remember follow up

	Antidepressants (n=42)	Social treatment (n=39)	Combined treatments (n=42)
HAM-D:			
0 months	20.1	19.8	21.0
3 months	19.6	14.1	15.9
9 months	14.8	14.7	13.9

Summary

- Women of Pakistani origin living in the northwest of England have high rates of emotional distress and depression. (Husain et al 1997, Gater et al 2008)
- Strong association of suicidal ideation with psychological distress (Chaudhry 2007)
- Culturally sensitive interventions can help reduce depression in this group (Gater et al, 2009)

The Synthesis Matrix

	<i>Literature review</i>	<i>SU views</i>	<i>Clinicians</i>	<i>Comm.</i>	<i>Cultural</i>
Content & components of intervention, materials					
Format for delivery (individual/group/mixed)					
Length, number of sessions, follow up					
Who should deliver? Training needed					
Ethical issues				Lancashire Care	NHS NHS Foundation Trust

Precipitants of Self-harm in South Asian Women in the UK

Husain et al, 2006

Author(s)		Precipitants
Burke (1976)		Interpersonal disputes
Merrill & Owens (1986)		Marital problems, arranged marriages rejections of arranged marriage proposals, cultural conflict
Bhugra et al (1999)		Gender role expectations, pressure for arranged marriage, individualisation and culture conflict
Cooper et al, (2006)		Relationship problems with family

- **Barriers**

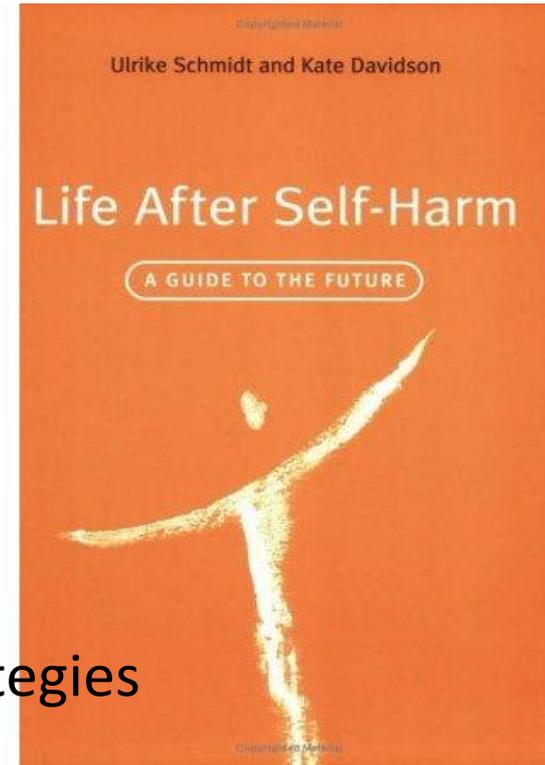
- South Asian women access care only in times of crisis as a last resort (Chew-Graham et al 2002)
- Services fail to engage with ethnic minorities (Chantler et al 2001)
- Lack of appropriate treatment offered or a negative impact of services
- The higher rate of suicide in young women of South Asian origin may be related to untreated self harm (Raleigh 1996)

Problem Solving Therapy

- People who attempt suicide have poor problem solving skills (Pollock et al 2001)
- Problem-solving deficits contribute to hopelessness and depression, which in turn increase the probability of suicidal ideation and intent (D'Zurilla et al (1998))
- Problem-solving therapy is a brief, cost effective, pragmatic intervention that has the potential to be widely utilized in clinical practice

Life After Self Harm

- This is a manualised intervention and a self-help guide called “Life after self-harm”
- (Schmidt and Davidson 2004)
- It includes
 - evaluation of the self harm attempt,
 - crisis skills
 - problem solving
 - cognitive techniques to manage emotions, negative thinking and relapse prevention strategies



Aims

- To test the ability to recruit participants to the study
- Test the use of instruments
- To culturally adapt a brief psychological intervention “Life after self harm” (C-MAPS).
- To determine the effect of C-MAPS on suicidal ideation

Cultural Adaptation

- Evidence suggest that CBT needs adaptation for use with ethnic minority clients (Sue et al 2009; Naeem et al, 2010)
- A multidisciplinary focus group of mental health professionals.
- Translated into Urdu, special consideration to cultural adaptation of phrases and concepts to reflect south Asian culture
- Culturally appropriate case scenarios were incorporated
- Consensual view to address cultural factors such as gender roles, sexuality, and substance misuse and family conflicts were taken

TRADITIONAL & WESTERN SOCIETIES

(Okasha A 2000)

TRADITIONAL SOCIETIES

- Family & Group Oriented.
- Extended Family.
- Status determined by age and position in the family.
- Relationship between kin obligatory.
- Arranged marriages with an element of choice.
- Family decision making.
- External locus of control.
- Physicians decisions respected and considered holy.
- Deference to Gods will.
- Pride in family care of mentally ill.
- Pride in family tie.

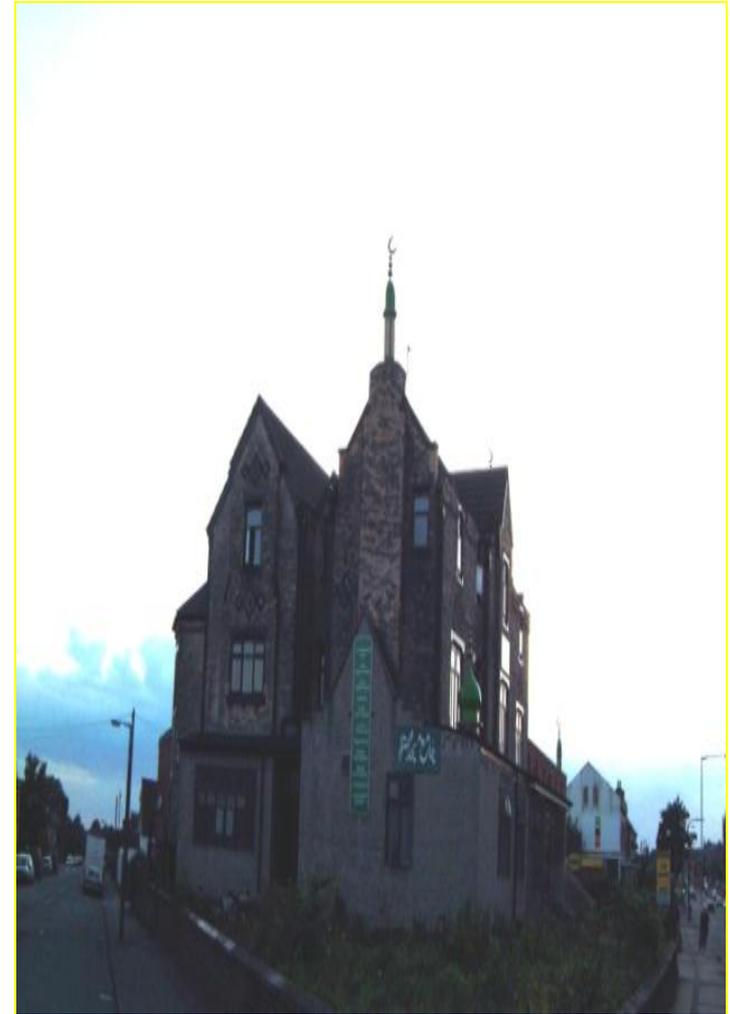
WESTERN SOCIETIES

- Individual Oriented.
- Nuclear Family.
- Status achieved by own effort
- Relationships individual choice.
- Choice of marital partner, determined by interpersonal relationship.
- Individual autonomy.
- Internal locus of control.
- Doubt in doctor patient relationships, malpractice suits not uncommon.
- Self-determination.
- Community care of mentally ill.
- Pride in self

RELIGION and SPIRITUALITY

The Role of God in Illness

- Any problem may be viewed as being sent by god as punishment for sin, even if its health & the patient accepts the physician's biopsychosocial explanation.
- Clinician should allow the patient to express spiritual concerns, real or imagined. If he/she is uncomfortable with this type of discussion, he or she may suggest that the patient meet with the appropriate religious figure.
- The health care provider must recognize that patient education will not remove the fear of a witch, the belief in a punitive god, and or the anxiety about the actions of loved ones.



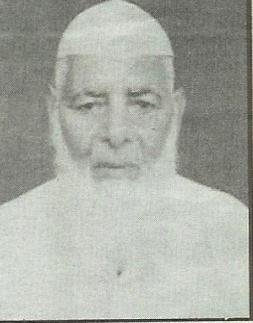
میاں سبحانی صاحب کے بولتے ہوئے جادو کا بہت بڑا کرشمہ

سنگدل سے سنگدل محبوب اور نافرمان اولاد آپ کے قدموں میں

آپ پر کئے ہوئے تعویذوں اور جادو کا اثر اپنی آنکھوں سے

صرف تین یوم میں دیکھیں۔

آزمائش شرط ہے



میاں سبحانی صاحب کا تمام جادو گروں کو چیلنج

اگر پیر صاحب کے کئے ہوئے کام پر کوئی جادو گر اور جوشی دوبارہ اپنا جادو کرنے کی کوشش کرے تو اسے دس ہزار پاؤنڈز انعام دیا جائے گا۔ پیر صاحب کی دنیا کے بارے میں تمام پیشن گوئیاں حرف بہ حرف سچ ثابت ہوئی ہیں۔ ہر کام سو فیصد گارنٹی کے ساتھ کیا جاتا ہے اور ہر وہ کام مثلاً کاروبار میں بندش، شوہر کو راہ راست لانا، دوستی، دشمنی، بندش سفر، امتحان میں ناکامی، بیماری، اولاد کا نہ ہونا یا ہو کر مر جانا، محبت میں ناکامی، جادو ٹوڑنا اور اس طرح کے تمام مسائل کا حل لچھوں میں۔ انشاء اللہ

صرف ایک فون کال آپ کی ناکام اور مایوس زندگی کو خوشیوں میں بدل دے گی

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100% GUARANTEED RESULT

Focus Groups

- South Asians (n = 17)

Discussing personal problems with someone outside of the close family networks brings a deep sense of shame.

Control (family, cultural/traditional/religious values)

Identity (self, culture, family, wider culture))

- Perceived consequences for the extended family
- Concealment due to shame and for protection?
 - Self harm → person → at times isolation of family also

Stigma - Izzat

- South Asians (n = 17)
 - Self harm mostly not considered a mental illness but a coping strategy by the individuals and by the wider family given religious and spiritual explanations (“curse, punishment, Jadoo fear, Jinn, lack of faith”)
 - Communication (difficulties expressing themselves, gender roles).
 - main-stream services = Lack cultural understanding (attention seeking)
 - Stories
 - Problem solving training

Overview of the sessions

- Sessions 1&2: (Getting Started)
 - Discuss Feelings.
 - Elicit beliefs about self harm.
 - Provide information, discuss and check (you are not always going to feel like this).
- Session 2:
 - Develop personal action plans (Keeping safe)
 - Should be congruent with beliefs
 - Specific, achievable and realistic goals
 - What to do in a crisis (Getting support, distraction).

C-MAPS

- Sessions 3-5: Implement the action plan
 - What, when, where, who
 - Where agreed, include family members and/or friends.
 - Learning to solve problems
 - Practice coping skills
 - Learning to change thinking (unhelpful thinking)
 - Alcohol, drugs & pills (diazepam – pain killers).

C-MAPS

- Sessions 6&7:
 - Review progress
 - Develop or adapt goals as necessary
 - Identify positives, provide encouragement – what is working well?
 - Problem solve to overcome barriers
 - Develop maintenance strategies
- Session 8:
 - Booster session, maintenance strategies

Farah's Story

- Farah (aged 24) is the oldest daughter of a Pakistani family. She has four younger sisters and brothers. She was born in the UK and went to the school locally in Manchester. She has many English friends. “I could never please my father; he wants me to be a good Pakistani daughter, but I am not”. Farah was the only one of her siblings to stand up against her father. There were daily arguments at home. “He would shout at me for any reason. He did not like my hair, my dress, the people I liked, nothing about me. He would always tell me how useless I was, and how I did not respect him enough. Farah felt lonely and unsupported in her family; Her mother never dared to speak out, and her younger brothers openly supported the father

Farah's Story

- Recently her father started to put increasing pressure to get married in the traditional Pakistani way. One evening Farah had planned to go and visit her friends, but her father forbade her to go. He said a family with their son was visiting to see her and he thinks he will be a suitable husband for her. Farah felt trapped. She thought that if she did go to see her friends against her father's will she risked being sent to Pakistan. However what she feared most was that in her absence he would take out his anger on her mother as he had done in the past. She could not see a solution to her difficulties and took a large dose of painkillers after every one had gone to bed. Luckily her younger sister, with whom she shared a room, woke up and discovered her



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Study protocol

Open Access

Prevention of self harm in British South Asian women : study protocol of an Exploratory RCT of culturally adapted manual assisted Problem Solving Training (C-MAP)

Nusrat Husain ✉, Nasim Chaudhry ✉, Steevart V Durairaj ✉, Imran Chaudhry ✉, Sarah Khan ✉, Meher Husain ✉, Diwaker Nagaraj ✉, Farooq Naeem ✉ and Waquas Waheed ✉

Trials 2011, **12**:159 doi:10.1186/1745-6215-12-159

Published: 21 June 2011

[Abstract \(provisional\)](#)

Trials
Volume 12

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Pakistan

- The results of a feasibility trial are positive. All the participants (N= 17 ; 8 C-MAPS & 9 TAU) found the intervention acceptable.
- All the participants attended more than 80% of sessions with good time keeping.
- The participants found the sessions helpful in addressing their ongoing social difficulties.
- This trial has now lead to a larger appropriately powered (n=200) trial.

Acknowledgements

- All The Participants.
- Research Team

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Muito Obrigado

감사합니다

Спасибо

有難う

谢谢

شكراً

Danke Schön

Thank you!

תודה

धन्यवाद

Maraming Salamat

Ευχαριστώ πολύ

Grazie mille

Muchas Gracias

Merci beaucoup