# Suicide Prevention among Bhutanese in New Hampshire

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**Scope:**

Nepali-speaking Bhutanese, who were born in Bhutan, were prosecuted, brutalized and uprooted in the 1990s where they had lived for generations. They were terrorized in various forms. All their properties were confiscated, houses were burned, thousands of men were detained for unknown reasons, majority of them never came home, and women were raped in public. They were forced to leave their home at night. The situation became critical when they had to abandon everything they owned and unexpectedly became refugees and lived in Nepal for over two decades. Their communities were broken and families were separated when they left Bhutan.

When the Bhutanese were moved by the United Nations High Commissioner for Refugees (UNHCR) to third countries through its third country resettlement program, they faced various challenges in the countries they are resettled. They were further separated with their families and neighbors (Khatiwada, 2012). They are always trapped in the crisis of identity wherever they lived. The Bhutanese citizenship was revoked by the government, Nepal did not allow them a path to citizenship, and in their third countries they had to wait years for citizenship. Timsina aptly said, "People were forced to forfeit Bhutanese citizenship, their ancestral land, and properties. They suffered the ultimate humiliation of losing their country and sense of belonging. They were hounded, looted, humiliated and hoarded in the trucks and dumped like garbage in Nepal border at Kakarvita by Indian security forces, who worked in league with Government of Bhutan" (Bhutan News Service. Retrieved April 24, 2014 from http://www.bhutannewsservice.com/main-news/lets-all-campaign-to-treat-mental-illness-without-secrecy-and-taboo-dr-chhabilall/).

These are some of the possible triggering factors for increased risk of suicide within the Bhutanese refugee communities. A study by Centers for Disease Control and Prevention (CDC) reports that global suicide rate is 16 people per 100, 000, and the rate for the general U.S. population is 12.4. However, among U.S. resettled Bhutanese refugees the rate is 20.3 and 20.7 among the refugee camp population (CDC, 2012). The CDC also estimates that one in five U.S. citizens will suffer from a debilitating mental illness during their lifetime (CDC, 2012). It is sad to note that many of these illnesses go undiagnosed or untreated.

**Methodology:**

Three rounds of focus group discussions were conducted among Bhutanese in Concord, Laconia and Manchester, NH. Participants for this study were drawn from the Bhutanese refugee population between the ages of eighteen and sixty-seven. Participants were randomly selected in each city. A total of 67 participants attended the focus group discussions. The researcher protected participants' confidentiality throughout the process by keeping the data private and removing names and other personal information to maintain research ethics. After introducing the issue, participants were introduced to each other. The discussion was focused on two major questions:

1. Why do we see prevalence of suicidal ideation among Bhutanese? Can you explain?

2. How can we prevent suicide among Bhutanese in New Hampshire?

**Results:**

For the prevalence of suicidal ideation among Bhutanese, participants in the group discussion pointed to Post-Traumatic Stress Disorder (PTSD), depression, anxiety, sense of loss, language

barrier, separation from family, isolation, inadequate family and community support, unemployment and job loss, culture shock, financial stress, unmet expectations after resettlement and high expectation on children's studies. The CDC report also states that the prevalence of symptoms of anxiety among Bhutanese refugees was 19%, depression, 21%, and distress, 17%. The estimated prevalence of PTSD symptoms among Bhutanese refugees was 4.5%. Significant risk factors for suicidal ideation among Bhutanese refugees included: not being a provider of the family; perceiving low social support; screening positive for anxiety, depression, and distress; and increased conflict after resettlement (CDC, 2012).

On the prevention side, participants collectively stressed the need for a video involving spiritual leaders and psychiatrist in the target language; offering periodic suicide prevention training to the front liners and the general population at large; talking about hope, courage, love and care in congregation while praying; introducing yoga in the community; welcoming new arrivals by introducing community navigators to help them with timely service; and producing suicide prevention trainers within the community.

**Actions Taken:**

*Nepali TV Program*- Keeping these suggestions in mind, this researcher approached the leadership of Bhutanese Community of New Hampshire (BCNH) and encouraged them to send at least five individuals to be trained in producing BCNH's Nepali TV program. Accepting my proposal, five individuals were offered scholarship to attend the training at Concord Community Television. In April 2014 after the training, the trainees started a TV program, *Haamro Aawaj* on Concord Community TV once a week for half an hour. In the second episode of *Hamro Aawaj*,

four faith leaders each from *Hinduism, Heavenly Path, Buddhism* and *Christianity* were invited to the studio to talk about suicide prevention from their respective religious perspective.

It is believed that the unique role that faith leaders play in people's lives often provides them with access to information about many different dimensions of a person's life. They are aware of multiple aspects of an individual and their family and areas that may be causing stress. Faith leaders, who have served a particular faith community over a long period of time, have significant information about family or individual which can be crucial information. It is also believed that faith leaders are often the first that people at risk may seek for help. Christianson states that a consistent finding over the past two decades indicates that approximately 40% of persons seeking outside help with emotional distress turn first to the clergy, a figure considerably higher than those who turn to psychiatrists, family physicians and psychologists (Christianson, n.d). Clark states that the tragedies of suicide attempts and death by suicide can often be averted if prevailing mental disorders are promptly recognized and treated, even when the aversive life circumstances of the patient cannot be changed at all. The pastor, who brings a holistic approach to persons in crisis, is in a unique position to distinguish between spiritual trials, difficult life circumstances, psychological idiosyncrasies, relationship problems, normal grieving and outright psychiatric illness. These are not easy distinctions for anyone to make. Many persons in crisis struggle with a number of different problems simultaneously. Sometimes, the boundaries between different types of problems are blurred. The vigilant pastor who has been taught to recognize fundamental signs of psychiatric illness, however, is in a strategic position to spot persons struggling with a mental disorder, educate them about the nature of mental disorders, dispel some of the stigma attached to mental disorders, and vigorously encourage consultation with a qualified mental health professional (Clark, 1993).

In the BCNH's TV episode on suicide prevention, the only Nepali-speaking Bhutanese psychiatrist based in Minnesota, U.S. was brought through Skype into the suicide prevention discussion to offer culturally appropriate mental insights. A video was made out of the discussion among faith leaders and the psychiatrist which offered hope, courage and love. This is a token of help for those looking for love and care. Kevin Hines, a suicide survivor, said, 'Before I jumped off the Golden Gate Bridge, I was looking at people, wanting someone, anyone, to say, "Are you Okay?"' (Bower, 2006). This video is made online with the objective of educating Nepali speaking population across the globe about suicide prevention (http://vp.telvue.com/preview?id=T02132&video=192515).

*Yoga:* Yoga can significantly help to improve mental stability. It has long been seen as a tool for improving mental health. Criswell, the author of *How Yoga Works; Introduction to Somatic Yoga*, points out that for the general person, yoga greatly enhances mental health, mood, sense of self, motivation, sense of inner direction and purpose, as well as physical health that is so important for mental health (Criswell, 1987). Yoga is remarkable in terms of stress management. It brings a person back to an equilibrium. Yoga helps lower their basic psychological arousal level for people who have anxieties of many kinds, added Criswell. Keeping this in mind, this researcher approached David Breen, the owner of Sharing Yoga. He is also a certified yoga teacher. Mr. Breen wholeheartedly accepted the proposal of volunteering once a week with his team of other six yoga teachers for one hour to teach yoga to the interested Bhutanese.

*Suicide Prevention Training:* It is a matter of paradox that as of 2013 not a single Bhutanese has been trained as a suicide prevention trainer in the state of New Hampshire where there is significant prevalence of suicidal ideation. Hence, The Connect Program of National Alliance on Mental Illness, NH (NAMI NH) was approached by this researcher requesting them to offer

training for the trainer for at least three Bhutanese individuals so that they can provide culturally and linguistically appropriate training to the rest of Bhutanese in the state. The proposal was accepted and NAMI NH offered three scholarships to train Bhutanese to be suicide prevention trainers. These culturally and linguistically appropriate trainers will help to increase participation in suicide prevention initiatives. Likewise, the information can be communicated easily, accurately and timely. Having culturally appropriate trainers provide help in reducing the cost of interpretation and time. The CDC recommends enhancing a community's psychosocial supports through outreach, education and mentoring to remove stigmas associated with mental health conditions. It further suggests introducing different tiers of prevention and intervention strategies for those at imminent risk and targeted social groups to promote leadership and networking (CDC, 2012).

*Welcoming New Arrivals:* Welcoming new arrivals, exchanging stories and introducing them with the community navigators was another recommendation received through focus group discussion. This researcher talked with the leadership of BCNH and introduced a system of welcoming new arrivals giving a *Nepali-English-English-Nepali Dictionary, A Handbook in America*, *Community Voice*, the newsletter of BCNH and *Aksharica*, a Nepali newsletter as a token of love. They were also encouraged to tune in Concord Community Television for *Hamro Aawaj*, the only Nepali TV program in the state. All the staff and the leaders of BCNH jointly visited new arrivals and introduced themselves and exchanged their stories of their initial days with the new arrivals. The welcoming team also provided updates on the current activities of BCNH and the progress made by the agency so far. The new arrivals were suggested to give a call to any staff of BCNH for any concern if need be. It is believed that this initiative helps reduce culture shock,

isolation and offers strength-based, client-centered, culturally appropriate system of support that draws on natural supports for new arrivals where everything is new to them (CDC,2012).

*Positive Message:* This researcher introduced a healthy system of talking about hope, courage and love in congregation with at least the four major religious groups-Hindus, Buddhists, Christians and Heavenly Path followers. The faith leaders and the active members of each group were requested to add a sentence in the prayers of respective faith, '*May we remember that even when we have lost all hope, we can regain a sense of hopefulness through remembering our own courage and the love of those around us and of those that we care for and cherish'*. This line of prayer speaks about hope, courage, love and care. These groups pray in a group at least once a week in average. The CDC recommends supporting non-clinical interventions to address the suicide risk factor of low perceived social support. In the context of the Bhutanese culture, group based intervention should be considered, such as community bhajans (religious singing) (ibid).

*Referrals for Persons at Risk:* Last but not the least, this researcher also made a system of referring any person at risk to the Behavioral Health Unit of Family Health Center at Concord Hospital in Concord and Catholic Medical Center in Manchester for professional help. It is believed that maintaining a balance of recognizing responders' own limits is very crucial in mental health and suicide prevention. On the other hand, it is so important to work with a professional of impeccable integrity who is well trained, talented, and with an individual at risk can find peace and comfort.

**Challenges:**

The biggest challenge in completing this project was time. It was a difficult task to implement all the components within the short time frame. Likewise, variable availability of staff and

BCNH's Board of Directors to welcome the new families was a challenge. Their availability differed from one case to another. Similarly, availability of the families varied. One of the participants of the training for the trainer could not attend the last day of the training due to time conflict with his work schedule. Unfortunately, he could not become a trainer despite having enormous desire.

Integration was another challenge. Bringing all the four faith leaders to a table to discuss the sensitive and stigmatized issue from religious perspective was an uphill task. Suicide and mental health are very sensitive issues in the Bhutanese community. Nobody wants to hold the hot potato. Incorporating the one line sentence of hope, courage, love and care into the prayer of each faith group was a matter of suspicion within each group. They were in doubt whether the sentence aligns with their respective faith or not.

The researcher had attempted to include survivor's voice as well in the video. With this in mind, the researcher talked to a survivor about the project and explained the importance of including the voice of the survivor. The survivor was so happy to learn about the project and mentioned that the survivor was looking for such opportunity since long time ago. At the eleventh hour, the survivor called and said that the survivor had a change of mind and would not participate in the project.

Adopting technology was another challenge. The psychiatrist willingly gave his talk through the Skype but the resolution of the studio, its quality of sound and the Skype camera with its quality of sound was different. This makes the video average quality.

The funding issue was always there. The above sub-projects were carried out on voluntary basis. To make them sustainable, there should be a good stream of funding. Had there been funding, the new arrivals could have been given driving lessons as a welcome gift. Had there been

funding, more individuals from the Bhutanese community could have been trained as gatekeepers for suicide prevention. Had there been funding, the other projects could have been funded as well.

This strategy of combating suicide cannot be generalized with other populations since it is specifically focused on the Bhutanese refugees in the state of New Hampshire. These holistic strategies of suicide prevention/intervention were the result of feedback received from the focus group discussion among Bhutanese held in New Hampshire.

**Outcome of Project:**

The various sub-projects within the project can help collectively for the greater cause of suicide prevention at least among Bhutanese in the state of New Hampshire. Introducing words about hope, courage, love and care in congregation of Hindus, Christians, Buddhists and Heavenly Path has helped to open avenues for people to talk about combating suicide in their community without stigma and taboo. Likewise, it helps for those at risk to feel that there are people around them who love and care for them and can offer hope and courage. Where suicide is still considered a stigma in the community, where people associate suicide and mental health with their prestige and reputation, where they do not consider suicide as a public health issue, this initiative can significantly help to reduce that stigma and offer options for people to minimize the risk of suicide in the community.

Creating a friendly environment through prayer of hope, love, courage and care in the congregation can increase the nature of help seeking among individuals at risk. Gunderson has rightly said, “Congregations recognize that prevention means taking actions of caring and relationship building in a proactive, positive, intentional and systemic way” (Gunderson, n.d.).

Similarly, welcoming by the community leaders and navigators can offer hope to new arrivals. When people first come to the U.S., they are overwhelmed with all the things that they have to learn. They do not find work as quickly as expected and start panicking about paying the bills. Consequently, they become more anxious and depressed. Welcoming new arrivals at this time by community leaders and other navigators can offer hope and encouragement for them to stay positive and focus on self-sufficiency and improve their outlook of living. During the researcher's personal conversation with an Employment Specialist of BCNH, it was found out that after the welcoming activities, the specialist surprisingly started receiving increased calls from new arrivals than from the folks who are here for a while. The situation was just opposite before the system was introduced, he added. The Employment Specialist further mentioned that receiving calls from new arrivals encouraged him to work more proactively for the greater cause of the community (Chauwan, R. personal communication, April 14, 2014). The researcher also talked to one of the new arrivals after the individual was welcomed by the team of BCNH. The individual expressed his gratitude to have community leaders and the community navigators at his house. Exchanging stories of experiences helped him increase his comfort zone; focus on looking for job and offered happiness and joy (Acharya, J. personal communication, April 26, 2014).

The video carries message of hope and courage from faith leaders and psychiatrist. This video has helped in fostering feelings of connection and nurturing positive skills. It can reduce suicidal plans and death fantasies. It has power of gratitude, grit, and forgiveness to tie us to other people and help make life worth living. It is being shared in different social media lately. This indicates that its viewers are increasing at an increasing rate. Canada Nepal Television reports that the video had over 63, 000.00 viewers in just the month of April, 2014. Through the internet, the video can be viewed all over the world. The researcher has been receiving positive feedback from different

angles. It has tremendously helped people at risk to rethink positively about their life and move ahead in positive direction.

Yoga has helped people relax and reduce their level of anxiety. Participants are reporting that yoga has been more than a gift. The process of finding peace and acceptance through yoga is not only possible, it is empowering. Participants further mention that yoga helps to improve flexibility, strength, posture, breathing, concentration, and mood. Yoga helps promote calmness and can help de-stress, they added. Participants further applaud that yoga and meditation help them considerably in relaxation, operating on the principle that intense relaxation simultaneously allows the human brain to stay relaxed (Sharma, G. personal communication, April 28, 2014). The researcher has witnessed increasing interest among Bhutanese to participate in the yoga class. Consequently, it may lead to healthier society where there will be considerable decrease in suicide attempts.

Producing suicide prevention trainers in community is a huge asset. They intervene suicide attempt if they see any one at risk. Before they were sent for the training, it was agreed that after completion of training, they conduct at least quarterly suicide prevention training for staff, volunteers and the general population in the community. The other advantage of having suicide prevention trainers in the community is that they are culturally and linguistically competent. Information on suicide prevention can be given in the target language and reduces communication error and saves money for interpretation. Similarly, this initiative helps to provide culturally and linguistically appropriate material that promotes awareness about the importance of integrating suicide prevention.

Behavioral Health unit of Family Health Center at Concord Hospital in Concord and Catholic Medical Center in Manchester are the referral points. For instance, immediately after the training

was over, four individuals at risk were intervened and referred for professional help. Had there not been referral after intervention, it can be assumed that those souls could have been lost. Now, the front-liners in the community are aware that if they feel them or someone they know may be at risk for suicide, they can call the National Suicide Prevention Lifeline at 1-800-273-8255 or go immediately to their local emergency room. The National Suicide Prevention Lifeline is translated into Nepali and made available to people wherever and whenever they come in contact with the front-liners in the community.

**Theory and Application:**

*Foundations of Public Administration* was very helpful to this researcher while working on the capstone. Suicide and mental health are a complex issue. Suicide prevention is a national campaign. Hence, it is influenced by public policies in one way or other. On the other hand, all sectors including private sectors' involvement is equally important in suicide prevention and intervention. Allison aptly says that although many private sector management practices are applicable in the public sector, public administration can improve through a deeper understanding of the functions of public management, such as strategic choices and the impact of externalities (Allison, 1979). Foundations of Public Administration helped me to understand the implementation of government policy; how government functions and prepares civil servants working for the public service; and government decision making, analysis of the policies, human resources, organizational theory, policy analysis and ethics. All these components, one way or another, influence policies related to mental health and suicide prevention.

*Politics, Policy and Government* was another course that was instrumental in completing this project. This course helped me understand international relations, comparative politics, political

theory and American government. Conversely, it helped me relate how policy making at the federal level influences programs implementation at the local level. It also offered me insights to put policy into practice-in the public, private and nonprofit sectors, and at home and around the world. Furthermore, this course assisted me in examining the processes of government by analyzing politics and policy-making in the U.S. and around the world. Additionally, this course provided an intellectually stimulating guide to politics, policy-making and the processes of government in contemporary U.S. To sum up, this course helped me understand policy issues, including, education, health and mental health, unemployment, economic security, international development, energy and so forth.

*Leadership Theory and Practice* was equally useful in completing this project. This course helped me to understand how exemplary leadership works to build an organization and culture where all feel that they are leaders, regardless of what they do, and appreciates that what each person has an impact, even a legacy. Had I not have taken this course; I would not have been able to involve and motivate all the volunteers and personalities and the institutions to make this project a success. Additionally, this course helped me to understand that leadership challenge is about how leaders mobilize others to want to make extraordinary things happen in organizations. It is about the practices that leaders use to transform values into actions, visions into realities, obstacles into innovations, separateness into solidarity, and risks into rewards. It is about leadership that creates the climate in which people turn challenging opportunities into remarkable successes (Kouzes, J. M. & Posner, B. Z., 2012). To sum up, this course helped me understand that leadership is not about who you are; it is about what you do.

*Intergovernmental Relations* was also very helpful in completing the project. It helped me to understand how effective communication, cooperation and partnerships between federal, state and

local government is created to improve the delivery of services to the citizens. Suicide prevention is a sensitive issue. Thus, cooperation between each agency is essential for effective delivery of services. In addition, this course also helped me better understand the processes of government and the intended and unintended outcomes of policy decisions.

*Art of Negotiations* is another course that was helpful in completing the project. There is no denying the fact that it is necessary to have some successful negotiating skills whether in one's personal or professional life. In our personal life, we negotiate with our neighbors, our family and our friends. Similarly, in the professional life, we negotiate with our peers, managers, etc. This researcher had to negotiate both in personal and professional life to complete the project. I have learned from this course that negotiation is an art that seeks to move both parties away from polarizing, entrenched positions, and into the realm of common interests. The most important element of negotiation is preparation. Bolman & Deal have rightly said that from political perspective, goals, structure, and policies emerge from an ongoing process of bargaining and negotiation among major interest groups (Bolman & Deal, 2013, p. 204).

*Introduction to Statistical Analysis* was equally important. Had I not have the basics of statistics, I would not have the statistical skills set required to conduct the focus group discussions. Statistical analysis helped me in conducting interview, data collection, coding and analysis. Likewise, this course also helped me in understanding the ethics of research in maintaining confidentiality of the participants and the samples.

*Organization & Management in Public & Nonprofit Sector* helped me to understand how organizations and leadership are useful to practitioners as well as scholars. In addition, this researcher learned the idea of reframing, how the same situation can be viewed differently. I have

also learned that leading and managing are completely different areas but they are equally important (ibid).

*Nonprofit Management* was also important in completing this project. It offered strong grounding in the establishment, operation, and effective management of nonprofit organizations. This course helped this researcher to navigate the changing environment of nonprofit sector. This course provided me with a practical hands-on approach to the nonprofit sector, its governance and management. To sum up, I have learned all aspects of nonprofit management including finance, fundraising, personnel management, strategic planning, and risk management. This course also helped me to explore innovative ways in which the business, government and nonprofit sector might work together to address shared concerns and promote a healthy civil society and democracy. Hence, among these nonprofit organizations, many of them directly or indirectly offer mental health service. This course helped me understand policy issues related to nonprofit management.

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