

Chapter 12

Black Youth Suicidal Behavior: What We Know and Where We Go from Here



Arielle H. Sheftall and Rhonda C. Boyd

There is a crisis among Black youth that has largely been ignored. A racial disparity in youth suicide and suicidal behavior (SIB) has been found (Bridge et al., 2015; Lindsey et al., 2019; Sheftall et al., 2016), yet little research, policy, or practice recommendations have been suggested to address these gaps. This limits our ability to prevent the devastating effects of suicide and SIB in Black communities.

The limited data we do have suggest Black children experience elevated suicide risk compared to the general population. Specifically, Bridge et al. (2015) identified a significant increase for suicide rates for Black males, while a decrease was seen in their White counterparts over the course of two decades from 1993 to 2012. A follow-up study examined precipitating circumstances of suicide found child (5–11 years) decedents were more likely to be Black compared to early adolescent (12–14 years) decedents (Sheftall et al., 2016). Finally, in a recent publication investigating SIB in high school youth, researchers found from 1991 to 2017 suicide attempts increased 73% in Black adolescents and, for Black males, an increase of 122% was found for suicide attempts requiring medical care, suggesting a higher lethality for suicide attempts for this group of youth (Lindsey et al., 2019).

The increase in SIB among Black youth is disturbing, and the reasons behind these increases are unclear and in need of further investigation. In 2019, the

A. H. Sheftall (✉)

The Center for Suicide Prevention and Research at the Abigail Wexner Research Institute at Nationwide Children's Hospital, Department of Pediatrics at the Ohio State University Medical Center, Columbus, OH, USA

e-mail: Arielle.Sheftall@nationwidechildrens.org

R. C. Boyd

Department of Child and Adolescent Psychiatry and Behavioral Sciences at the Children's Hospital of Philadelphia and the University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA

e-mail: rboyd@penmedicine.upenn.edu

© The Author(s) 2022

J. P. Ackerman, L. M. Horowitz (eds.), *Youth Suicide Prevention and Intervention*, SpringerBriefs in Psychology, https://doi.org/10.1007/978-3-031-06127-1_12

107

Congressional Black Caucus convened an Emergency Taskforce on Black Youth Suicide and Mental Health, and its workgroup of researchers, clinicians, and public health officials issued the “Ring the Alarm” report which described the problem of Black youth suicide and set forth recommendations for research, practice, and policy (Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health, 2019). The current article extends this seminal report’s recommendations and provides additional perspectives relevant to addressing the current crisis of Black youth SIB.

Research Recommendations

There is a dearth of research studies that focus on Black youth SIB and prevention strategies. Research studies should not assume that prior work done with primarily White middle-class youth will generalize, but rather they may need to start from the ground level and work toward suicide prevention strategies specific to Black youth (Sheftall & Miller, 2021). We must first understand the risk (e.g., racial discrimination (Opara et al., 2020)) and protective factors (e.g., high faith-based community involvement (Molock et al., 2008)) that are specific for Black youth. This understanding will have repercussions on the specific suicide prevention strategies used.

A major challenge is that the current lens we use for suicide prevention may be inappropriate for Black youth (Bath & Njoroge, 2021). Suicide prevention methods that incorporate principles of justice, equity, diversity, and inclusion (JEDI; Bath & Njoroge, 2021) will lead to more culturally sensitive prevention methods. JEDI offers a perspective of being conscious about race/ethnicity and racism that Black youth encounter regularly. The lack of their incorporation within suicide prevention research undermines the experiences of Black youth and limits our ability to advance the field. However, implementation and testing of programs that incorporate these principles through randomized controlled trials (RCTs) has not been conducted. Doing so would provide improved understanding of what works for preventing SIB in Black youth.

Another recommendation for research is to test how engaging community members and other institutions in the prevention of SIB could be beneficial in decreasing the rates among Black youth. For example, prevention strategies for medical concerns (e.g., hypertension) for Black men have been implemented in places outside of healthcare settings such as barbershops (Ferdinand et al., 2020) and have been highly successful. However, for youth SIB the literature is limited. One study suggests there is value in incorporating the church into youth suicide prevention (Molock et al., 2008); however, large-scale studies are still needed to determine if this is an avenue Black youth suicide prevention should take. Finally, examining the effectiveness of existing evidence-based suicide prevention programs with Black youth populations, then adapting these suicide preventive interventions to meet the specific needs of Black youth, and testing these adaptations are research gaps that must be filled.

Practice Recommendations

The increased risk for SIBs for Black children and adolescents signals an urgent need for action. Despite the limited research, Black youth must be provided services to treat SIBs and prevent deaths. There are multiple settings (e.g., primary care, emergency departments, schools, juvenile justice, child welfare) in which youth are identified to be at increased risk for suicide and provided services. Suicide prevention efforts should be implemented in all of them to varying degrees. Three practice-related areas to be discussed in the context of Black youth suicide include (1) identification, (2) mental health utilization disparities, and (3) intervention.

Identification

One critical issue is the accurate identification of suicide risk in Black youth. Although there are not screening questions developed specifically for Black youth, it is important to routinely ask Black youth about SIB. Recent findings suggest for Black youth, parents are more likely to be unaware of youth's suicidal ideation and youth are more likely to deny suicidal ideation that parents report (Jones et al., 2019). We need to improve understanding of Black youth reporting patterns. This raises concern that providers may be missing SIB risk (DeVylder et al., 2019), especially if they rely solely on parent report or lack knowledge of current trends, risks, and behavioral presentations for Black youth.

Additionally, providers should consider risk, protective, and cultural factors that impact youth's potential for SIBs (Opara et al., 2020). It is critical that providers are aware that exposure to racism and discrimination, community violence exposure, and trauma occur disproportionately among Black youth and can serve as risk factors for SIBs (Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health, 2019). Thus, inquiring about such factors in clinical assessments is necessary (Opara et al., 2020). Inquiring about protective factors such as religious affiliation, extended family support, and community assets among others is significant to complete clinical formulation and to be incorporated into safety planning. Gathering this clinical information for Black youth and their families should inform treatment, the planning of services, and cannot be overlooked.

Mental Health Utilization Disparities

There is a longstanding disparity in mental health service utilization among Black youth (Freedenthal, 2007). Two recent systematic reviews examined why this lack of utilization may exist (Fante-Coleman & Jackson-Best, 2020; Planey et al., 2019). The most relevant factors included lack of perceived need, self-reliance, mental health stigma, mistrust of providers and treatment, perception of treatment

effectiveness, few mental health centers present, difficulties in physically accessing available services (e.g., transportation), and associated costs and insurance limitations. Furthermore, clinician barriers included a lack of cultural competence and bias (Fante-Coleman & Jackson-Best, 2020; Planey et al., 2019). These reviews also identified factors that could facilitate mental health service engagement for Black youth. Preliminary findings suggest that severity of mental health presentation, supportive social network, parental expectations and experiences, and referrals from those the family/youth feel comfortable with may increase engagement (Fante-Coleman & Jackson-Best, 2020; Planey et al., 2019). It is crucial for providers and practices to address these barriers strategically to improve engagement in mental health services for Black youth.

Intervention

Currently, providers are tasked with treating Black youth for suicide risk using limited empirical evidence. Promising treatments for suicidal outcomes with Black youth include multisystemic therapy and attachment-based family therapy. However, large-scale trials with Black youth have not been implemented to date (Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health, 2019). Robinson et al. (2016) culturally adapted an empirically based cognitive behavioral depression prevention for Black adolescents with suicide risk in a school setting. The intervention was associated with a reduction in suicide risk compared to standard care. Additionally, there is a need to identify alternative settings and ways to deliver services for Black youth. Providing services in community settings with partnerships with the community stakeholders should be explored. These community mental health services must be easily accessible and trustworthy for Black youth. Also, mental health check-in slots can be available in these settings so youth who are experiencing an acute stressor can receive immediate assistance and triage as an alternative to an emergency department setting prior to SIBs.

When providing mental health services for Black youth, culturally competent mental health care without bias and racism is critical. Doing this effectively involves training providers to be culturally competent in assessment and treatment of Black youth. Moreover, providers need to incorporate culturally specific risk and protective factors into the delivery of interventions and programs (Opara et al., 2020). Graduate training programs, professional societies, and licensing organizations can be utilized to provide in-depth trainings in these domains. Furthermore, we recommend that it is required for professional license renewal to participate in training focused on cultural competence with Black individuals. For practices, it is critical to identify Black youth suicide prevention as a priority. Directors of practices should ensure quality improvement projects are conducted to directly measure how responsive providers' services are for Black youth with suicide risk. To support this, funding for practice-based and quality improvement projects is needed as well as supports to dissemination.

Policy Recommendations

Current policies have not addressed Black youth suicide or mental health disparities. We will not make advances in mental health and suicide outcomes for Black youth without having intentional policies targeting this problem. On a positive note, a few activities have recently been initiated to address Black youth suicide. The Pursuing Equity in Mental Health Act (H.R. 1475; Watson Coleman, 2021) was introduced into Congress. The bill seeks to advance integrated behavioral health programs, increase mental health disparity research, establish professional competencies to address racial/ethnic disparities, and develop a behavioral health outreach and education program. Also, the Mental Health Services for Students Act of 2020 (H.R. 1109; Napolitano, 2019) seeks to amend the current Public Health Service Act to increase access to and availability of comprehensive mental health interventions in school settings. To complement these acts, we recommend further investments into Black communities and partnerships with community organizations to focus specifically on Black youth and to provide more culturally competent mental health services for Black youth with suicide risk.

Conclusion

Black clinicians and academics are underrepresented to advance this work. For example, only 4% of psychologists in the workforce are Black, although increases are present for early career psychologists (11%; Lin et al., 2018). Additionally, Black researchers are less likely to receive large grant funding (e.g., R01) from the National Institutes of Health compared to their White counterparts (Hoppe et al., 2019). To combat these problems, we recommend formulating a Black Youth Mental Health and SIB Consortium. This consortium would include a multidisciplinary group of experts that would confront the problem of Black youth suicide and would be available to provide training and expertise across research, practice, and policy settings. A funded consortium would address the above recommendations for the discovery of effective methods to engage Black individuals into the behavioral health workforce, advance our knowledge concerning Black youth mental health and SIB, and provide guidance concerning policies geared toward Black youth mental health.

Acknowledgments We would like to thank all the members of the Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health and its workgroup that worked together under the leadership of Representative Bonnie Watson Coleman to write a comprehensive report concerning Black youth suicide and mental health.

Funding Details Dr. Sheftall is supported by the National Institute of Mental Health (NIMH; R21MG116206) and the American Foundation for Suicide Prevention (AFSP; YIG-1-152-19). Dr. Boyd is supported by the National Institute of Mental Health (P50MH127511) and the Deneen and Coyle Suicide Prevention Center Fund. None of the funders were involved in manuscript preparation.

References

- Bath, E., & Njoroge, W. F. M. (2021). Coloring outside the lines: Making black and brown lives matter in the prevention of youth suicide. *Journal of the American Academy of Child and Adolescent Psychiatry*, 60(1), 17–21. <https://doi.org/10.1016/j.jaac.2020.09.013>
- Bridge, J. A., Asti, L., Horowitz, L. M., Greenhouse, J. B., Fontanella, C. A., Sheftall, A. H., Kelleher, K. J., & Campo, J. V. (2015). Suicide trends among elementary school-aged children in the United States from 1993 to 2012. *JAMA Pediatrics*, 169(7), 673–677. <https://doi.org/10.1001/jamapediatrics.2015.0465>
- Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health. (2019). *Ring the alarm: The crisis of black youth suicide in America*. Retrieved from https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf
- DeVylder, J. E., Ryan, T. C., Cwik, M., Wilson, M. E., Jay, S., Nestadt, P. S., Goldstein, M., & Wilcox, H. C. (2019). Assessment of selective and universal screening for suicide risk in a pediatric emergency department. *JAMA Network Open*, 2(10), e1914070–e1914070. <https://doi.org/10.1001/jamanetworkopen.2019.14070>
- Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for black youth: A scoping review. *Adolescent Research Review*, 5, 115–136. <https://doi.org/10.1007/s40894-020-00133-2>
- Ferdinand, D. P., Nedunchezian, S., & Ferdinand, K. C. (2020). Hypertension in African Americans: Advances in community outreach and public health approaches. *Progress in Cardiovascular Diseases*, 63(1), 40–45. <https://doi.org/10.1016/j.pcad.2019.12.005>
- Freedenthal, S. (2007). Racial disparities in mental health service use by adolescents who thought about or attempted suicide. *Suicide & Life-Threatening Behavior*, 37(1), 22–34. <https://doi.org/10.1521/suli.2007.37.1.22>
- Hoppe, T., Litovitz, A., Willis, K., Meseroll, R., Perkins, M., Hutchins, B., Davis, A., Lauer, M., Valentine, H., Anderson, J., & Santangelo, G. (2019). Topic choice contributes to the lower rate of NIH awards to African-American/black scientists. *Science Advances*, 5(10), 7238. <https://doi.org/10.1126/sciadv.aaw7238>
- Jones, J. D., Boyd, R. C., Calkins, M. E., Ahmed, A., Moore, T. M., Barzilay, R., Benton, T. D., & Gur, R. E. (2019). Parent adolescent agreement about adolescents' suicidal thoughts. *Pediatrics*, 143(2). <https://doi.org/10.1542/peds.2018-1771>
- Lin, L., Stamm, K., & Christidis, P. (2018). How diverse is the psychology workforce? *Monitor on Psychology*, 49(2), 19.
- Lindsey, M., Sheftall, A., Xiao, Y. Y., & Joe, S. (2019). Trends of suicidal behaviors among high school students in the United States: 1991–2017. *Pediatrics*, 144(5). <https://doi.org/10.1542/peds.2019-1187>
- Molock, S. D., Matlin, S., Barksdale, C., Puri, R., & Lyles, J. (2008). Developing suicide prevention programs for African American youth in African American churches. *Suicide & Life-Threatening Behavior*, 38(3), 323–333. <https://doi.org/10.1521/suli.2008.38.3.323>
- Napolitano, G. F. (2019). *H.R.1109-Mental health services for students act 2020*. <https://www.congress.gov/bill/116th-congress/house-bill/1109?q=%7B%22search%22%3A%5B%22mental+health%22%5D%7D&r=3&s=1>
- Opara, I., Assan, M. A., Pierre, K., Gunn, J. F., Metzger, I., Hamilton, J., & Arugu, E. (2020). Suicide among black children: An integrated model of the interpersonal-psychological theory of suicide and intersectionality theory for researchers and clinicians. *Journal of Black Studies*, 51(6), 611–631. <https://doi.org/10.1177/0021934720935641>
- Planey, A. M., Smith, S. M., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children and Youth Services Review*, 101, 190–200.
- Robinson, W. L., Case, M. H., Whipple, C. R., Gooden, A. S., Lopez-Tamayo, R., Lambert, S. F., & Jason, L. A. (2016). Culturally grounded stress reduction and suicide prevention for

- African American adolescents. *Practice Innovations*, 1(2), 117–128. <https://doi.org/10.1037/pri0000020>
- Sheftall, A. H., & Miller, A. B. (2021). Setting a ground zero research agenda for preventing Black youth suicide. *JAMA Pediatrics*, 175(9), 890–892. <https://doi.org/10.1001/jamapediatrics.2021.1112>
- Sheftall, A. H., Asti, L., Horowitz, L. M., Felts, A., Fontanella, C. A., Campo, J. V., & Bridge, J. A. (2016). Suicide in elementary school-aged children and early adolescents. *Pediatrics*, 138(4). <https://doi.org/10.1542/peds.2016-0436>
- Watson Coleman, B. (2021). *H.R.1475 – Pursuing Equity in Mental Health act*. <https://www.congress.gov/bill/117th-congress/senate-bill/1795>

Open Access This chapter is licensed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

