

# African American Behavioral Health

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# CENTER OF EXCELLENCE

## Preliminary Literature Review, Suicide among Black Youth

Developed for the Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services

by the African American Behavioral Health Center of Excellence

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## Introduction

### **This Literature Review: Purpose and Context**

In June, 2022, the Substance Abuse and Mental Health Services (SAMHSA) Center for Mental Health Services (CMHS) launched a collaborative partnership to stem the rising tide of suicide among Black youth in America, by:

1. commissioning the rapid development of a preliminary literature review, to increase the partnership's current knowledge and understanding of the state of suicide and suicide prevention among Black youth;
2. inviting key subject matter experts to give testimony at the SAMHSA/CMHS Expert Panel on Black Youth Suicide, August 15 and 16, 2022 in Washington, D.C.;
3. conducting an environmental scan of organizations working on this topic, relevant projects and reports, and other relevant local, state, and federal initiatives planned or underway; and
4. launching a wider collaborative process that will use all these resources to forge effective solutions.

This document is a product of the first step in this initiative, a preliminary literature review drawn from the past 10 years' research on Black youth suicide, including rates, trends, the impact of inequities and social determinants of health, effective and promising prevention and intervention strategies, gaps in the research, and priority recommendations.

In developing this literature review, the African American Behavioral Health Center of Excellence has attempted to balance the urgency and time-limited nature of its charge with the magnitude of the suicide crisis and the many gaps in the literature on this often-neglected subject. For example, given these limitations, the literature reviewed did not supply and the authors were not able to gather specific data on multiple sub-groups of the Black youth population (e.g., Black youth from families with Caribbean history, African immigrant youth, gender-specific, LGBTQI and same-gender-loving youth) or to add the many subanalyses (e.g., in terms of geography, socioeconomic status, level of means and resources, trauma history) that this subject invites.

The authors were also unable to focus separately on the many possible age ranges within the broad range that might appropriately be called "youth." The age range of focus, 15-24 years, is only one of many possible ranges that could have been chosen, and one that encompasses many pivotal developmental stages. It is hoped that, in the longer process of information gathering for this initiative, there will be time to look more systematically at what the literature now provides—and inspire the research community to fill in some of the gaps.

## **Suicide among Black Youth**

A review of the literature on suicidal ideation and behavior among Black youth ages 15-24 reveals a group of young people who are more likely than their White counterparts to be drawn to suicidal thoughts and behaviors (Kann et al., 2017; Sheftall & Miller, 2021; Goodwill, 2022) but less likely to report their suicidal ideation or plans (Lindsay, Sheftall, & Joe, 2019) or to seek help for those challenges (Sheftall & Miller, 2021; Goodwill, 2022).

The literature holds abundant information on stress factors and vulnerabilities contributing to suicide risks among Black youth, many of those factors rooted in inequities and in challenges related to social determinants of health (Sheftall et al., 2022; Talley et al., 2021). However, it offers relatively little on strategies that have been successful in reducing their suicidal ideation and behaviors, and even less in terms of evidence-based or promising prevention/intervention practices designed or adapted to meet their needs (Robinson et al., 2016).

Although suicide rates have been rising steadily among Black youth (Goodwill, 2022; Sheftall et al., 2022), this is a group on which the research community has focused relatively little attention (Lindsey, 2019; Bath & Njoroge, 2021; Sheftall & Miller, 2021; Goodwill, 2022; Sheftall et al., 2022). Few studies have included the experiences of Black youth in the body of work that shapes American society's collective responses to youth suicide (Bath & Njoroge, 2021). Given the rising rates of suicide among Black youth, it appears that increasing numbers of these young people are suffering in silence and remaining unheard.

This is an exceptionally vulnerable population, and it is hoped that his brief literature review will serve as a springboard for the efforts of the SAMHSA/CMHS collaborative partnership on their behalf. Findings are presented in six general sections:

Section 1: Suicidal Ideation, Attempts, and Deaths among Black Youth Ages 15-24—  
Current Rates and Relevant Trends

Section 2: Impact of Inequities and Social Determinants of Health on Suicidal Behavior  
among Black Youth

Section 3. Evidence-Based, Evidence-Informed, and Promising Suicide Prevention,  
Intervention, and Postvention Strategies that have Been Successful with Black Youth

Section 4. Key Findings on Promising Strategies that Might be Adapted for and Studied  
with Black Youth

Section 5. Gaps in the Research on the Etiology and Prevention of Black Youth Suicide

Section 6. Priority Recommendations for Prevention of Suicide among Black Youth

Those sections are followed by a brief concluding commentary and a bibliography of materials reviewed.

## Section 1: Suicidal Ideation, Attempts, and Deaths among Black Youth Ages 15-24—Current Rates and Relevant Trends

For decades, suicide has been at least the third leading cause of death for Black youth ages 15-24, behind homicide and unintentional injury (Centers for Disease Control, 2022). Robinson and colleagues (2016) found one study in which roughly one out of five (20%) of the urban Black adolescents who were screened endorsed suicidality. Unfortunately, rates of suicidality (e.g., suicidal ideation, behaviors, and deaths) in this population are on the rise (Lindsay, 2019; Price & Khubchandani, 2019; Goodwill, 2022; Sheftall et al., 2022).

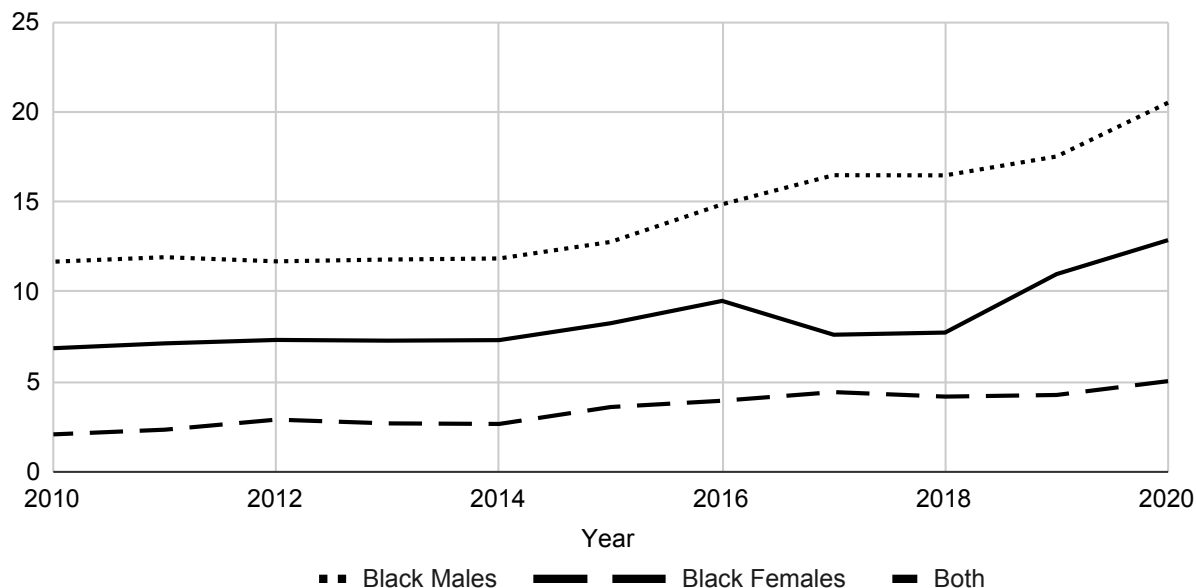
- among Black youth, suicide death rates (Sheftall et al., 2022) and rates of injury by suicide attempt (Lindsay et al., 2019) have been rising every year, including recent escalations among Black teen girls (Goodwill, 2022).
- Between 2000 and 2019, increasing percentages of Black youth considered suicide, made suicide plans, and/or attempted suicide (Sheftall & Miller, 2021).
- Using data from two national reporting systems, Price and Khubchandani (2019) found that, between 2001 and 2007, the rate of suicides among Black male adolescents rose by 60%, while the rate of suicides among Black female adolescents rose by 182%.
- In terms of annual percentage increases, Sheftall and colleagues (2022) learned that, between 2003 and 2017, suicide trends for Black youth rose significantly. The largest annual percentage changes occurred among 15-to-17-year-olds (4.9%) and among girls (6.6%).

As concerning as these rates and trends might be, Robinson and colleagues (2021) caution that “although documented suicide rates for African American adolescents are extremely high, these reported rates are likely underestimates, related to cultural stigma and norms that perpetuate the underreporting or misclassifications of suicide within the African American community” (Robinson, Whipple, Jason, and Flack, 2021, p. 1283). In addition, Walker et al. (2017) noted that Black male children and youth accounted for the majority of suicide deaths in children less than 19 years of age. However, given the relatively low rates of successful suicide among Black female children and youth, the tendency not to disaggregate these data by gender might make it harder to communicate the urgency of the suicide crisis among their male counterparts.

The line graph on the following page illustrates upward trends in suicide deaths among Black youth, 2010 – 2020.

## Chart One

### US Black, Non-Hispanic, Youth Suicide (15-24) 2010-2020



**Please Note:** Chart One represents the number of suicides per 100,000 deaths. Data is taken from The Web-Based Injury Statistics Query and Reporting System (WISQARS).

In comparison to their White peers, Black youth appear to be more likely to experience suicidal ideation, suicidal behavior (Centers for Disease Control and Prevention & National Center for Injury Prevention and Control, 2021), and suicide attempts (Kann et al., 2017; Sheftall & Miller, 2021) and more likely to report having attempted suicide (Goodwill, 2022). However, they also appear to be less likely to report their suicidal ideation before their attempts (Sheftall & Miller, 2021) or to seek mental health services in response to their suicidal ideation or attempts (Planey, Smith, Moore, & Walker, 2019). In particular, college students in racial and ethnic minority groups are significantly less likely than White students to seek help or to receive mental health services (Goodwill, 2022). If mental health services do not appear to promote help-seeking from Black youth in general at risk of suicide (Goodwill, 2022), in many cases neither does parental counsel: Black parents are less likely than White and Latinx parents to be aware of their children's suicidal ideation and suicidal behavior (Sheftall & Miller, 2021; Walker et al., 2017).

For a general longitudinal perspective on the current cohort of Black youth ages 15-24, one might consider data collected on this generation when they were young children. In 2015, researchers discovered that, for two decades, suicidality had been increasing in Black children ages 5-11 and decreasing in their White peers (Bridge et al., 2015). In that age group, suicide deaths among Black children doubled between 1993 and 2012, while those of their White peers

declined. This represented a reversal of historical trends toward lower suicide rates among Black children (Bath & Njoroge, 2021), and the upward trend continues. For example, suicide death rates among Black children ages 5-12 were twice as high as those of their White peers (Lindsey et al., 2019).

## **Section 2: Impact of Inequities and Social Determinants of Health**

If quantitative data on incidence, prevalence, and trends around suicide among Black youth are still relatively scarce, qualitative information on the impact of inequities and social determinants of health (SDH) is abundant. In this highly vulnerable population, there are ample inequities, disparities, and risk factors. However, to present separate summaries of the impact of inequities and the impact of various social determinants of health would be to deny the extent to which inequities effectively shape the social determinants of health for African Americans, over the life-span and over the history of America. This section includes a table a briefly summarizing risks and vulnerabilities found in the articles reviewed, along with discussion of specific suicide risks for Black youth related to inequities and social determinants of health.

### **2a. Risk Factors for Black Youth Related to Inequities and Social Determinants of Health**

As reflected in Table One (following page), serious risk factors exist for Black youth on many levels, including the environments in which they live, their economic circumstances, the legacy and manifestations of racism, pervasive stress and trauma, and characteristics of the service systems designed to prevent and address behavioral health challenges. “The odds of experiencing suicidal ideation and behavior are approximately two times greater for African American adolescents and young adults who report racial discrimination,” even after controlling for depression and other psychosocial risk factors (Robinson et al., 2021, p. 1284).

Robinson and colleagues (2016) reported that Black adolescents:

- are three times more likely than members of any other American ethnic group to live and grow up in resource-poor neighborhoods; and
- experience chronic stress combined with the cumulative effects of community violence, environments marked by concentrated disadvantage, unemployment, low income, poverty, and racial discrimination.

Table One

**Suicide among African American Youth: Synthesis of Inequity- and SDH-Related Suicide Risk Factors Found in the Reviewed Literature**

- Environmental risk factors:
  - Challenging socio-ecological factors
  - Geographic factors (e.g., living in toxic environments)
  - Living/growing up in resource-poor neighborhoods/areas of concentrated disadvantage
  - Having to rely on unstable community and social structures
- Economic risk factors:
  - Unemployment
  - Poverty
  - Low socioeconomic status
- Risk factors directly related to racism:
  - The range of race-related stressors
  - Racism and everyday discrimination
  - Inequity and interpersonal rejection
  - Colorism and the resulting stratification
  - Stereotypes
  - Racial disparities in mental health care
- Risk factors related to stress and trauma:
  - Cumulative effects of chronic stress and trauma
  - Experience of and exposure to violence and death in the community and on social media
  - Exposure to collective racial trauma (e.g., state-sanctioned oppression/killings of Black men)
  - Exposure to adverse childhood experiences
- Risk factors related to professional services:
  - Disparities in mental health and mental health services
  - Inequitable treatment in service access, utilization, accuracy, effectiveness, and appropriateness
  - Stigma toward mental health concerns and its effects on help-seeking
  - Failure to identify suicide risk due to implicit bias, low expectations, and stereotypes

They also noted the following risk factors:

- recent evidence of the links between racial discrimination and suicidal ideation/suicide attempts among emerging adults in ethnic minority groups;
- the many links among poverty, chronic stress, challenging socio-ecological factors, and suicidality;



- living with community violence and unstable community and social structures; and
- living in areas of concentrated disadvantage (e.g., joblessness and poverty), a particularly difficult burden for Black male adolescents and young men (Robinson et al., 2016).

Black youth in this age group also bear the weight of insults and inequities sustained in earlier years. According to Walker and colleagues (2017), more than 90% of Black pre-adolescents have experienced racial discrimination, and the effects of those experiences resound in many areas of their lives (e.g., social, emotional, academic). The authors noted that experiences of inequity and interpersonal rejection can contribute to many negative outcomes. In one study, they found that a strong relationship between racial discrimination and death ideation, a relationship that was mediated by anxiety and was apparent even after they controlled for depressive symptoms and additional stressful events.

Bath and Njoroge (2021) also cited geographic factors, low socioeconomic status, and exposure to adverse childhood experiences as significant risk factors. Sheftall and colleagues (2021, 2022) noted a number of experiences that can contribute to increased risk of suicidal ideation among Black youth, including racism, discrimination, poverty (Sheftall et al., 2022), race-related stressors, stereotypes, and trauma exposures (e.g., violence and exposure to death in the community and in social media, and state-sanctioned oppression/killings of unarmed Black men) (Nationwide Children’s Hospital, 2021; Sheftall & Miller, 2021). Hollingsworth and Polanco-Roman (2022) posited that the many manifestations of racism and discrimination that Black youth encounter might easily lead to feelings of defeat and entrapment, and they cited evidence that these feelings of defeat and entrapment might contribute to suicidal ideation in individuals with high suicide risk. The authors suggested that, taken together, these two associations might moderate the association between racism and suicide risk in African Americans.

Talley and colleagues (2021):

- noted the significant effects of everyday racial discrimination on depressive symptoms and on suicidal ideation;
- cited psychological harm to Black youth due to marginalization, having limited access to resources, receiving harsher sanctions in school for behavior problems, experiencing or witnessing police brutality, and in general being treated unfairly on a regular basis; and
- posited that the anger, rage, and/or hopelessness that Black youth often experience in response to discrimination and inequities can accelerate risk factors for suicidal ideation and suicidal behavior, particularly in Black male adolescents (Talley et al., 2021).

Noting the documented connections between discrimination and suicidal thoughts and behaviors in African Americans, Oh and Nicholson (2021) took a more focused approach toward one particular form of discrimination, colorism, defining “colorism” as intra-group skin tone discrimination (i.e., skin tone discrimination by members of the same culture). They studied

both skin tone discrimination by individuals within the same culture and skin tone discrimination by individuals outside the culture, measuring their relative effects on lifetime odds of suicidal ideation and suicide attempts among African Americans. In that study, the investigators found a significant association between colorism and lifetime suicidal ideation/suicide attempts. However, they found no corresponding association between suicide and skin tone discrimination by individuals outside the culture (Oh & Nicholson, 2021).

Psychiatric risk factors may be different for this population than they are for youth in other racial categories. Of the Black adolescents who attempt suicide, only half had been diagnosed with a psychiatric disorder before those attempts. In addition, anxiety disorders, rather than depressive disorders, are the greatest psychiatric risk factors for suicide attempts among Black youth (Robinson et al., 2021, Walker et al., 2017).

## **2b. Additional Risk Factors**

The literature also provided information on suicide risk factors that were not necessarily related to inequities but in the context of marginalization might gain more potency. Two examples:

- Social isolation is an important suicide risk factor (Occhipinti et al., 2021) that can occur even in privileged lives, but people with limited access to resources might experience isolation as an even more powerful barrier to hope and health.
- The stigma, self-stigma, and discrimination directed toward people who receive mental health services can go far to discourage help-seeking and acceptance of services (Talley et al., 2021), but it might prove even more of a barrier to people whose very existence has long been stigmatized in their own society.

In their study of short-term prediction of suicidal behavior, Glenn and Nock (2014) noted a number of general suicide risk factors, including:

- stressful life events, family history of psychopathology, presence and accumulation of mental disorders, and past suicidal thoughts and behaviors;
- hopelessness, anxiety, insomnia, and anhedonia; and
- mental health challenges, relationship problems, and interpersonal trauma (Glenn & Nock, 2014).

## **2c. Inequities in Mental Health Care**

Inequities in mental health care contribute to Black youth suicide in a number of ways (Talley et al., 2021), including inequitable treatment in primary care, barriers to utilization of mental health services, inaccurate diagnoses, and the use of ineffective or inappropriate care (Bath & Njoroge, 2021). Talley and colleagues cited a number of ways in which mental health

practitioners might be failing to identify the precursors of suicidal ideation and behavior due to stereotypes, implicit bias, and/or inadequate understanding of Black youth and their behavior. These include professional failure to:

- identify suicide risk in Black clients, due to implicit bias and stereotypes that lead mental health practitioners to normalize high-risk and violent behavior in Black clients rather than investigate further;
- identify challenges in conduct in Black youth and young adults as possible psychological effects of discrimination, leading to missed opportunities to detect suicide risk; or
- understand the possible connections between symptoms of anger, rage, and/or hopelessness and overt and covert self-harming behaviors (Talley et al., 2021).

Again, respect for the interplay among these and other risk factors is essential. Occhipinti and colleagues (2021) warned that “Factors including adverse childhood exposures, domestic and family violence, substance abuse, unemployment, and other socioeconomic factors that influence access to housing and mental health services have been found to have unidirectional or bidirectional relationships with each other and with psychological distress, mental disorder, and suicide” (p. 2).

### **Section 3. Evidence-Based, Evidence-Informed, and Promising Suicide Prevention, Intervention, and Postvention Strategies that have Been Successful with Black Youth**

In the authors’ search for key findings on evidence-based, evidence-informed, and promising suicide prevention, intervention, and postvention strategies that have been successful with Black youth, it soon became apparent that the literature is lacking in:

- studies focusing on the effectiveness of specific strategies in addressing suicide risk in Black youth; and
- evidence of suicide prevention, intervention, and postvention strategies designed or adapted for, and tested with, Black youth.

According to Robinson and colleagues (2016), studies of adolescent suicide prevention have relied heavily on participation by adolescents of European American descent. Other authors have noted a similar lack of participation by Black youth (Sheftall & Miller, 2021; Sheftall et al., 2022), older Black adolescents (Lindsey et al., 2019), and Black young adults (Goodwill, 2022). This section presents information from the available literature that might prove helpful in the field’s efforts to move toward a more robust selection of evidence-based, evidence-informed, and promising suicide prevention, intervention, and postvention strategies with demonstrated success with Black youth. Information in this section includes:

- key findings on coping strategies that appear to reduce suicidal ideation in this population, and
- a brief description of one promising cultural adaptation of an existing well researched intervention.

### **3a. Coping Strategies that Appear to Reduce Suicidal Ideation in Black Youth**

Goodwill (2022) reported that, in one study of 413 Black college students assessed for depressive symptoms and coping strategies:

- coping strategies that were focused on self-blame and behavioral disengagement were positively associated with past-year suicidal ideation;
- religious coping strategies were negatively associated with past-year suicidal ideation; and
- social support buffered the relationship between depressive symptom scores and past-year suicidal ideation, particularly in participants with the highest levels of depressive symptoms (Goodwill, 2022).

In their cross-sectional study of youth affected by bullying, Arango and colleagues (2019) investigated the effects of three subtypes of interpersonal connectedness (family, school, and community) on depression and suicidal ideation. The authors found that:

- in more severely depressed Black youth participating in the study, community connectedness improved their ability to identify reasons for not attempting suicide; and
- participation in organized community and school activities promoted a sense of connectedness and self-esteem and protected against depression and behavior problems (Arango et al., 2019)

Hollingsworth and Polanco (2022) found that college-aged African American young adults who had a stronger sense of ethnic identity (particularly in terms of their exploration of and commitment to that identity) were less likely to respond to manifestations of racism and discrimination with feelings of defeat and entrapment. “These findings imply that African Americans who spend time learning about their culture, participating in cultural traditions, and being active in organizations with other African Americans are perhaps more protected against the feelings of being defeated or trapped and possible development of suicidal thoughts.” (Hollingsworth & Polanco, 2022, p. 222). The authors further posited that an understanding of the connections among experiences of racism/discrimination, feelings of defeat or entrapment, and sense of ethnic identity might contribute to the effectiveness of assessments, diagnosis, and services among Black young adults at risk of suicide.

### **3b. The *Adapted-Coping with Stress Course [A-CWS]***

According to Robinson and colleagues (2016):

- few school-based adolescent suicide prevention efforts are culturally tailored for Black adolescents;
- studies of existing programs report mixed results, including some negative outcomes;
- studies show that screening initiatives that include skills training for students and gatekeeper training for school personnel are effective at reducing adolescent suicidality, but Black participation in those studies has not been reported;
- the ability to manage stress related to community violence exposure is critically important for Black youth facing multiple stressors with limited external resources;
- Black youth are exceptionally responsive to cognitive-behavioral interventions, particularly if those interventions address the anxiety they experience in their life context;
- few culturally grounded and contextually relevant stress-reduction suicide-prevention interventions have been studied for urban Black youth with low resource levels; and
- very few validated, manualized, and group approaches to suicide prevention target the reduction of suicidal behaviors in Black adolescents (Robinson et al., 2016).

The Adolescent Coping with Stress Course [CWS] (Lewinsohn, Clarke, Rohde, et al., 1996) is an empirically validated school-based prevention model initially designed as a depression prevention intervention for suburban adolescents of European descent (Robinson et al., 2016). Its skill-training components focus on building a sort of immunity to painful feelings and suicidal behaviors by teaching coping and problem-solving skills. Its gatekeeper training components equip school personnel with the knowledge and training to recognize students who are at risk and make any necessary referrals to the appropriate mental health professionals.

In adapting Lewinsohn's intervention for use with Black adolescents, Robinson:

- essentially retained the philosophical and theoretical foundations of the original program but made substantive structural adaptations to accommodate a focus on general stress reduction within participants' hazardous community context;
- made cultural adaptations in terms of language, persons (e.g., acknowledgement of racial differences), metaphors (e.g., illustrations, examples), content, concepts (e.g., values), goals, methods, and context (e.g., social and environmental context); and
- adopted a participatory approach, seeking out key informants throughout the development process, gathering the input of Student Consultants in focus group format, and integrating their feedback to make the model more culturally and contextually relevant, more user friendly, more engaging, and more easily transportable to students and school personnel (Robinson et al., 2016).

In preliminary studies conducted with Black students in four urban high schools, the adapted intervention reduced suicide risk for study participants by 86% compared to members of the control group (Robinson et al., 2016). At this writing, the sponsor (DePaul University) and collaborator (National Institute of Mental Health) are recruiting for a study of the “Success Over Stress Prevention Project,” in which social workers who are indigenous to the urban school system studied will be placed in central roles, increasing the opportunity for greater dissemination and sustainability of this intervention (U.S. National Library of Medicine, 2022).

#### **Section 4. Key Findings on Promising Strategies that Might be Adapted for and Studied with Black Youth**

In the literature on suicide prevention, intervention, and postvention, there are, of course, far more strategies for youth in general than for Black youth of any age group. In examining their potential for adaptation to the needs and realities of Black youth, the field might consider these general strategies through a lens that takes in the many layers of the environments in which Black youth live. Even Black youth in well resourced families and communities also live in a world where racism, inequities, stereotypes, and discrimination are everyday realities with cumulative psychological and social effects. “Preventive interventions for African American adolescents must consider the complexities of their social ecology, including the influence of systemic racism, along with the cognitive and behavioral management of their social context” (Robinson et al., 2021, p. 1284).

The following suggestions for possible adaptation, study, and intervention were drawn from the general literature on suicide prevention in youth:

- Targeted investments in addressing mental health services and social determinants of health provide the best opportunities to reduce suicidal behavior and suicide deaths (Occhipinti et al., 2021).
- In one study of strategies aimed at reducing the impact of social determinants of health, reducing childhood adversity by 50% had the single greatest impact on suicidal behavior among youth, reducing self-harm hospitalizations and suicide deaths by 6.7% each (Occhipinti et al., 2021).
- Behavioral health systems might be able to normalize suicide screenings and increase trust and buy-in by holding screenings in community organizations and institutions (Sheftall and Miller, 2021).
- Post-attempt assertive aftercare reduced self-harm hospitalizations and suicide deaths by 5.8% each (Occhipinti et al., 2021).

- According to Occhipinti and colleagues, the most significant gains in preventing suicidal behavior in youth came from interventions that were effective in increasing social connectedness, reducing both self-harm hospitalizations (11.4%) and suicide deaths (12.4%) (Occhipinti et al., 2021). Arango and colleagues (2019) also found that programs that increased social connectedness reduced suicidal ideation and suicide attempts.
- Considering that Black adolescents are often responsive to cognitive-behavioral interventions, particularly programs that target anxiety (Robinson et al., 2021), a targeted review of existing cognitive-behavioral interventions might yield some ideas for adaptation.
- When youth are victimized by bullying (a risk factor for suicide and often an element of overtly racist behavior), positive factors in individual, family, and school domains can help bolster resilience and prevent long-term effects of bullying (Arango et al., 2019).
- In one study, technology-enabled coordinated care reduced self-harm hospitalizations and suicide deaths by 5.6% each (Occhipinti et al., 2021).

## Section 5: Gaps in the Research

One overarching limitation of the existing literature is that studies of suicide in both high school- and college-aged students have relied largely on White students or have not disaggregated their data by racial category (Robinson et al., 2021; Goodwill, 2022). Alongside this central challenge, the literature studied named several specific gaps, identified below in four general categories: a) suicide rates and trends, b) features of suicidality in black youth, c) racism and suicide risk for black youth, and d) prevention, intervention, and postvention.

### 5a. Suicide Rates and Trends

Few studies have investigated the epidemiology of suicide among Black youth (Sheftall et al., 2022) or examined how and why the rates of suicide are rising among Black youth (Sheftall & Miller, 2021), older Black adolescents (Lindsey et al., 2019), or Black young adults (Goodwill, 2022).

Recommended areas of study include the following:

- The rise in suicide in older Black adolescents (Lindsey et al., 2019)
- How and why the rates of suicide among Black youth are rising (Sheftall & Miller, 2021)
- Suicide rates and trends in sub-populations of Black youth (e.g., different age ranges, different cultures within the diaspora, immigration status, gender, LGBTQI and same-gender-loving)
- Rates and trends in different geographical areas and socioeconomic groups

## **5b. Features of Suicidality in Black Youth**

With suicide rates that are higher than those of their peers and steadily increasing, Black youth are clearly in urgent need of attention by the research community (Sheftall & Miller, 2021).

Recommended areas of study include the following:

- Racial/ethnic differences in suicidality (Bath & Njoroge, 2021)
- The unique features of suicidal ideation and suicidal behavior among Black youth (Espelage, Boyd, Renshaw, & Jimerson, 2022)
- The complex roles that trauma might be playing in the interaction of multiple risk factors and characteristics of suicidality among Black youth
- The levels and patterns of overlap that might exist between the subset of Black youth at risk of suicide and the subset of Black youth who have ready access to firearms, and how this intersection might affect suicidality in Black youth
- The distinct roles that social media might be playing in the risk of suicide and the dissemination of suicidal ideation among Black youth (e.g., through cyber bullying and racist messages), and the positive roles that social media might play in education, training, and messaging for communities, schools, and individuals.
- The phenomenology and developmental trajectory of suicidal ideation suicidal behavior among (e.g., to determine if the phenomenology is actually different, or if apparent differences actually reflect assessment issues) (Sheftall & Miller, 2021)

## **5c. Racism and Suicide Risk for Black Youth**

Few studies have examined sociocultural risk factors for suicide in African Americans (Talley et al., 2021), explored racial and ethnic differences in suicidality and ways in which experiences of racism may amplify risk (Lindsey et al., 2019), or examined the different types of discrimination that Black youth experience (Oh & Nicholson, 2021). In general, few studies have included the experiences of Black youth in the body of work that shapes our collective responses to youth suicide (Bath & Njoroge, 2021).

Recommended areas of study include the following:

- Sociocultural risk factors for suicide among African Americans (Talley et al., 2021)
- Analyses of geographic factors, socioeconomic status, and adverse childhood experiences as context for suicide risk factors among Black youth (Bath & Njoroge, 2021)
- Connections between discrimination and stress in general (Talley et al., 2021)
- Specific examinations of the different types of discrimination Black youth have experienced (Oh & Nicholson, 2021)



- The experiences of Black children and how being a target of racism may amplify suicide risk among Black youth (Bath & Njoroge, 2021)
- Conduct-related behavioral challenges as possible psychological effects of racial discrimination (Talley et al., 2021)
- Overt and covert self-harming behaviors in Black youth as symptoms of anger, rage, and/or hopelessness (Talley et al., 2021)
- Why skin-tone discrimination by members of one's own racial group (colorism) was associated with suicidal ideation and suicide deaths while skin tone discrimination by members of other groups was not (Oh & Nicholson, 2021)
- Effects of differential access, treatment, diagnosis, and care in primary care and mental health services on suicide risks among Black and Brown youth (Bath & Njoroge, 2021)
- The role that feelings of defeat and entrapment might be playing in suicidal ideation in response to manifestations of racism and discrimination (Hollingsworth & Polanco-Roman, 2022)

#### **5d. Prevention, Intervention, and Postvention**

In the general literature on suicide prevention, few studies have explored potential relationships between coping and suicidal ideation (Goodwill, 2022), investigated how and why family, school, and community connectedness protect against suicidal ideation and depression among victimized youth, or evaluated intervention strategies targeting connectedness (Arango et al., 2019).

Even fewer studies have tested on a large scale the efficacy of treatment or prevention interventions that reduce suicide risk in older Black adolescents (Lindsey, 2019), have focused on effective methods of preventing suicide in Black youth, or have included Black youth in their study samples (Robinson et al, 2016).

In terms of specific types of interventions, with the exception of studies related to the Adapted-Coping with Stress model described above, few investigators have:

- recruited and reported on Black adolescent participation in studies of screening initiatives with skills and gatekeeper training components; or
- focused on validated, manualized, and group approaches to suicide prevention that target reduction of suicidal behavior among Black adolescents (Robinson et al., 2016).

Recommended areas of study include the following:

##### *General effectiveness of prevention interventions:*

- Effective methods of preventing suicide among Black youth (Robinson et al., 2016)

- Culturally grounded suicide prevention interventions for Black adolescents (Robinson et al., 2016)
- The efficacy of treatment or prevention interventions that have been shown to reduce suicide risk in older Black adolescents (Lindsey et al., 2019)

*Targeting of specific risk and protective factors:*

- Specific risk and protective factors and developmental mechanisms associated with suicidal behavior in Black youth (Sheftall et al., 2022)
- Protective factors that are effective in reducing suicide risk among marginalized students (Espelage et al., 2022)
- The extent to which gun safety laws might contribute to prevention of suicide among Black youth
- The Cultural Model and Theory of Suicide and the Integrated Motivational–Volitional (IMV) Model of Suicide, which provide frameworks for suicide-related risk that emphasize the intersection of interpersonal processes and environmental influences in ways that demonstrate sensitivity to race-based experiences, promoting “a useful lens in which to better understand suicide-related risk within a sociocultural context that may be especially relevant in African American youth” (Hollingsworth & Polanco-Roman, 2022, p. 218)

*Effects of social connectedness:*

- The relative effectiveness of suicide prevention and intervention strategies targeting connectedness (Arango et al., 2019)
- How and why family, school, and community subtypes of connectedness protect against suicidal ideation and depression among victimized youth (Arango, 2019).

*Effectiveness/viability of specific interventions:*

- The effectiveness of suicide screening initiatives that include skills training for students and gatekeeper training for school personnel, using Black adolescents as participants (Robinson et al., 2016)
- Validation of manualized group approaches to suicide prevention for Black adolescents, specifically targeting the reduction of suicidal behavior as primary outcome of interest (Robinson et al., 2016)
- The effectiveness of education and training for school psychologists and behavioral health professionals on postvention strategies (Espelage et al., 2022)
- The viability of integrating suicide prevention programming with other common school-based prevention efforts (e.g., social-emotional learning, positive behavior interventions and supports, substance use disorder prevention, trauma-informed schools) (Espelage et al., 2022)

- Possible ways of adapting school-based coping skills, social connection, and gatekeeper programs for use in family, community, and faith community settings
- Possible benefits of using collaborative, coordinated multi-site prevention/intervention efforts to build social safety and connectedness in multiple areas of life (e.g., family, school, community, and faith community)

*Access to services:*

- Systematic evaluations of disparities restricting access to effective suicide prevention programming in schools (Espelage et al., 2022)

## **Section 6: Priority Recommendations for Prevention of Suicide among Black Youth**

Beyond the recommended areas of study discussed in Section 5 (above), the literature reviewed offered a number of recommendations for:

- learning about and addressing the needs of Black youth and
- reducing the incidence and impact of suicide on this vulnerable population.

These recommendations are presented on the following pages.

### **6a. General Recommendations for the Research Community:**

- Use more Black youth as research participants (Robinson et al., 2016).
- Increase levels of innovation and discovery within suicide research (Sheftall & Miller, 2021).
- Fund the positions of Black researchers on a par with those of White researchers (Robinson et al., 2016).
- Create an NIH-funded group of Black scientists with a research agenda focused on preventing Black youth suicide (Congressional Black Caucus, 2020).
- Study the behavioral health field's and the research community's assumptions about Black youth, ways in which those assumptions affect the research agenda, and the possible overlap between the body of assumptions that drives research and the stereotypes that society is still struggling to overcome.
- Wherever possible, incorporate elements of community-based participatory research, to increase buy-in and empowerment of Black youth, their families, and their communities.

- Build a research funding agenda that takes a “ground zero” (ground-up) approach:
  - using and integrating quantitative and qualitative methodologies,
  - prioritizing culturally relevant theories,
  - testing risk factors for Black youth suicide,
  - assessing suicidal ideation and suicidal behaviors, and
  - making recommendations for intervention (Sheftall & Miller, 2021).
- Publish intentional reports, using systematic evaluations of disparities to promote equitable access to effective suicide prevention programming in schools (Espelage et al., 2022).
- Given the urgency of this health crisis, consider developing streamlined protocols for approving and rolling out studies and trials on suicide among Black youth (Sheftall & Miller, 2021).

#### **6b. Recommendations Regarding the Focus of Interventions:**

- Combine suicide prevention efforts with anti-racism and anti-colorism efforts (Oh & Nicholson, 2021).
- Focus prevention efforts in communities on reducing stigma toward mental illness and increasing help-seeking behaviors (Lindsey et al., 2019).
- Use findings about protective factors to develop and tailor school-based prevention programming with minoritized populations (Espelage et al., 2022).
- Use the stress-reduction prevention intervention, which has reduced suicide risk for Black adolescents (Robinson et al., 2016).
- Focus programs for reducing childhood adversity on primary prevention (e.g., reducing exposure to adversity) or on harm minimization (Occhipinti et al., 2021).
- Make concerted efforts to integrate suicide prevention with other prevention efforts (Espelage et al., 2022).

#### **6c. Recommendations for Building on Community Strengths:**

- Promote programs that are effective in increasing social connectedness and community connectedness for Black youth (Occhipinti et al., 2021).
- Engage trusted community organizations with “non-traditional” approaches to suicide prevention (Sheftall & Miller, 2021).
- Focus interventions on settings where youth already feel connected and supported, creating spaces and opportunities to bolster current suicide prevention efforts (Arango et al., 2019).

- Promote integration and collaboration among school-based, community-based, faith-community-based, and family-based suicide prevention efforts for Black youth.

#### **6d. Recommendations Regarding Behavioral Health Workforce Issues:**

- Provide education and training on postvention strategies to school psychologists and behavioral health professionals (Espelage et al., 2022).
- Train mental health practitioners to recognize the implicit biases that might lead them to normalize high-risk and violent behaviors among Black clients, raising the risk of missed opportunities to identify and intervene in suicide risk (Talley et al., 2021).

### **Concluding Commentary**

Taken as a whole, this brief literature review has left its authors with several strong impressions:

- The vulnerability of Black youth to suicide is high and steadily rising. In most cases it exceeds and differs from the vulnerability of their peers in other racial categories, and it is tied to the very communities, institutions, and society in which they live.
- All along, the research community that addresses suicide prevention has largely ignored or sidelined Black youth in its work, but the investigators who have focused on this population have been eloquent in their truth-telling, tireless in their work, and dedicated to finding ways to fill these gaps and protect the lives of Black youth.
- As a field and as a community, behavioral health has made relatively little headway in developing and studying suicide prevention interventions tailored for Black youth. However, efforts by some investigators have created effective strategies and uncovered much promising information about approaches and interventions that might prove fruitful.
- Although this literature review only skims the surface of a deep and complex reality, a synthesis of the ideas summarized in Sections Three through Six might form the beginning and the backbone of a powerful and transformative agenda for preventing suicide among Black youth.

Like an investigator sitting down with a study participant, the behavioral health field will do well to start with—and maintain—a firm awareness of and focus on the strengths, resources, and resilience of all concerned. This includes Black youth, Black families, Black communities and faith communities, the research community, and the practitioners who must take the research and collaborate with the individuals they serve to turn it into hope, healing, and success.

Anything less than this consistent focus on strength might easily diminish hope and feed the stereotypes that have already done so much harm.

If nurtured and allowed to grow, the efforts of all who are dedicated to the survival and well-being of Black youth have the potential to change lives, families, communities, and systems. With enough courage and political will, our collective ongoing efforts might go far to protect these vulnerable and valuable young people.

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