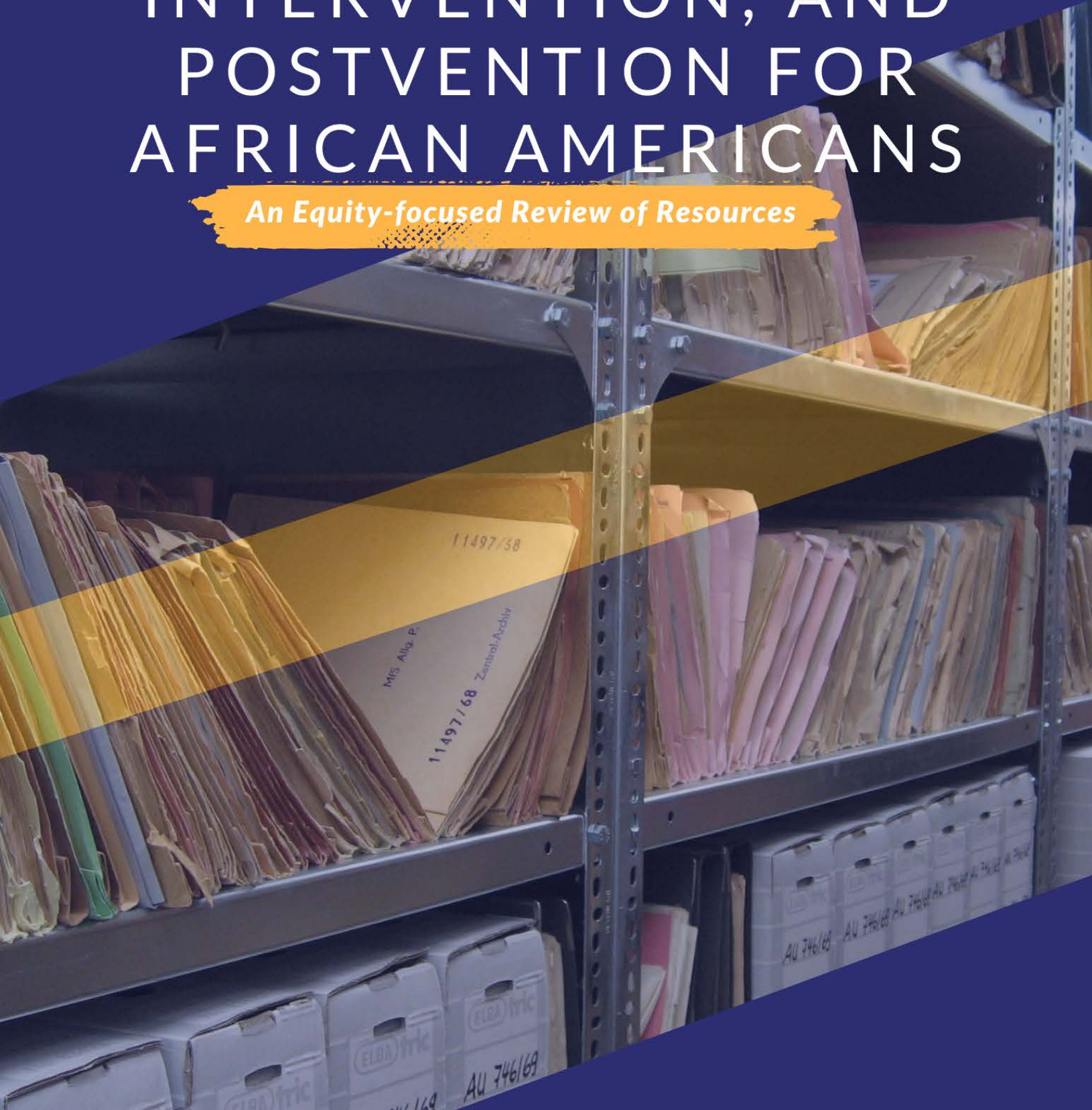
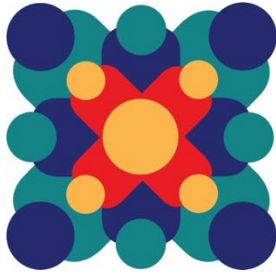


African American Behavioral Health
CENTER OF EXCELLENCE

SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION FOR AFRICAN AMERICANS

An Equity-focused Review of Resources





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Suicide Prevention, Intervention, and Postvention for African Americans: An Equity-focused Review of Resources

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Contents

Part I: Discussion

Introduction.....	1
Challenges in Suicide Prevention for African Americans	1
The Scarcity of Culture-Specific Tools and Other Resources	1
Challenges to Accessibility and Acceptability of Services.....	2
Challenges to Mental Health Literacy	3
The Need for Population-Focused Services and Resources.....	4

Part II: Resource Tables

Resources on Suicide Prevention for African Americans.....	6
Resources on Suicide Intervention for African Americans.....	8
Resources on Suicide Postvention for African Americans	8

References.....	9
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Challenges in Suicide Prevention for African Americans

In the United States, suicidality is rising in all ethnic categories (CDC, 2023), but in African American communities it is rising more rapidly and reaching more alarming heights. For example, between 2007 and 2020, Black youth had the fastest-growing suicide rates of all their peers (Johns Hopkins, 2023), and Black youth ages 15-24 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).

Many complex and interwoven circumstances contribute to the ongoing crisis of death by suicide in the African American community, magnifying the need for and importance of preventive services, resources, tools, and safety measures tailored to address the unique challenges that African Americans face. Studies show that Black Americans utilize therapy and clinical treatment/counseling at lower rates than their non-Black counterparts. This may be due to a number of factors, including the legacy of serious medical mistrust carried down through history (Pederson, 2023), but the scarcity of culturally relevant/appropriate resources may be a significant factor as well (Congressional Black Caucus, 2019).

The following is a brief review of these and other major challenges to the prevention of suicide and the promotion of mental health and safety for African Americans, including:

- the scarcity of culture-specific tools and other resources,
- challenges to accessibility and acceptability of services,
- challenges to mental health literacy, and
- the need for population-focused services and resources.

The Scarcity of Culture-Specific Tools and Other Resources

Many suicide prevention, intervention, and postvention resources presently exist, but few consider the adverse roles that historical trauma, systemic racism, socioeconomic challenges, and poverty play in the daily lived experience of African Americans (Hankerson et al., 2022).

Major challenges connected to these limitations include the following:

- The field lacks the resources to identify the best and most promising practices to improve African American mental health and meet the evolving needs of African Americans experiencing suicidality (Robinson et al., 2016).
- African Americans have traditionally been underrepresented in research and clinical trials, and this has limited our opportunities to identify Black culture-specific needs related to risk factors and protective factors (Cureton et al., 2023).
- Few suicide prevention, intervention, and postvention resources are grounded in keen awareness of the social determinants of health (SDOH) that contribute to the unique characteristics of the extreme trauma, gun violence, adverse childhood experiences, and other adversities underlying mental health challenges in Black communities.

Challenges in Accessibility and Acceptability of Services

Challenges in Black access to mental health and suicide prevention services might be conceptualized in three categories: Economic disparities, lack of representation in the workforce, and cultural stigma.

Economic Disparities

A number of economic disparities contribute to the challenges that African Americans face in gaining access to suicide prevention and intervention services. A significant portion of Black Americans—approximately 27%—live below the poverty line, and 11.5 % lack health insurance, a combination of circumstances that makes it harder for many to afford mental health care. Black people are also seven times more likely to live in high-poverty neighborhoods, many of which have no access or limited access to mental health services, so that even those who seek help may struggle to find adequate support (RTI Health Advance, 2022). This lack of access can prevent timely and effective treatment, increasing the risk of untreated mental health issues and potentially contributing to higher rates of suicide within the community.

Lack of Representation in the Behavioral Health Workforce

Only 2% of psychiatrists and 4% of psychologists are Black (SMI Adviser, n.d.), and if current trends continue, the behavioral health workforce will continue to attract higher and higher proportions of young, White, female practitioners (Health Resources and Services Administration, 2023). Given that cultural differences can raise the risk of cultural misunderstanding and mistrust between patients and clinicians, the scarcity of Black behavioral health professionals may serve as a barrier to effective suicide prevention and intervention for African Americans.

Historically, Black patients have had experiences of non-Black clinicians minimizing their symptoms and excluding them from access to and participation in their own treatment plans (SMI Adviser, n.d.). These experience can hinder effective care, and even the memory and expectation of these kinds of experiences can increase feelings of isolation and helplessness (Wells & Gowda, 2020). Ensuring culturally competent care and increasing the number of Black mental health professionals are crucial steps toward improving suicide prevention and intervention for Black Americans (Buche et al., 2017).

Cultural Stigma

In a survey conducted by Mental Health America, the investigators found that 63% of African Americans see depression as a personal weakness (SMI Adviser, n.d.). This and similar perceptions, combined with feelings of shame about serious mental illnesses and fears of discrimination, can prevent many African Americans from seeking help. Services are also typically located in organizations and agencies whose names and missions are associated with conditions that are highly stigmatized in the Black community. To be seen entering these buildings might raise the risk of being labeled, judged, and shamed. Even self-help resources may present valuable information in terms of diagnoses that are widely stigmatized. In suicide prevention and intervention efforts, fear of labeling can prevent African Americans from seeking or accepting the timely and appropriate support they need, increasing the risk that untreated

mental health issues will lead to crises. Addressing stigma and promoting culturally sensitive mental health care are essential for effective suicide prevention in the Black community.

Challenges in Mental Health Literacy

Many of the fears and misconceptions that are keeping African Americans from seeking or accepting help and support are rooted in a lack of accurate knowledge and understanding of mental health conditions and their effects. The process of gaining an accurate understanding—often referred to as mental health literacy—is essential. However, in many Black communities, there may be as many barriers to mental health literacy as there are to treatment and other resources.

Challenges to Black Literacy as a Whole

Reading averages among Black Americans lag behind total national reading averages, and only 25.4% of African Americans aged 25 or older have bachelor’s or higher degrees, compared to 35.7% of the population as a whole. Among full-time students attending four-year academic institutions in 2014, only 45% of Black students graduated within six years, compared to 64% of all students. Black students also face the highest burden of student loan debt, which often comes with substantial anxiety and negative impact on their mental health (Postsecondary National Policy Institute, 2023).

This financial strain, combined with the fact that many Black students are first-generation college students in their families, may contribute to mental health challenges and decrease the likelihood that students will seek help. In addition, in 2019 only 6% of Black male 12th-graders tested read at a “proficient” level, and just 1% read at an “advanced” level (Tatum et al., 2021). These and other educational disparities can exacerbate feelings of stress and hopelessness, both increasing the need for and hindering access to mental health care and effective suicide prevention and intervention for Black Americans.

The State of Mental Health Literacy

Mental health literacy includes the knowledge, beliefs, and skills to understand, manage, and prevent mental health issues. When people lack this understanding, they often struggle to recognize the signs and symptoms of mental illnesses. This can lead to challenges in seeking help and receiving treatment, including not knowing when to seek professional help or what treatments are available (Pelham et al., 2017). This gap in knowledge can significantly affect the way people manage their mental health challenges, which often affects the outcomes of treatment.

In a mental health literacy study aimed at addressing racial disparities, Tambling and colleagues (2021) found that African Americans tended to score lower on measures of mental health literacy compared to other racial groups (Tambling et al., 2021). This suggests that African Americans may have less knowledge, fewer accurate beliefs, and less effective skills related to recognizing, managing, and preventing mental health issues, and this may reduce their ability to access appropriate care for mental health conditions.

The Need for Population-Focused Services and Resources

Given these and other disparities that have afflicted the African American community for centuries, there is a crucial need for population-focused resources for the prevention of mental health challenges and other circumstances that can raise the risk of suicide. African Americans have been adversely affected on individual, social, communal, systemic, and institutional levels (McGhee, 2021), so we need solutions that involve and address all these levels. It is essential for behavioral health providers who serve African American communities to use culturally competent, culturally relevant, population-focused resources that are specifically tailored to these communities (Wells & Gowda, 2020).

Locating Services and Resources in the Community

It is important for providers and others working with African American communities to “think outside the box”—and to understand that “the box” may be restricting agencies’ ability to use culturally appropriate and culturally sensitive approaches. This potential for disservice to the community argues strongly for a population-focused approach. A population-focused approach seeks to dispel stigma by normalizing mental health services and resources, embedding them in settings and referring to them in terms that Black cultures and Black communities will find easier to relate to and less likely to associate with stigma or shame (Glynn & Richardson, 2020).

For example, agencies or organizations might offer resources and support for “health” and “wellness” in faith settings, schools, public libraries, and other community settings, rather than only offering “mental health” services in mental health-related agencies. This might make it more comfortable and less stigmatizing for African Americans to receive essentially the same services they would shy away from in more stigmatized settings.

Mobilizing the Power and Support of the Community

Solutions to most ongoing issues can be found within the community. Over the years, non-traditional modes of engagement rooted in the community have been fundamental in allowing African Americans to heal. The Confess Project of America is a prime example of an organization engaging the community in non-traditional ways.

The Confess Project finds central sources of listening and support within the African American community—such as barbershops where community members gather—and brings conversations around mental health into those spaces. This kind of approach has allowed people in the community to discuss taboo topics, giving them opportunities to save lives. Creativity is key for practitioners who are looking for non-traditional ways to engage African Americans.

Other non-traditional forms of engagement that can be highly effective include the following:

- *Faith-based initiatives:* This includes collaboration with respected members of faith communities and other religious organizations to provide services and education around mental health. Since many African Americans have strong ties to their faith traditions, this type of engagement can be extremely effective (Palmer et al., 2021). One example is the “Soul Shop” series of trainings for faith leaders and communities, to help them support people affected by suicide (<https://www.soulshopmovement.org/>).

- *Barbershop and Salon Conversations:* As mentioned above, using the natural listeners, supporters, and partners in the community—people who are already delivering services to African Americans—can facilitate coordination of resources, support, and help in interventions (Linnan et al., 2019).
- *Health/Wellness Events:* Combining wellness events with physical and mental health screenings provides a comprehensive, normalizing approach to assessing and addressing overall well-being. A local gym or community center might be a natural venue for these kinds of events.
- *Community Health Workers:* Whether they are called Health Workers, Health Educators, or Health Navigators (etc.), these are trusted members of the community who play a crucial role in improving health outcomes and reducing disparities. Health workers normally come from the communities they serve, a connection that builds trust and allows community members to seek and accept their help (U.S. Department of Health and Human Services, 2019).

To engage African Americans in health-promotion programs, practitioners must address issues of cultural appropriateness in the design and implementation of those interventions (Palmer et al., 2021). Approaches such as the ones mentioned above can reduce stigma, increase access to mental health resources, and foster supportive environments where African Americans feel safe seeking support.

Resource Tables

The following resource tables are the products of a series of literature searches aimed at finding suicide prevention, intervention, and postvention resources specifically tailored toward or discussing suicide prevention among African Americans. They provide information relevant to universal intervention (in the whole population regardless of risk status), to selective intervention (focusing on a group whose members are at higher risk of adverse reactions, whether or not they exhibit symptoms or have been screened), and to indicated intervention (focusing on people who show symptoms or have been assessed as being at risk). They are divided into:

- Resources on suicide prevention (to be used in public education and in universal suicide prevention efforts, but many also containing information and referral to resources that are relevant to selective and indicated intervention),
- Resources on suicide intervention (generally to be used in selective and indicated intervention), and
- Resources on suicide postvention (to be used in universal, selective, and indicated intervention with communities, community groups, families, etc. recovering from the suicide of a loved one or significant member)

Resources on Suicide Prevention for African Americans (Universal)

(N) national, (R) regional, and (L) local resources

Name/Sponsor	Brief Description of the Resource	Type and Location of Resource
Ring the Alarm: The Crisis of Black Youth Suicide in America Report from the Congressional Black Caucus (CBC) (N)	A report that outlines mental health and suicidality trends among Black youth and recommends policies to address it. Includes prevention priorities.	National Congressional Report. https://theactionalliance.org/sites/default/files/ring_the_alarm-the_crisis_of_black_youth_suicide_in_america_copy.pdf
Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention. Johns Hopkins (N)	Renewal of the CBC’s original call to action and a guide for policymakers, advocates, stakeholders, and federal, state, and local governments to understand and address Black youth suicide.	National report. https://publichealth.jhu.edu/sites/default/files/2023-08/2023-august-still-ringing-alarm.pdf
L.E.T.S. Save Lives American Foundation for Suicide Prevention (N)	An Introduction to Suicide Prevention for Black and African American Communities is a presentation created with an Advisory Committee of experts in Black mental health and suicide prevention, designed to reduce cultural stigma, foster conversations about mental health, and raise awareness of prevention.	Web-based resource. https://afsp.org/letsavelives/
SoulShop for Black Churches (N)	A suicide prevention training program operating in the Wake Forest, NC area that includes a day-long training session to train church leaders, clergy, program staff, lay ministers, office staff, and faith-based therapists to detect signs that young people may be contemplating suicide and take steps to save their lives.	Web-based collection of resources and workshops. https://www.soulshopmovement.org/soul-shop-for-black-church
Silence the Shame (N)	Empowers and educates communities on mental health and wellness, in order to prevent suicide and suicide attempts.	Web-based collection of resources and processes. https://silencetheshame.com/what-we-do/
Developing suicide prevention programs for African American youth in African American Churches Molock et al. (N)	Abstract describing the gatekeeper model, which trains lay helpers and clergy to recognize the risk and protective factors for depression and suicide, to make referrals to the appropriate community mental health resources, and to deliver a community education curriculum.	Article abstract (full-text available with subscription or fee, \$12-\$49). https://pubmed.ncbi.nlm.nih.gov/18611131/

Name/Sponsor	Brief Description of the Resource	Type and Location of Resource
Widening the Lens: Exploring the Role of Social Justice in Suicide Prevention: A Racial Equity Toolkit Massachusetts Coalition for Suicide Prevention (N)	Designed as a guide to enable organizations to begin to have conversations around incorporating social justice and racial equity into suicide prevention and mental health.	Manual. https://www.masspreventssuicide.org/wp-content/uploads/2019/09/WideningTheLensToolkit.pdf
Implementing Family-Centered Prevention in Rural African American Communities Kogan et al. (N)	Article on a randomized effectiveness trial of the Strong African American Families Program	Author manuscript of full-text article. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5911919/
Achieving mental health equity in Black male suicide prevention Adams & Thorpe (N)	Article presenting fundamental areas of expansion in suicide prevention research focused on establishing culturally responsive strategies to achieve mental health equity, identifying gaps in research and offering recommendation to reduce suicide death among Black males.	Full-text article. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10098101/
National Organization for People of Color Against Suicide (N)	NOPCAS is an organization that promotes strategies and resources that helps to decrease life-threatening behaviors for prevention, intervention, and postvention for those affected by suicide.	Web site with resources. https://nopcas.com/
The AAKoma Project (N)	The AAKOMA Project builds the consciousness of intersectional youth and young adults of color and their caregivers on the recognition and importance of mental health, empowering youth and young adults of color and their families to seek help and manage mental health, and influence systems and services to receive and address their needs.	Website with toolkits. https://aakomaproject.org/resources/your-toolkits/
Suicide Prevention Resource Center (N)	Resources Related to Black/African American suicide prevention	Web page on the Suicide Prevention Resource Center's website. https://sprc.org/populations/blacks-and-african-americans/

Resources on Suicide Intervention for African Americans (Selective/Indicated)

Name/Sponsor	Brief Description of the Resource	Type and Location of Resource
“Brother you’re on my mind” toolkit. Omega Psi Phi and NIH (N)	Toolkit for African American men with a variety of materials about depression and stress that are based on the science of mental health.	Web-based toolkit. https://www.nimhd.nih.gov/docs/byom_m_fulltoolkit.pdf
Life is Better With You Here The Life is Better With You Here Campaign (N)	Web-based resources, support, and love for African Americans with mental health disorders or suicidal ideation plus the burden of racism, discrimination, gun violence, poverty, poor school systems, and the absence of adequate mental health resources and want to give up.	Web-based collection of resources and opportunities to connect. https://lifeisbetterwithyouhere.org
Interventions for Self-Harm and Suicidal Ideation in Africa Jidong et al. (R)	A Systematic Review of self-harm and suicidal ideation as public health concerns for the African Continent.	Full-text article. https://www.tandfonline.com/doi/full/10.1080/13811118.2024.2316168

Resources on Suicide Postvention for African Americans

Name/Sponsor	Brief Description of the Resource	Type and Location of Resource
Postvention for African American families following a loved one’s suicide American Psychological Association (N)	Article with information about suicide in the African American community, presenting a culturally informed postvention model, “Healing and Understanding Grieving Suicide Survivors (HUGSS)”	Abstract. Full-text article is available with subscription or fee of \$17.95 to APA PsycNet https://psycnet.apa.org/record/2009-05093-008

References

- Buche, J., Beck, A.J., and Singer, P.M. (2017). Factors impacting the development of a diverse behavioral health workforce. Ann Arbor, MI: Behavioral Health Workforce Research Center, School of Public Health, University of Michigan.
- Centers for Disease and Control and Prevention (CDC). (2023). Professional Suicide Deaths in the United States, 2022. Atlanta, GA: Author. www.cdc.gov/media/releases/2023/s0810-US-Suicide-Deaths-2022.html.
- Cureton, J.L., Spates, K., James, T., & Lloyd, C. (2023). *Readiness of a U.S. Black community to address suicide*. *Death Studies*, *P*. 197–206. <https://doi.org/10.1080/07481187.2023.2214888>
- Glynn, S.M., & Richardson, L.M. (2020). A Division 18 conversation with the new APA Chief Executive Officer (CEO): Arthur C. Evans, PhD. *Psychological Services*, *17*(1), 1–4. <https://doi.org/10.1037/ser0000292>
- Hankerson, S.H., Moise, N., Wilson, D., Waller, B.Y., Arnold, K.T., Duarte, C., Lugo-Candelas, C., Weissman, M.M., Wainberg, M., Yehuda, R., and Shim, R. (2022). The Intergenerational Impact of Structural Racism and Cumulative Trauma on Depression. *American Journal of Psychiatry*, *179*(6), 434-440.
- Health Resources and Services Administration. (2023). *Behavioral Health Qorkforce, 2023*. North Bethesda, MD: Author.
- Johns Hopkins (2023). *Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health, Center for Gun Violence Solutions, publichealth.jhu.edu/center-for-gun-violence-solutions/2023/still-ringing-the-alarm-an-enduring-call-to-action-for-black-youth-suicide-prevention.
- Lancaster, K. J., Carter-Edwards, L., Grilo, S., Shen, C., & Schoenthaler, A. M. (2014). Obesity interventions in African American faith-based organizations: a systematic review. *Obesity Reviews*, *15*, 159–176. <https://doi.org/10.1111/obr.12207>
- Linnan, L., Thomas, S., D’Angelo, H., & Ferguson, Y.O. (2019). African American Barbershops and Beauty Salons: An Innovative Approach to Reducing Health Disparities through Community Building and Health Education. *Rutgers University Press EBooks*, *13*, 229–245. <https://doi.org/10.36019/9780813553146-015>
- McGhee, H. (2021). *The Sum of us: What Racism Costs Everyone*. New York: One World.
- Palmer, K.N.B., Rivers, P.S., Melton, F.L., McClelland, D.J., Hatcher, J., Marrero, D.G., Thomson, C.A., & Garcia, D.O. (2021). Health Promotion Interventions for African Americans Delivered in U.S. Barbershops and Hair Salons: A Systematic Review. *BMC Public Health*, *21*(1). <https://doi.org/10.1186/s12889-021-11584-0>
- Pederson, A.B. (2023). Management of Depression in Black People: Effects of Cultural Issues. *Psychiatry Annals*, *53*(3), 122-125.
- Pelham, T., Li, H., & Robinson, J. (2017). Psychoeducational Training, Mental Health Literacy, and Help-Seeking Among African American College Students. Society for the Advancement of

Psychotherapy. <https://societyforpsychotherapy.org/psychoeducational-training-mental-health-literacy-help-seeking-among-african-american-college-students/>

Pew Research Center (n.d.) *Religious Landscape Study*. Pew Research Center's Religion & Public Life Project. <https://www.pewresearch.org/religious-landscape-study/database/racial-and-ethnic-composition/>

Postsecondary National Policy Institute (2023). Black Students in Higher Education, CENSUS OVERVIEW. <https://pnpi.org/wp-content/uploads/2023/11/BlackStudentsFactSheet-Nov-2023.pdf>

Robinson, W.L., Case, M.H., Whipple, C.R., Gooden, A.S., Lopez-Tamayo, R., Lambert, S.F., and Jason, L.A. Culturally Grounded Stress Reduction and Suicide Prevention for African American Adolescents. *P. 117-128*. *Pract Innov.* (June, 2016). doi: 10.1037/pri0000020. PMID: 27517094; PMCID: PMC4978429.

RTI Health Advance (2022). Addressing Black Mental Health Disparities. <https://healthcare.rti.org/insights/black-mental-health-and-behavioral-health-disparities#:~:text=11.5%25%20of%20Black%20people%20are>

SMI Adviser (n.d.). Culturally Competent Care for Black American Adults Living with a Serious Mental Illness: an APA and SAMHSA Initiative.

Tambling, R.R., D'Aniello, C., & Russell, B.S. (2021). Mental Health Literacy: A Critical Target for Narrowing Racial Disparities in Behavioral Health. *International Journal of Mental Health and Addiction*, 21. <https://doi.org/10.1007/s11469-021-00694-w>

Tatum, A.W., Johnson, A., & McMillon, D. (2021). The state of black male literacy research, 1999–2020. *Literacy Research: Theory, Method, and Practice*, 70(1), 238133772110383. <https://doi.org/10.1177/23813377211038368>

The Congressional Black Caucus Emergency Task Force. (2018). *Ring The Alarm: The Crisis of Black Youth Suicide in America*. Washington, D.C.: Author. https://theactionalliance.org/sites/default/files/ring_the_alarm_the_crisis_of_black_youth_suicide_in_america_copy.pdf

U.S. Department of Health & Human Services. (2019). *Role of Community Health Workers, NHLBI, NIH*. Nih.gov. <https://www.nhlbi.nih.gov/health/educational/healthdisp/role-of-community-health-workers.htm>

Wells, L. and Gowda, A. (2020). A legacy of mistrust: African Americans and the U.S. healthcare system. *Proceedings of UCLA Health*, 24

Wells, L. and Gowda, A. (2020). A Legacy of Mistrust: African Americans and the U.S. Healthcare System. *Proceedings of UCLA Health*, 24