



Still Ringing the Alarm

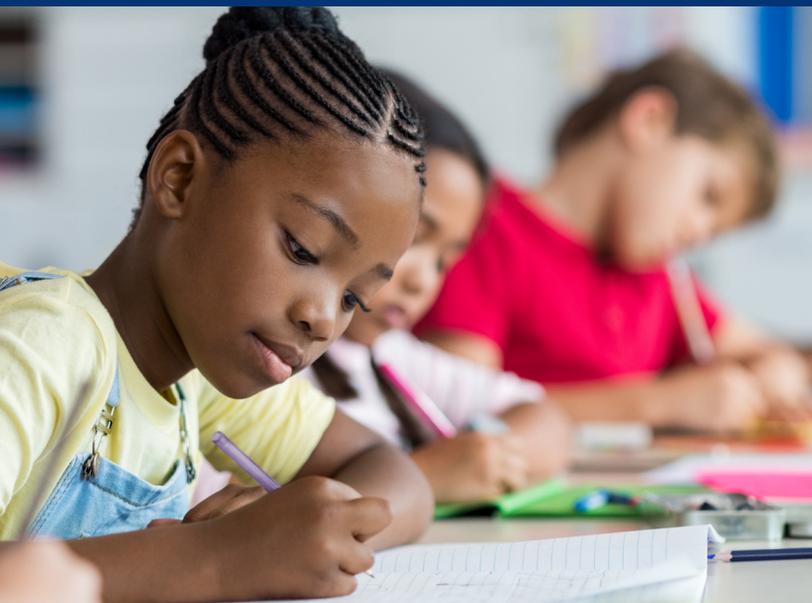
**AN ENDURING CALL TO
ACTION FOR BLACK YOUTH
SUICIDE PREVENTION**

August 23, 2023



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

**Center for
Gun Violence Solutions**



About This Report

About the Johns Hopkins Center for Gun Violence Solutions:

The Johns Hopkins Center for Gun Violence Solutions combines the expertise of highly respected gun violence researchers with the skills of deeply experienced gun violence prevention advocates. We use a public health approach to conduct rigorous scientific research to identify a range of innovative solutions to gun violence. Because gun violence disproportionately impacts communities of color, we ground our work in equity and seek insights from those most impacted on appropriate solutions. Using the best available science, our Center works toward expanding evidence-based advocacy and policy-making efforts. This combination of expertise creates a unique opportunity to turn public health research into action that reduces deaths and injuries from gun violence.

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Executive Summary

In 2019, the Congressional Black Caucus Emergency Task Force on Black Youth Suicide and Mental Health sounded the alarm about concerning suicide trends among Black youth in their report, *Ring the Alarm*. This present report not only urges us to renew the urgent call to action, but also to critically interrogate the socioecological factors and structures—including institutional racism—that contribute to suicide risk among Black youth and how those factors create significant barriers for researchers and implementors trying to save their lives.

The data are alarming—Black youth have the fastest rising suicide rate among their peers of other races and ethnicities.¹ Even more disconcerting, we may not have the full picture of how suicide deaths are impacting Black youth due to misclassification errors. In the 13-year period between 2007 and 2020, the suicide rate among Black youth ages 10–17 increased by 144%.² Black boys ages 0–19 have more than twice the suicide rate compared to Black girls of their age group.³ In 2021, one in five Black high school students reported seriously considering attempting suicide in the past year. That same year, nearly 18% of Black high school students had made a suicide plan in the past year, and 15% reported attempting suicide.⁴ Nearly 1 in 20 needed medical attention as a result of their suicide attempt.⁴

While there is overlap in the risk and protective factors experienced by Black youth and their peers of other racial and ethnic groups, there are certain risk and protective factors that are unique and specific to Black youth. Institutional and interpersonal racism emerged as pervasive factors contributing to suicide risk for Black youth on every level of the socioecological model—societal, community, relationship, and individual. Further compounding unique stressors experienced by Black youth, the COVID-19 pandemic disproportionately impacted Black Americans and created, perpetuated, and exacerbated suicide risk factors for Black youth including access to care, distrust of medical professionals, financial concerns, and social cohesion.^{5,6}

Institutional and interpersonal racism emerged as pervasive factors contributing to suicide risk for Black youth on every level of the socioecological model—societal, community, relationship, and individual.

Despite these concerning trends, Black researchers and implementors face significant barriers to conduct research and develop and implement culturally specific, evidence-based interventions for Black youth suicide prevention. A variety of factors contribute including availability of funding, institutional infrastructure limitations, and institutional racism impacting the proposal review process as well as creating additional labor for Black and other ethnoracially minoritized researchers. Literature about Black youth suicide has increased significantly over the last decade; about half of those publications had been published since 2019. Despite these gains, it is evident that researchers are still facing considerable challenges to obtaining funding and conducting research. A PubMed query of the term “suicide” returns 4,517 results from 2019 to present, with 951 results being specific to youth suicide. During the same time period, only 42 publications have been released about Black youth suicide.

This report is comprised of six main sections. The first section provides an overview of data pertaining to Black youth suicide ideation, attempts, and deaths to contextualize the problem, data trends, and how that varies based on intersectional identities. The second section contextualizes risk factors unique to Black youth using the socioecological model. The third section provides an overview of unique protective factors for Black youth, with the fourth section summarizing some existing evidence-informed and best practices for Black youth suicide prevention. The fifth section

reviews gaps and impediments to Black youth suicide prevention, followed by the sixth section that provides recommendations developed to advance this work forward.

This report serves as a renewal of the CBC task force's original call to action as well as a guide for policymakers, advocates, stakeholders, and federal, state, and local governments to understand the issue of Black youth suicide. The report identifies potential evidence-informed interventions and practice-based evidence to implement and address this enduring crisis, while also engaging in the longer-term work necessary to address upstream, structural factors that contribute to Black youth's suicide risk. Finally, the report also explores barriers researchers and implementors face to develop evidence-based and culturally responsive interventions to save Black youth's lives.

Recommendations

The following recommendations were developed in concert with an array of subject matter experts that span various domains including research, implementation, advocacy, and lived experience. The following is not an exhaustive list of recommendations but can serve as a starting point to begin advancing Black youth suicide prevention work. Below are seven topline recommendations developed by the working groups of subject matter experts:



- 1 Ensure that small community-based organizations and Black researchers have clear access to suicide prevention research and implementation funds.**
- 2 Increase the amount and availability of funding for suicide prevention research and implementation.**
- 3 Create safe and supportive spaces for Black youth.**
- 4 Evaluate the implementation of the national 988 Suicide & Crisis Lifeline to understand the impact among Black youth and other communities of color.**
- 5 Reduce financial concerns and the role they play after hospitalization and in accessing follow-up/transition care.**
- 6 Make mental health services more accessible.**
- 7 Engage the Black church in suicide prevention initiatives.**

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Introduction

Historically, suicide rates have been lower among Black adults and youth compared to their peers of other races and ethnicities. Over the last several years, however, that trend has changed for Black youth. In December of 2019, the Congressional Black Caucus (CBC) Emergency Taskforce on Black Youth Suicide and Mental Health released their report to Congress titled *Ring the Alarm: The Crisis of Black Youth Suicide in America*. The report laid bare the rapid increase in suicide rates among Black youth in recent years and how a dearth of literature leaves us with a limited amount of knowledge about the topic area and interventions to address the problem. The report identified existing gaps in the literature, gave an overview of the evidence that is available, provided resources and best practices, and made recommendations to address the knowledge gap and ensure funding is available for research and implementation. The CBC Emergency Taskforce on Black Youth Suicide and Mental Health ascribed the *Ring the Alarm* report as “an urgent call to action for all Americans” (p.4).¹

Unfortunately, suicidal ideation, attempts, and deaths have continued to increase among Black youth, and there is evidence that suicide deaths among Black youth could be undercounted due to misclassification errors, obfuscating the true burden of the problem. The occurrence of the COVID-19 pandemic exacerbated existing stressors and risk factors among Black youth, while also increasing exposure to new risk factors. Black youth suicide has received increasing attention by media outlets and national organizations raising awareness of the troubling trends of quickly increasing rates of suicide among this group. Nearly five years since the release of *Ring the Alarm*, the literature about Black youth suicide has grown. A PubMed search for publications with the phrase “Black youth suicide” returns 117 results between 1968 and 2023—a 55-year span. Seventy percent of the results returned were published in 2012 and later; nearly half of those have been published since 2019.ⁱ

A PubMed query of the term “suicide” returns 4,517 results from 2019 to present, with 951 results being specific to youth suicide. During the same time period, only 42 publications have been released about Black youth suicide.

Though there is more literature contributing to the field’s knowledge and understanding of Black youth suicide since the CBC *Ring the Alarm* report was released, gaps still exist, especially pertaining to culturally responsive interventions. Addressing the research and implementation needs that exist regarding Black youth suicide prevention requires addressing the systemic and structural barriers that can exclude Black researchers from accessing funding for this work. The funding inequities must be addressed to address the gap in literature and must be balanced with the truth that the increasing rates of suicide among Black youth warrant timely intervention.

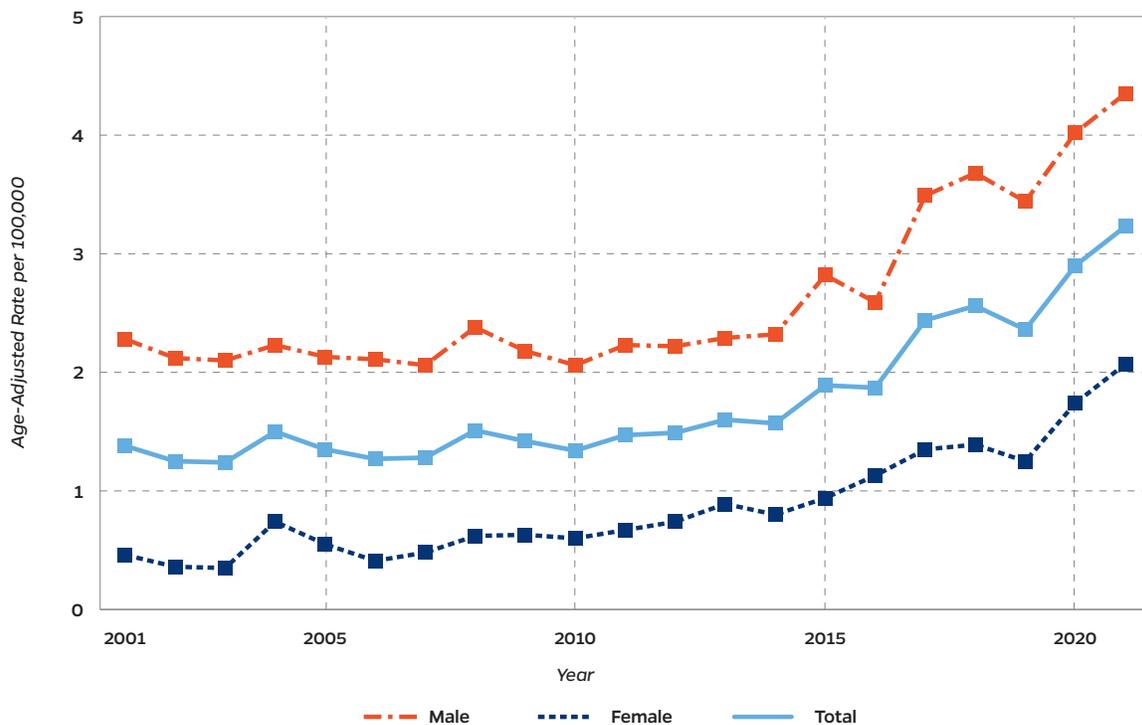
This report aims to renew the urgent call to action initially exclaimed by the CBC Emergency Taskforce on Black Youth Suicide and Mental Health. This report contextualizes risk and protective factors for Black youth through the framework of the Socioecological Model. The report places an emphasis on risk and protective factors unique to Black youth such as institutional and interpersonal racism, the school-to-prison pipeline, community violence, and mass incarceration. These frameworks can provide a guide to developing and delivering interventions to reduce Black youth suicide in the U.S.

i As of May 21, 2023.

Data Overview and Trends

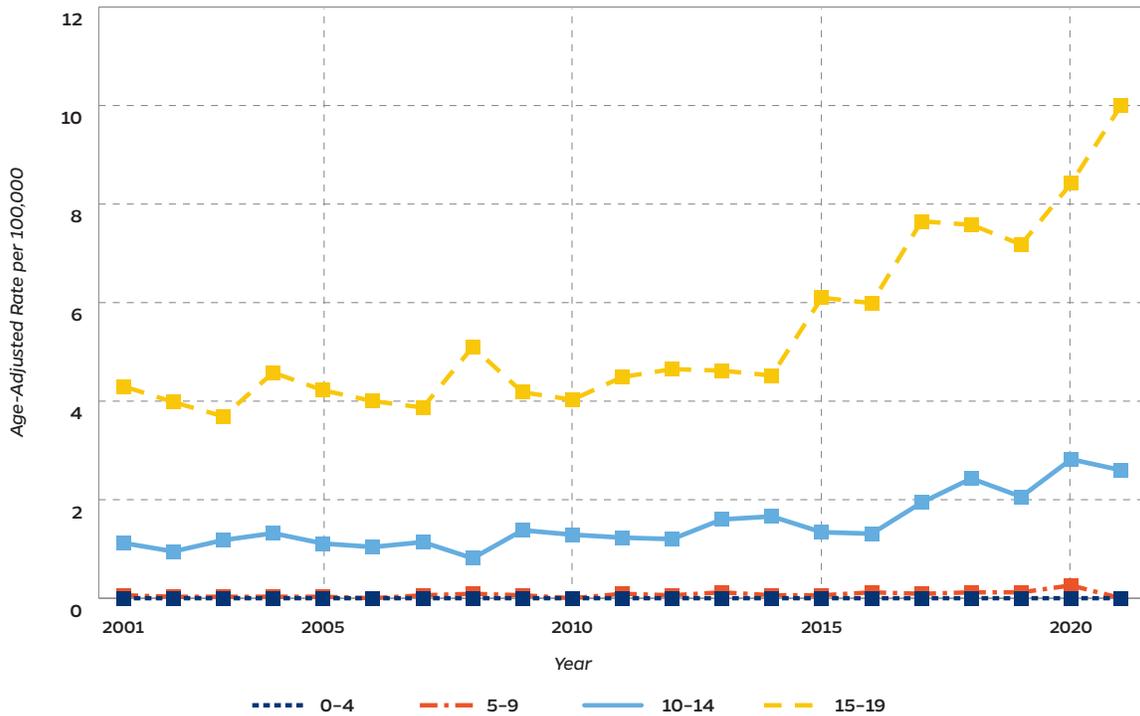
The commonly held notion that suicide rates among Black Americans are lower compared to other racial and ethnic groups lends itself to overlooking or not identifying concerning trends that are occurring. Black youth have the fastest growing suicide rate compared to their peers of other racial and ethnic groups¹—between 2007 and 2020, the suicide rate among Black youth ages 10–17 increased by 144%; from 1.54 per 100,000 in 2007 to 3.77 per 100,000 in 2020.^{3,4} Despite Black youth under 13 having a suicide rate double that of their white peers,⁴ there is still a significant dearth of literature, framework, and evidence-based interventions to respond to this growing crisis. As observed generally in suicide data, boys were overrepresented among suicide deaths. Black boys ages 0–19 had a suicide rate 2.3 times higher than Black girls of the same age group (Figure 1).⁵

FIGURE 1: Suicide Deaths Among Black Youth Ages 0–19 in the United States by Sex, 2001–2021



Source: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)

FIGURE 2: Suicide Deaths Among Black Youth Ages 0–19 in the U.S. By Age Group, 2001–2021



Source: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS), CDC WONDER

Ideation and Attempts

While there are limitations, data from the Youth Risk Behavior Surveillance Survey (YRBSS) can provide insight on self-reported suicidal ideation, planning behavior, and attempts for high school students.ⁱⁱ The YRBSS is a survey administered every two years on various behaviors pertaining to mental health, suicide, substance use, bullying, and other health behaviors.⁶ Some key data points from that report are summarized below.

In 2021, 39.3% of Black high school students experienced persistent feelings of sadness or hopelessness during the past year—a 42% increase from the 27.7% reported in 2009.⁷ Persistent feelings of sadness or hopelessness among Black girls in high school rose 45%—from 37.5% in 2009 to 54.4% in 2021. The rate of Black boys reporting feeling sad or hopeless was lower than that of their female peers but relatively stable between 2009–2017 prior to increasing by 44% between 2017 and 2021 (17.3% in 2017 vs 24.9% in 2021).

ii Limitations for the YRBSS exist. Data for lesbian, gay, and bisexual youth (LGB) are not available prior to 2015, limiting observance of trends. The YRBSS does not have national-level data for middle schoolers, creating a gap of data for 6th–8th graders—an impacted group among Black youth in the suicide data. The YRBSS is administered in English, which raises questions about whether students with limited English proficiency are accounted for among the data. YRBSS uses binary gender coding (male or female) which does not represent the full spectrum of gender identity, creating gaps for transgender youth, another high-risk group for suicide.⁶

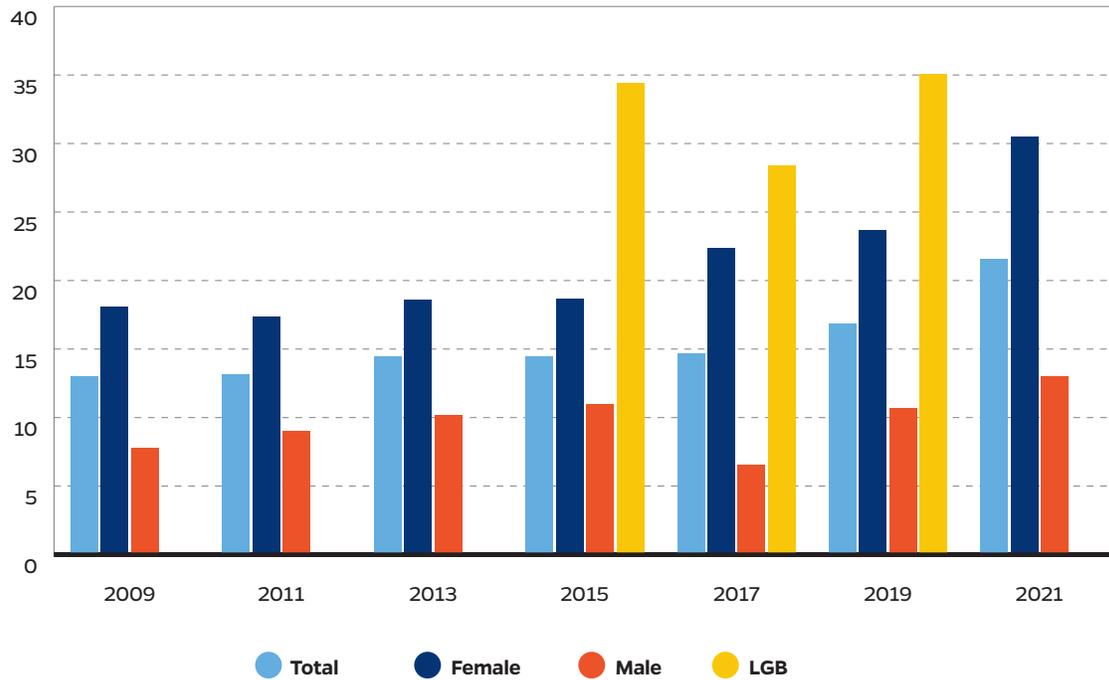
In 2021, 21.6% of Black high school students reported they had seriously considered attempting suicide during the past year, rising 66% from the 13% reported in 2009 (Figure 3).ⁱⁱⁱ Between 2009 and 2021, the number of Black high school students who made a suicide plan during the past year increased by 80%; from 9.8% in 2009 to 17.7% in 2021 (Figure 4). This was partially driven by significant increases in the percentage of Black girls making a suicide plan in the past year from 13.3% in 2009 to 24.3% in 2021. Attempts reported by Black girls increased 71% between 2009–2021 (10.4% to 17.8%) (Figure 5). The percentage of Black boys reporting seriously considering attempting suicide during the past year was 13% in 2021. The percentage of Black boys reporting making a suicide plan increased by 82%, from 6.2% in 2009 to 11.3% in 2021. Suicide attempts in the past year reported by Black boys also increased 107%, from 5.4% in 2009 to 11.2% in 2021.

One measure of severity of a suicide attempt is whether medical treatment is required for injuries sustained in an attempt. In 2021, 4.4% of Black high school students were injured due to a suicide attempt that required medical attention during the past year (Figure 6). The percentage of Black girls needing medical attention for injuries resulting from a suicide attempt increased by 120% between 2009–2021; up from 2.5% in 2009 to 5.5% in 2021. While there has been variation over time, the percentage of Black boys requiring medical attention for injuries resulting from a suicide attempt appears to have increased overall since 2009 (2.5%), up to 3.3% in 2021.

Black LGB youth were significantly more likely to report feeling hopelessness, seriously considering attempting suicide, making a plan, attempting suicide, and being injured by an attempt compared to their heterosexual peers. This highlights the importance of understanding and responding to exacerbated risk resulting from multiple intersecting minoritized identities. In 2019, the year for which most recent data is available, 51% of Black LGB youth reported feeling sad or hopeless during the past year and 35.1% reported seriously considering attempting suicide. Additionally, the percentage of Black LGB youth making a suicide plan in the past year doubled between 2015 and 2019, from 18% to 36%, and 27.2% of this group reported a suicide attempt. The percentage of Black LGB youth sustaining injuries from a suicide attempt requiring medical attention rose 23.7% between 2015–2019 (5.9% in 2015 to 7.3% in 2019). These data are consistent with a 2022 survey by The Trevor Project finding that about 50% of Black LGBTQ youth had considered suicide in the past year and about 20% had attempted suicide in the past year.⁸

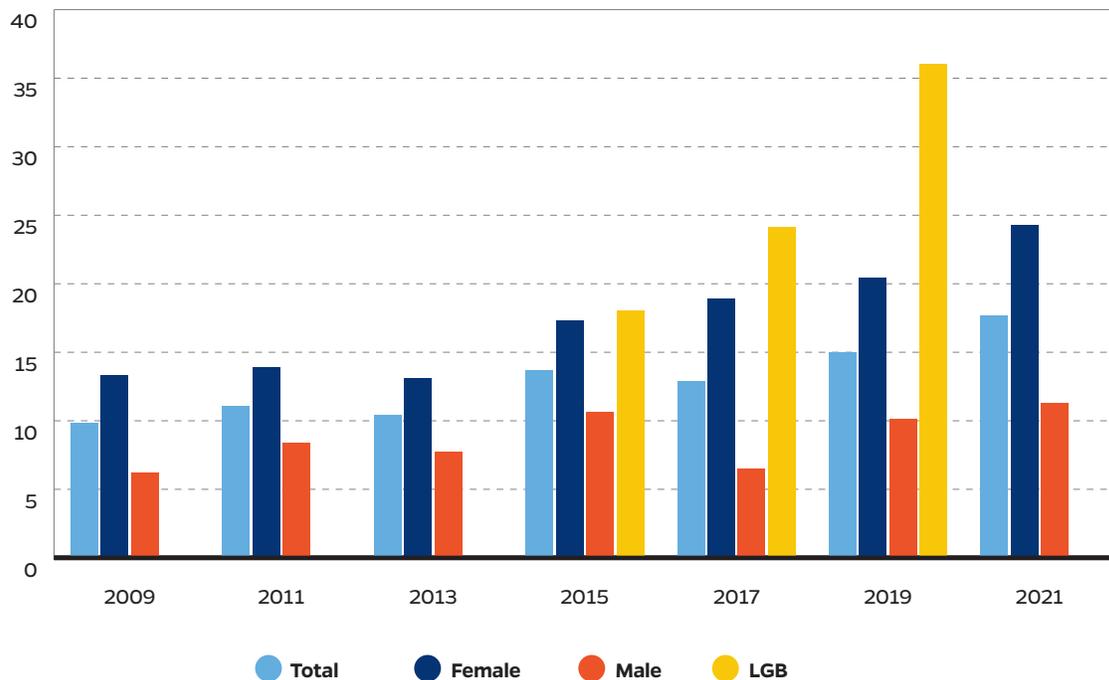
iii Centers for Disease Control and Prevention Youth Risk Behavior Survey Questionnaire. Available at: www.cdc.gov/yrbps.

FIGURE 3: Percentage of Black High School Students Reporting Seriously Considering Attempting Suicide During the Past Year, 2009–2021



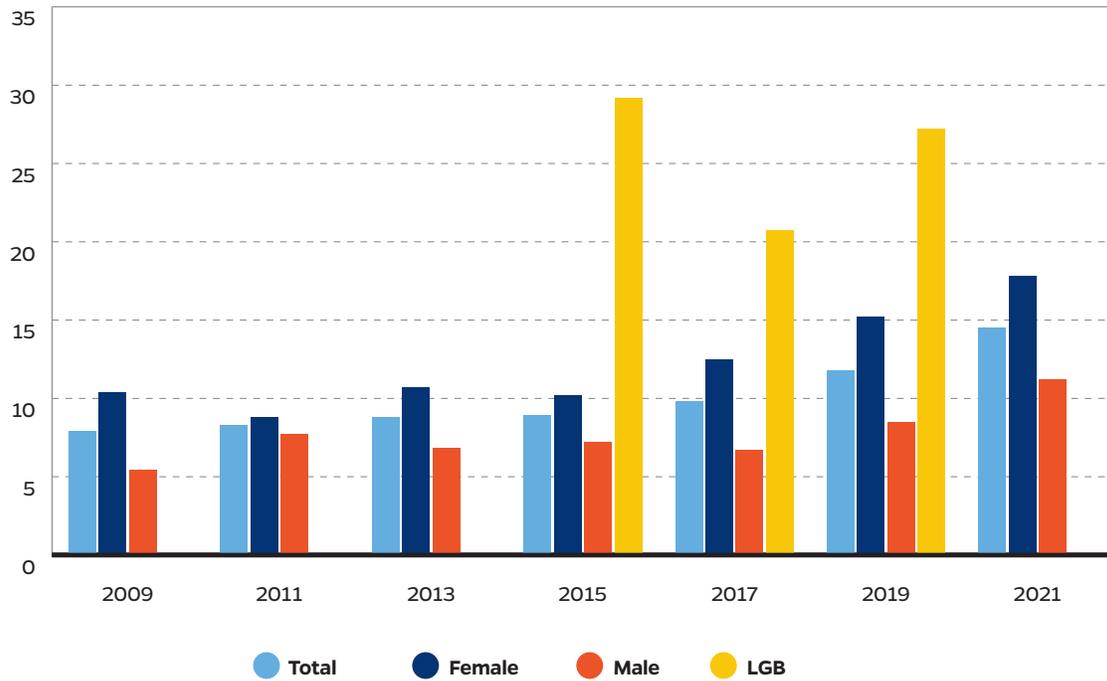
Source: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS). Data for LGB students prior to 2015 and for 2021 is not available.

FIGURE 4: Percentage of Black High School Students Reporting Making a Suicide Plan During the Past Year, 2009–2021



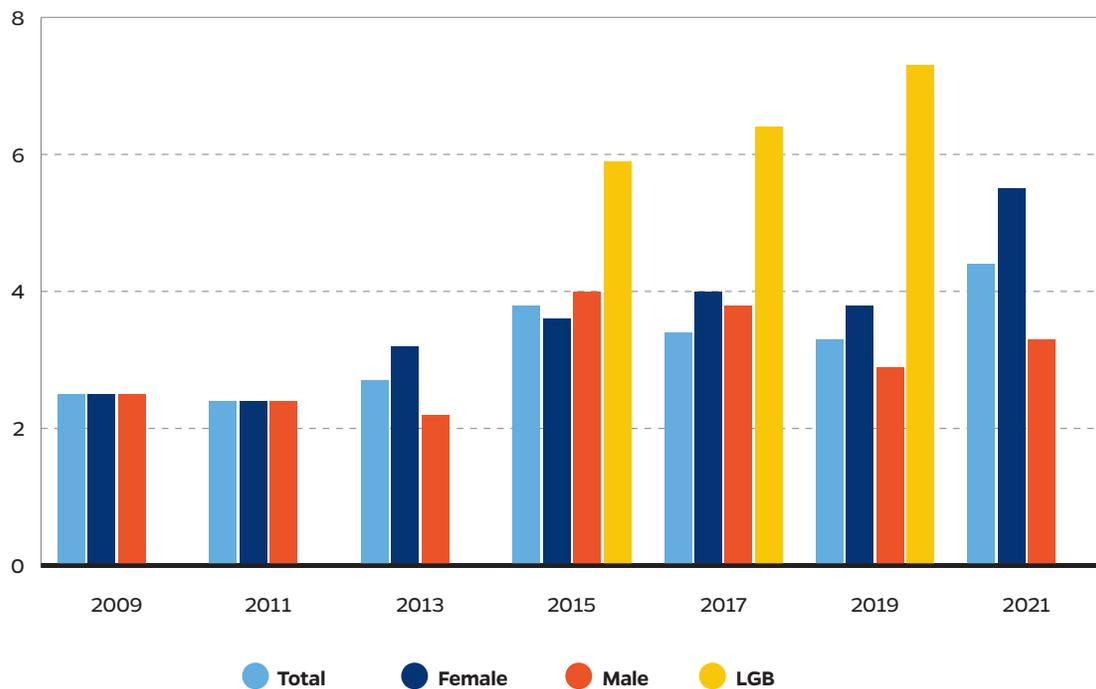
Source: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS). Data for LGB students prior to 2015 and 2021 is not available.

FIGURE 5: Percentage of Black High School Students Reporting Attempting Suicide During the Past Year, 2009–2021



Source: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS). Data for LGB students prior to 2015 and 2021 is not available.

FIGURE 6: Percentage of Black High School Students Reporting Needing Medical Attention as a Result of a Suicide Attempt During the Past Year, 2009–2021

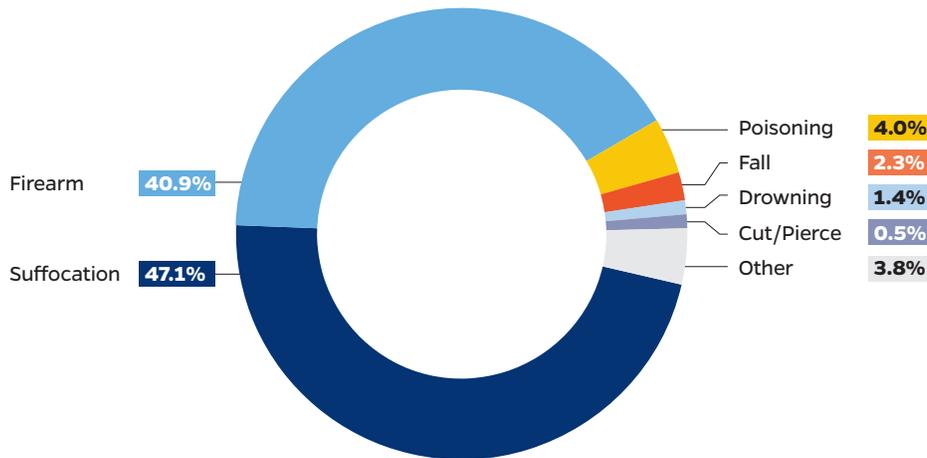


Source: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS). Data for LGB students prior to 2015 and 2021 is not available.

Suicide Methods Among Black Youth

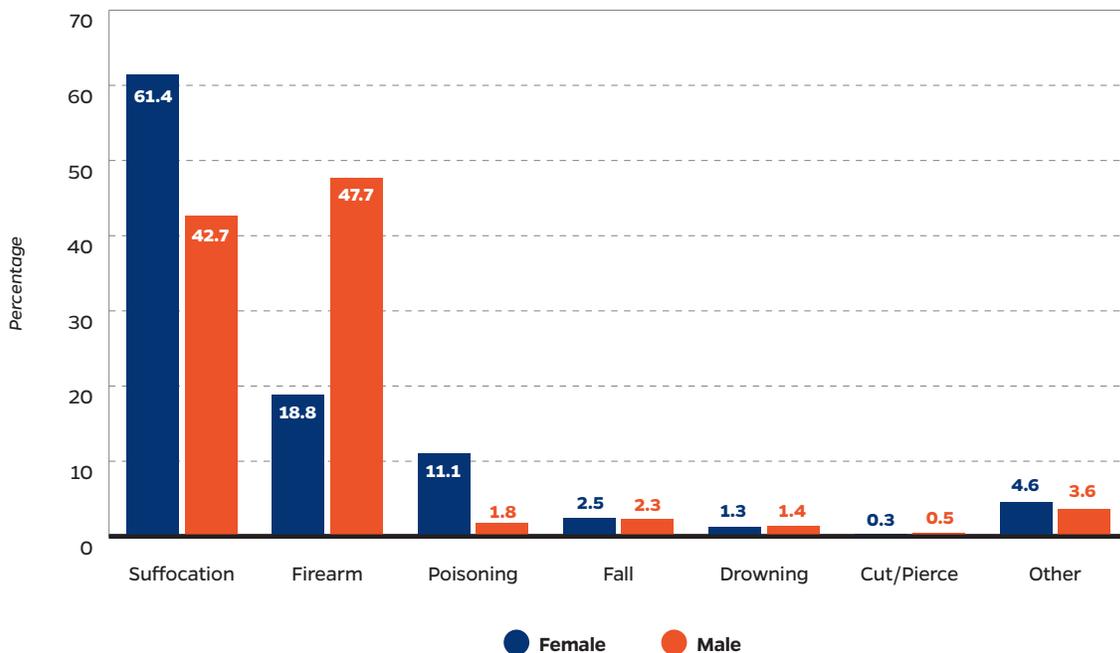
For the past nearly two decades, the most common method of suicide among Black youth ages 0–19 was suffocation (47.1%) followed by firearms (40.9%) (see Figure 7). Suffocation and firearms accounted for 90.4% of suicide deaths among Black boys ages 0–19 (see Figure 8). Among Black boys ages 0–19, the most common method of suicide was firearms followed by suffocation (47.7%, 42.7% respectively). Suffocation accounted for 61.4% of suicide deaths among Black girls ages 0–19. Slightly less than 20% of suicide deaths among Black girls ages 0–19 were by firearm. Black girls were much more likely to use poisoning than boys (11.1%, 1.8% respectively). There were no significant sex differences among suicides by fall, drowning, or cuts/pierces.⁹

FIGURE 7: Percentage of Suicide Deaths Among Black Youth Ages 0–19 in the U.S. by Method, 2001–2020



Source: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)

FIGURE 8: Percentage of Suicide Deaths Among Black Youth Ages 0–19 in the U.S. by Sex and Method, 2001–2020



Source: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)

Impact of the COVID-19 Pandemic on Suicide Risk

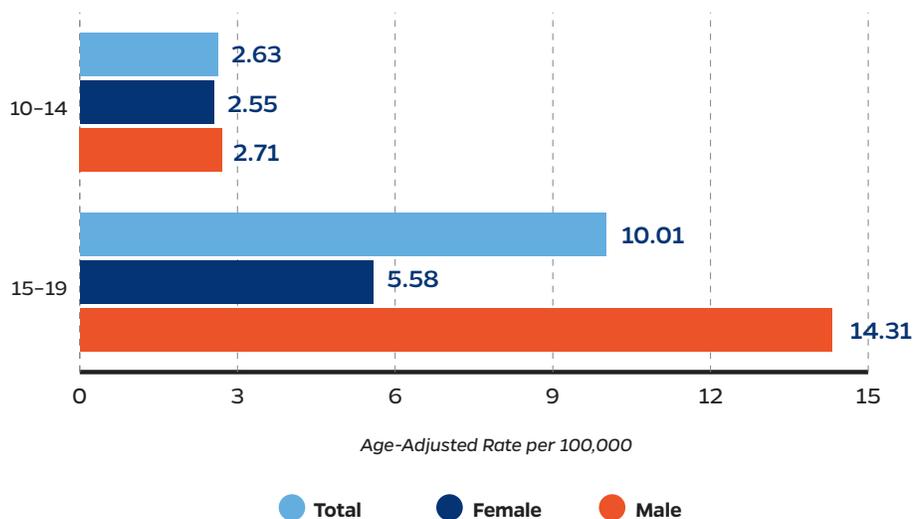
Since the beginning of the COVID-19 pandemic, there has been speculation about how the pandemic may exacerbate risk of suicide, particularly among vulnerable groups. The COVID-19 pandemic disproportionately impacted Black Americans and other minoritized communities. Age-adjusted suicide rates among Black youth ages 10–19 increased in 2020 and slightly decreased between 2020–2021. In 2020, 395 Black youth ages 0–19 died by suicide—an age-adjusted rate of 2.83 per 100,000 up 32.8% from 2019 (see Table 1).⁵ Between 2020 and 2021, the age-adjusted suicide rate for Black youth ages 10–19 decreased by 7%. State and local data help to shed some light on changes at the national level. According to a press release from the Cook County government released August 4, 2020, the number of suicide deaths among African Americans living in Cook County had already exceeded that of 2019.¹⁰ In 2021, there was a 79% increase in emergency department visits for suicide attempts among Black girls ages 12–17 in Wisconsin compared to visit rates from 2019.¹¹ There was no significant change in suicide attempt-related emergency department visits among Black boys ages 12–17 in Wisconsin during the same time period.

TABLE 1: Age-Adjusted Suicide Rate Among Black Youth Ages 10–19, 2019–2021

Year	Ages 10–14			Ages 15–19		
	Total	Female	Male	Total	Female	Male
2019	2.13	1.55	2.70	7.30	3.47	11.02
2020	2.83	1.98	3.65	8.29	4.44	12.02
2021	2.63	2.55	2.71	10.01	5.58	14.31

Source: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)

FIGURE 9: Age-Adjusted Suicide Rates Among Black Youth Ages 10–19 in the U.S. by Sex, 2021



Source: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)

Impacts on Black Youth's Mental Health During the COVID-19 Pandemic

The COVID-19 pandemic has overwhelmingly impacted Black youth, adding additional sources of stressors and barriers. Among the 77% of Black youth surveyed by the AAKOMA Project that reported someone they care about has had COVID, for more than 1 in 5 of those youth, that person died as a result.¹² Black LGBTQ youth reported similar levels of loss due to COVID-19. Twenty-two percent of Black LGBTQ youth had a close friend or family member die due to COVID-19.⁸ In addition to the loss experienced due to COVID-19, Black youth also experienced stressors when a loved one became ill due to COVID-19. A survey conducted to understand how the pandemic has impacted Black youth and their mental health uncovered common experiences of stress and worry about loved ones' health, finances, and uncertainty about basic needs being met when a loved one contracted COVID-19.¹³ Social support can help mitigate effects of stress, and school was a setting that helped the youth facilitate connections with their social support system.¹³ Being unable to connect with their peers due to the pandemic was frustrating for them.¹³ Loss of relationships, including death, financial problems or loss, and social isolation are risk factors for suicide.¹⁴

While the pandemic added additional stressors with the potential to exacerbate mental health symptoms, it also created barriers for Black youth to access resources that could help. Black youth reported being fearful about contracting COVID-19, which impacted their access to mental health services.¹³ In response to the pandemic, there was nearly ubiquitous uptake of telehealth services, but even this widespread implementation did not address all barriers to access for Black youth. Financial concerns were a common barrier—not just for paying for the services themselves, but also not having access to a computer or the internet to be able to participate in telehealth.¹³ Access to consistent and high quality physical and behavioral healthcare is protective against suicide.¹⁴ The relationship between financial concerns impacting youth's ability to access telehealth elucidates the common occurrence of risk factors being interrelated with one another, and the cumulative effect of multiple risk factors compounding risk for the individual.

Data Challenges

Misclassification of suicide deaths is a concern as it relates to suicide epidemiology due to the overlapping nature of risk factors for various types of violence and unintentional injury where suicidality was not communicated to others.^{2,15} Age can also factor into misclassification, partly due to reluctance of medical examiners or coroners to assign intent to die to young people. Misclassification effects are disproportionately observed among Black suicide decedents compared to white suicide decedents, and reviews of accidental and undetermined deaths show that the gap between suicide rates among Black and white adolescents narrows after death classification corrections are made.^{15,16}

Due to current data collection practices, the ability to examine within group variations and experiences among Black youth is limited. The current national data sources do not provide the option to search data by race *and* ethnicity (other than Hispanic or Latino), limiting the ability to examine suicide ideation, attempt, and death trends among Black youth of different ethnicities. Additionally, some data sources do include a biracial or multiracial category, which is important and necessary for understanding trends and experiences among these groups. Though these racial categories exist, there is not a known data source that allows further stratification of these racial categorizations to examine suicide ideation, attempt, and death trends among people who are biracial or multiracial with at least one racial identity being Black. Similarly, additional demographic information such as whether someone is an immigrant or gay, lesbian, bisexual, or transgender is not available through the current national data sources on suicide deaths.

Suicide Risk Factors Impacting Black Youth

Many identified factors for suicide work in concert and can contribute to risk or protection depending on the factor's presence or absence. Exposure to suicide, mental illness, physical illness, criminal/legal problems, financial problems, impulsivity, trauma, connectedness, access to care, and access to lethal means are general suicide-related factors. The Socioecological Model is a prevention framework used to examine specific contributing risk and protective factors for suicide across four domains: societal, community, relationship, and individual.¹⁷ Several general risk and protective factors for suicide have been identified and researched.^{iv}

FIGURE 10: Socioecological Model



Image Source: Centers for Disease Control and Prevention (CDC)

Societal Level Risk Factors

Societal level risk factors for suicide among Black youth include institutional racism, generational trauma, mass incarceration, the school-to-prison pipeline, and stigma. It is important to begin this section of the report with the societal level risk factor of institutional racism because it is the most pervasive factor. Racism impacts every level of the model, intersecting and interacting with other specified risk factors.

Institutional Racism

Institutional racism exists contemporarily and ramifications from historical racist practices are still present today. Institutional racism is a structural, codified, and normative manifestation of racism that leads to racial disparities in access to goods, services, opportunities, and experiences with systems.¹⁸ Power is a key component of institutional racism. Power is attained through financial and social wealth, representation in the government and media, and access to information.¹⁸ Many social determinants implicated in suicide risk are perpetuated or exacerbated by institutional racism. These determinants include education, housing, employment, access to medical care, environmental health, and involvement with the justice system.¹⁸ The inclusion and consideration of institutional racism as a suicide risk factor is important not only because of its pervasiveness, but also because institutional racism is often self-perpetuating. For example, the practice of mass incarceration perpetuates destabilization of neighborhoods and oversurveillance by police, which in turn directly contributes to continued arrests and incarcerations of individuals in those neighborhoods, perpetuating mass incarceration.

iv A table of these risk and protective factors can be found in the appendices (Appendix B).

Mass Incarceration and the School-to-Prison Pipeline. The impacts of mass incarceration for Black youth are twofold—Black youth may be vicariously impacted by loved ones’ incarceration and Black youth themselves are overrepresented in the juvenile justice system. Mass incarceration has deleterious social, psychological, economic, and physical effects on individuals, families, and communities. Black people and poor people disproportionately bear the burden of mass incarceration and its direct and indirect effects, including elevated risk of suicide. Black people in the U.S. are five times more likely to be incarcerated in their lifetime compared to white people, with one in four Black millennials having a family member incarcerated before they reach age 18.¹⁹ Black children are twice as likely to have an incarcerated household member compared to their white peers.¹⁹ An estimated 60–80% of incarcerated women and 60–70% of incarcerated men are parents.²⁰ Incarcerated parents are at risk of losing custody or having their parental rights terminated, often displacing their children to be supported by family or community members or foster care.²⁰



Black youth with an incarcerated parent are 65% more likely to become homeless compared to their white peers.²⁰

Having an incarcerated parent greatly increases the risk of poverty, household instability, not completing high school, and homelessness. Two in three families faced challenges meeting basic needs like food, housing, transportation, utilities, and clothing due to a loved one’s incarceration, the majority of which were caring for children under 18 at the time.²⁰ Challenges meeting basic needs arise from the loss of income from the incarcerated family member as well as the exorbitant costs associated with court fees, fines, commissary, and maintaining communication with the incarcerated loved one.²⁰ These experiences with direct or vicarious exposure to incarceration put individuals at increased risk for post-traumatic stress disorder, anxiety, depression, emotional distress, and financial and physical instability.¹⁹ Experiencing a sudden separation from a parent due to incarceration and witnessing a parent’s arrest can be a traumatic experience for children.²¹



Black male youth were significantly more likely to make a suicide plan, especially if their mother was incarcerated, compared to their female peers.²²

The School-to-Prison Pipeline. The school-to-prison pipeline describes the observed trajectory of public school students entering the criminal justice system, disproportionately impacting Black, Latinx, disabled, and socioeconomically disadvantaged youth. As Welch et al. (2022) points out, there are parallels between the social control practices implemented within schools and the social control practices used in the criminal legal system.²³ Students are subject to extensive surveillance through the use of metal detectors to find potential contraband such as weapons, armed school resource officers (SROs) or law enforcement monitoring hallways, drug-sniffing dogs, and locker searches to find potential contraband.^{23,24} In addition, the removal of students from the classroom learning environment due to exclusionary discipline practices closely mimics the removal of persons from society for the purposes of incarceration, both of which can exacerbate socioeconomic disadvantage.²³ Black students are also more likely to encounter cultural policing, facing restrictive policies and/or disciplinary sanctions for the expression of Black culture, such as natural hairstyles, braids, locs, hair extensions, and certain clothing like hoodies or saggy pants.²⁴ Despite overall decline and stabilization of national school victimization rates and teacher reports of threats, as well as evidence denoting the harms of punitive, exclusionary discipline in schools, the use of exclusionary discipline measures has increased.^{23,24}

Juvenile Justice System. Significant racial disparities in the juvenile justice system persist, resulting in the overrepresentation of Black youth involved in the juvenile justice system. In 2019, Black youth

comprised 41% of youth in residential placements despite comprising 15% of youth in the United States (Black male youth accounted for 42% of male youth; Black female youth accounted for 35% of female youth).^{25,26} The estimated prevalence of past-year suicidal ideation among justice-involved youth ranges from 19%–32% and 12%–15.5% for past-year suicide attempt.²⁷ Greater involvement and adjudication are associated with higher prevalence of suicidal ideation and attempts among justice-involved youth.²⁷ Involvement in the youth punishment system is associated with negative mental health and substance use outcomes, with a positive relationship between severity of symptoms and depth of involvement.²⁸ Criminal or legal problems were more common among Black youth ages 15–17 who died by suicide, with Black boys being more likely to have experienced a recent criminal or legal problem.³ When incarcerated in juvenile facilities, youth may not have access to important treatment services.

Historical and Generational Trauma

*Four Assumptions of Historical Trauma Theory (Sotero, 2006)*²⁹

- 1) “Mass trauma is deliberately and systematically inflicted upon a target population by a subjugating, dominant population;
- 2) Trauma is not limited to a single catastrophic event, but continues over an extended period of time;
- 3) Traumatic events reverberate throughout the population, creating a universal experience of trauma;
- 4) The magnitude of the trauma experience derails the population from its natural, projected historical course resulting in a legacy of physical, psychological, social and economic disparities that persists across generations.”

The concept of intergenerational trauma was first studied in the 1960s among Holocaust survivors and their families and has since been studied in a multitude of other populations including Palestinian, Russian, Cambodian, American Indian, and African American populations.²⁹ Subjugation is achieved, enforced, and maintained by overt and covert tactics including physical violence, psychological violence, displacement, cultural dispossession, segregation, and economic deprivation.²⁹ A recent example of attempted cultural dispossession is the recent attacks on the teaching of historically accurate American history—particularly as it relates to African Americans’ history in the United States. The subjugation of African Americans, in what is now the United States, began in 1619 and persists to present day. Despite attempts to distance contemporary day with chattel slavery and the transatlantic slave trade, the last survivor of the *Clotilda*—the last slave ship that transported kidnapped Africans to Louisiana—died in 1940,³⁰ just 83 years from the time this report was written. For context, President Biden was born just two years after in 1942.

Trauma exposure has been associated with a number of social, physical, and mental health consequences. The primary generations directly experience the mass trauma which may result in depression, severe anxiety, post-traumatic stress disorder, guilt, hostility, chronic bereavement, and self-destructive behaviors as well as several physical ailments and illnesses.²⁹ Narratives of enslaved people provide insight into the brutal physical, emotional, and psychological effects of anti-Black violence and chattel slavery.³¹ The enslaved people whose experiences were detailed were described as “morose, gloomy, disobedient, and intractable” after they endured significant traumas.³¹



“Their psychological and emotional responses stem from experiencing violence, severe stress, pervasive hardship, and relentless, unremitting grief at the loss of kin, land, and way of life.”²⁹

- Michelle Sotero

Subsequent generations can inherit historical trauma epigenetically, through social learning, and through vicarious trauma.²⁹ Research supports the heritability of depression and post-traumatic stress disorder, as well as the effects trauma can have on genetic expression and function.²⁹ Substance use and suicide may be ways of coping among the primary generation that are directly traumatizing to subsequent generations that can be transmitted through social learning.²⁹ In fact, there are numerous accounts of enslaved people dying by suicide.^{32,33} While it is not possible to know the full extent and prevalence of suicide among enslaved people, historical documents including interviews and narratives provide important information and context. Among petitions sent to the Virginia House of Burgesses during the 18th century seeking compensation for an enslaved person’s death, 40% of the deaths were suicides.³² Accounts of suicide among enslaved people are also detailed in interviews conducted by the Works Progress Administration’s Federal Writers’ Project.³³



“My mother was drowned years before when I was a little boy. I only remember her after she was dead. I can take you to the spot in the river where she drowned herself. I never knew the reason behind it, but it was said she started to lose her mind and preferred death to that.”³³

- Martin Jackson, 1937

Vicarious trauma can traumatize subsequent generations through collective memory, storytelling, and the sharing of ancestral pain.²⁹ Subsequent generations may experience a host of symptoms related to the inherited historical trauma and response and directly experienced trauma: distrust, persecution, unresolved grief, denial, psychic numbing, nightmares, hypervigilance, substance use, isolation, memory loss, depersonalization, identification with death, and survivor’s guilt.²⁹

Stigma Associated with Help-Seeking and Mental Illness

Mental illness stigma, or negative attitudes and beliefs about help-seeking and mental illness, can impact an individual’s likelihood of acknowledging their own mental health symptoms or seeking help and has been identified as a risk factor for suicide.¹⁴ Roots of some of the stigmatizing beliefs common in the Black community may trace back to chattel slavery. Dr. John Galt, then-medical director of Eastern Lunatic Asylum in Virginia, developed the immunity hypothesis, stating that enslaved African Americans were immune to mental illness because they were not exposed to the stresses of profit-making, property ownership, and civic engagement.³⁴ One of the ways stigma has showed up in the Black community is outright denial that Black people experience mental illness. As one participant noted in Alang’s 2016 study on the ways African Americans in Upper Lake Heights conceptualize depression, “Oh honey, Black folk don’t get no severe depression.”³⁵

Black adults tend to be less open about their psychological problems and cite concerns about experiencing stigma if someone were to find out they were seeking help for their mental health.³⁶ The tendency to be less open about psychological problems could also have roots in chattel slavery and Reconstruction. Race-based psychiatric illnesses were often developed to support the continued subjugation and enslavement of Black people and to “explain” certain behaviors like running away. In reality, these “psychiatric illnesses” like Drapetomania pathologized behavior of African Americans—like trying to escape from slavery—and often resulted in subjection to physical violence like whipping

as a “treatment” for the illness.³⁷ In 1868, the Freedman’s Bureau negotiated the opening of the first asylum to treat Black people in anticipation of an exorbitant need due to the immunity hypothesis suggesting Black people would not “be able to manage freedom.”³⁴ This led to significant increases in admissions to the asylum beginning in the 1870s, with nearly 10,000 Black people being admitted during the Great Depression.³⁴ Exhibiting symptoms of mental illness has a history of serious negative consequences for Black people, and even understandable behavior has a history of being pathologized. The role psychiatry has played in this ugly history could also contribute to lower rates of help-seeking for mental health concerns.

Responses from the participants in Alang’s ethnographic study showed that common, stigmatizing beliefs about depression still persist.³⁵ Beliefs about depression not being a legitimate illness but rather a weakness and sign of a personal failing were shared, and some participants had internalized these beliefs evident through their frustration of being diagnosed with depression and conceptualizing their diagnosis as meaning they allowed the stressors of life to get to them.³⁵ Generally, masking psychological distress or depression was expected because expressing emotions and distress was not considered acceptable.³⁵

Religion may also play a role in stigma. Religious coping was the most preferred coping mechanism among a sample of Black men and women who expressed concern about mental health stigma, were less open about psychological concerns, and were somewhat open to seeking professional mental health services.³⁶ One study found that higher religiosity was associated with greater future intended stigmatizing behavior.³⁸ This finding was not observed among Black immigrants, however, and authors hypothesize this could be due to greater affinity with other immigrants.³⁸ Interestingly, there was an association between high religiosity and closer proximity with people with mental health concerns which the authors suggest could drive the association with stigmatizing behavior if those contacts have been negative experiences.³⁸ Contact can also have positive benefits for stigma reduction. Contact significantly improved attitudes and behaviors toward people with mental illness, especially among adults, with face-to-face contact yielding the greatest results compared to video-mediated storytelling.³⁹ While contact and education had positive effects on attitudes and behaviors across age groups, education had a greater effect on attitudes among adolescents compared to contact.³⁹ In the context of Black youth suicide prevention, stigma must be addressed not only among youth but also adults, as caregivers are often involved in decision-making related to help-seeking and utilization of services.

Community Level Risk Factors

The community environment can influence risk and protective factors for suicide. Community can describe a geographical community, or the physical place in which youth reside, a virtual community, meaning shared identity, or an organizational community, such as a place of worship or school group.⁴⁰ Communities are important settings for social connectedness and cohesion, economic opportunity, health-promoting behaviors, and access to care. Interestingly, one’s perception of their community may influence their suicide risk more than objective measures of certain community factors. One study found no difference in prevalence of suicidal ideation or attempts among youth living in socioeconomically disadvantaged neighborhoods compared to peers living in advantaged neighborhoods; however, youth who perceived their neighborhoods as unsafe or having less social cohesion had greater odds of suicidal ideation and attempts.⁴¹ Lower levels of social cohesion and intergenerational relationships in communities can be manifestations of community trauma and have been reported as concerns among youth living in disadvantaged neighborhoods.^{42,43}

The practice of redlining has contributed to significant wealth and health inequities among Black Americans. Between 2016–2020, more than one in five Black youth were living in high-poverty areas and 41% had parents who lacked secure employment.⁴⁴ Intergenerational poverty, relocation of businesses and jobs, limited employment, long-term unemployment, and government and private disinvestment are symptoms of community trauma in the economic environment.⁴³ These communities continue to experience public and private disinvestment, increasing financial strain and instability which can increase the risk of neighborhood violence, domestic violence, and child neglect.^{43,45} A recent study in Hong Kong found distance to the nearest urban center or metro station was positively associated with suicide rates.⁴⁶ The authors believe greater distance to urban centers and metro stations decreases access to opportunities for socialization, employment, and other important goods and services.

Historically redlined neighborhoods often have less green space compared to non-redlined neighborhoods, which may influence engagement in health-promoting behaviors like exercise, building community and social cohesion, and other stress-reducing behaviors.⁴⁵ The amount of green space in communities has been negatively associated with suicide rates and has been shown to have positive benefits for mental health.⁴⁵⁻⁴⁹ Youth living in disadvantaged communities have commented on blight, lack of green space, visibility of drug use, and alcohol outlet density in their community and see these factors as impeding their ability to leave the neighborhood and access opportunity.⁴²

Community Violence

Black youth bear a disproportionate brunt of exposure and impacts resulting from community violence.^v Homicide is the leading cause of death among Black males ages 15–34 and the second leading cause of death among Black males 1–14 and Black females ages 1–9 and 15–34.⁵ Black youth are more likely to live in close vicinity to firearm homicides, have more recent exposures to firearm homicides, and have repeated exposures to firearm homicides.⁵⁰ A recent study found that 56% of Black youth in their sample had been exposed to one or more firearm homicides and 26% of Black youth had experienced three or more firearm homicide incidents.⁵⁰ As a means to cope, youth have described their experiences of becoming desensitized to gun violence while simultaneously experiencing fear about a loved one or themselves being victimized by gun violence and not feeling properly supported by the adults in the community.⁴²

Though research on the relationship between community violence exposure and suicide is sparse, existing literature points to indirect effects of community violence on suicidal ideation and behavior and associations with risk factors for suicide. Exposure to community violence occurring within close proximity of a youth’s home has been associated with increased emergency department visits for mental health, poorer impulse control, cognitive functioning, attention, and standardized test scores.⁵¹⁻⁵⁵ Depressive symptoms following community violence exposure were significantly associated with suicidal ideation among Black youth.⁵⁶ At the population level, higher levels of community violence within the last year were associated with increased risk of non-fatal self-harm.⁵⁷ The increase in aggressive behavior among Black boys following exposure to community violence is associated with suicide attempts.⁵⁶

Impacts of Exposure to Police Violence. Black youth are affected both firsthand by police violence and through secondhand exposure through family and community members. Constantly being exposed to people who share an identity with you being killed and brutalized by the state can be traumatic. Police were the second highest source of racial trauma reported by Black youth (17.6%).¹²

^v A Note About Data on Community Violence: the above data should not be construed or labeled as “Black-on-Black crime.” This trope has only been coined for Black people, despite intraracial crime victimization being the most common type of victimization among all racial groups in the United States.

A study examining the mental health outcomes of Black people following the killing of unarmed Black individuals by police found that exposure to police killings of unarmed Black people is associated with a 3.3% increase in the number of poor mental health days for three months following the killing.⁵⁸ Subsequent killings of unarmed Black people during those three months compounded the increase of poor mental health days.⁵⁸ The nature of the poor mental health days can be debilitating. Black people interviewed about their emotional experiences following highly publicized news of Black people being killed by police expressed profound and debilitating sadness that interfered with their ability to complete daily tasks, engage in their work and for some, was associated with suicidal ideation or substance use.⁵⁹ Many interviewees described chronic fear about dying from police violence and experiencing an intense and chronic state of hyperarousal.⁵⁹ Interaction with law enforcement and even the sound of sirens activated visceral, emotional responses, underscoring the traumatic nature of direct and vicarious exposure to police violence.⁵⁹

More than one in five Black youth were exposed to racial trauma as a result of watching, reading, or otherwise being exposed to police violence through media.¹² The media cycle provides insight into the significance of this: Black people rarely have respite from highly circulated instances of police brutality and violence. Police in the United States have killed more people each year since 2020.⁶⁰ In 2022, police in the U.S. killed 1,232 people, averaging a little more than three killings per day.⁶⁰ Police killings of Black people occurred on 186 days in 2022—equaling one half of the year.⁶⁰ That means on average, a police killing of a Black person happened every other day in 2022.⁶⁰ Police killings of unarmed Black people are associated with an increase in emergency department visits for depression among Black people and an increase in allostatic load which has harmful effects on physical and psychological health.^{61,62}

Events following occurrences of police violence have the potential to worsen the social and emotional impacts among Black people. Police officers are rarely held accountable for police violence and killings, and when they are charged with criminal offenses, the charges rarely lead to convictions.⁶³ The trauma of police violence, the pattern for killings by police being ruled as justified, and likelihood of police being acquitted at trial can create a sense of helplessness and powerlessness.⁵⁹ The highly publicized nature of police violence toward Black people often increases exposure to racism, trauma, and creates additional stress for Black people. The public often expresses their justification of police killings by suggesting the victims deserved to be killed, were responsible for the officer's actions, or suggesting that the victim's life was somehow lesser than.⁶² When Black people advocate for safety, equality, accountability, and change, white people often condemn and criticize the protests.⁶²

Access to Quality Healthcare

Access to quality physical and behavioral healthcare is a protective factor against suicide.¹⁴ Despite the need, a significant portion of Black youth do not receive services or treatment for their mental health.^{12,64,65} The issue of access to quality healthcare is a multifaceted one. One barrier that has emerged is the perception that mental health services were not needed, with one survey showing nearly one in two Black youth reporting that they did not need to see a health professional.^{12,13} While this may in part explain the lower rates of healthcare utilization among Black youth, it does not explain the nearly 29% of Black youth who acknowledged they needed to see a health professional but were not receiving treatment.¹² Additional barriers that were identified include lack of available providers who share racial identity, concerns about cost, distrust of providers, and concerns about the genuineness of providers and quality of services.¹³



Only one in four Black youth Medicaid and CHIP beneficiaries received mental health services in 2017.⁶⁵

Fear and Distrust. Both youth and caregivers have expressed specific fears about working with healthcare providers, creating a barrier to accessing services. These fears are often based on past experiences and are affirmed by the historical record of unethical and predatory health research and experimentation. Black youth have expressed general distrust of mental health providers and question their genuineness.¹³ Additionally, they have also expressed fear about their parents being removed from their family if they were to disclose that they were hurt or abused.⁶⁶ African American caregivers have expressed fear about white professionals mistreating their children and mistrust arising from past negative experiences receiving treatment or participating in research.⁶⁶ Patient-provider relationships are essential in healthcare. Fear and distrust of healthcare providers and the healthcare establishment make it difficult to engage in therapeutic patient-provider relationships.



“We desperately need therapists who are abolitionists. So many of us can’t tell our therapists that we have suicidal thoughts because we fear the police will get sent to our house. It’s terrifying to see your therapist as a cop.”

- @DepressedWhileBlack, May 18, 2021

Quality of Care. Another theme that emerged from the study on Black youth’s mental health and COVID-19 was concerns about the quality of care they would receive.¹³ Their concerns are not unfounded. Racial bias presents itself in patient-physician communication, diagnosis, and treatment decisions. Black people and underinsured people are less likely to receive guideline-concordant care for their mental health.⁶⁷ In a similar vein, a recent study examining the quality of suicide care for youth found that Black youth patients were significantly less likely to receive care transition communication about following up with an outpatient provider compared to their white peers.⁶⁸ Not only does this raise concerns because care transitions are a critical component of suicide care, but also because Black youth are more likely to use an emergency department for mental health needs.⁶⁴ Black youth with Medicaid or CHIP coverage were significantly more likely to receive mental health treatment or services in an inpatient or residential setting compared to their peers with private insurance coverage.⁶⁵ Successful care transitions include follow up and supportive contacts as part of a suicide care management plan, lethal means counseling, and safety planning.⁶⁹

School Engagement

The CDC defines school connectedness as “students’ belief that peers and adults support, value, and care about their individual well-being, as well as their academic progress.”⁷⁰ School can provide opportunities for connection with adults and peers and in some school settings, social-emotional learning, and provide access for healthcare services. One study found that Black adolescents with arrest histories who were more engaged in school had lower levels of suicidal ideation.²⁸ Unfortunately, school is not always a safe place for Black youth, who disproportionately experience exclusionary discipline practices as well as racial discrimination and trauma, which can impact their overall sense of safety at school. Black youth reported police, teachers, and their peers or friends as sources of racial trauma for them,¹² all of whom Black youth encounter at school. In one study, youth recounted the vast negative messaging about themselves they received from adults in their community including the police and teachers. The negative messaging ranged from threats, being told they aren’t cared for, and being told they are going to end up in jail.⁴²

Being gay, lesbian, bisexual, or transgender can further compound these negative experiences in addition to being Black. A little more than half of LGBTQ youth reported school as an LGBTQ-affirming space and one in two transgender and nonbinary youth reported school as a gender-

affirming space.⁸ Lack of LGBTQ-affirming spaces at home (16%) and school (17%) were more common experiences among LGBTQ youth who had attempted suicide in the past year than not (10% and 13% respectively).⁸ School or home not being a gender-affirming space was more common among transgender and nonbinary youth who had attempted suicide in the past year (20% and 21% respectively) than not (14% and 18% respectively).⁸

The School-to-Prison Pipeline and School Engagement. Exclusionary discipline practices that constitute the school-to-prison pipeline and disproportionately impact Black youth have a range of negative outcomes that can impact school engagement. Exclusionary discipline removes students from the classroom learning environment, depriving them of the academic benefits of classroom instruction and has been associated with worsened mathematics outcomes, poor school performance, dropout rates, lower graduation rates, truancy, lower likelihood of attending college, and negative attitudes towards school.^{23,24} In addition to the negative impact on academic outcomes, exclusionary discipline has also been associated with social, psychological, and behavioral outcomes. Students who attend schools that have high levels of exclusionary discipline have higher rates of depressive symptoms compared to students who attend schools with lower levels of exclusionary discipline.⁷¹ Depression is a risk factor for suicide.¹⁴

The removal of youth from schools as a means of discipline can exacerbate feelings of alienation from the school community, disengagement, and doubts about the integrity of school authority.^{23,71} The physical and emotional alienation leave youth at increased risk for substance use and delinquency.^{23,71} Higher rates of binge drinking, drinking alcohol, using tobacco, using cannabis, and using other drugs were predicted by higher levels of total school discipline and out-of-school discipline.⁷¹ Police-involved discipline also predicted higher levels of drinking alcohol, using cannabis, and using other drugs as well as lower levels of reported school support.⁷¹ Lower levels of school support, feeling safe at school, and lower levels of community support were predicted by higher rates of total school discipline and out-of-school discipline.⁷¹ Isolation or lack of social connectedness, substance use, and criminal or legal problems are risk factors for suicide.¹⁴

Relationship Level Risk Factors

Relationships can play an important role in protection or risk for suicide. Social isolation and loss of a relationship are documented risk factors for suicide, and social discord can contribute to feelings of thwarted belongingness.^{14,72} Social discord can impact different types of relationships including peers, parents or caregivers, and romantic partners. Black youth who had more frequent conflict with parents had significantly greater odds of suicide ideation, planning, and attempts.⁷³ A recent study examining precipitating events for suicide among Black youth found that Black youth ages 12–14 were more likely to have family or school problems as precipitating factors and were less likely to leave a suicide note.³ Relationship problems were a common precipitating factor for suicide among Black youth in the 15–17 age group.³ Black girls were more likely to have experienced a relationship problem with a partner and die within 24 hours of the relationship conflict compared to their male peers.³ This underscores the significance of relationship problems as a contributing factor for suicide among Black teenage girls and should be recognized as a potentially high-risk period where additional supports are needed.

Relationship loss does not only occur due to a breakup but can also be due to other types of relationship loss like a death or incarceration of a friend or loved one. Both types of losses can contribute significantly to relationship loss for Black youth. Given the disparate rates of community violence, homicide, and incarceration among Black men, women, and youth, these experiences can remove one or more important relationships from Black youth's lives. Because the disparate rates of community violence, homicide, and incarceration span across several age groups, the relationships

impacted could be friends, parents or caregivers, romantic partners, or other family members. While death represents a final ending of a relationship in the corporeal sense, incarceration may provide opportunities for relationships to be maintained, although this is especially challenging due to costs associated with phone calls and visitation costs, often leaving families with the choice of accruing debt to maintain contact or forgoing and/or limiting contact while their family member is incarcerated.²⁰

Family members report visitation being an emotionally painful experience due to seeing their loved one being incarcerated and being disrespected and humiliated by guards.²⁰ While visitation is important for maintaining relationships, it can also exacerbate feelings of fear and separation for children with incarcerated parents.²¹ Marriages, intimate relationships, and parental relationships suffer, sometimes irreparably, from incarceration.²⁰ Incarceration not only impacts direct relationships youth have but can also impede their ability to establish other meaningful social connections. The stigma associated with parental incarceration can result in disruptions in children's connectedness with peers and school. Children with incarcerated parents are viewed as less competent by teachers and may experience hostility from peers, social rejection, and isolation subsequently leading to disconnection from school and increased risk of developing relationships with negative peer groups.²¹

Interpersonal Racism and Other Forms of Discrimination

Interpersonal racism and other forms of discrimination occur at the relational level. Dr. Camara Jones defines personally mediated racism as “intentional and unintentional acts of commission and omission.”¹⁸ Overt examples of racism include hate crimes, the use of racial slurs, or denial of opportunities on the basis of race.¹⁸ Microaggressions, another example of interpersonal racism, are often minimized, as are the impacts of microaggressions despite research on their detrimental effects. Microaggressions can carry messages of devaluation, such as being surprised at someone's competence, and are another common form of interpersonal racism.¹⁸ Microaggressions have negative social implications including feelings of rejection, distrust, social withdrawal, and perceived disapproval from others.⁷⁴

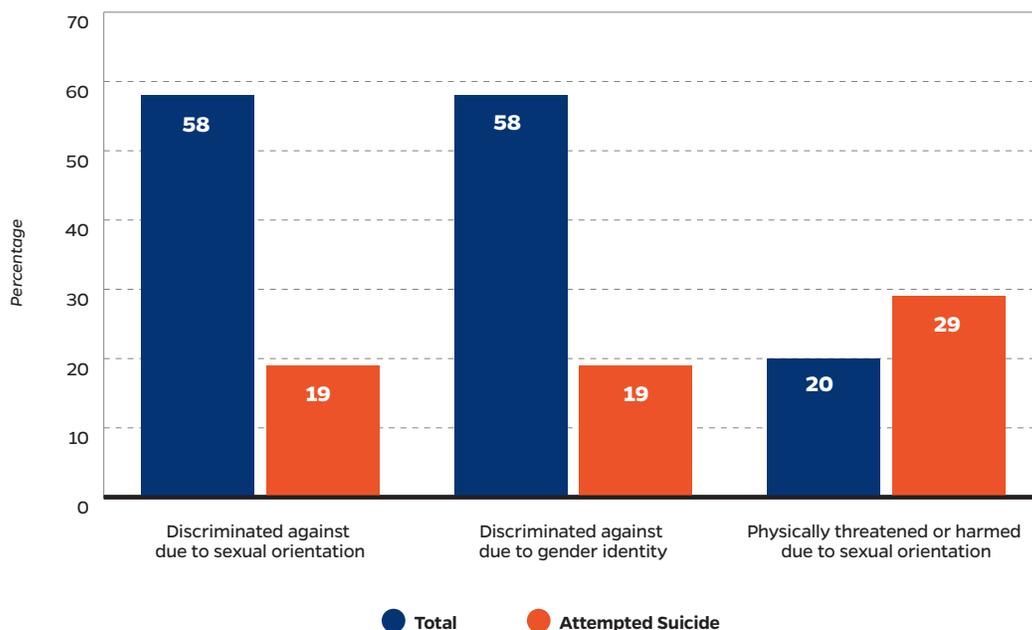
Major discriminatory events include being unfairly fired, being discouraged from pursuing education, neighborhood exclusion, neighborhood harassment, and police abuse.⁷⁵ These events have been associated with suicidal ideation and attempts.⁷⁵ Experiencing more major discriminatory events was associated with increased suicidal ideation.⁷⁵ Job problems or loss, social isolation, and violence victimization are risk factors for suicide.¹⁴ Further, distress from unemployment contributes to perceived burdensomeness and neighborhood exclusion and harassment can contribute to thwarted belongingness.⁷² A recent study provides additional context for the relationship between experiences of discrimination and suicide risk. For Black adults, experiencing discrimination has been associated with increased depressive symptoms, suicidal ideation, and capability for suicide.⁷⁶ Brooks et al.'s findings validate discrimination as a painful and provocative event for Black adults, which can facilitate capability for suicide.⁷⁶

Racism can be a type of racial trauma. One in five Black youth report experiencing racial trauma often or very often.¹² The sources of racial trauma for Black youth are wide-ranging and include news consumption or exposure, police, peers or friends, teachers or employers, and parents or caregivers.¹² In addition to these exposures, social media provides additional opportunities for youth to be exposed to discrimination. More than nine in 10 youth of color have experienced vicarious discrimination on social media and eight in 10 have experienced individual discrimination on social media—and still, these experiences were reported more by Black youth compared to their peers of color.⁷⁷ Youth experiencing racial discrimination can internalize the strain resulting from inequities and unfair treatment, resulting in anger, rage, and hopelessness that has been associated with exacerbating risk for suicidal ideation and behaviors.⁷⁸

Colorism. Colorism is a type of discrimination against people with darker skin tones resulting in differential treatment and exclusion from opportunity. Having a darker skin tone has also been associated with negative tropes about a person’s character and well-being.⁷⁹ Colorism has serious consequences. African Americans with darker skin tones often have poorer health and fewer socioeconomic advancement opportunities due to the increased skin tone discrimination they face.⁷⁹ Serious illness and job or financial problems or loss are risk factors for suicide.¹⁴ Distress from unemployment and physical illness can contribute to perceived burdensomeness.⁷² A recent study about skin tone discrimination underscores the interpersonal significance of experiencing colorism. Intra-group skin tone discrimination was associated with significantly higher odds of suicidal ideation and attempt while inter-group skin tone discrimination was not associated with suicidality, despite respondents experiencing higher rates of inter-group skin tone discrimination.⁷⁹ Experiencing intra-group skin tone discrimination may feel like a rejection from one’s community and could contribute to a sense of thwarted belongingness.^{72,79}

Discrimination Against LGBTQ Youth. Black LGBTQ youth face compounding discrimination due to their intersecting minoritized identities. Discrimination is a common experience for Black LGBTQ youth. Nearly three in five Black LGBTQ youth have been discriminated against due to their sexual orientation or gender identity (see Figure 13).⁸ The discrimination faced by Black LGBTQ youth is wide-ranging and can include not having accepting or safe community spaces, physical threats and violence, and other forms of discrimination. Nearly 40% of LGBTQ youth lived in a community that was very unaccepting or somewhat unaccepting of LGBTQ people.⁸ Suicide attempt rates were highest among LGBTQ youth who lived in very unaccepting or somewhat unaccepting communities compared to somewhat accepting or very accepting communities.⁸ Home is not always a safe or accepting place for Black LGBTQ either. Only 37% of LGBTQ youth and 32% of transgender and nonbinary youth reported home as an LGBTQ-affirming space.⁸ One in five Black LGBTQ youth have been physically threatened or harmed due to their sexual orientation.⁸ Twenty-nine percent of LGBTQ youth who had attempted suicide in the past year had been physically threatened or harmed due to their sexual orientation or gender identity compared to 10% of LGBTQ youth who did not experience physical threats or violence (see Figure 13).⁸ LGBTQ youth who had attempted suicide in the past year were more likely to have experienced sexual orientation or gender identity-based discrimination (19%) than not (7%).⁸

FIGURE 11: Experiences of Discrimination Among Black LGBTQ Youth



Source: The Trevor Project

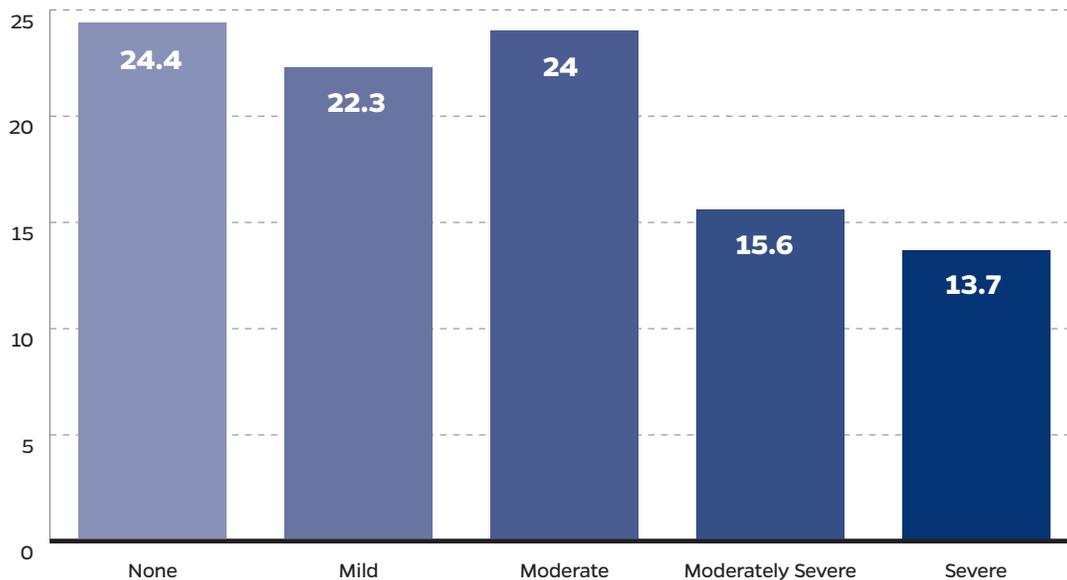
Individual Level Risk Factors

Psychological health has been implicated as a suicide-related factor for individuals across the lifespan. Fifty-two percent of Black youth surveyed by the AAKOMA Project reported experiencing mild to severe anxiety.¹² Black LGBTQ youth reported higher rates of anxiety, which could be indicative of the impacts of having intersecting minoritized identities. According to The Trevor Project, 66% of Black LGBTQ youth had experienced symptoms of anxiety.⁸ Among all youth of color in the survey sample, the most common symptom of anxiety reported was feeling anxious, worried, or nervous. Black youth in particular reported difficulty with decision-making and worrying about bad things happening.¹²

Seventy-five percent of Black youth in the sample reported experiencing mild to severe depressive symptoms (see Figure 14).¹² According to The Trevor Project, 57% of Black LGBTQ youth had experienced symptoms of depression.⁸ Of note, nearly one in two Black youth who had reported depressive symptoms also reported having thoughts that they would be better off dead or of hurting themselves (see Figure 15).¹² A recent study by Goodwill (2021) further underscores the relationship between mood disorders and suicide risk. Black youth who had a prescription for medication to treat a mood disorder in the past year had increased odds of suicidal ideation, planning, and attempt.⁷³

Black girls who had a hospitalization, emotional concern, or had received a prescription for medication for mood disorders within the past year had greater odds of experiencing suicide ideation, planning, and attempt.⁷³ Black boys who had taken medication for a mood disorder in the past year had increased odds of ideation, planning, and attempt.⁷³ Black boys who had been hospitalized in the past year had increased odds of suicide planning.⁷³

FIGURE 12: Percentage of Black Youth Experiencing Depressive Symptoms by Severity



Source: AAKOMA Project, State of Mental Health of Youth of Color

Adverse Childhood Experiences and Trauma

Adverse childhood experiences (ACEs) include abuse, neglect, parental separation, witnessing domestic violence, and having a family member with a mental health and/or substance use disorder during childhood and adolescence. In recent years, racial discrimination has been added to the list of adverse childhood experiences. Having current or past history of ACEs is a risk factor for suicide.¹⁴ As with many of the other factors discussed previously, Black youth have disproportionate levels of trauma exposure. A recent nationally representative survey found that Black children are significantly more likely than their white peers to have experienced one ACE and significantly more likely to have experienced more than two ACEs.⁸⁰ As mentioned previously, even one ACE can increase risk for adverse biopsychosocial outcomes, and the more ACEs an individual has experienced, the more their risk for adverse outcomes increases. Black children were especially more likely to experience certain ACEs, including parental incarceration, having a parent or caregiver who has died, racial discrimination, and being a victim of violence,⁸⁰ all of which have been linked to suicide risk. In addition, suicide attempts have been linked with ACEs exposure demonstrating a graded relationship.⁸¹

Childhood Lead Exposure and Impulsivity

Black children have the highest blood lead levels in the country compared to their peers of other races and ethnicities.⁸² The stark disparities in lead exposure for Black children have been shown to begin in utero and persist throughout childhood⁸³ due to environmental exposures such as lead paint or pipes, contaminated soil, and exposure to lead-emitting industries close in vicinity to predominantly Black neighborhoods.⁸² Though federal programs have been developed to address childhood lead exposure, disparities persist in access, utilization, and outcomes associated with these programs. Household lead abatement may be delayed which impacts exposure, and vulnerability to housing discrimination may serve as a barrier to Black tenants requesting landlords to remediate lead within rented residences.⁸²



In 2014, the Flint Water Crisis was created when the water source feeding the municipal water system for majority-Black Flint, Michigan, was switched without proper measures to address aging infrastructure and contaminated water sources. This decision, coupled with delayed government disclosure of contaminants, including lead, being present in the water, led to Flint residents being exposed to lead. A survey of caregivers in Flint revealed 26.6% of Black children had elevated blood lead levels after April 25, 2014.⁸⁴ Among those Black children represented in the survey, post-April 25, 2014, 32.5% had comprehension issues/learning delays, 48.7% experienced hyperactivity, and 47.4% experienced emotional agitation.⁸⁴

Protective Factors for Suicide Among Black Youth

A comprehensive approach to suicide prevention addresses risk factors as well as protective factors. Societal protective factors include reducing access to lethal means among people at risk and cultural, moral, or religious objections to suicide.¹⁴ Community protective factors include feeling connected to school, community, and other social institutions and consistent and high quality physical and behavioral healthcare. Relationship protective factors include feeling connected to others and support from partners, friends, and family. Individual protective factors for suicide include effective coping and problem-solving skills, having reasons for living, and having a strong sense of cultural identity. While not an exhaustive list, these are critically important in thinking about culturally relevant suicide prevention among Black youth.

Religiosity

Compared to the general public, Black congregants are more likely to attend services at smaller churches,⁸⁵ which may help facilitate social connections with other congregants and an overall feeling of connectedness to the church. Frequent contact and emotional closeness in congregational relationships are associated with decreased suicidality.⁸⁶ Religious service attendance has protective effects against depression disorders, anxiety disorders, substance use disorders, and suicide.⁸⁶ Nearly half of Black zoomers (Generation Z)^{vi} seldom or never attend church.⁸⁵ This is consistent with the general public, but in contrast to Black adults from the Baby Boomer and the Silent Generations.⁸⁵ This suggests the protective benefits of churchgoing may only be reaching about half of Black zoomers.

Social Support from Peers and Families

Social support is important to mitigate various stressors one may be experiencing. For Black youth, and youth in general, parental and caregiver relationships can be protective against suicide. Verbal affirmation has been associated with lower odds of suicide ideation and planning among Black youth.⁷³ Among the study sample, there was no significant association between parental residential status and suicide ideation, planning, and attempts; however, lower odds of suicide ideation were associated with father's residential status for Black girls.⁷³ Black adolescents with arrest histories who have higher levels of positive parenting are less likely to report experiencing suicidal ideation and attempts.²⁸

LGBTQ youth with high social support from friends have lower suicide rates (12%) compared to those with low or moderate social support from friends (17%).⁸ LGBTQ youth with high levels of family social support reported a lower suicide rate (6%) compared to those with low to moderate support (16%).⁸ The most common ways LGBTQ youth have felt supported by their parents or caregivers was when parents/caregivers were welcoming to their LGBTQ friends or partners, had respectful conversations about their LGBTQ identity, used their names and pronouns correctly, supported their gender expression, and educated themselves about LGBTQ people.⁸

vi Generation Z includes people born between 1997 and 2012. <https://www.pewresearch.org/fact-tank/2019/01/17/where-millennials-end-and-generation-z-begins/>

Strong Racial Identity

The protective benefits of a strong sense of cultural identity warrants development of culturally responsive interventions for suicide prevention. In the article *Culture as Treatment: A Pathway Toward Indigenous Health Equity*, Dr. Autumn Asher BlackDeer provides rationale for using culture as treatment not only as a means of healing inherent to Indigenous culture, but also as a means to address health disparities.^{vii} Racial identity and racial centrality are associated with positive impacts on psychological well-being and self-esteem.⁸⁷ Culture as an intervention can help one cultivate a strong sense of cultural identity and/or reconnect with cultural traditions and beliefs that were repressed due to historical trauma.

vii <https://ojs.library.dal.ca/hpj/article/view/11479/10432>

Evidence-Informed Interventions and Best Practices for Black Youth Suicide Prevention

Though Black youth suicide is increasingly being studied in the literature, there is still a significant dearth of literature specific to Black youth and suicide, especially as it relates to interventions to prevent suicide. Many “evidence-based” interventions for suicide do not have diverse samples of participants, and thus are evidence-informed at best. Dr. Alfiee Breland-Noble is one such researcher who has called attention to this issue of underrepresentation in research studies and the lack of evidence for mental health interventions for people of color.



“Why does our field persist in promoting mental health interventions and calling them evidence-based if there is little to no evidence for them for People of Color? Evidence informed I get. But evidence-based semantically sounds definitive and how can it be definitive if we only know evidence for one group of people?”

- Dr. Alfiee Breland-Noble

Suicide Risk Screening and Assessment

Despite evidence of cultural variation in expression of suicidal ideation or distress and risk and protective factors, there are no assessments that have been developed specifically to address the needs of racially and ethnically minoritized groups.^{88,89} A recent study reviewed the existing suicide risk assessment measures and the strength of evidence for use in youth of color. Of the measures reviewed, none were culturally adapted and validated in youth of color.⁸⁸ A little less than half of the measures were tested in samples where racial and ethnic minoritized participants comprised at least 40% of the sample. The Ask Suicide Screening Questions was tested with a sample of 1,083 pediatric medical patients ages 10–21, with 30.5% of participants being Black. The Suicide Ideation Questionnaire was tested in a sample of 91 youth ages 11–15 in a school setting, with 91% of participants being Black. To address the limitations of existing measures in assessing cultural factors pertaining to suicide risk and protection, Chu et al. (2013) developed The Cultural Assessment of Risk for Suicide (CARS) measure. The CARS measure is a 39-item self-report measure used to supplement existing suicide measures by incorporating cultural factors into the overall assessment process.⁸⁹

TABLE 2: Suicide Assessment Measures with Samples Comprised of at Least 40% Racial and Ethnic Minoritized Participants

Ask Suicide Screening Questions
Columbia Suicide Screen
Self-Injurious Thoughts and Behaviors Interview-Revised
Child Suicide Potential Scales
Self-Harm Behavior Questionnaire
Suicide Ideation Questionnaire
Modified Scale for Suicide Ideation
Suicide Probability Scale

Source: Molock et al. (2023). Culturally Responsive Assessment of Suicidal Thoughts and Behaviors in Youth of Color.

Black Mental Health Alliance’s Shop Talks

The Black Mental Health Alliance (BMHA) is a non-profit based in Baltimore City, Maryland, that serves individuals, families, children, communities, and clinicians by providing direct services, holding workshops and forums, and maintaining a referral database of Black mental health professionals. BMHA’s work focuses on historical and racial trauma, structural racism, cultural competence, stigma, social determinants of health, and mental health in the Black community. Among their many initiatives is Mind Health: Shop Talks. In partnership with Kaiser Permanente of the Mid-Atlantic States, BMHA hosts monthly workshops featuring licensed therapists, authors, and other individuals with relevant learned experience. The speakers at Mind Health: Shop Talks events increase awareness of the month’s topic and provide tips and strategies for coping with the topic at hand. Prior to the pandemic, Shop Talks took place in barbershops across Baltimore, bringing the expertise and strategies to meet the community where they are. Since the pandemic, the Shop Talks have taken place virtually.

Though formal trials have not been conducted to evaluate outcomes for Mind Health: Shop Talks, they are a promising best practice and model to increase awareness and provide coping strategies to Black communities. Not only does this model provide education on mental health topics impacting the Black community, it may also help reduce mental health stigma and provides opportunities for individuals to connect with their community. Similar approaches have been used for other health concerns. For example, an initiative to address untreated hypertension among Black men involved partnerships between pharmacists and local Black-owned barbershops in California. Not only did the initiative increase Black men’s access to care, screenings, and health education, the program was found to be a cost-effective intervention for addressing untreated hypertension.

Healing and Understanding Grieving Suicide Survivors (HUGSS)

Postvention is a proactive strategy that can help reduce the risk associated with experiencing a suicide loss by providing support and care to suicide-bereaved individuals.⁹⁰ Kaslow et al. (2008) developed Healing and Understanding Grieving Suicide Survivors (HUGSS), a culturally informed postvention protocol for African American suicide loss survivors.⁹¹ HUGSS is a family intervention consisting of 10 two-hour sessions that include psychoeducation, skills building, and supportive discussion.⁹¹ At the time the article was written, implementation was underway in a hospital setting and thus there was not data to present about efficacy.⁹¹ At the time of this report, the author was unable to locate follow-up studies pertaining to HUGSS, though HUGSS was included in the CDC’s Suicide Prevention Resource for Action.

Reducing Access to Lethal Means

Creating time and distance between a person in crisis and lethal means can be achieved with behavior change and policy. Firearms are a common suicide method among Black youth (41%, see Figure 8), though Black boys use firearms (nearly one in two, see Figure 9) more than Black girls (nearly one in five, see Figure 9). Given the lethality of firearms and proportion of suicides among Black youth that involve firearms, approaches to reducing access to guns among Black youth would be an effective approach to reducing suicide among Black youth, especially among Black boys. Encouraging people to adopt safe storage practices for firearms can be challenging. Some parents tend to underestimate whether their children have handled the guns in their home. In one study, 66% of parents reported that their children had not handled the guns in their home, but 22% of their children had accessed and handled the guns in their homes,⁹² underscoring the importance of adopting and implementing safe storage practices.

Using safe storage practices for firearms, like storing firearms unloaded and locked and separately from ammunition that is also locked, lowers risk of firearm suicide for youth.⁹³ Another option for safe storage of firearms is temporarily storing firearms outside of the home.⁹⁴ To help people find temporary out-of-home storage due to a crisis, organizations in Maryland and Colorado have created interactive safe storage maps consisting of businesses and law enforcement agencies that are willing to consider requests for temporary, voluntary gun storage. Safe storage also applies to medication. Though 4% of suicide deaths among Black youth involve poisoning, nearly one in nine Black girls used poisoning as a suicide method (see Figures 8 and 9). Safe storage practices for medication include keeping medications in a safe, secure place that is not accessible to children or other household members, dispensing medication as needed, and disposing of unused medications.^{94,95} Safe disposal sites can generally be found at pharmacies, hospitals or outpatient clinics, police or fire stations, and municipal buildings.⁹⁵ The Food and Drug Administration has a webpage of resources available to find safe disposal sites and periodic drug take back events.

Policies are also an effective way to address access to lethal means. Because youth are generally not old enough to purchase their own firearms, child access prevention laws may be one of the more relevant policies that address access to lethal means for youth. Child access prevention laws (CAP laws) create criminal penalties for the firearm owner if a child accesses their unsecured gun, which may encourage owners to adopt safe storage practices.⁹⁶ States that have implemented strong CAP laws (e.g., include negligent storage language) have 41% lower rates of firearm injuries among minors compared to states that had weak CAP laws (e.g., intentional/reckless language) or no CAP laws.⁹⁷

Gaps and Impediments to Black Youth Suicide Prevention

There is a significant dearth in literature specific to Black Americans and suicide risk—including Black youth. Though there is a critical need for research in this area, it is important to recognize the group of researchers who have been contributing to the literature about suicide prevention among Black people, and Black youth more specifically. It is because of their work that we have the basis of what we know about suicide among Black people. While already identified risk factors also impact Black youth, there are distinct and unique risk factors Black youth face, and the currently identified risk factors do not address compounded risk resulting from intersecting identities. Expression of suicidal ideation and mental health concerns among Black youth may differ compared to their peers of other races and ethnicities, warranting further investigation. In addition to gaps in literature about risk and expression of risk, gaps also exist in the literature for research on evidence-based interventions for Black youth suicide prevention. Similar to Black youth suicide, societal and structural factors contribute to the existing gaps and impediments to preventing suicide among Black youth. These societal and structural factors, like funding (availability and requirements) and lack of diversity in the field, perpetuate the existing gaps and maintain the dearth in literature. In addition to these barriers, researchers can face challenges recruiting Black youth to participate in studies due to distrust of health professionals and research.⁹⁸

Black, Indigenous, and other ethnoracially minoritized researchers can face additional barriers that contribute to racial inequities throughout the grant proposal and awarding process. Differential access to resources and mentorship can create challenges to developing and conducting more “rigorous” research and competitive grant applications for Black researchers.⁹⁸ Black researchers are significantly less likely to receive NIH R01 funding compared to their white peers—even after controlling for demographics, education and training, employer characteristics, NIH experience, research productivity, academic rank, and scholarly awards.^{99,100} Ginther et al. have discussed the role of cumulative advantage resulting from differential access to research resources and social resources such as mentorship.^{99,100} Different advice on publishing and smaller professional networks may influence number of citations, publications, and research impact.^{99,100} Reviewers have a preference for certain topics over others, are less likely to discuss Black researchers’ funding proposals, and rate Black researchers’ funding proposals with lower scores compared to their white peers.¹⁰¹ Black researchers are more likely to submit funding proposals for topics that include health disparities and patient-centered interventions. The lower scores assigned to Black researchers’ grant proposals do not correlate with future productivity or influence. In addition to these barriers, Black researchers may be further burdened by cultural taxation resulting from institutional expectations to shoulder significant labor for diversity initiatives. These issues and their interrelatedness create a self-perpetuating cycle of exclusion that maintains the dearth of literature and impedes our ability to save lives of Black youth at risk of suicide.⁹⁸



Black principal investigators regardless of sex were 40% less likely to be a super principal investigator compared to their white peers.¹¹²



Among super principal investigators, or investigators who hold multiple grants from the National Institutes of Health, Black women were the most underrepresented demographic.¹¹²

Funding for Suicide Research and Implementation

One factor contributing to this dearth of literature is available funding for suicide research, which tends to be underfunded. In 2021, \$220 million were allocated for research about suicide and suicide prevention (\$140 million for suicide and \$80 million for suicide prevention).¹⁰² Forty-one percent of the research areas received funding between the amounts of \$300 million and \$17.68 billion in 2021.¹⁰² The National Institutes of Health provides past and projected funding for research areas as well as the mortality and prevalence rate for conditions. Not all of the research areas have mortality or prevalence data reported. Among the research areas that have comparable funding to suicide and suicide prevention and have mortality data, suicide mortality (47,612) is an outlier among malaria (9), maternal morbidity and mortality (1820), and epilepsy (7,711).¹⁰²



The funding inequities must be addressed to address the gap in literature and must be balanced with the truth that the increasing rates of suicide among Black youth warrant timely intervention.

TABLE 3: Number of Research Areas Categorized by Funding Range, 2021

Number of Research Areas by Funding Range							
Funding Amount	<\$100 million	\$100–199 million	\$200–299 million	\$300 million to \$999 million	> 1 billion	> \$10 billion	Total
Number of Research Areas	114	42	26*	69	54	4	309

Source: National Institutes of Health, Estimates of Funding for Various Research, Condition, and Disease Categories, 2022

*The combined total of suicide and suicide prevention funding falls within this funding range category.

TABLE 4: Research Areas with Comparable Funding

Research Area	Funding	2019 U.S. Mortality	2019 U.S. Prevalence
Peripheral Neuropathy 18	\$205 million	-	-
Genetic Testing	\$212 million	-	-
Epilepsy	\$218 million	7,711	-
Suicide + Suicide Prevention	\$220 million	47,612	-
Malaria	\$229 million	9	-
Childhood Leukemia	\$240 million	-	-
Maternal Morbidity and Mortality	\$240 million	1,820	-

Source: National Institutes of Health, Estimates of Funding for Various Research, Condition, and Disease Categories, 2022^{viii}

viii The data on research area, funding, 2019 U.S. mortality, and 2019 U.S. prevalence are presented as reported in the Estimates of Funding for Various Research, Condition, and Disease Categories table. Some mortality and prevalence data were not reported.

Compared to six research areas with comparable mortality in 2019, suicide and suicide prevention received the second lowest amount of annual funding in 2021.¹⁰² Pancreatic cancer, Parkinson’s disease, and breast cancer had higher mortality in 2019 compared to suicide (48,250; 52,359; 53,948; 47,612 respectively) and received between \$242–\$731 million in funding in 2021.¹⁰²

TABLE 5: Research Areas with Comparable 2019 U.S. Mortality

Research Area	Funding	2019 U.S. Mortality	2019 U.S. Prevalence
Liver Cancer	\$128 million	30,898	0.1% (0.01%)
Prostate Cancer	\$284 million	44,395	2.3% (0.12%)
Obesity	\$1.12 billion	47,466	32.1% (0.36%)
Suicide + Suicide Prevention	\$220 million	47,612	-
Pancreatic Cancer	\$242 million	48,250	0% (0.01%)
Parkinson’s Disease	\$254 million	52,359	-
Breast Cancer	\$731 million	52,938	1.7% (0.08%)

Source: National Institutes of Health, Estimates of Funding for Various Research, Condition, and Disease Categories, 2022^x

ix Prevalence rates were calculated with data collected from the National Health Interview Survey. The prevalence estimate is reported as a percentage and the standard error is reported as a percentage in parentheses. Some mortality and prevalence data were not reported.

Recommendations for Advancing Black Youth Suicide Prevention

- 1 Ensure that small community-based organizations and Black researchers have clear access to suicide prevention research and implementation funds.



Many organizations with authentic relationships within the most impacted communities may not have the infrastructure to qualify for government or foundation funding due to historic disinvestment in their communities. Governments and foundations should provide intensive capacity building and technical assistance to community-based organizations that aid them in establishing the necessary infrastructure to qualify for these funds. Funders should understand there are many barriers community-based organizations may face including not having nonprofit status, not being able to afford an independent audit of their finances, lack of experience in grantwriting, etc. Funding mechanisms should provide multiple avenues for these small organizations to secure funding including the use of intermediary organizations, fiscal sponsorships, sub-grants, or city contracts.

- **Center the voices of Black youth** in suicide prevention efforts being planned and implemented.
- **Ensure funds are allocated** specifically to Black youth suicide prevention research and implementation efforts.
 - Grant recipients should clearly specify the communities they will work in and demonstrate a strong history of working with Black youth.
 - For research funding, the research design and research questions should be culturally relevant.
 - Grant programs should engage with and educate communities about the availability of Black youth suicide prevention funding by hosting a series of informational sessions and grant writing workshops, and disseminating online information about funding availability well ahead of application deadlines.
- **Provide technical assistance** to assist grantees in adopting evidence-informed, culturally responsive suicide prevention strategies. The grant program should provide ongoing assistance in program monitoring and evaluation to support small community-based organizations to build their capacity and adopt best practices.
- A portion of funds should be allocated to **conduct evaluation of the grant recipients using a racial equity lens** and ensuring reporting and evaluation do not create unnecessary barriers. The initial evaluations should be process-oriented, examining whether programs were implemented as intended and what barriers or facilitators were in place that impacted the implementation process.
- **Create a diverse and inclusive grant selection advisory committee** to review applications and determine where Black youth suicide prevention funds are allocated. The committee should include persons with lived experience of suicide, researchers, members of the community, and persons with experience in suicide prevention implementation.

2 Increase the amount and availability of funding for suicide prevention research and implementation.



Increased funding for suicide prevention research and implementation would help create more robust literature to guide implementation efforts and allow for more comprehensive strategies to be implemented. Counties with comprehensive suicide prevention programs implemented through the Garrett Lee Smith (GLS) funding mechanism had lower suicide rates compared to counties without GLS programming.¹⁰³ Ensuring all 50 states and local territories of the United States have funding for youth suicide prevention, as well as additional funding to support tribal communities, could help to address availability of funding for suicide prevention efforts. The current suicide prevention funding mechanisms can create barriers to implementing community-specific suicide prevention initiatives. When funding is disbursed to state government entities, it can reduce the amount of funding available for subgrant awards due to indirect costs and administrative costs for administering the grant. In addition, the relationships local communities do or do not have with state governments could impact their ability to access funding. The requirements for eligible entities may also be prohibitive to community-based organizations doing life-affirming work in communities already, preventing them from accessing additional funding to build capacity and scale up their intervention.

3 Create safe and supportive spaces for Black youth.



- **Connect with Black youth** where they are and use their language to communicate. Use healing-centered engagement practices.
- **Invest in creative spaces** and outlets for Black youth.
- **Develop an education campaign** targeted to parents, caregivers, and families to raise awareness about mental health and suicide prevention among Black youth and provide strategies on communicating about these topics with their children. Educate parents, caregivers, and families on suicide prevention strategies at the relationship and individual levels.
- **Help Black youth cultivate a strong Black identity** by increasing awareness of cultural artifacts and combatting racist socialization with culturally relevant socialization.
- **Identify and/or develop resources and supportive spaces** for Black LGBTQ youth and Autistic Black youth.
- **Implement restorative justice practices** in schools instead of punitive measures that contribute to racial inequities in school-based discipline as well as the school-to-prison pipeline.

4 Evaluate the implementation of the 988 Suicide & Crisis Lifeline to understand the impact among Black youth and other communities of color.



In July 2022, the Substance Abuse and Mental Health Services Administration (SAMHSA) [launched the transition of the 10-digit national suicide prevention lifeline](#) to an easy-to-remember three digit number—988. In April 2023, there were 368,936 routed contacts to the 988 Lifeline.^x Callers to the lifeline are not required to provide demographic

x <https://www.samhsa.gov/find-help/988/performance-metrics>

information; however, SAMHSA states one of the uses for any collected demographic information includes system evaluation to identify and address gaps and inequities.^{xi} It is difficult to find publicly available demographic information including race, ethnicity, and age to understand who is using the 988 Lifeline. As it currently stands, it is not possible to assess whether the 988 Lifeline is reaching and being utilized by Black communities. Without understanding the utilization of the lifeline among Black communities, it is not possible to assess the potential impact of the resource, identify gaps and inequities, or evaluate the cultural responsiveness of the service.

Since the launch of 988, there has been concern expressed about the use of law enforcement for active rescue situations and the potential for involuntary hospitalization.^{xii} These concerns stem from concerns about bodily autonomy and police violence against people actively in mental health crises. As it currently stands, there does not seem to be publicly available data on the referral of lifeline contacts to law enforcement and hospitalization. Evaluation is needed to understand how often these outcomes occur and whether there are disparities in the use of law enforcement or hospitalization.

5 Understand the role financial concerns play after hospitalization and in accessing follow-up/transition care. Reduce financial concerns about involuntary hospitalization.



Persons who are involuntarily hospitalized for suicide risk are responsible for the costs incurred as a result of the hospitalization. The period after hospitalization discharge is a period of heightened risk for suicide ideation, reattempt, death, or rehospitalization. Additionally, attendance at follow-up appointments for transition care has been reported to be low following discharge. It is unclear what role financial concerns play in these observed trends.

- **Research** should be done to understand the role financial concerns play in heightened suicide risk after discharge from hospitalization.
- **Identify strategies** to address potential financial burdens resulting from involuntary hospitalization (e.g., identifying available funding such as mechanisms through the Mental Health Block Grant, state Medicaid programs, etc.).

6 Make mental health services more accessible.

Ride United is a program that was developed by the United Way to address transportation-related barriers to accessing healthcare, obtaining employment, accessing food, and dealing with emergencies. The program offers free or reduced-cost rides. The expansion of this program during the COVID-19 pandemic is an example of a public/private partnership that helped to address transportation barriers to accessing medical care. United Way partnered with Lyft and other entities to provide free or reduced-cost rides to local vaccine sites.^{xiii} A similar model could be used to address access to healthcare appointments, including therapy and follow-up appointments after a hospital discharge.



xi <https://www.samhsa.gov/find-help/988/faqs>

xii <https://www.npr.org/sections/health-shots/2022/08/11/1116769071/social-media-posts-warn-people-not-to-call-988-heres-what-you-need-to-know>

xiii <https://www.unitedway.org/blog/united-ways-ride-united-helping-people-in-155-towns-access-covid-19-vaccina#>

- **Develop public and private partnerships** to address barriers to accessing mental health services such as transportation-related barriers and the digital divide.
 - Disparities in access to high-speed internet and reliable technology devices, also referred to as the digital divide, can present barriers to accessing telemental health services.^{xiv}
- **Mandate insurance coverage** parity for mental health treatment services.
- **Address distrust** among communities of color and the medical establishment.
- **Increase the types of mental health services** available to offer multiple modalities beyond traditional talk therapy or pharmacotherapy.

7 Engage the Black church in suicide prevention initiatives.



Since their inception, Black churches have been a fundamental part of Black communities. The role of Black churches of course includes religiosity, but also includes addressing racial and social justice issues and providing social support to its congregants.¹⁰⁴ The majority of Black adults see key functions of churches as offering a sense of spiritual comfort (72%), offering a sense of community or fellowship (71%), offering moral guidance (66%), and helping people in need with bills, housing, and food (55%).⁸⁵ Faith-based organizations have also been pivotal for community health interventions.¹⁰⁴ Faith-based organizations can play a vital role in suicide prevention as well as postvention. A qualitative study of African American clergy and their attitudes about suicide postvention revealed four emerging themes: presence in the midst of grief, nonjudgmental view of people who have died by suicide, postvention as a collaborative approach, and suicide as an elephant in the church.¹⁰⁵ The clergy conveyed the importance of being present with suicide loss survivors in their grief, using scripture to guide their counseling, ensuring suicide loss survivors are not navigating their grief alone, and conveying care about congregants by immersing themselves in the lives of their congregants.¹⁰⁵ The clergy also shared their perception of postvention being a collaborative process among many entities, acknowledging their role in postvention and that they are but one entity who can help address suicide loss.¹⁰⁵ The clergy also acknowledged the stigma surrounding suicide especially in religious settings and the need for awareness and education about suicide.¹⁰⁵

- **Destigmatize conversations** about suicide by facilitating community education and conversations through institutions like the Black church.

xiv <https://www.closesthegapfoundation.org/glossary/digital-divide>

Conclusion

The suicide rate among Black youth has been rapidly increasing over the last several years and outpaces increases of their peers of other races and ethnicities. Suicidal ideation and attempts among Black youth are also on the rise. Black LGBTQ+ youth experience compounded suicide risk as a result of their intersecting racial identity and gender identity and/or sexual orientation. While many of the general identified risk factors for suicide pertain to Black youth, Black youth experience unique challenges or disparate exposure to certain risk factors for suicide. For example, access to quality behavioral and physical healthcare is a general suicide risk factor, but Black youth face unique challenges due to disparities in insurance status, fear and distrust of healthcare providers, institutional and interpersonal racism, implicit bias, and difficulty finding providers with a shared racial identity.

In addition to general risk factors, Black youth also face unique risk factors. These risk factors include institutional racism, the school-to-prison pipeline, mass incarceration, historical and intergenerational trauma, overrepresentation in the juvenile justice system, underdiagnosis of ADHD, disproportionate lead exposure, and disproportionate exposure to community violence and trauma. Many of these unique risk factors have been directly associated with increased risk for suicidal ideation, attempt, or death and/or associated with specific risk factors for suicide. The emergence of COVID-19 and subsequent multi-year pandemic has compounded risk factors for suicide among Black youth and has created new, unique stressors and risk factors.

The Centers for Disease Control and Prevention have an updated technical package called the Suicide Prevention Resource for Action, which provides an overview of the evidence for an array of approaches to suicide prevention. Some approaches have evidence among racially and ethnically diverse samples, but much of the suicide prevention literature is still based on Eurocentric understandings of suicide, and interventions are often tested on majority white samples. As Black youth have unique experiences regarding suicide, it is necessary to scrutinize the existing literature and interventions to identify the strength of the evidence for Black youth and ensure there are not unintended consequences or potentially dangerous outcomes associated with standards of practice. For example, the disparate rates of police violence experienced by Black Americans and people in crisis warrant pause of including the police as a resource for crisis situations and underscore the need to develop alternative approaches to safety planning that do not involve the police or create potentially dangerous encounters that are antithetical to the primary goal of saving Black lives.

The researchers who have dedicated their careers to studying Black youth suicide have contributed to our general knowledge about the issue and provide future directions for research and intervention areas. The literature on this topic has grown, but gaps still remain. The dearth of literature on Black youth suicide prevention and evidence-based interventions must be remedied without sacrificing a timely response and intervention for the increasing rates of suicide among this population. A myriad of factors influence the dearth of literature, including racial and gender funding inequities, institutional barriers that result from being under-resourced, making competitive grant applications more challenging, and participant apprehension and distrust of healthcare and research participation. In order to make strides and continue to expand the literature in this area, especially in regard to development of culturally responsive interventions, the systemic issues must be addressed.

The 2019 *Ring the Alarm* report by the Congressional Black Caucus Emergency Taskforce on Black Youth Mental Health and Suicide laid bare the concerning burden of suicide morbidity and mortality Black youth are experiencing. Awareness of the issue of Black youth suicide has proliferated as

media outlets and national organizations formally recognize and disseminate information about the issue. The current momentum—created and maintained by the researchers who have dedicated their careers to this issue and hastened by the *Ring the Alarm* report—provides a prime opportunity to life-promoting interventions at the societal, community, relationship, and individual levels. Five years after the release of the *Ring the Alarm* report, we are still ringing the alarm and reigniting the Congressional Black Caucus’ urgent call to action to all Americans. As we research, organize, advocate, and build a world worth living in for Black youth—a world where they feel connected, have reciprocal care, and a world where their life matters and they can dream of a bright future—let us remember this Sudanese proverb: “We desire to bequeath two things to our children; the first one is roots, the other one is wings.”



“We desire to bequeath two things to our children; the first one is roots, the other one is wings.”

- Sudanese proverb

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Partner/Collaborator Engagement and Roundtable

In February 2022, a roundtable was held with partners representing various professions, geographic regions, and sectors. Among those represented included community-based organizations for gun violence prevention, psychologists, gun violence survivors, federal public health advisors, and state suicide prevention commission members. The roundtable aimed to gather information from various stakeholders on Black youth suicide, including: common precipitating factors, challenges communities face for Black youth suicide prevention, existing programs tailored to Black youth suicide prevention, potential policy and programmatic approaches, and how the gun violence prevention sector can better engage in Black youth suicide prevention. Two main themes emerged from the roundtable.

Theme: Experiencing thwarted belongingness from one's own community

One theme that emerged from the roundtable was Black youth experiencing thwarted belongingness from one's own community. Participants discussed the bullying Black youth experience, particularly bullying associated with having interests outside of the typical portrayal of Black men (e.g., sports, music, etc.). The lack of support and bullying for pursuing their own interests can feel like rejection—especially in the context of their interests not being considered typical interests associated with their Black identity.

Participants also noted the lack of available safe emotional spaces for Black youth. They highlighted the need for accessible spaces for Black youth to safely express their emotions, where they can receive support and their emotions and behavior will not be pathologized or viewed outside of important cultural context. Participants discussed the common assumption that Black youth do not communicate with adults when they are experiencing suicidality or mental health concerns but noted that Black youth are communicating with adults—adults just often disapprove of or do not recognize the way Black youth currently express suicidality or mental health concerns. Black youth not only need a safe physical space for their emotional needs, but they also need trusted adults around them to recognize when they are struggling and hold safe emotional space for them.

Theme: Racism

Participants discussed the pervasiveness of racism as a stressor experienced by Black youth at the interpersonal and structural level. While Black youth are going through critical developmental stages, including development of their identity, they are also exposed to various sources of racial trauma that can have devastating impacts on their self-esteem and psychological well-being. Black youth experience first-hand and vicarious racial discrimination as well as exposure to negative portrayals of Black people in the media. The constant exposure of these negative messages and stereotypes can be internalized and is of special concern given vulnerabilities associated with adolescent developmental stages.

Black youth are adultified in a way that shapes the way the world interacts with and responds to them. Adultification changes external expectations of Black youth, dictating how they “should” act and leading them to believe that they have a much larger internal capacity to cope with stress, adversity, and psychological concerns beyond that expected of children in their developmental stage. Adultification changes external perceptions of Black youth—often leading to them being interpreted as dangerous or threatening and being assigned more accountability for their actions compared to

their peers of other racial and ethnic groups in the same developmental stage. Adulthood robs Black youth of their childhood.

At the same time, racism is impacting Black youth at a structural level. Living in disinvested, under-resourced communities reduces access to gainful employment opportunities, affordable, safe housing, and access to other resources like healthcare, social services, and more. Mass incarceration perpetuates the instability felt within families and communities.

Black youth are exposed to highly publicized and widely circulated incidents of police brutality and racial violence against Black people. Seeing someone who looks like you or could have been a relative or member of your community be murdered or otherwise brutalized is traumatic. That traumatic experience is compounded by the resulting desensitization and indifference to—or even justification of—the murder of Black people. Internalizing that same carelessness about life—their life—leads to more of a willingness to engage in risky behavior. How can one hope for or visualize a future when no one cares if you die?

APPENDIX B

Risk and Protective Factors for Suicideⁱ

Societal

⚠ Risk Factors

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

✔ Protective Factors

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

Community

⚠ Risk Factors

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

✔ Protective Factors

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Relationship

⚠ Risk Factors

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

✔ Protective Factors

- Support from partners, friends, and family
- Feeling connected to others

Individual

⚠ Risk Factors

- Previous suicide attempt
- History of mental illnesses
- Serious illness
- Criminal and/or legal problems
- Job and/or financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

✔ Protective Factors

- Effective coping and problem-solving skills
- Reasons for living
- Strong sense of cultural identity

ⁱ <https://www.cdc.gov/suicide/factors/index.html>

Reducing Access to Lethal Means

A suicidal crisis is often a very powerful and brief impulse. Nearly one in four suicide attempt survivors said less than five minutes had passed between when they decided they were going to make an attempt and when they physically made the attempt.¹⁰⁶ About half of suicide attempt survivors deliberated for less than 20 minutes and 71% made an attempt within one hour of making the decision to do so.¹⁰⁶ This acute but brief period of heightened risk makes reducing access to the most lethal means an effective intervention for preventing suicide. Given the brief but strong impulse of crisis states, people will use means they have access to. Ease of accessibility influences the lethality of a chosen method.¹⁰⁷ Other factors that contribute to the lethality of suicide methods are the method's inherent deadliness, ease of use, acceptability to the attempter (e.g., painlessness), and the ability to abort mid-attempt which offers the chance for rescue or to change one's decision.¹⁰⁷ Even if a person substitutes with another method because they don't have access to the most lethal methods, they have a higher chance of survival because the other available methods will have a lower case fatality rate because they are less lethal.¹⁰⁷

The United Kingdom (U.K.) has used policy to reduce access to medications to prevent overdose suicides. In 1998 after increasing trends of intentional overdoses, particularly with paracetamol (acetaminophen), the U.K. implemented legislation reducing the pack sizes of paracetamol to between 16 and 24 tablets depending on whether the location is a pharmacy or retail outlet.¹⁰⁸ During this same time, paracetamol largely began being packaged in blister packaging.¹⁰⁹ The rationale for these approaches addresses availability of lethal methods and lethality with the reduced quantities of tablets, and blister packaging addresses the ability to abort mid-attempt.¹⁰⁹ In the subsequent years after the legislation was introduced, suicide deaths involving paracetamol and salicylates decreased by 22%, and admissions to liver units and liver transplants due to paracetamol overdose declined as well.¹⁰⁸ Overall increases in ibuprofen overdoses did occur, but the few overdose deaths involving ibuprofen also involved other drugs, and ibuprofen is unlikely to have been the cause of death.¹⁰⁸ This underscores the principle of substitution generally being less lethal than the originally restricted means.

While reducing access to lethal means is an effective approach for reducing suicides, there are some methods that are more challenging to reduce access to compared to others. There are interventions that can be used to reduce access to firearms, medication, and bridges, but no such approaches have been identified for suicide by hanging. This is of concern due to suffocation and hanging being a common method of suicide among Black youth (47%, see Figure 8), and Black girls in particular (62%, see Figure 9). Suffocation and hanging is also the method of a significant portion of suicides among Black boys (47%, see Figure 9). With the exception of controlled environments like correctional facilities or inpatient settings, hanging suicide deaths present a challenge with reducing access because materials and suspension points are easily accessible and widely available.¹¹⁰ Due to these challenges, prevention of suffocation and hanging suicide deaths heavily relies on other suicide prevention strategies.

APPENDIX D

Relevant Organizations Focused on Black Mental Health and Suicide Prevention

Organization	Website
National Organization for People of Color Against Suicide	http://nopcas.com/
AAKOMA Project	https://aakomaproject.org/
Caleb's Kids	https://www.calebskids.org/home.html
Black Mental Health Alliance	https://blackmentalhealth.com/
Cities United	https://citiesunited.org/
Black Emotional and Mental Health Collective	https://beam.community
Harriet's Apothecary	http://www.harrietsapothecary.com
Therapy for Black Girls	https://therapyforblackgirls.com
Boris L. Henson Foundation	https://borislhensonfoundation.org
Black Mental Wellness	https://www.blackmentalwellness.com/
Black Girls Smile Inc.	https://www.blackgirlssmile.org
Association of Black Psychologists	https://abpsi.org/
Sisters of Nia	https://www.sistersofnia.org/

APPENDIX E

References and Resources for Additional Reading

Reports and Implementation Guides

[Ring the Alarm: The Crisis of Black Youth Suicide in America](#)

The Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health

[Preventing Black Male Suicides: A Roadmap for Action](#)

Cities United

[State of Mental Health for Youth of Color 2022](#)

The AAKOMA Project

[Suicide Prevention Resource for Action](#)

The Centers for Disease Control and Prevention

Books

[The Unapologetic Guide to Black Mental Health](#)

Rheeda Walker, PhD

[Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury & Healing](#)

Dr. Joy DeGruy

[The Power to Die: Slavery and Suicide in British North America](#)

Terri L. Snyder

Toolkits

[Widening the Lens: Exploring the Role of Social Justice in Suicide Prevention; A Racial Equity Toolkit](#)

Massachusetts Coalition for Suicide Prevention

[Wellness Tools](#)

Black Emotional and Mental Health Collective (BEAM)

[Strength in Communities: 2021 Bebe Moore Campbell National Minority Mental Health Month](#)

[Awareness Toolkit](#)

Mental Health America

Other

[Decentering the Use of Police: An Abolitionist Approach to Safety Planning in Psychotherapy](#)

Drustup, Kivlighan, and Ali (2023)

<https://doi.org/10.1037/pst0000422>