

Black Youth and Suicide Risk

A Tale of Disparities in Suicide Care and Treatment

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STAR Center Conference
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Objectives

- Recognize the shifting trends for suicide among minority populations, specifically for Black youth
- Recognize risk factors for suicide among Black youth
- Discuss existing evidence about suicide risks and interventions for Black Youth

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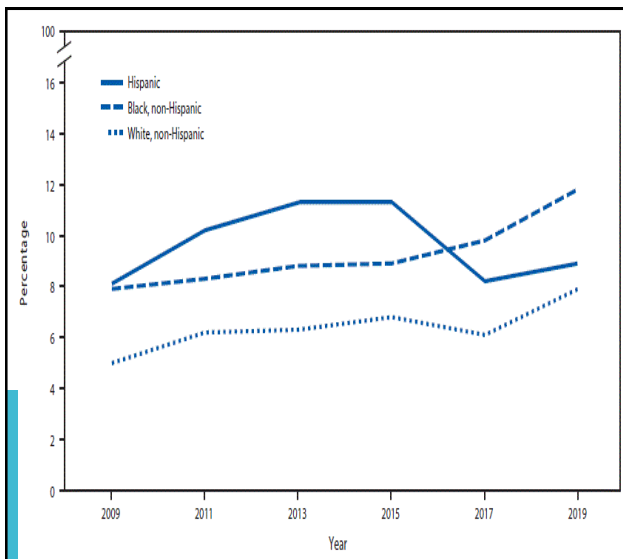


FIGURE 2. Percentage of high school students who attempted suicide during the 12 months before the survey, by race/ethnicity — Youth Risk Behavior Survey, United States, 2009–2019

Ivey-Stephenson AZ, Demissie Z, Crosby AE, et al. Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. *MMWR Suppl* 2020;69(Suppl-1):47–55. DOI: <http://dx.doi.org/10.15585/mmwr.su6901a6>

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Trends in Suicide Attempts among High School Students 1991–2017

- Black male students had the lowest prevalence of suicidal ideation.
- Black adolescent boys experienced increased rates of injury resulting from suicide attempts.
- Black adolescents had increased rates of suicide attempts, while rates declined for other race/ethnicities’
- Black adolescent girls experienced a significant increase in suicide attempts, while girls from other races/ethnicities’ rates declined.
- Black students had the highest prevalence of attempts.
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Ivey-Stephenson AZ, Demissie Z, Crosby AE, et al. Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. *MMWR Suppl* 2020;69(Suppl-1):47–55. DOI: <http://dx.doi.org/10.15585/mmwr.su6901a6>

Lindsey MA, Sheftall AH, Xiao Y, et al. Trends of Suicidal Behaviors Among High School Students in the United States: 1991–2017. *Pediatrics*. 2019;144(5): e201987

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Comparing black males method to black female method-adolescents 13-19

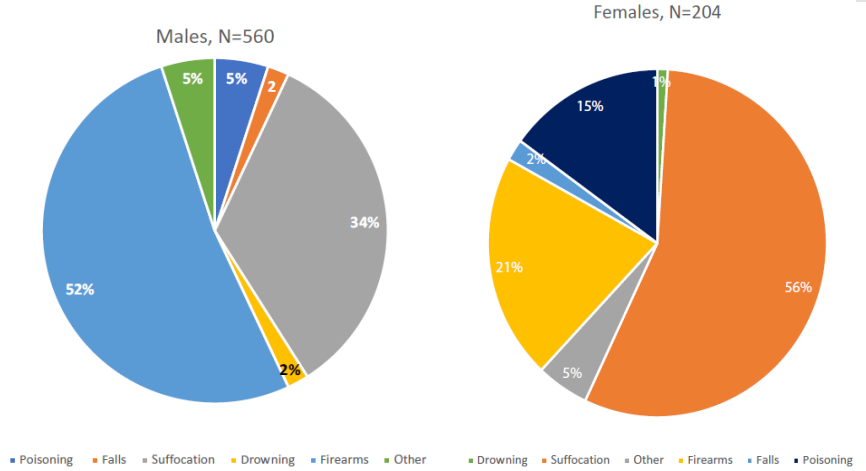


Fig. 1 Methods used by African American adolescents to commit suicide 2015–2017

Price JH, Khubchandani J. The Changing Characteristics of African-American Adolescent Suicides, 2001-2017. J Community Health. 2019 Aug;44(4):756-763. doi: 10.1007/s10900-019-00678-x. PMID: 31102116.

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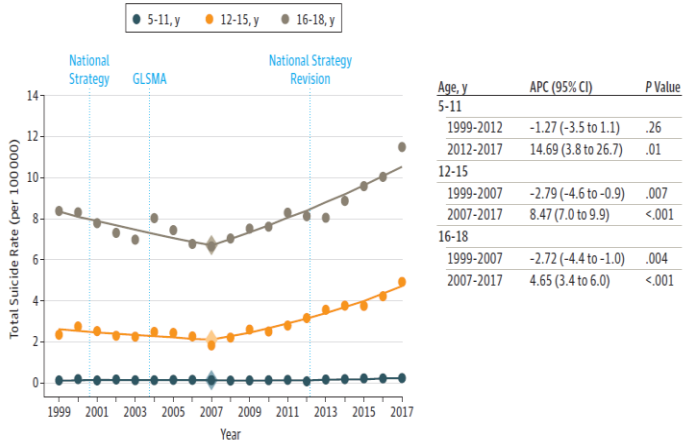
Black Children

Ages 5-11 years

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Rates of Suicide for Youth ages 5-18 years

Figure 2. Suicide Rates of Children Ages 5 to 18 Years, Stratified by Age Group, United States, 1999-2017



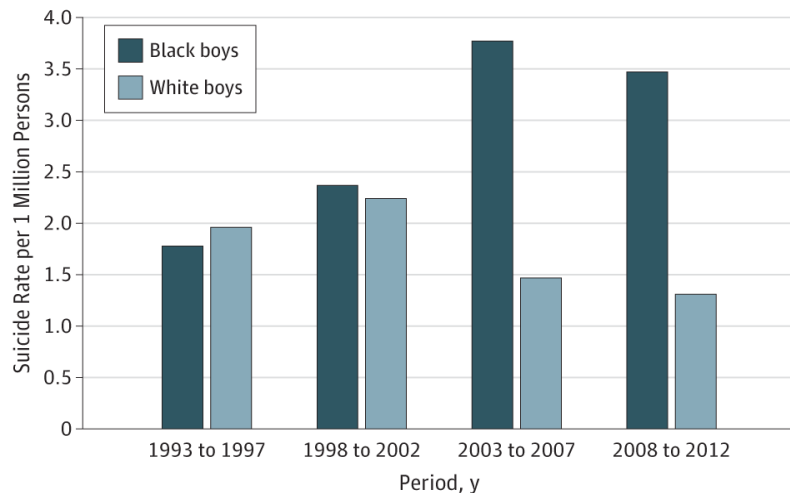
Figures were prepared with data from the US Centers for Disease Control and Prevention. GLSMA indicates the Garrett Lee Smith Memorial Act.

Mishara, B.L. & Stijelja, S. Trends in US Suicide Deaths, 1999-2017, in the context of Suicide Prevention Legislation. *JAMA Pediatrics*. 2020;174(5):499-500. doi:10.1001/jamapediatrics.2019.6066

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Comparison of Trends between Black and White Boys

From: **Suicide Trends Among Elementary School-Aged Children in the United States From 1993 to 2012**

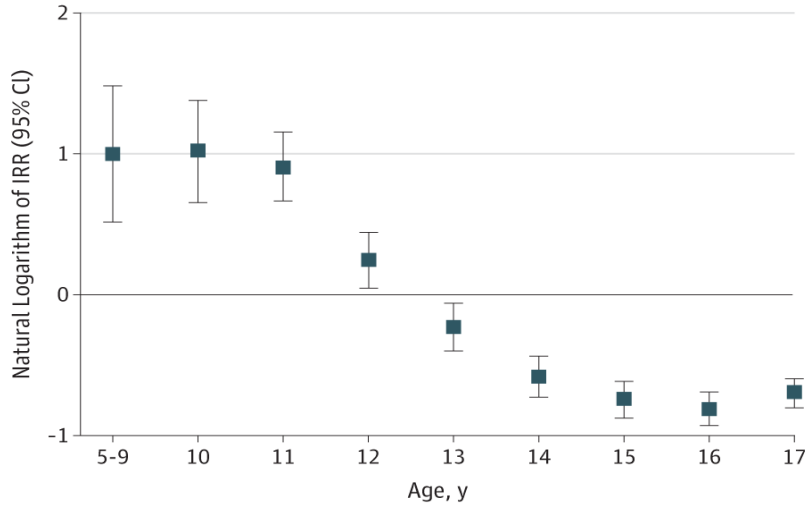


Bridge JA, Asti L, Horowitz LM, et al. Suicide Trends Among Elementary School-Aged Children in the United States From 1993 to 2012. *JAMA Pediatr*. 2015;169(7):673-677. doi:10.1001/jamapediatrics.2015.0465

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Comparison of Rates of Suicide for Black and White Youth

From: **Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015**



Bridge JA, Horowitz LM, Fontanella CA, et al. Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015. *JAMA Pediatrics*. 2018;172(7):697–699. doi:10.1001/jamapediatrics.2018.0399

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Characteristics of Children Who Died by Suicide

Comparison of Children (5-11 years) with Early Adolescents (12-14 years) between 2003-2012

More Likely to:	Less Likely to:
Male	Exhibit Depressed Mood
Black	Leave a note
Die by hanging/strangulation/suffocation	
Die at home	
Experience relationship problems with family members and friends	

- 29% of Early Adolescents and Children disclosed suicide intent to another person prior to death.

Arielle H. Sheftall, Lindsey Asti, Lisa M. Horowitz, Adrienne Felts, Cynthia A. Fontanella, John V. Campo and Jeffrey A. Bridge. Trends of Suicidal Behaviors Among High School Students in the United States: 1991-2017. *Pediatrics* October 2016, 138 (4) e20160436; DOI: <https://doi.org/10.1542/peds.2016-0436>

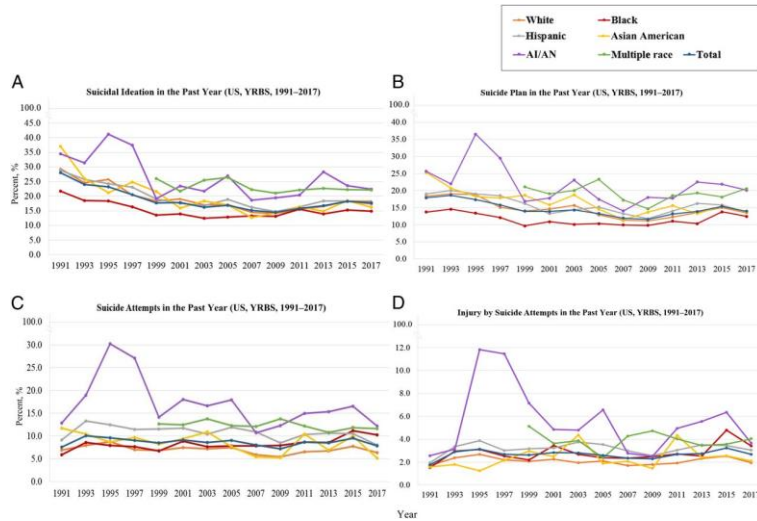
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Table 1 Rising Trends in Black Youth Suicide

Reference	Years	Age, y	Suicide rate
Centers for Disease Control and Prevention, 1998 ²⁰	1980–1995	10–19	Increased by 114% for Black youths
Bridge <i>et al.</i> , 2015 ⁴ ; Bridge <i>et al.</i> , 2018 ⁸	1993–1997; 2008–2012	5–11	Increased in Black children; decreased in White children
Price and Khubchandani, 2019 ²¹	2001–2017	13–19	Increased in Black youths by 60%
Lu <i>et al.</i> , 2017 ²²	1991–2017	10–19	Positive trend in Black adolescent boys
Sheftall <i>et al.</i> , 2016 ⁵	1991–2017	10–19	Positive trend in Black adolescent boys

Bath E, Njoroge WFM. Coloring Outside the Lines: Making Black and Brown Lives Matter in the Prevention of Youth Suicide (2021) JAACAP (60):17-21.

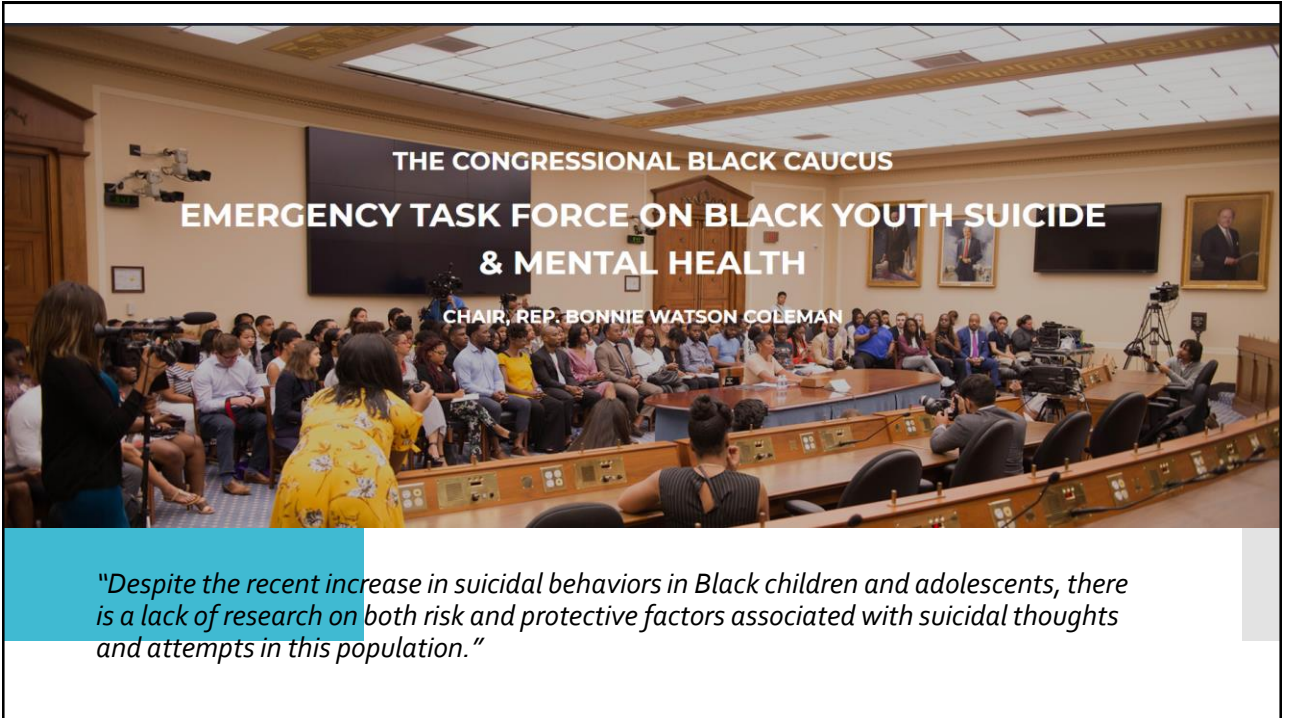
Suicidal thoughts and behaviors trends by race and ethnicity: YRBS 1991–2017.



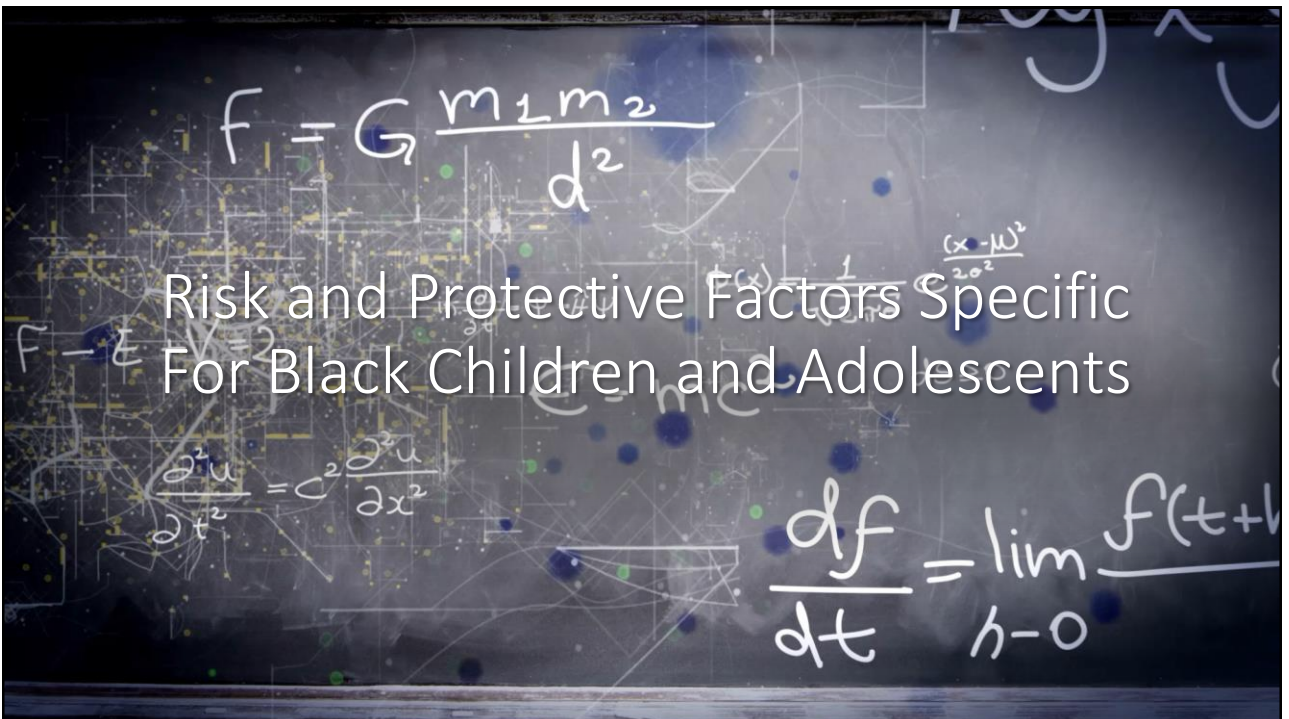
Michael A. Lindsey et al. Pediatrics 2019;144:e20191187



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Risk Factors



- Neighborhood violence
- Economic insecurity
- Adverse Childhood Experience
- Historical trauma
- Trauma is disproportionately experienced in Black communities when compared with other communities, and the traumas experienced are more likely to be severe

(Ring the Alarm, https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf); Opara et al., 2020)

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Risk Factors



- Specific for Black adolescents
- Depression
 - Externalizing behavior*
 - Poor familial support
 - Substance abuse
 - Diagnosed mental health disorder
- Mental Health Conditions
 - Bully victimization
 - Racism and discrimination
 - Sexual and gender minority status

(Ring the Alarm, https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf); Opara et al., 2020)

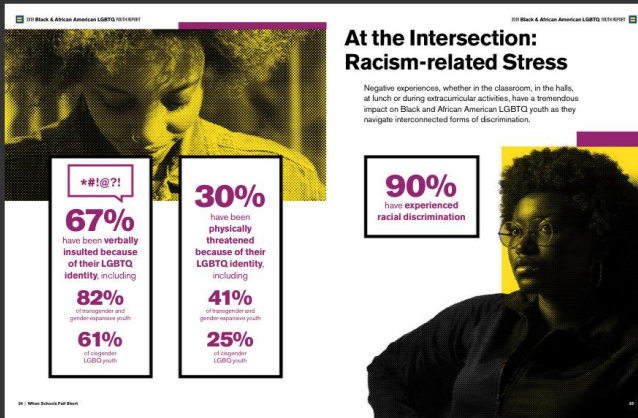
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Racism and Discrimination



- Perceived discrimination increased suicidal ideation in Black adolescents and jeopardized their psychological health (Assari et al., 2017; Barzilay et al in press)
- Black adolescents average over 5 racial discrimination experiences per day (English et al., 2020)
- Exposure to traumatic videos online associated with depression and PTSD symptoms in Black and Latinx adolescents (Tynes et al., 2019)

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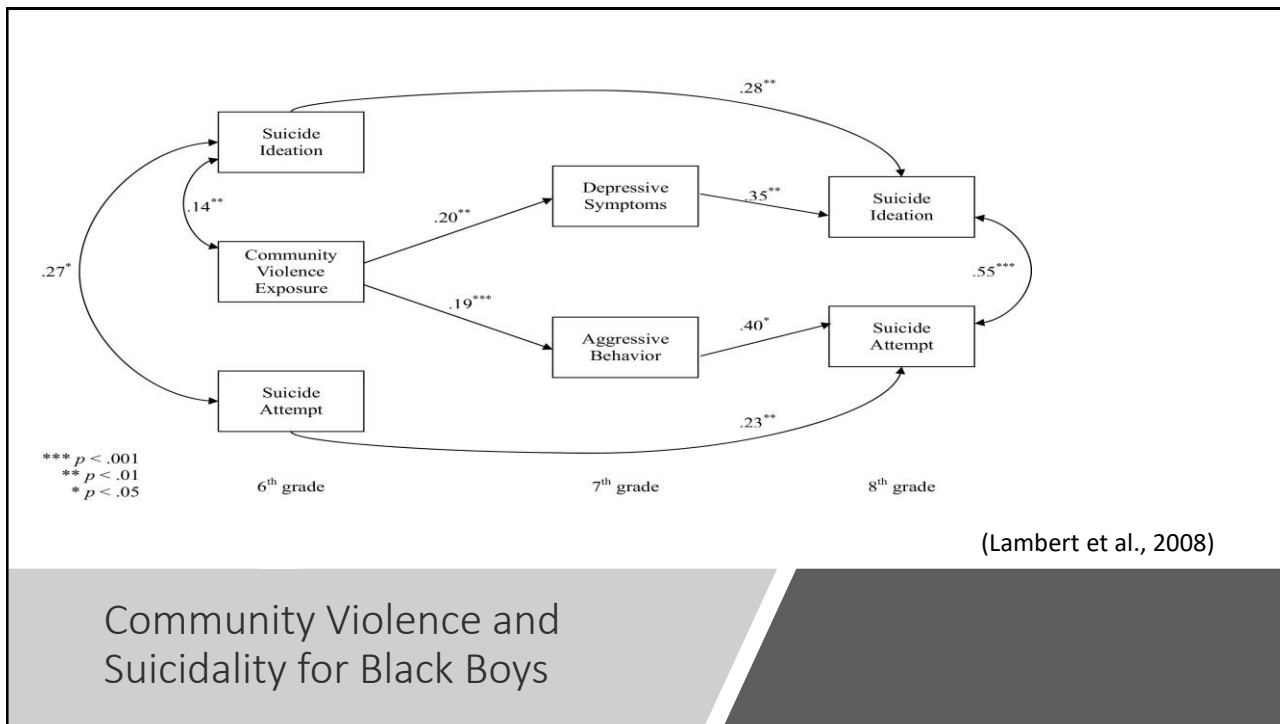


Sexual and Gender Minority Black Youth

<https://www.hrc.org/resources/black-and-african-american-lgbtq-youth-report>

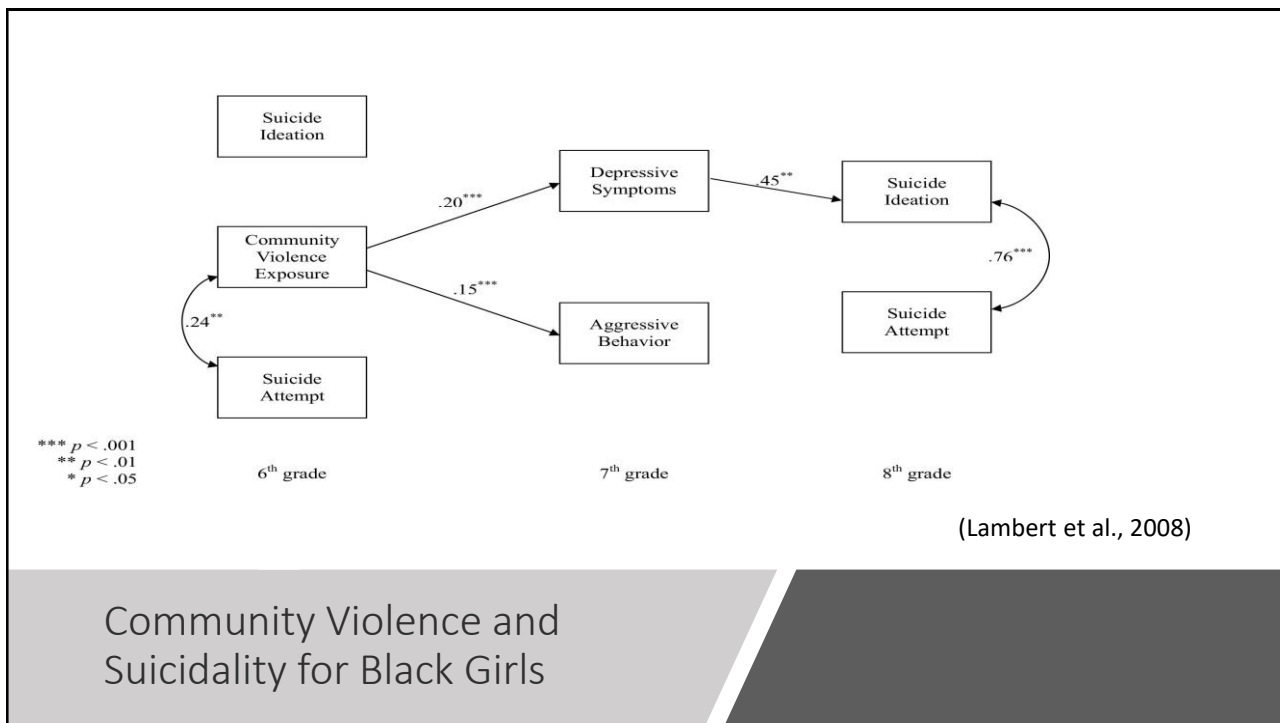
Courtesy of Rhonda Boyd PhD

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Community Violence and Suicidality for Black Boys

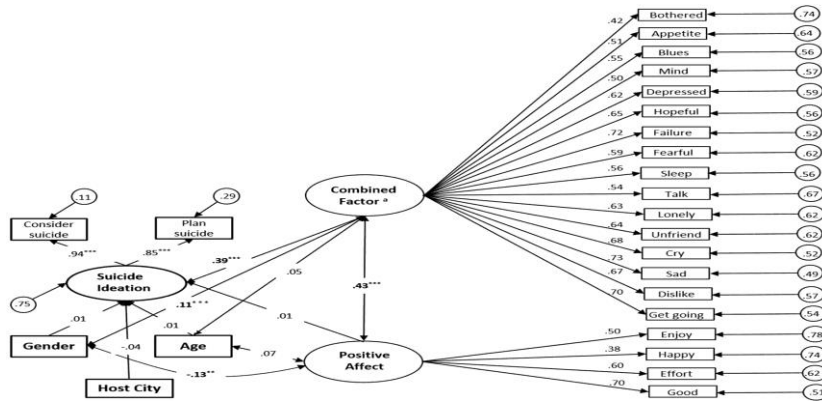
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Community Violence and Suicidality for Black Girls

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Depression Symptoms in African American Adolescents



Lu et al., 2017

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Interviews from Urban Black Youth with Depression

“For the adolescents, being depressed means experiencing high levels of violent crimes in neighborhoods. It is losing neighborhood trust and a sense of connectedness to the physical environment. It is living under stress, without support, and resources. It is not being able to go outside and play, visit friends, and enjoy activities of interest. It is feeling unsafe and without protection where protection is expected.”

Ofonedu et al., 2013

Slide courtesy of Rhonda Boyd PhD

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Review of Family Factors associated with Depression and Anxiety in Black Children

Articles by authors	Family SES	Family functioning and environment	Parental mental health	Conflict and family violence
Barnett et al. (2011)		x		
Barton et al. (2015)				x
Boyd and Waanders (2013)			x	
Bryant and Zimmerman (2003)		x		x
Buckingham-Howes et al. (2011)				x
Chapman et al. (2012)			x	
Fitzpatrick et al. (2010)		x		
Fitzpatrick et al. (2005)		x		
Forehand and Jones (2003)				x
Gaylord-Harden et al. (2007)		x		
Hall et al. (2008)		x		
Hammack et al. (2004a, b)	x			
Hammack et al. (2004a, b)		x		
Jenkins et al. (2009)				x
McKee et al. (2007)				
Sagrestano et al. (2003)				x
Sanchez et al. (2012)				
Taylor et al. (2014)	x			

Washington et al., 2017

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Adverse Childhood Events (ACEs)

- Economic hardship (37%) *
- Parental divorce or separation (36%) *
- Parental incarceration (16%)
- Family violence in home (9%)



(Sacks & Murphey, 2018; www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity)

Courtesy of Rhonda Boyd PhD

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Children Of Mothers with History of Suicidal Behavior

- Those with history
 - ↑ life events
 - ↑ Negative affect
 - discomfort
 - sadness
 - less able to soothe self



(Sheftall et al., 2020)

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Multiple Attempters Vs. Single

- Matched sample of Black and White adolescents hospitalized for SA
- Black Youth Multiple Attempters
 - Higher interpersonal orientation
 - Social comparison
 - Positive stimulation

(Merchant et al., 2009)

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Protective Factors



- Strong familial support/relationships
- High Level of ethnic identification
- Religious and spiritual engagement
- Community/social support
- Personal factors:
 - positive self-esteem,
 - emotional well-being
 - strong academic performance
- Financial factors: stable family housing, income and employment

(Ring the Alarm, https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf); (Tynes et al 2012)

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Family Factors: Parenting Practices and Black Youth Depression and Anxiety

- Positive Parenting (-)
- Parental Monitoring (-) ~
- Psychological and Behavioral Control (NS)

(Washington et al., 2017)

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- “Multidimensional, psychological construct that reflects the beliefs and attitudes that individuals have about their ethnic–racial group memberships, as well as the processes by which these beliefs and attitudes develop over time.”

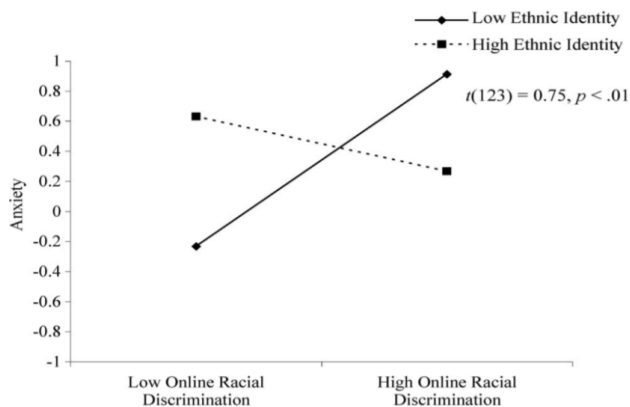
(Umaña-Taylor et al., 2014; Ethnic and Racial Identity in the 21st Century Study Group)

Ethnic/Racial Identity

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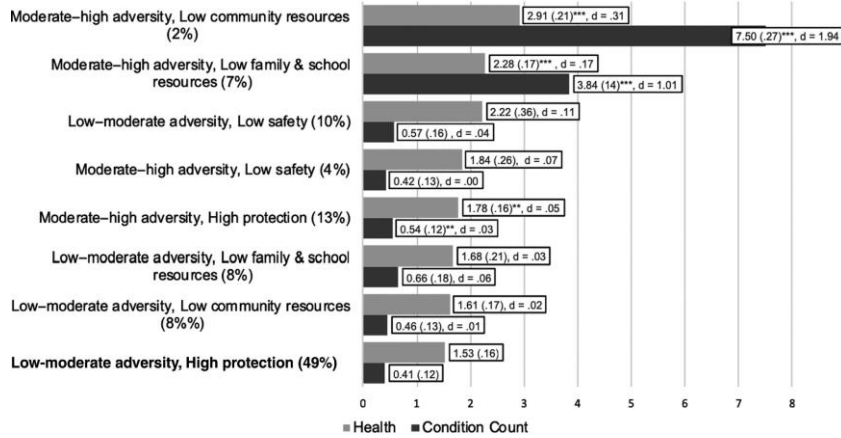
Racial Identity as Protective Factor



Tynes et al. 2012

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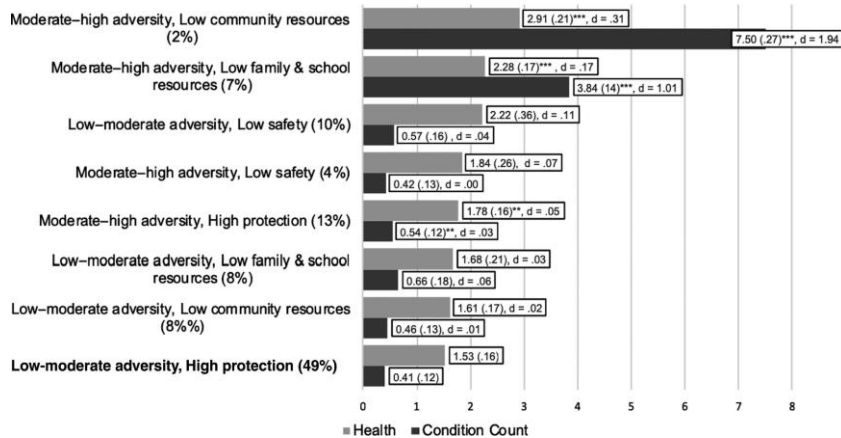
Co-Occurring Youth Profiles of Adverse Childhood Experiences and Protective Factors: Associations with Health, Resilience, and Racial Disparities



Liu et al., American Journal of Community Psychology, Volume: 65, Issue: 1-2, Pages: 173-186, First published: 06 September 2019, DOI: (10.1002/ajcp.12387)

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Co-Occurring Youth Profiles of Adverse Childhood Experiences and Protective Factors: Associations with Health, Resilience, and Racial Disparities



Liu et al., American Journal of Community Psychology, Volume: 65, Issue: 1-2, Pages: 173-186, First published: 06 September 2019, DOI: (10.1002/ajcp.12387)

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Is higher income protective for depression?

- Assari & Caldwell (2018)-National Survey of American Life
 - Higher income is protective factor for Caribbean Blacks.
 - Higher income is associated with greater depression for African American boys.
- Assari et al. (2018)- Family and Community Health Study
 - Higher income associated with greater depression for Black youth living in predominantly White areas.
 - Higher income associated with less depression for Black youth living in areas with more Blacks.

Courtesy of Rhonda Boyd, PhD

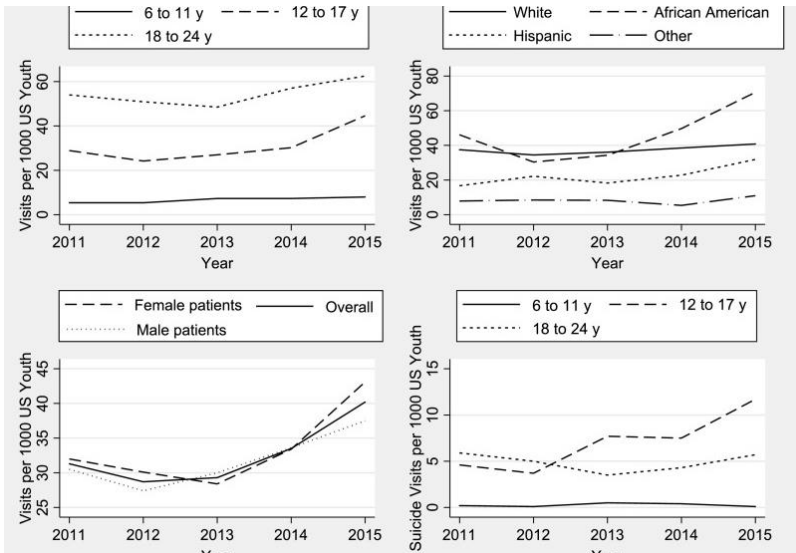
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What's
Happening on
the Ground?



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Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the US



Examined 6-24 year old's nationwide from 2011-2015 using National Hospital Ambulatory Medical Care Survey Data

- 28% overall increase in psychiatric ED visits
- Largest increase among AA and Latinx youth while white youth remained flat
- Suicide related visits increased 2.5 fold among adolescents
- Although psychiatric visits were > 3hours long, only 16% were seen by a mental health professional
- AA youth were more likely to have a visit that was deemed "not urgent", to have public insurance, and to be diagnosed with a behavior disorder

Kalb et al 2019

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Recent studies of Acute Psychiatric Treatment for Youth

Fontanella and colleagues studied 139,694 youth with Medicaid insurance aged 10 to 18 years who experienced psychiatric hospitalization.

- Attendance at a follow-up mental health appointment within 1 week of discharge was associated with half the risk for suicide within the subsequent 6 months
- Only 74,632 psychiatrically hospitalized youths (56.5%) in the study attended a follow-up mental health appointment within 7 days of discharge.
- Black youth, individuals receiving Medicaid because of low income, and individuals with histories of chronic medical illness, self-harm, or substance abuse were less likely to have attended a mental health appointment within 1 week of discharge.
- Access to care impacting suicide risk for black youth

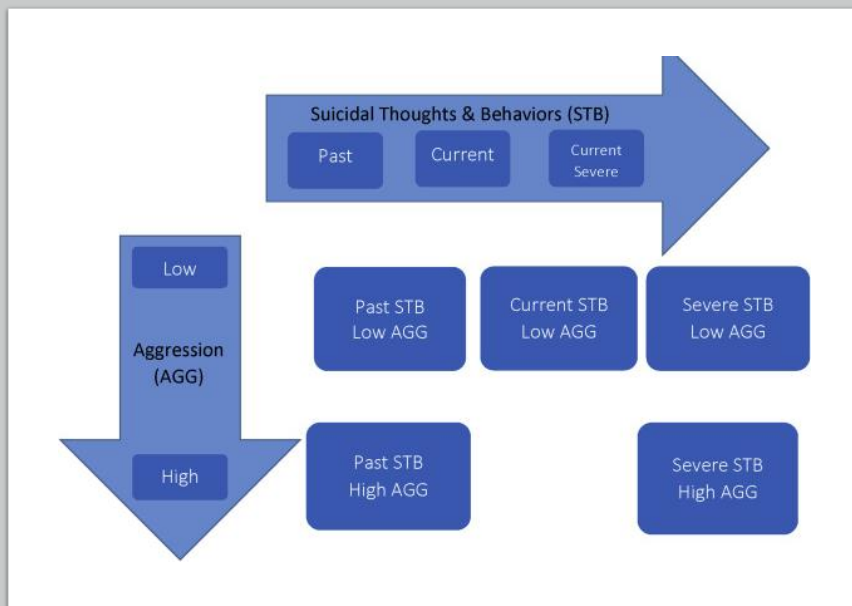


Fontanella et al 2020

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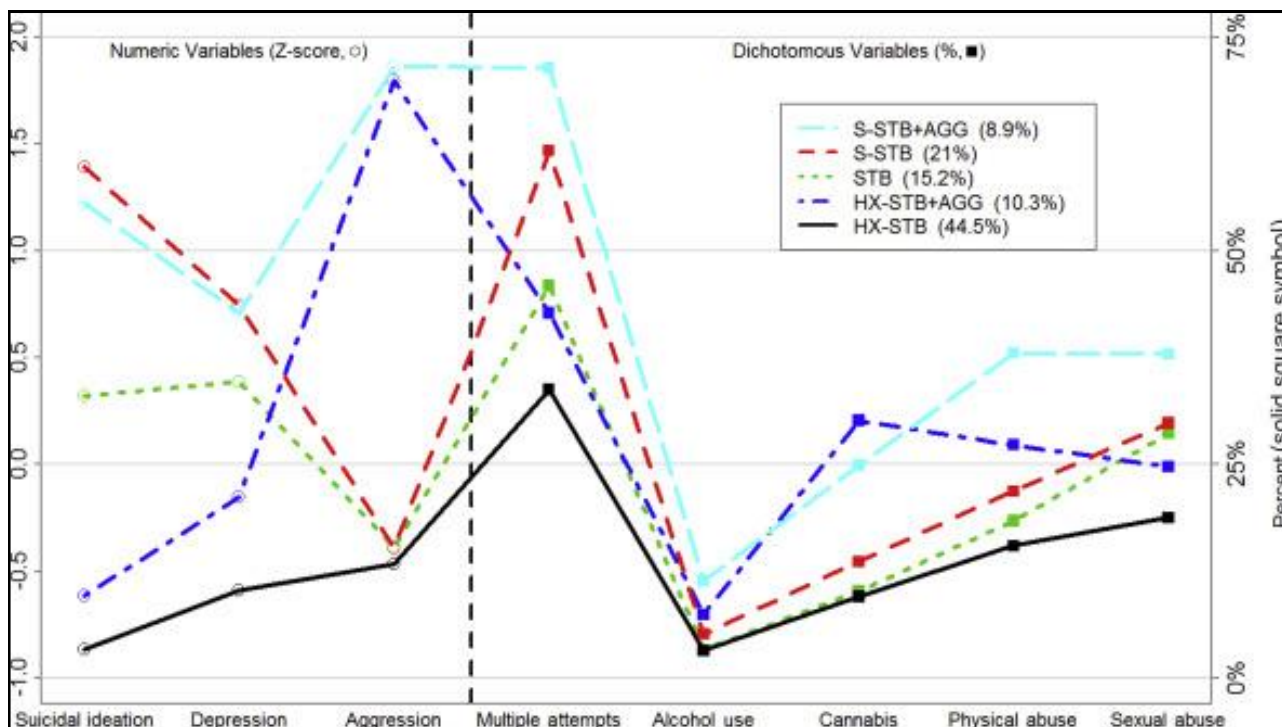
Characteristics of the 5 risk profiles obtained by latent class analysis

ED Stars studied a sample of 1,609 adolescents (AA 24%; 22%LX; MTR 7.1%) to determine latent class profiles of adolescents with elevated risk, for suicide and to examine the association with mental health services utilization



King CA et al 2020

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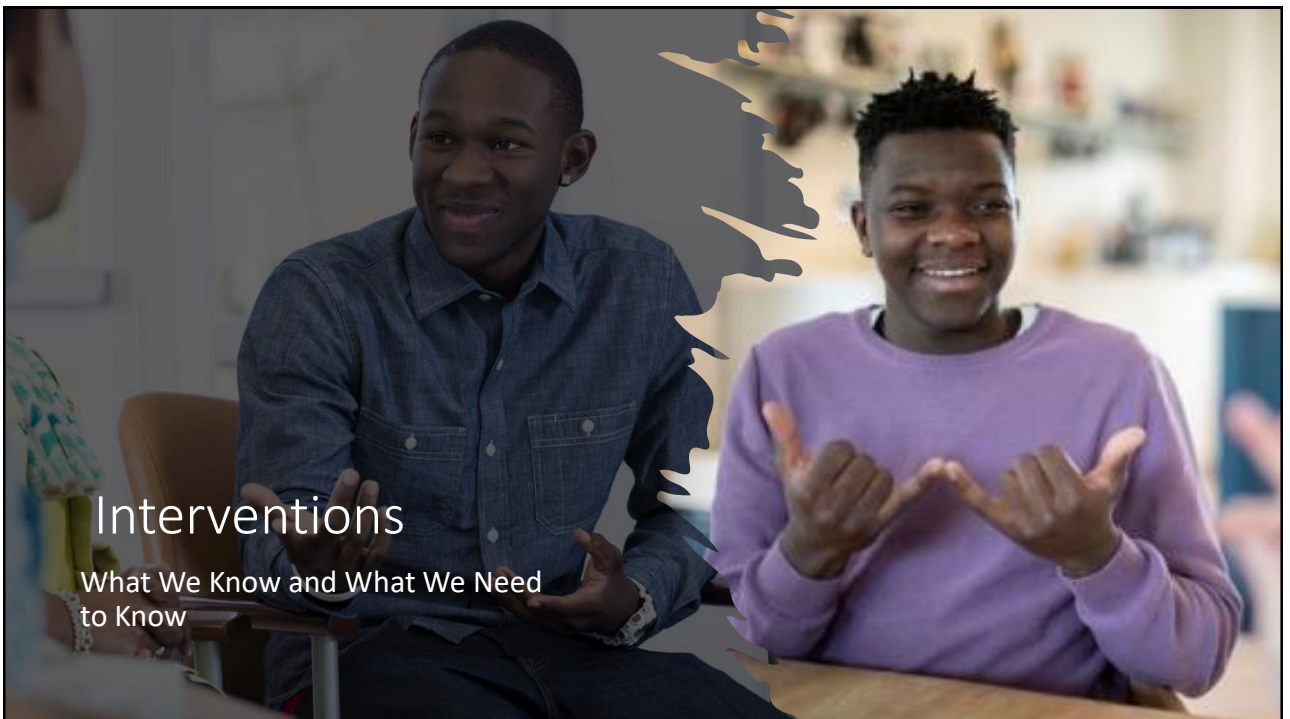


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ED Stars LCA Findings

- Higher proportion of black youth profiles were characterized by hx of suicidal thoughts+behaviors + aggression 15% (HxSTB+Agg) and 49% hx of suicidal thoughts and behaviors (HxSTB)
- Adolescents with HxSTB and Hx STB+AGG were least likely to present to ED with MH chief complaint although they all had reported a previous suicide attempt
- Differences in MHSU by race/ethnicity paralleled distribution of latent class profiles, with AA youth with lower MHSU.
- Risk profile for AA youth increase risk for under-identification of suicidality due to absence of current suicidality, especially in go-no go triage algorithm

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Interventions for African American Youth

- Few studies have focused upon AA youth and No studies of black youth shown to reduce risk for suicide
- Two studies reported on suicidal behavior reduction (*Gibbons et al 2006; Huey et al 2004*)
- Four studies mentioned an effect on suicidal ideations reduction (*Yael et al, 2014; Huey et al 2004; Diamond 2002*).
- Not all patients at risk for suicide receive necessary resources in the ED or after discharge following a psychiatric crisis, which especially true for minority youth
- Minority youth are often less engaged in traditional mental health services
- Proactive approach to treatment engagement and retention
 - Motivational interviewing principles and attention to family stress, coping
 - Care navigators to facilitate connections
 - Matching race and ethnicity of clinical providers and families

Halliday-Boykin CA, et al 2005; Becker KD, Boustani M, 2018 ; Molock 2006; Goldston 2008; Mahajan P et al PECARN 2009; Godoy et al 2009

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Multisystemic Therapy Effects on Attempted Suicide by Youths presenting to the ED

- Study designed to determine whether an intensive family and community focused intervention could serve as a safe and effective alternative to inpatient hospitalization for youths presenting with psychiatric emergencies. Studied 156 youths ages 10-17 years of age. Sample consisted of a predominantly lower SES group of which 66% were AA.
- Youths received either MST or inpatient treatment with community outpatient follow up
- Results:
 - MST significantly more effective than psychiatric hospitalization in reducing suicide attempts over 16 months.
 - Increased parental control reported by both youth and parents for one year before return to baseline
 - No long term effects on hopelessness, suicidal ideation, depression or parental control

Huey et al 2004

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Components of Effective Suicide Care and Management for all Youth

1. Screening for everyone to identify those who might be at elevated risk and to reduce disparities in care ; proceeding with suicide risk assessment and risk formulation when indicated by a positive screen
2. Collaborative safety planning with the patient and family for those who will be treated in the outpatient setting
 - Inpatient or emergency psychiatric care if indicated, if not-
 - Increase the frequency of outpatient visits
 - Review safety plan regularly and update it
 - Maintain contact between visits and follow up when visits are missed
 - Ongoing safety assessment at all future visits *is essential*
3. Targeting individual treatment to specifically address suicidal ideation and suicidal behaviors for that individual recognizing that one size does not fit all; Evidence suggests benefits of ethnic matching; Minimally, culturally competent care is essential
4. Identifying other risk factors or stressors that might be amenable to additional modalities of treatment (family therapy, school interventions, substance use therapy) including asking about racism and perceived experience of racism and address them!
5. Providing continuity of care between the patient, family, other treatment providers, and the school/community. For AA youth, this will require a proactive strategy for assuring transition of care such as care navigation, motivational interviewing, partnerships with community supports. It will be essential for the clinician to understand what is acceptable care for AA patients if continuity is to be established.

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Suicidality in Black and Minoritized Youth Summary

- Suicidality in minoritized youths has been steadily increasing but there is limited evidence of why or how to best intervene
- Few studies have focused upon suicide risk factors for minoritized youth and for Black youth, no studies have been shown to reduce risk for suicide
- Few studies have examined, racism, discrimination and historical trauma and their relationship to suicidality among affected youth
- Currently, screening, assessments and interventions used for majority population are used for minoritized populations with limited data to support effectiveness. However, screening is recommended for all patients to reduce disparities in identification of those at risk
- Not all patients at risk for suicide receive necessary resources in the ED or after discharge following a psychiatric crisis, which is especially true for minoritized youth
- Minority youth are often less engaged in traditional mental health services
- Proactive approach to treatment engagement and retention are suggested by emerging literature but much more research is needed
 - Motivational interviewing principles and attention to family stress, coping
 - Care navigators(culturally competent) to facilitate connections and follow through
 - Matching race and ethnicity of clinical providers and families
 - Culturally appropriate interventions for Black and LGBTQ+ youth

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Suicidality in Black and Minoritized Youth Summary

Research is needed to understand suicidality among minoritized youth populations, risk and protective factors, and prevention/interventions that are effective for this population in order to reverse trends for suicide among our young people. In order to accomplish this we will need to:

- Recognize, understand and reflect upon the impact of structural racism and discrimination upon research and how our own personal biases impact our assessment and conceptualization of risk
- Develop research protocols that are inclusive for risk assessment, screening and intervention
- Collaborate with Black and other minoritized communities as partners to develop screening and assessment tools or to adapt existing tools
- Prioritize recruitment of Black and other minoritized youth into suicide screening, risk assessment and treatment studies
- Development of a diverse research and clinical workforce that includes more research and other minoritized investigators who are reflective of the at risk populations will be required to address disparities in suicide prevention
- Recognize that Black youth who also identify as LGBTQ+ (Intersectionality) are at increased risk for suicide attempts