WHAT CAN SUICIDE RESEARCHERS LEARN FROM AFRICAN AMERICANS?

Knox and colleagues[1] recently issued a timely call for public health researchers to take a more complex approach to understanding and preventing suicide. As they note, there has been a dearth of intervention and prevention research, and many important methodological limitations.

An important point made by Knox et al. is that "there is substantial worldwide variation in population patterns of suicide, violence, and depression. . . . A comprehensive understanding of this variability . . . could be critical for developing prevention programs."[1(p37)] They give as examples of such variations the elevated rates of suicide among Chinese women, members of native and aboriginal communities, and residents of the former Soviet Union, and lower than expected rates among African Americans. In particular, the low rates of suicide among African Americans raises important questions about suicide prevention efforts, especially when these low rates are more closely examined.

As the authors note, one possible explanation for the lower rate of suicide among African Americans is that the effects are being "masked" by elevated homicide rates. This is certainly possible, but it cannot explain the whole difference in suicide rates between African Americans and White Americans. African Americans differ from Whites not only in the overall rate but in the age distribution of suicide rates. Specifically, for White American men, suicide risk is higher in old age than in adolescence and young adulthood, whereas the reverse is true for African American men.[2] As well, the gap in suicide rates between African American and White men aged 15 to 24 years has shrunk dramatically in recent years, primarily as a result of an increase in the suicide rates for young African American men.[3,4]

If, as Knox et al. conclude, reducing marginalization and lowering barriers to seeking mental health help is the key to reducing suicide, how does this map onto the age distribution and population change rates of suicide in African Americans? Why are elderly African American men uniquely protected from suicide? Are they less marginalized than elderly White men or young African American men, or are they more likely to seek mental health care? It is unlikely that the answer to any of these questions could be yes. Why, when nearly every group is experiencing a decline in suicide rates, are rates rising among African American youths? The authors are correct in calling for more sophistication in understanding suicidality. One possible means of acquiring such sophistication may be a closer examination of populations with unique patterns of risk, such as African Americans. ■

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