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## Setting a Ground Zero Research Agenda for Preventing Black Youth Suicide

**Arielle H. Sheftall, PhD,**

The Abigail Wexner Research Institute at Nationwide Children’s Hospital, The Ohio State University College of Medicine

**Adam Bryant Miller, PhD**

The University of North Carolina at Chapel Hill, RTI International

In December 2019, the Congressional Black Caucus released “Ring the Alarm: The Crisis of Black Youth Suicide in America,” which necessitated attention to rising rates of suicide and suicidal behavior among Black youth in the United States. Indeed, data from the Centers for Disease Control (CDC) suggest suicide for Black youth, 5-17 years, has changed over the past decade. In 2008, suicide was the 5th leading cause of death for Black youth and, in 2018, suicide was deemed the 3rd leading cause of death (2.33 per 100,000). Additionally, the rate of suicide in Black youth <13 years is approximately two times higher compared to their white counterparts<sup>1</sup>. Suicidal ideation and attempts have also increased in Black youth with data from 2009 to 2019 showing the percentage of Black youth who considered suicide (12.95% vs. 16.89%,  $p<0.001$ ), made a suicide plan (9.79% vs. 15.02%,  $p<0.001$ ), and attempted suicide (7.94% vs. 11.85%,  $p=0.05$ ) all increased significantly.

The Congressional Black Caucus report specifically calls on the National Institutes of Health to fund more Black scientists and mobilize a research agenda focused on preventing Black youth suicide. In response, the National Institute of Mental Health requested information on key points related to preventing Black youth suicide. We responded to this call, along with other members of the Youth Suicide Research Consortium—a group of scholars focused on suicide prevention in diverse youth. Our response to NIMH emphasized the necessary steps for suicide prevention research among Black youth.

### **Point 1. Set a “ground zero” research funding agenda prioritizing theory development and tests of culturally-relevant risk factors for Black youth suicide.**

Research cannot simply apply the white centric lens that has driven suicide research for decades. The lack of knowledge and published literature concerning Black youth suicide requires a “ground zero” approach that may not be best assessed with traditional, quantitative research methods. For example, common risk factors for suicidal behaviors may not apply equally to Black youth. In unpublished data by the first author (AS), across

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Corresponding Author: Adam Bryant Miller, PhD, adam.miller@unc.edu, University of North Carolina at Chapel Hill, Department of Psychology and Neuroscience, 235 E. Cameron Ave., Chapel Hill, NC 27599-3270.

two separate studies (R21MH116206; AFSP-YIG-1-152-19), no differences were found on hopelessness or depression between Black youth with and without a suicide attempt history. Additionally, recent data suggest traditional risk factors like mental health problems and suicide attempt history were significantly less likely to precede Black youth suicide<sup>2</sup>. Together, these findings suggest common risks associated with suicidal behavior (e.g., depression) may not be linked to these behaviors in Black youth.

Further, predominant theories of suicide are assumed to apply universally, regardless of developmental age, race, ethnicity, and culture, but limited evidence exists for applying these theories to people of color, let alone Black youth. Because of the lack of culturally-sensitive theories, we have little information about how disparities in suicide rates among Black youth may be driven by unique, race-related stressors. Unique risks could include trauma exposures, racism (structural/institutional, interpersonal), and stereotypes (both individual and generational). A particular area of concern is the direct exposure to killings of unarmed Black men, which has been associated with negative mental health outcomes in the Black community<sup>3</sup>. It is currently unclear how both direct and indirect exposure (via media coverage) of the murders of Black youth (Trayvon Martin, age 17, Jordan Davis, age 17, Tamir Rice, age 12, and Michael Brown, age 18), sometimes by white police officers, affect Black youth mental health.

Culturally-sensitive theories will help guide research on unique risk factors faced by Black youth. For example, Opara and colleagues<sup>4</sup> offer a conceptual framework for Black youth suicide. Their framework suggests established risk factors, such as interpersonal stress, may intersect with culturally-relevant risk factors, such as exposure to racism, to increase suicide risk. This is a promising start, but there is much work to be done as theories examining culturally-relevant, race-related risks have not been studied on a large scale in Black youth which limits our knowledge greatly.

We argue that to best inform the “why” and “how” of Black youth suicidal behaviors, researchers must take a ground zero approach, which encompasses a mixture of quantitative and qualitative methodology (e.g., interviews/focus groups with youth, their families, and clinicians). This approach will increase insight on culturally-relevant and race-related risk/protective factors, assessment of suicidal ideation and behaviors, and recommendations for intervention. Without this baseline understanding, the unique risks associated with Black youth suicide and the assessment of these behaviors will not be fully understood, thereby hindering prevention efforts.

## **Point 2. Fund research aimed at understanding the phenomenology and developmental trajectory of Black youth suicidal ideation and behavior.**

While theory development, research on culturally-relevant risk factors, and prevention efforts are needed immediately, research elucidating the developmental trajectory of Black youth suicide is warranted to inform and identify prevention targets in the community. Black youth may not report suicidal ideation preceding suicidal behavior. Evidence from pilot research conducted by Denton<sup>5</sup> suggests Black youth have higher rates of suicide attempts and do not report suicidal ideation preceding their attempts. Preliminary findings

also suggest the level of parental awareness of their children's suicidal ideation and behavior is lower among Black parents than among white and Latinx parents<sup>6</sup>. We cannot distinguish whether these are true differences in the phenomenology of Black youth suicide or reflective of assessment issues. Research attempting to replicate these findings with larger samples, identifying barriers for Black youth for sharing suicidal ideation/behaviors, and identifying unique features of suicidal ideation/behaviors among Black youth is needed.

### **Point 3. Engage trusted community organizations/institutions in suicide prevention efforts for Black youth.**

Preventing Black youth suicide is going to take nontraditional approaches built on a system of trust *within* communities of color. Existing community settings where trust may already exist include faith communities/churches, Black Greek organizations, Boys and Girls Clubs of America, after-school programs (e.g., YWCA/YMCA), and barber and beauty shops. The latter setting has already been tested as a potential site to tackle other health problems like high blood pressure in the Black community<sup>7</sup>. These organizations can normalize suicide screenings and prevention efforts from within the community. Additionally, prevention efforts for Black youth must target institutional racism, particularly in schools and mental health agencies. Addressing stigma among adults and mental health providers is required for lowering barriers to the provision of adequate mental health services in local communities.

In closing, the research available on Black youth suicide/suicidal behaviors is limited. We strongly recommend funding agencies and journals prioritize dissemination of research on Black youth suicide. Currently, papers on suicide within communities of colors are funneled to specialty journals with less dissemination. Funding agencies at all levels can also explicitly fund research studies aimed at understanding Black youth suicide (e.g., NOT-MH-20-055) and monitor the enrollment of funded research to ensure samples are diverse and match the demographics of the community. Accepting low representation of Black youth in research and lower rates of funding for Black researchers compared to their white peers should not be accepted as the status quo. Increased innovation and discovery within suicide research is needed to understand why Black youth suicide rates are increasing and how we can intervene.

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