Black Youth Suicide Prevention

Preventing Black Youth Suicide Is a Priority

In 2022, suicide was the second leading cause of death for youth aged 10–14 and the third leading cause of death for youth and young adults aged 15–19 in the United States.[1] Black youth aged 10–24 have experienced nearly a 37 percent increase in suicide from the years 2018 through 2021.[2] In a study of children aged 5–17 years, Black youth aged 5–12 were almost twice as likely to die by suicide from 2001–15 compared with their White counterparts.[3] In addition, from 2009–19, Black youth aged 14–18 years had a higher rate of suicide attempts than both their White and Hispanic peers.[4]

Suicide Risk Factors for Black Youth

Several suicide risk factors affect youth (i.e., individuals aged 10–24 years) across the United States. For instance, access to lethal means is a common risk factor for suicide in all individuals and is similarly true for Black youth.[5] This may be especially important for male Black youth, as they are more likely than female Black youth to use firearms in their suicide attempts.[6] However, some risk factors may uniquely or disproportionately affect Black youth; these are discussed further below.

Intersectionality—or the existence of overlapping social identities related to systems of oppression, domination, or discrimination—significantly influences Black youth mental health.[7] These intersecting identities, such as race, gender, sexual orientation, and disability, shape their experiences and perspectives. Recognizing intersectionality is key to understanding and addressing systemic barriers, empowering individuals, and promoting inclusivity. Ways to do this include understanding each person's experience as unique and shaped by their various identities; empowering youth through embracing their self-identity; fostering a sense of pride and community; and highlighting the need for more inclusive policies and practices.

and dyslexia, experience feelings of depression and anxiety.[10] A [2018] study concluded that youth with multiple disability diagnoses reported a suicide attempt within a year, at a rate about nine times higher than youth without a disability who attempted suicide.[11]

The Trevor Project's [2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People] showed that 41 percent of Black lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+) youth considered suicide, and 14 percent attempted suicide in the past 12 months.[8] Although the reported rate of mental health challenges experienced by LGBTQ+ Black youth is comparable to the LGBTQ+ youth community as a whole, Black LGBTQ+ youth are significantly less likely to receive psychological or emotional professional care. Latest research shows that although 47 percent of LGBTQ+ youth have received professional support, only approximately 39 percent of Black LGBTQ+ have received this care.[7,9]

Though research on suicide risk in Black youth with disabilities is limited, studies show that youth who have been diagnosed with intellectual and other developmental disabilities, such as autism spectrum disorder, attention-deficit/hyperactivity disorder,

Additionally, Black youth have a higher likelihood of stressful social–environmental encounters and adverse childhood experiences throughout their lifetime.[12]

Black youth can face familial stigma and interpersonal stigma surrounding mental health. Within Black communities, mental health conditions are sometimes not openly discussed within families, as it may be deemed a sign of weakness or a condition that does not affect Black people. Thus, the presence or severity of these conditions can be overlooked, unrecognized, or attributed to other causes. Additionally, although youth are more likely to confide in peers about their mental health, resulting in better mental health well-being, these talks may also be avoided out of fear of judgement or being stigmatized.[13]

Based on *data* from the KIDS COUNT Data Center, in 2022,

30 percent of Black or African American children in the United States lived in poverty.[14] Recent studies have found a correlation between poverty and suicide rates among Black youth.

Among Black youth living in extremely impoverished areas, **36 percent** attempt suicide by the time they reach 20 years of age.[15]

36% attempt suicide
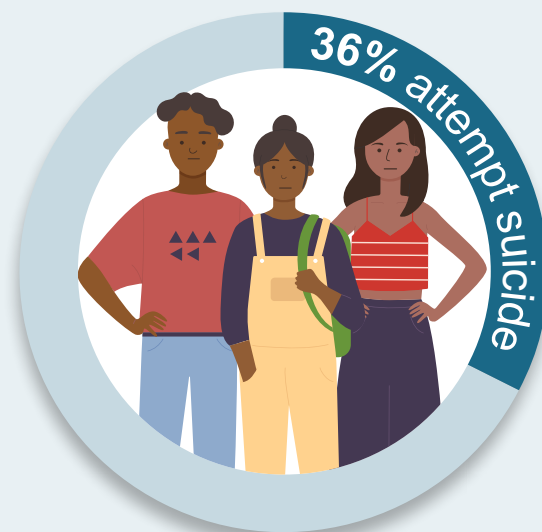
For Black youth, race-based discrimination is associated with a heightened likelihood of experiencing depressive episodes and developing suicidal thoughts.[16] Additionally, police violence disproportionately affects Black communities and results in a heightened risk of trauma and anticipatory stress among Black youth. This stress, resulting in a greater incidence of anxiety, depression, and posttraumatic stress disorder (PTSD) symptoms and lower hope, occurs more frequently in Black youth compared with youth without racially based anticipatory stress.[17]

The absence of sufficient healthcare services, coupled with the under-representation of racial diversity among healthcare providers, plays a significant role in the suicide risk among Black youth. Similarly, there is a lack of healthcare providers with expertise in suicide prevention in underserved communities. Factors such as cost of care, lack of health insurance, and healthcare facility location all create significant issues in acquiring mental health treatment in a timely manner. The disparity in the ability to receive treatment from Black providers can also serve as a deterrent in attaining healthcare services, as Black physicians only make up roughly 5.7 percent of all active healthcare providers across all specialties.[18,19]

STATE SPOTLIGHT

The Ohio Department of Mental Health and Addiction Services created the Black Youth and Young Adults Suicide Prevention Initiative to aid in reducing suicide in the Black community. This initiative, geared towards providing culturally competent and responsive measures to Black youth while reinforcing protective factors, also provides funding to the Ohio Suicide Prevention Foundation to aid in strengthening local and statewide efforts in addressing issues surrounding suicide.

Additionally, Black individuals often hold onto deeply seated feelings of distrust towards healthcare practitioners due to the historical clinical mistreatment of Black people in the United States. Distrust in the medical system—whether due to their own experiences with the healthcare system or the healthcare system's history of medical and research exploitation and abuse of Black persons—can also discourage Black youth from seeking mental health assistance.[20,21,22] Events such as the U.S. Public Health Service Syphilis Study at Tuskegee, in which Black men infected with syphilis were purposely left untreated, or the unethical use of Henrietta Lacks's

cancer cells for research without obtaining consent, continue to leave many Black individuals feeling overly skeptical about obtaining care. These feelings of medical distrust are often generationally passed onto Black youth, and individuals will often avoid or delay seeking medical care until a more serious outcome occurs.[23,24,25]

Youth with a history of child protective services interaction are three times as likely to die by suicide than children with no history of interaction with child protective services.[17] Based on a study conducted by Kidsave and Gallup, in 2021, Black children represented 14 percent of the total child population of the United States but made up 22 percent of the foster care system.

Black youth are also substantially affected by mass incarceration in the United States. Despite Black Americans only making up roughly 15 percent of the country's population, Black youth comprise 42 percent of the total population of incarcerated youth and are almost 5 times as likely as their White peers to be detained in juvenile facilities at some point in their lives.[26,27,28] Between 2022 and 2023, 19 percent to 32 percent of justice-involved Black youth reported feelings of suicidal ideation, and 12 percent to 15.5 percent reported a past-year suicide attempt.[6] Moreover, parent, caregiver, and/or familial incarceration increases the likelihood of suicidal ideation among Black youth.[29]

Family-level factors also may play a role in increasing the risk of suicide in Black youth. Among 400,000 Black youth reporting suicidal thoughts and behaviors, several family factors were associated with suicidal thoughts, planning, and/or attempting suicide.[30] For Black female youth, these included experiencing high levels of family conflict and parents not expressing the feeling of pride in their children. For males, parents not providing help with homework and academic struggles were linked to a greater risk of suicide attempt. The Department of Health and Human Services (HHS) has similarly identified family relationship problems as a robust risk factor for suicide among Black youth, even more so than for White youth.[31]

Manifestation of Suicidal Ideation in Black Youth

Behavioral changes, including social isolation and withdrawal; changes in sleep and/or appetite; irritability; impulsivity; and an increased use of illicit drugs and alcohol can all be indicative of mental health struggles and suicidal ideation.[32]

Additionally, mood changes, such as depression and increased irritability; agitation; and anxiety can be indicators of suicidal thoughts being present in Black youth. Conversely, a sudden display of improvement, relief, or euphoria can also be signs of suicidal ideation, especially when there is no

evident reasoning behind the sudden improvement in feelings.[33] Research from Chu and colleagues highlights the importance of recognizing behavioral and mood changes as potential indicators of the beginning stages of suicidal ideation.[34] These changes should prompt appropriate responses, such as providing support, connecting individuals to the necessary resources, and encouraging open conversations about well-being.[32]

Although behavioral and mood changes are not solely enough to determine suicide risk, they can be significant indicators of early suicidal ideation and should be addressed appropriately.

Integration of Protective Factor Strategies

There are several strategies that promote a feeling of connectedness between Black youth and their circles of influence, resulting in possible protection from suicidal ideation and suicide attempts.

STATE SPOTLIGHT

In Maryland, the Black Mental Health Alliance has initiated Mind Health: Shop Talks, a series of events that allow interactive conversations to take place within the community to engage youth and enhance feelings of connectedness.

Learning institutions can provide programming that helps to reduce suicidal ideation by teaching healthy coping skills and positive interpersonal social skills. By implementing early identification methods, schools can promote a feeling of connectedness among students, lessening their risk of suicide by creating an environment that encourages healthy, open dialogue around mental health and encourages youth to seek help and recognize warning signs within their peers.[35]

Community engagement, such as participation in activities, cultural events, and neighborhood gatherings, can provide a sense of connectedness, enhance social support, and provide an opportunity to build relationships with peers and positive role models. Religiosity and faith-based prevention strategies, such as involvement in youth groups and Bible studies, can also serve as a valuable protective factor, helping to mitigate feelings of isolation and hopelessness amongst Black youth.[36]

Family-level factors also can serve as sources of suicide mitigation among Black youth. Strong social support from family members can boost the feelings of belongingness and help reduce the risk of Black youth suicide.[37]

Community-based interventions can offer support and safe spaces for Black youth. Family engagement, involvement, and support can serve as an epicenter of intervention for Black youth, given that validation and support are often first sought from familial relationships. Whether independently or collaboratively, both can offer lessons surrounding early identification of suicidal ideation, the importance of mental health talks, and where to go for help.[6]

Statewide Prevention and Intervention

The Role of State Leaders

Several states have spearheaded initiatives to highlight the disparity in Black youth suicide and taken steps toward reducing suicide. In 2022, the HHS/Office of Minority Health (OMH) awarded $3 million to 8 organizations, including state level agencies, to support Black youth mental health. The goal of the three-year [Initiative to Promote Black Youth Mental Health](#) is to identify and promote effective health and wellness, including suicide prevention.

States and state policymakers also hold influence over the behavioral health workforce and can help better meet their needs. It is critical that the behavioral health workforce is more prepared to identify youth at risk of suicide and provide them with appropriate prevention, treatment, and postvention care. States can help enhance behavioral health workforce competencies by supporting formal education and training efforts (e.g., internships, residencies, continuing education requirements for licensure and certification) as well as increasing state funding of behavioral health crisis services.[38,39]

Behavioral System Improvement

State Mental Health Authorities can positively influence Black youth suicide through behavioral health system improvement. This can be achieved by reviewing, evaluating, and modifying policies to confront structural racism and prioritize equity.[41]

HHS's [2024 National Strategy for Suicide Prevention](#) offers valuable considerations and examples of how to integrate and prioritize health equity into suicide prevention planning and activities. These include but are not limited to: [42]

- Addressing social determinants of health throughout communities, with a focus on higher risk development periods (e.g., youth, transitional periods)

- Defining goals and objectives specifically relating to populations disproportionately affected by suicide or at higher risk

- Including individuals with lived experience in all stages of suicide prevention

- Ensuring that prevention and intervention materials developed are culturally specific and culturally responsive

Experiences of racial discrimination are associated with increased rates of suicidal thoughts and behaviors in Black youth. Additionally, racial disparities, such as educational attainment, access and utilization of quality mental health care, economic opportunities, and carceral interventions, contribute to the Black youth suicide crisis.[43]

SAMHSA's Strategic Prevention Framework

From https://www.samhsa.gov/sptac/strategic-prevention-framework
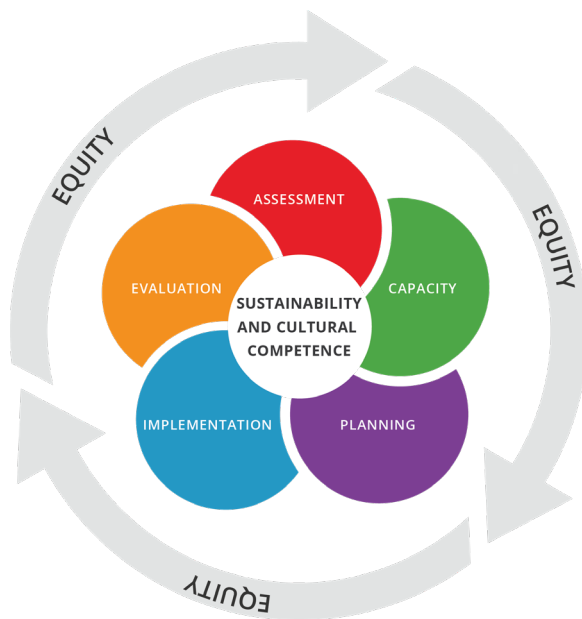
Addressing this issue at the system level is complex. However, researchers have developed frameworks and resources, such as the Structural Racism and Suicide Prevention Systems Framework and the Cultural Theory and Model of Suicide for Youth, to assist in guiding future equitable prevention efforts and system improvements.

Additionally, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework provides state leaders a comprehensive approach to prevention of substance misuse and related behavioral health issues within their state including selecting best-fit programs and practices to reduce behavioral health inequities.

State services or pathways that have a significant effect on youth mental health can serve as avenues for culturally grounded prevention efforts (e.g., schools, outpatient mental health services, crisis response services).[41] Within these systems, states may initiate improvements through the following:

- Establishing public–private sector partnerships to support programs, resources, and campaigns that promote mental health and resilience among Black youth[43] (e.g., Youth Empowered Advocating for Health, Transforming Research into Action to Improve the Lives of Students Model)

- Providing training on suicide prevention for youth, parents, religious leaders, and other individuals interacting with and influential on Black youth (e.g., Mental Health First Aid, Question. Persuade. Refer, The Connect Program)

- Encouraging implementation of culturally responsive therapeutic practice and evidence-based practices

- Increasing the representation of Black clinicians and researchers through workforce development programs[44] (e.g., SAMHSA's Minority Fellowship Program, the American Psychiatric Association's Workforce Development)

- Prioritizing engaging Black youth in the planning and implementation of initiatives (e.g., HHS OMH Initiatives and Programs)

- Promoting and bolstering existing resources using a health equity lens (e.g., SAMHSA's Office of Behavioral Health Equity, 988: Reimagining Crisis Response, Centers for Disease Control and Prevention's [CDC] Health Equity Guiding Principles for Inclusive Communication, CDC's Health Equity Fact Sheet)

Behavioral health systems should also engage in postvention efforts as a means of further reducing suicide risk and promoting healing following a suicide death.[45,46] Youth-focused postvention strategies, such as those implemented in school settings, can help mitigate the increased risk of suicide that adolescents commonly face following a suicide attempt or completion by a peer.[47] Collaboration between behavioral health providers and schools can be especially effective given that youth spend a majority of their time in educational settings and are thus an easily reachable audience for school-based postvention programs.

Successful postvention interventions include mobilizing a crisis response team made up of school administration, social workers, school counselors and psychologists, school resource officers, and others who can engage in outreach and communication efforts to talk with youth about suicide and identify at-risk persons.[46] Interventions to reduce the risk of subsequent suicides (i.e., suicide contagion) include providing counseling, less formal "talking sessions," psychological debriefing, and support for grief reactions, bereavement, and PTSD.[46] It is vital that postvention actively identifies and contacts youth at increased risk of suicide following an attempted suicide rather than waiting for them to seek help on their own. This can be achieved through use of screening measures (e.g., for PTSD, for depression), talking with youth about normal grief reactions and how to cope with loss from suicide, and, where needed, connecting youth with more formal supports (e.g., community-based psychology or psychiatry professionals).[46]

Finally, behavioral health providers can benefit from trainings specifically designed to support suicide prevention, detection, and postvention efforts in Black youth. Unfortunately, these are limited in number and should be a focus of behavioral health professional training development efforts going forward. However, the American Foundation for Suicide Prevention offers L.E.T.S. Save Lives, which

was developed as a program to reduce suicide in Black and African American communities. This tailored education program provides information about the disproportionate rates of suicide among Black populations, warning signs for suicide risk, and how to intervene with Black individuals experiencing suicidal ideation and/or behavior.[48]

Funding and Allocation

Although there are ongoing efforts to address suicide among Black youth, limitations in funding continue to pose significant challenges. These constraints often disproportionately affect smaller community-based organizations and Black researchers. It is crucial for state leadership to make a conscientious effort to support funding for research and implementation of suicide prevention initiatives to promote and sustain measures that address suicide risk among Black youth. State leaders can also allocate funding towards mental health promotion and suicide prevention measures within the Black community. Allocating funding to the creation of new, innovative intervention methods; community collaboration opportunities; and policy implementation provides an opportunity to elicit change in this population and create sustainable outcomes. State authorities can also strengthen suicide prevention efforts for Black youth by designating funds to improve infrastructure, especially in data collection and analysis. They can additionally formulate plans for regular analysis and application of data to inform decision-making at both the state and local levels.[49]

STATE SPOTLIGHT

New York has made efforts geared towards addressing suicide in Black youth through the creation of a Black Youth Suicide Prevention Task Force.

Summary

Addressing the increasing suicide rates among Black youth is a pressing concern that necessitates action from state leadership. It is crucial for states to allocate resources toward mental health services that are culturally responsive. States should consider taking more intentional, focused actions in ensuring that SAMHSA Mental Health Block Grant dollars are being administered to entities serving the Black youth community. Additionally, significant focus on increasing and formalizing training can assist states in mitigating workforce issues by providing behavioral health service providers with more fundamental preparation before beginning work with the Black youth population. Fostering relationships with local universities to increase the study and evaluation of successful interventions can provide states with more detailed insight on what programming and resources work best. Furthermore, implementing early intervention programs and community-based initiatives can provide support and reduce the stigma associated with seeking help. By prioritizing this issue, states can cultivate a safer and more nurturing environment for Black youth.

Black Youth Suicide Prevention Resources

SAMHSA Resources

- SAMHSA's Black Youth Suicide Prevention Initiative
- SAMHSA'S Office of Behavioral Health Equity
- Evidence-Based Guide: Suicide Prevention Strategies for Underserved Youth

Suicide Prevention Resource Center

- Suicide Prevention Resource Center
- Best Practices Registry
- State Infrastructure Tools
- Strategic Planning Approach
- Resources Related to Blacks and African Americans
- Trauma and Violence - What is Trauma and the Effects?

Child Trends Resources

- Communities Must Tailor Youth Suicide Prevention Efforts to Those Who Need Them Most
- Addressing Structural Racism Through Equitable Policy Making for Black Families

988 Lifeline Resources

- Black Mental Health

National Alliance on Mental Illness

- National Alliance on Mental Illness
- Blacks/African Americans
- Kids, Teens, and Young Adults

Federal Resources

- HHS 2024 National Strategy for Suicide Prevention

Reports

- Ring the Alarm: The Crisis of Black Youth Suicide in America
- Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention

Other Resources

- African American Behavioral Health Center of Excellence
- American Academy of Pediatrics Blueprint for Youth Suicide Prevention
- American Foundation for Suicide Prevention
- The Jason Foundation
- Boris Lawrence Henson Foundation
- BEAM: Black Emotional and Mental Health Collective

Crisis Hotlines

988 Suicide & Crisis Lifeline: Free, 24/7 support is available through call or chat. In addition to local crisis care, the lifeline provides direct access to the **Veterans Crisis Line** and supportive services for **LGBTQI+** youth and young adults. The lifeline also offers services in Spanish and supports other languages through a language translation service.

The Trevor Project: Call 1-866-488-7386, text START to 678678, or chat on their website for 24/7 support for LGBTQ+ youth.

Trans Lifeline: Call 877-565-8860 or visit **translifeline.org** for peer support for individuals who identify as transgender.

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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.