



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Science Directorate

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Crystal Barksdale, PhD, MPH
Minority Mental Health Research Program
Office for Disparities Research and Workforce Diversity
6001 Executive Boulevard, Room 7212
Bethesda, MD 20852

(Response submitted electronically Via webform in addition to this letter)

Re: [Request for Information \(RFI\): Guidance on Current Research on the Prevention of Black Youth Suicide \(NOT-MH-21-035\)](#)

Dear Dr. Barksdale,

The American Psychological Association (APA) is pleased to submit comments regarding the National Institute of Mental Health (NIMH)'s Notice of Special Interest in Research on Risk and Prevention of Black Youth Suicide. The APA is the leading scientific and professional organization representing psychology in the United States, with more than 121,000 researchers, educators, clinicians, consultants and students as its members. Our mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. We do this by:

- Utilizing psychology to make a positive impact on critical societal issues.
- Elevating the public's understanding of, regard for, and use of psychology.
- Preparing the discipline and profession of psychology for the future.
- Strengthening APA's standing as an authoritative voice for psychology.

Our association works to increase scientific understanding of how psychology pertains to race, ethnicity, and culture, as well as enhance the delivery of culturally and linguistically appropriate psychological services to racial and ethnic minority communities.

APA is deeply concerned to see high suicide rates across the population, along with very alarming increases among Black children and adolescents. When the Congressional Black Caucus (CBC) formed the Emergency Task Force on Black Youth Suicide and Mental Health in July 2019, APA welcomed the opportunity to lend our voice and expertise to efforts aimed at addressing this serious public health crisis, and made recommendations that informed the Task Force report.

Introduction

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Suicide has ranked as the 10th leading cause of death for all ages in the United States since 2008. It accounted for more than 47,000 deaths in 2017, resulting in about one death every 11 minutes.¹ In the United States in 2017, suicide was the second leading cause of death for individuals aged 10 to 24 years old.² Certain young people, including those from the Black, Native American, and sexual and gender minority communities are at disproportionate risk for dying by suicide, and for the precursors of ideation and suicide attempts. Data from the National Center for Health Statistics show a 56% increase in the rate of suicide among 10-24-year-olds over the ten-year period from 2007-2017.³ The suicide rate is roughly two times higher for Black children ages 5-12 compared with white children of the same age group, and more than a third of elementary school-aged suicides involved Black children.⁴ Research shows that mental disorders, genetics and availability of means of committing suicide are key risk factors in youth suicide.⁵ For Black youth, additional structural issues may be involved, such as the lack of readily available, culturally appropriate and evidence-based suicide prevention options, coupled with a severe shortage of a diverse and trained mental health workforce.

Black youth in the U.S. experience more illness, poverty, and discrimination than their white counterparts. These issues put them at higher risk for depression and other mental health problems. Yet Black youth are less likely to seek treatment. About 9% of them reported an episode of major depression in the past year, but less than half of those – about 40% – received treatment.⁶ By comparison, about 46% of white youth who reported an episode were treated for depressive symptoms.⁷

Stigma is a salient issue. Black Americans might be less willing to discuss and disclose mental health issues.⁸ Access to too few Black mental health providers may also be a reason that black families are less likely to seek care.⁹

Importantly, Black families are also almost twice as likely as white families to be uninsured, decreasing access to mental health services. In 2018, nearly 60% of young Black adults ages 18-25 with serious mental illness did not receive any treatment.¹⁰

¹ <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>

² Curtin, S.C. Heron, M. (2019). National Center for Health Statistics. Death rates due to suicide and homicide among persons aged 10–24: United States, 2000–2017.

³ Hedegaard, Holly, Curtin, Sally C, and Warner, Margaret. (2018). Suicide mortality in the United States, 1999–2017. NCHS Data Brief, no 330. Hyattsville, MD: National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db330-h.pdf>

⁴ Bridge, J.A., Horowitz, L.M., Fontanella, C.A., Sheftall, A.H., Greenhouse, J.B., Kelleher, K.J., Campo, J.V. (2018). Age-related racial disparity in suicide rates among U.S. youths between 2001 and 2015. *JAMA Pediatrics*.

⁵ Bilsen J. (2018). Suicide and Youth: Risk Factors. *Frontiers in psychiatry*, 9, 540. doi:10.3389/fpsy.2018.00540

⁶ Nneka Jon-Ubabuco & Jane Dimmitt Champion (2019) Perceived Mental Healthcare Barriers and Health-seeking Behavior of African-American Caregivers of Adolescents with Mental Health Disorders, *Issues in Mental Health Nursing*, 40:7, 585-592

⁷ https://www.samhsa.gov/data/sites/default/files/2015_National_Barometer.pdf

⁸ Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, 62(3), 185-194.

⁹ American Psychological Association. (2017). Demographic characteristics of APA members by membership characteristics. Retrieved from <https://www.apa.org/workforce/publications/17-member-profiles/table-1.pdf>

Ross McKinney, MD, of the Association of American Medical Colleges points out in his comments¹¹ on this same NOSI that there is evidence that Black people in the US with mental illness are more likely to end up in prison than in mental health treatment, a pattern with early precursors for Black youth, who are significantly more likely to experience school-based discipline than their white peers for the same behavior^{12, 13}. The impact of this pervasive, long-standing, disparate treatment has significant effects on the mental health of Black youth, and those effects may persist into adulthood¹⁴.

We are grateful to NIMH for supporting a rich and complex portfolio of research on suicide, and note that research on any of the examples listed in this NOSI might lead to important new knowledge and breakthroughs to better understand and prevent suicide in Black youth. The following are a few recommendations from APA's expert members. APA's recommendations range from research on expanding training of mental health professionals to community-based research in the environments in which Black youth live, study, and socialize.

Risk and protective factors:

- Longitudinal research on how child rearing (including physical punishment, parental incarceration, parental adversity) and child abuse affect Black youth, especially in the context of poverty and discrimination.
- Adverse Childhood Experiences and those connections to suicide, suicidal ideation and behaviors.

The effect of social media usage on Black children and adolescents and Black LGBTQ+SGL youth:

- Use of developmentally appropriate internet communities to provide social support and to provide resources to Black and LGBTQ youth who may need treatment. Particularly for gender minority youth, online communities have been shown to be important safe spaces and trusted sources of information.¹⁵

The effectiveness of depression screenings by professionals across health care professions and institutions for helping to identify Black children and adolescents at risk for suicide:

¹⁰ Kaiser Family Foundation. (2020). Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018. <https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/> 6 CDC. (2019). Summary Health Statistics: National Health Interview Survey: 2017. Table A-7.

¹¹ Ross McKinney, AAMC, <https://www.aamc.org/media/50561/download>.

¹² American Psychiatric Association. (2017). Mental Health Disparities: African Americans. <https://www.psychiatry.org/File percent20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf>

¹³ Riddle, T., & Sinclair, S. (2019). Racial disparities in school-based disciplinary actions are associated with county-level rates of racial bias. *Proceedings of the National Academy of Sciences*, 116(17), 8255–8260.

¹⁴ Assari, S., Moazen-Zadeh, E., Caldwell, C. H., & Zimmerman, M. A. (2017). Racial Discrimination during Adolescence Predicts Mental Health Deterioration in Adulthood: Gender Differences among Blacks. *Frontiers in Public Health*, 5, 104.

¹⁵ Ashley Austin, Shelley L. Craig, Nicole Navega, and Lauren B. McInroy. "It's My Safe Space: The life-saving role of the internet in the lives of transgender and gender diverse youth," *Int J Transgend Health*. 2020; 21(1): 33–44.

- Additional research to tap supportive resources in faith communities: Allow communities of faith to voice their views as to what may be appropriate for Black Youth. The consideration of one's faith/faith communities as a protective factor should also be researched.
- Support research on curriculum development to train faith communities how to recognize, talk about and prevent suicide, and when to refer for treatment.

Evidence-based interventions and best practices for clinicians, school personnel, teachers, parents and others who interact with Black youth and Black LGBTQ+SGL youth in school settings, to improve equitable mental health treatment and identification of youth at risk for suicide, SIB, and other harmful mental health outcomes:

- Research to develop new models of training for and delivering school-based health and mental health services that are culturally appropriate and foster a positive and supportive school environment. There appear to be differences in school-based behavioral health services usage among racial and ethnic minority children.¹⁶

Evidence-based approaches and practice-based evidence on alternatives to traditional policing and judicial practices to improve equitable mental health treatment and identification of youth at risk for suicide, SIB, and other harmful mental health outcomes:

- It is critical and timely to explore how police shootings and issues of policing and criminal justice in general may influence black youth suicide. Researchers have found that Black adults, exposed to a police killing of an unarmed black citizen through media or word of mouth, experienced worse mental health¹⁷. This includes an increased fear of victimization, diminished social trust and a revisiting of prior trauma. A group of black adolescents had higher rates of depressive and post-traumatic stress symptoms, including re-experiencing, avoidance, numbing, and hyperarousal after viewing traumatic events online – including videos of police shootings¹⁸.
- Research that examines police violence as a public health issue is necessary, because of its traumatic effect on the health of those directly and indirectly exposed.¹⁹

Additional research needs, including innovations that could improve existing programs or services, or innovative approaches, that have the potential to reduce Black youth suicide risk:

- Research on gun violence prevention, including research to enhance safe storage, is a promising avenue to reduce the lethality of suicide attempts in Black youth.

¹⁶ Locke, J., Kang-Yi, C. D., Pellicchia, M., Marcus, S., Hadley, T., & Mandell, D. S. (2017). Ethnic Disparities in School-Based Behavioral Health Service Use for Children with Psychiatric Disorders. *The Journal of school health*, 87(1), 47–54.

¹⁷ Jacob Bor, Venkataramani, AS, Williams D, Tsai AC. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *The Lancet*, 392:1044, p302-310, 2018.

¹⁸ Brendesha Tynes, Willis, HA, Steward AM, Hamilton MW: Race-Related Traumatic Events Online and Mental Health Among Adolescents of Color. *Journal of Adolescent Health*, VOLUME 65, ISSUE 3, P371-377, SEPTEMBER 01, 2019.

¹⁹ Sirry Alang, Donna McAlpine, Ellen McCreedy, Rachel Hardeman, "Police Brutality and Black Health: Setting the Agenda for Public Health Scholars", *American Journal of Public Health* 107, no. 5 (May 1, 2017): pp. 662-665.

- Research on the mental health protective factors, along with developing interventions that promote resilience, strength, and healthy development of Black youth, must be core part of an enhanced research strategy.²⁰
- Research on the development of culturally appropriate, evidence-based mental and behavioral health promotion, prevention, and early intervention programs is imperative.²¹

Thank you for inviting stakeholder and community input on this important research imperative. Please contact Patricia Kobor (pkobor@apa.org) if APA can partner more closely or help in any way.

Sincerely,



Jaime "Jim" Diaz-Granados, PhD
Acting Chief Science Officer and Deputy CEO
American Psychological Association

²⁰ Rodgers, Caryn R (2015). Resiliency in African American youth. Children, Youth and Families Newsletter. American Psychological Association. Retrieved from <https://www.apa.org/pi/families/resources/newsletter/2015/08/african-american-youth>

²¹ American Psychological Association. (2019). Child and Adolescent Mental and Behavioral Health Resolution. Retrieved from <https://www.apa.org/about/policy/child-adolescent-mental-behavioral-health>

